The Perceived Experiences of High School Students and their Mental Health in SDA Academies

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The Perceived Experiences of High School Students and their Mental Health in SDA Academies

by

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A Project submitted in partial satisfaction of the requirements for the degree
Doctor of Marital and Family Therapy

June 2022
Each person whose signature appears below certifies that this dissertation in his/her opinion is adequate, in scope and quality, as a dissertation for the degree Doctor of Marital and Family Therapy.

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ACKNOWLEDGMENTS

First and foremost, I give all the glory to God. None of this would have been possible without Him or the people that He placed in my life to inspire me throughout my academic, professional, personal, and spiritual journey.

Dr. Ribadu, your kindness and gracious spirit inspired me to believe in myself, especially as a woman pursuing a doctoral degree. I am so grateful for the support you have provided over the years since as early as the Masters MFT program. Thank you for being the committee chair for this project. Dr. Lister, I want to thank you for your support in my academic journey, and for being a member in my committee. I greatly appreciate the time you dedicated towards the editing process of the project surveys. Evelyn, I am so grateful that God made our paths cross in a timely manner. Thank you for providing your valuable perspective as a representative of the NADOE and for being part of the project committee.

Karlet and Brittany: Thank you for not only being my main support as classmates and co-workers, but also as friends who provided encouragement and support while we all pursued our masters and doctoral degrees together at LLU.

To my parents, Emilio and Julie Morales: I will always be thankful for the decision you both made many years ago to help me begin my journey within the SDA educational system. Thank you for reminding me to trust in God every step of the way, to never forget my roots, and to be proud of who I am and what God created me to be. To my sister, Melanie: Thank you for providing the encouragement I needed during the initial stages of my doctoral journey and for helping me process through different ideas.
Stephen, thank you for being the “older brother” who provided countless hours of support and spiritual guidance throughout this journey. Thank you for encouraging me to follow God’s calling and for reminding me to keep my focus on eternity.

To my husband, Andrew: Words cannot express how grateful I am for the constant support you have provided over the years. This was a family effort, and it was not an easy journey for the both of us, but your encouraging spirit helped me to keep moving forward. I love you so much. Thank you for always believing in me.

Last but not least, I dedicate this project to my sons, Evan and Ezra – You both came into my life at the beginning and end of my doctoral journey. I am incredibly blessed to be your mom. Both of you are my inspiration to start a new chapter for your generation and for generations to come. I love you both so much.
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<tr>
<td>MH</td>
<td>Mental Health</td>
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<td>NADOE</td>
<td>North American Division Office of Education</td>
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<td>NAS</td>
<td>Needs Assessment Survey</td>
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<td>SDA</td>
<td>Seventh-Day Adventist</td>
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ABSTRACT OF THE DOCTORAL PROJECT

The Perceived Experiences of High School Students and their Mental Health in SDA Academies

by

Melody Ezpeleta

Doctor of Marital and Family Therapy,
Department of Counseling and Family Sciences
Loma Linda University, June 2022
Dr. Nichola Ribadu, Chairperson

The purpose of this project was to gather the perceived experiences of high school students in terms of their mental health while attending Seventh-day Adventist (SDA) academies. The rationale for this qualitative needs assessment was to learn about how the identified mental health conditions are being attended to and what mental health resources or supports are needed at the academies. Forty-six participants were recruited from the Pacific Union under the North American Division Office of Education (NADOE). An anonymous, 20-minute online survey was completed independently by participants in which they were guided to select one of four roles: administration, direct school personnel, support staff, or high school “alumni” of SDA academies. Participants completed an eligibility screening, provided demographic information, and completed a needs assessment survey specific to the role selected. The data was organized and coded to lessen identifiability. Data analysis was conducted through a thematic analysis approach. Four recommendations were developed for the Pacific Union and the NADOE based on the results of this project. The results and recommendations hold the purpose of contributing to future program development, implementation, evaluation, and needs assessments to attend to the mental health of high school students in SDA academies.
CHAPTER ONE

PROJECT PURPOSE

According to the General Conference Corporation of Seventh-day Adventists (2022), the Seventh-day Adventist (SDA) school system is known to be one of the largest Christian educational systems in the world with over 100 secondary schools in the United States. Although this is the case, little to no research has been done to understand the mental health conditions of high school students in SDA academies, and furthermore, to address the conditions existent within the community. The majority of research examines mental health programs in public school settings which provide insight and recommendations for key stakeholders when making decisions to support the mental health of students in the school system (Ballard et al., 2014; Cane & Oland, 2015; George et al., 2018; LeCloux et al., 2017). While it is known that mental health conditions exist in the overall surrounding community, a formal needs assessment to understand the mental health conditions of high school students attending SDA academies has not been done. Currently, there is a gap in the literature that would guide key stakeholders in being able to make effective decisions and engage in collaborative action to support the mental health of students attending the academies. Consequently, high school students attending SDA academies may be experiencing mental health conditions that require additional attention before detrimental consequences take place.

Project Purpose Statement

In an effort to take action, this project served as a stepping-stone towards foundational research relating to the mental health of high school students during grades
9-12 within the SDA educational system, beginning with a qualitative needs assessment. The purpose of conducting this needs assessment was to gather the perceived experiences of high school students and their mental health within SDA academies. Therefore, the perceived experiences were captured from the perspective of administrators, direct school personnel, support staff, and alumni. We began by gathering information about the mental health conditions present for high school students from these various perspectives. From there, the needs assessment provided insight on how the identified mental health conditions have or have not been addressed. Finally, we assessed for the resources and supports that may benefit this population based on the participants’ perspectives which include those who work with students, or were previously students, at the academies.

Research Questions

With the purpose of the project in mind, we introduce the primary research question that we aim to answer, as well as three additional sub-questions:

**Primary RQ:** What are the perceived experiences of high school students and their mental health within SDA academies according to administration, direct school personnel, support staff, and alumni?

**SQ 1:** What are the mental health conditions observed/encountered in high school students attending SDA academies?

**SQ 2:** How are the mental health conditions of high school students being addressed in SDA academies?

**SQ 3:** What resources/supports are needed to address the mental health conditions within the SDA academies?
These research questions guided the project as we aimed to collect information that can help to further understand the problem and ultimately, capture the needs within SDA academies as identified by the target population.

**Defining the Problem and Target Population**

Approximately half of the adolescent population in the U.S. has been diagnosed with a mental health problem (Merikangas et al., 2011). Furthermore, nearly half of those with a mental health problem do not seek treatment (Costello et al., 2013; Merikangas et al., 2011). In 2017, the *National Youth Risk Behavior Survey* indicated that among high school students from both private and public schools, 17.2% have seriously considered suicide, 13.6% had made a suicide plan, and 7.4% attempted suicide within the 12-month period prior to the survey (Centers for Disease Control and Prevention [CDC], 2017). Within the surrounding communities, it is recognized that the overall problem is that the mental health conditions of adolescents are not being fully addressed and need additional attention. Because less is known about how the mental health problem is affecting high school students in SDA academies, it is imperative that action is taken to address it.

For this needs assessment, we have determined that the target population involves specific employees that hold key roles within the high school grade levels of SDA academies within the Pacific Union Conference, and also people who were recent high school students at the academies within the same union. This means that the target population of this study includes administration, direct school personnel, and support staff as they are directly involved with or making decisions that affect the academy experience of high school students in grades 9-12. Furthermore, the target population
includes those who were prior students of an SDA academy during grades 9-12, otherwise known in this study as “alumni.” Another factor to consider is that there is a broad age range for defining adolescence, such as the World Health Organization (WHO) defining it as ages 10 to 19, the Centers for Disease Control and Prevention (CDC) defining teenagers as ages 15 to 17, and school enrollment laws in states such as California defining the typical age range of high school students being 14 to 18 years of age (California Department of Education, 2020; Centers for Disease Control and Prevention [CDC], 2021; World Health Organization [WHO], 2021). Because of these varied definitions of adolescence, we further define the target population’s perceived experiences of high school students in grades 9-12 to involve the reference of students between the ages of 14 to 19 years old. While the current study will be a first phase needs assessment working with one union, the hope is to either conduct additional needs assessments for the other eligible unions in the future or to potentially utilize the information gained to generalize to other nearby academies. The involvement of these roles in this study can provide insight towards understanding the mental health conditions of high school students in SDA academies, and ultimately, capturing what types of resources and supports are needed within the school system.

**Rationale for the Project**

While the overall rational for conducting a needs assessment is to identify the resources and supports needed to support the mental health of SDA academy high school students, there are several additional components that demonstrate the importance of conducting this project. Part of this involves understanding the significance of conducting
a needs assessment and how this particular research study will contribute to the field of mental health. Therefore, we examine how a needs assessment would serve as a benefit to the SDA school community and how it can further mobilize the steps towards addressing the mental health problem.

Multiple Perspectives are being Captured to Understand the Needs

First of all, there is an overall lack of literature providing information about the mental health conditions of high school students in SDA academies, let alone the mental health resources and supports needed to help these students. The current study is significant in that it gathered information about the availability of resources and supports, whether or not they are helpful, and if there are resources and supports that are needed to better address the problem. In an effort to do this, the study gathered data from multiple perspectives.

The first of these perspectives is the union and conference level administration functioning under the North American Division Office of Education of the Seventh-day Adventist Church (NADOE). This is important because support from the administrative level is necessary for mental health change to occur within the Adventist school system. Another valuable perspective is the high school direct school personnel and support staff of SDA academies since they work directly with the students. Finally, this study took the additional step of involving recent high school alumni who attended the SDA academies during grades 9-12 to gain insight on the student experience when it comes to mental health resources and supports. The involvement of multiple perspectives from different levels of the school system not only contributed towards a more well-rounded
understanding of the mental health conditions at SDA academies, but also to identify the resources and supports needed to address the mental health problem.

*Research can Guide Future Preventative Efforts to Support High School Students*

Next, it is apparent that preventative mental health care and mental health promotion is becoming more acceptable within school settings (Cho & Shin, 2013; Weare & Nind, 2011). The benefits of high schoolers having access to mental health resources and supports include real world impacts, such as the youth’s understanding of bullying and violence along with an increase in prosocial behavior (Weare & Nind, 2011). With this in mind, the current study is significant because it opens the opportunity to learn more about how to better serve high school students in SDA academies as it is often a challenging developmental life-stage where support may be needed the most.

*Creating a Bridge for Future Collaboration and Research*

Another reason that this research study is significant is that it allows for connections to be made with the key informants of the school system so that a bridge is created for research and collaboration in the future. The information provided by administration, direct school personnel, support staff, and alumni can guide the direction of addressing the mental health problem through a method that works best within the SDA academy setting, and later, for the whole SDA educational system. For example, the information learned from this first phase needs assessment may inform researchers on the approach of future needs assessments with other unions under the North American Division Office of Education (NADOE). This can help in the process of determining
specific mental health needs in other unions, including the consideration of other potential factors that may emerge, such as geographical location. Therefore, it is important that connections are made to support future collaborative efforts in program development, implementation, and evaluation to better address the specific mental health conditions within SDA academies.

**Advocating for Mental Health Awareness and Action**

Researchers and mental health professionals have the opportunity to support meeting the needs of SDA academies while advocating for mental health awareness within the setting. It is especially important to establish a positive relationship within school settings since it is common to be dealing with some stigma surrounding mental health (Bowers et al., 2013). We believe that this study can potentially have a positive effect on the success of mental health advocacy for high school students in SDA academies. Furthermore, it might affect the continued collaboration of future research about mental health in SDA academies.

**Methodically Introducing Foundational Research**

Previous successful methodologies of other studies about public schools have not been introduced within SDA literature for the topic at hand. Furthermore, needs assessment surveys specific to multiple levels of the SDA academy system is lacking. Therefore, a novel application of a methodology tailored for the current study will help strengthen the desired foundational research we are seeking about mental health in SDA academies. This is innovative in that thoughtful and intentional steps were made in
developing surveys to enhance the data collection process so that the information learned from this study can support future program design.

Systemic Collaboration

Lastly, it is important to note how the current research study encourages the movement towards systemic collaboration. Previous literature about public schools indicates that educators and administrators have begun to prioritize the mental health needs of students as a part of their role in the school system (Moon et al., 2017), with teachers either stepping in as sole providers, or first responders partnering with other mental health professionals to identify and meet the mental health needs of students (Berzin et al., 2011; Franklin et al., 2012; Green et al., 2016; Walter et al., 2019). Principals also carry out a pivotal role in the promotion of mental health within the school setting, and therefore, their level of understanding and awareness of their school’s needs is crucial (Frabutt & Speach, 2012; Iachini et al., 2016). The involvement of support staff such as school counselors, school nurses, and school chaplains also hold a valuable perspective in the development and implementation of policies and school-wide interventions (Berger et al., 2015; Erickson & Abel, 2013; Worley, 2019). The student perspective can also provide feedback about mental health interventions, programs, and additional needs to support mental health conditions (Askell-Williams & Lawson, 2015; Mayworm et al., 2020; McKay & McKenzie, 2018). For these reasons, a systemic approach is fitting to better conceptualize the interconnections of all who are involved in the school system as it relates to the mental health of students. A collaborative effort can enhance the literature to a higher degree and provide a better picture of the school system.
Key Terms to Become Familiar With

As we conclude this chapter, it is important to become familiar with the key terms to be utilized repeatedly throughout this study.

**Mental health conditions:** For the purpose of this study, the phrase “mental health conditions” encompasses a broad spectrum of mental health, psychosocial, and behavioral issues. Mental health conditions can include a range of issues that positively or negatively impact a person’s overall mental health experience, particularly in the way it may affect one’s thoughts, feelings, mood, behavior, and relationships (Centers for Disease Control and Prevention [CDC], 2020; National Alliance on Mental Illness [NAMI], 2021a, 2021b; National Institute of Mental Health [NIMH], 2019a; World Health Organization [WHO], 2020).

**SDA academies:** Seventh-day Adventist academies typically cover multiple grade levels from pre-school to high school. For the purpose of this needs assessment, we use the phrase “SDA academies” to refer to schools within the U.S. Seventh-day Adventist educational system that cover some or all of grades 9-12. This includes SDA academies solely dedicated to grades 9-12, academies that extend to additional grades level (e.g. grades TK-12, grades K-12), and academies that are considered or known as “junior academies” in which some but not all of the high school grades levels are included (e.g. Pre-K to 10th grade).

**NADOE:** The North American Division Office of Education of the Seventh-day Adventist Church, otherwise known as the NADOE, oversees multiple geographical territories in North America, which include Canada, the United States, Guam, and
Unions: Each union within the Seventh-day Adventist Church is overseen by a division, such as the NADOE. There are typically multiple unions under the division level. Unions oversee SDA conferences, and may manage multiple states or territories that belong within the union. An example of a union within the NADOE is the Pacific Union (North American Division of the Seventh-day Adventist Church Office of Education [NADOE], 2020).

Conferences: The local conferences of the Seventh-day Adventist Church belong to a union. Conferences have the role of managing churches, schools, and related entities within their assigned state, province, or territory. An example of a conference within one of the unions is the Southeastern California Conference (North American Division of the Seventh-day Adventist Church Office of Education [NADOE], 2020).

Administration (also referred to as “administrators”): As one of the four participating roles of this study, administration includes individuals who are direct administrative employees in the Office of Education or board within the union level (North Pacific Union, Pacific Union, Mid-America Union, Southwestern Union, Southern Union, Lake Union, Atlantic Union, and Columbia Union) under the North American Division Office of Education (NADOE), as well as superintendents, assistant/associate superintendents, headmasters, and principals assigned to any of the conferences within the U.S. unions listed above that are part of the NADOE.

Direct School Personnel: As another one of the participating roles, these individuals are either high school vice-principals or teachers of SDA academies for some or all of grades
9-12. Teachers are defined as those who teach specific academic subjects (e.g. math, history, religion) and those that are part of the high school’s curricular requirements such as physical education teachers, music teachers, and elective courses (e.g. art, industrial technology).

**Support Staff:** Those under the “support staff” participant role includes those who are school counselors, guidance counselors, school nurses, and school chaplains for some or all of grades 9-12 in SDA academies.

**Alumni:** Individuals who participate in the study as “alumni,” includes those who have recently graduated and/or attended high school (during grades 9-12) from one of the SDA academies listed under one of the conferences from the eligible U.S. unions of the NADOE within the last four years.
CHAPTER TWO

LITERATURE REVIEW

Introduction

When considering the mental health of adolescents, it is crucial to consider the factors that might contribute to the root problems that are impacting their functioning in the high school setting. About half of the adolescent population in the U.S. has been diagnosed with a mental health problem (Costello et al., 2013; Merikangas et al., 2011). Because youth spend most of their time in the school system, it is imperative to take action before detrimental consequences take place that could affect their future decisions within adulthood. Although the majority of research has examined how public schools have addressed the mental health conditions of their students (Ballard et al., 2014; Cane & Oland, 2015; George et al., 2018; LeCloux et al., 2017; Moon et al., 2017), it is equally as important to identify the resources and supports that could help address the conditions experienced by students in private schools. Currently, there is a gap in the literature on this topic for private schools, and more specifically for SDA academies. Because of this, researchers need to immerse themselves in the previous literature to understand how other school settings have attempted to examine and address the mental health conditions within the youth population and more specifically, for high school students. Furthermore, a review of the literature can provide direction for the approach of a needs assessment, and later, the development of programs tailored to address the mental health conditions present within SDA academies.
Incidence and Prevalence of the Problem

According to the 2017 National Survey of Drug Use and Health (NSDUH) conducted by SAMHSA (as cited by the National Institute of Mental Health, 2019), one in five adults within the U.S. population has a mental health illness. Of the adult population with a mental health illness, 25.8% are among 18 to 25-year-old adults, making this portion of the adult population carry the highest prevalence of any mental health illness in comparison to older adults. Even though these statistics are about adults, one might ask if the statistics differ in the youth population. Merikangas et al. (2011) reports that in the utilization of the National Comorbidity Survey Adolescent Supplement (NCS-A), it is estimated that 49.5% of adolescents in the U.S. has been diagnosed with a mental health problem. In addition to this, the data reports that 22.2% of adolescents diagnosed with mental health problem were considered to be severely impaired based on DSM-IV criteria. These statistics are alarming, and it is imperative that action is taken within the youth population before detrimental consequences take place. Because the statistics demonstrate that mental health conditions are present in the overall population, it is important to recognize its existence within the SDA educational system and proactively address it.

The Importance of Examining the Problem in Private School Settings

While school-based mental health has been widely recognized in studies over the years (Ballard et al., 2014; Burnett-Zeigler & Lyons, 2012; Cane & Oland, 2015; George et al., 2018; LeCloux et al., 2017; Moon et al., 2017), it has not been fully recognized or addressed in private school settings to the extent done for public schools. However, there
are enough private schools in which action is needed to address the problem. Hoof et al. (2004) reports that approximately 25% of the schools operating in the U.S. are private schools, making it a significant portion of the overall educational system. According to Broughman, Kincel, Peterson, & the National Center for Education Statistics (2019), the 2017 *Private School Survey* confirmed that there are over 32,000 private elementary and secondary schools in the U.S., with 66% of the schools having a religious affiliation or purpose. The General Conference Corporation of Seventh-day Adventists (2022) also recognizes that the SDA school system is known to be one of the largest Christian educational systems in the world with over 100 secondary schools in the U.S.

Although there is a number of private schools in which an examination of the mental health problem may be beneficial, there is limited literature about the mental health of students in these settings. For example, Waasdorp et al. (2018) reports that parochial schools, in comparison to public schools, demonstrate a significant health advantage except in two outcome areas, which were cyberbullying and stress. While students in church-supported schools may appear to have overall advantage, the study suggests that students also struggle with mental health related concerns that call for additional research and preventative action to take place (Waasdorp et al., 2018). Craig et al. (2018) also reports an overall health advantage in terms of health behaviors for older adolescents who attend SDA schools in Australia. However, the article places a heavy focus on the physical health aspects with limited discussion about mental health. Therefore, future research will need to be mindful of not assuming a mental health advantage since there are factors that still need to be explored within the SDA academy population.
It is crucial to carry out an examination of the problem to understand the root
issues that may be affecting the mental health of high school students in SDA academies.
This process will be initiated in this literature review by conducting a systemic analysis
of the problem. This provides the opportunity to see areas that need further understanding
while also noting how some of the concepts presented are congruent with previous
literature done regarding public schools. Additionally, an examination of the problem
provides guidance on what would need to be included in a needs assessment to support
high school students in SDA academies, and furthermore, to guide future program
development to appropriately address the identified mental health needs that come from
the needs assessment.

Examination of the Problem

Within the process of further examining the mental health problem in the
adolescent population, it is important to utilize a systemic perspective by considering
several potential contributors of the problem within SDA academies. This is because one
cannot pinpoint the cause or etiology of the mental health conditions to only one part of
the system, but rather, to the systemic interactions that may be occurring between the
home and school environment that contribute to the problem we seek to address.
Although the current needs assessment will be utilized to identify the specific needs of
SDA academies, it can be hypothesized that similar mental health conditions exist as
discussed in previous literature about public school settings. Therefore, the following
examination of the problem will be presented in conjunction with the current
understanding of the literature. While not limited to the categories below, there are
several potential root factors that may be contributing to the overall mental health problem for high school students in SDA academies.

**Gap between Administration and School Sites**

One of the factors that may affect the mental health of students is the gap between the administration and those within the schools providing direct services to students. To an extent, the structure of the educational system keeps administration from being able to directly observe and support struggling students on a daily basis. The unintentional consequence is that it becomes more challenging to readily address what might be happening with students at the academies. On the other hand, direct school personnel and support staff within the school setting are part of the everyday interactions of students, and yet may not hold as much power to create change in what they directly observe in the classrooms or hallways. Students are also a key part of the system since they can provide valuable input on the mental health resources and supports that would have benefitted them and their peers while attending the school setting. Because each part of the overall system holds a different role that can contribute to addressing the mental health problem, it will be essential to place more investment towards collaborative efforts with each other.

Without communication, students may be unintentionally blamed when an intervention or attempted solution does not work. It is crucial that the various perspectives of the school system are included and heard in an effort to better support the mental health of students. If the gap in communication continues to widen, the SDA educational system risks the continued amplification of mental health conditions presented in students. Ideally, the goal would be to have collaboration occur between
administration, direct school personnel, support staff, students, parents, and churches within the SDA community. While this can be an aim to continue working towards within research, we can begin by collaborating with the primary voices involved in the school system; administration, direct school personnel, support staff, and students who recently attended SDA academies during grades 9-12.

The literature supports the idea of collaboration by gathering the perspectives of multiple parts of the school system. In a study by Frabutt and Speach (2012), the perspectives of principals within the Catholic private school setting are collected using the “Catholic School Mental Health and Wellness Survey.” The researchers were able to assess for the current mental health needs and capture what was working within these specific school settings from the perspective of principals (Frabutt & Speach, 2012). A similar format was conducted by Iachini et al. (2016) through a district-wide needs assessment in South Carolina, where the principals were able to provide their perspectives through an online survey. The assessment demonstrated the need for more behavioral and mental health support to identify mental health conditions, as well as other support from stakeholders outside of the school setting. Additionally, the study provided differentiation between school levels in which it was identified that elementary school principals specified a need for mentoring and social support (Iachini et al., 2016).

Teachers are also considered the first line of defense in being able to observe the potential mental health conditions of students and support them in the classroom. Franklin et al. (2012) reviewed 49 studies and report that 40.8% of the mental health interventions that are done in the school setting are facilitated by teachers. Walter et al. (2019) also demonstrate in their study that teachers can provide valuable feedback on
what they have observed in the classroom if students are receiving services outside of the school setting. In addition to this, the perspective of teachers can guide mental health professionals in making adjustments to trainings and resources to ultimately better support their students (Green et al., 2016). This speaks to the importance of teacher buy-in and being able to involve them as first responders within the school setting considering that they will be the ones reporting to the administration, maintaining contact with parents, and interacting with their students. Other potential first responders that can support the referral process and implementation of school-wide interventions are school counselors, school nurses, and school chaplains since they also have continued contact with students (Berger et al., 2015; Erickson & Abel, 2013; Worley, 2019).

Another important perspective comes from the students or alumni who have attended SDA academies. Students can provide valuable and direct information into the realities of the mental health problems existent within their school. Askell-Williams and Lawson (2015) explored this by gathering the perspective of students’ school experience in Australia while also having them self-report on their mental health. This allowed for exploration on how the association between school experience and student mental health can inform key stakeholders on the types of interventions and supports that students may be needing (Askell-Williams & Lawson, 2015). Another methodology that can be utilized is a pre- and post-survey if students are involved in a program conducted in the school setting. For example, McKay and McKenzie (2018) conducted an evaluation survey for an art-based, health-promotion program in which students provided feedback through a pre- and post-survey completed online. This allowed for the student perspective to provide evidence on the effectiveness of the program and continued improvement.
Similar to McKay and McKenzie’s study, students can also provide feedback to improve measures related to the mental health treatment they receive, such as when facilities implement digital assessments to continually evaluate mental health services (Mayworm et al., 2020). Future studies related to this area of research will need to consider including the voices of students as a way to further understand how the overall school system can better support students.

**Providing Support for Parents to Further Support the Students**

Another factor to consider is the relationship between the parents and students in terms of receiving support to attend to the mental health conditions of students. One angle to consider is that parents may need additional support to better understand and support their children’s specific needs if they are experiencing mental health conditions. Without an understanding of how to better support their children, parents may unintentionally miss opportunities to build a relationship that allows for room to check in and discuss steps to attend to their child’s mental health needs. This potentially creates a situation in which students may not feel comfortable opening up about their mental health conditions at home, and furthermore, at school. In addition to this, mental health stigma within the family may lessen prioritization to seek professional help or collaborate with the school system to support the student. It is important to note that further exploration is needed to see if these ideas are congruent with the experience of parents with high school students attending SDA academies.

While limited, there is literature that explores the perceived and direct experiences of students attending private schools in terms of their mental health in the home and
school environment. For example, in a multi-method exploratory study conducted by Leonard et al. (2015), a four-phase design was utilized to collect data from administrators, teachers, school counselors, high school students, and an overall panel of experts familiar with the functioning of private school systems. In Leonard et al.’s study, a primary source of stress for high school students came from preparing to apply and be accepted into colleges. In addition to achieving academic success, students felt the pressure to add on extracurricular activities or community service opportunities to stand out from other high-achieving peers (Leonard et al., 2015). Furthermore, parental influence may also affect students’ stress levels in a distinctive way related to the private school experience. Administrators and teachers have reported that many parents place a higher expectation for private schools to help their students achieve, particularly because of the financial investment made for students to attend these schools (Leonard et al., 2015). Students report that carrying the pressure to succeed academically generated a constant stress throughout their high school experience that is often overshadowed by the continual expectation to succeed (Leonard et al., 2015). Therefore, the pressure to meet parental expectations combined with having a busy school schedule puts high school students in a situation where they often choose to let go of living a balanced lifestyle that includes attending to their health (Leonard et al., 2015).

Because of the perceived and communicated expectations placed on high school students attending private schools, there is the possibility that these students may not feel open to seeking help for their mental health conditions as it may damage their own reputation and the reputation of their family. According to Lyman and Luthar (2014), parents carry a significant influence in the student’s experience, particularly with the
pressure to be perfect. Additionally, Coren and Luthar (2014) report that students’ perceived criticism from parents can act as a contributor to what the researchers term as maladaptive perfectionism. Other studies also affirm that the pressures and expectations from the home and school environment might encourage potentially maladaptive characteristics of perfectionism, high-achievement, and competitiveness in high school students attending private schools (Coren & Luthar, 2014; Luthar et al., 2019; Lyman & Luthar, 2014; Zeifman et al., 2015).

With these characteristics in mind, we also need to consider if parents are able to support their children if mental health conditions are being presented in the home and school environment. Interestingly, there is a strong association between perceived maternal depression and high school males’ internalization of issues, as well as an association between perceived maternal depression and high school males’ and females’ externalization of issues (Coren & Luthar, 2014; Lyman & Luthar, 2014). This demonstrates that perhaps the parents of students are also experiencing their own mental health conditions that are not being addressed. Unfortunately, this could result in challenges for parents to recognize the mental health conditions of their children, and furthermore, to normalize discussions about mental health in their household. This scenario in combination with students feeling the pressure to perform as perfectionists may create a pattern that prohibits students from feeling open to seeking support for their mental health conditions. Zeifman et al. (2015) reports that high school students with perfectionistic tendencies may not only be at risk for experiencing psychological issues but may also be susceptible to “self-stigma,” meaning that they stigmatize themselves for having the need to reach out for professional help. School communities will need to
familiarize themselves on the various types of mental health conditions commonly experienced by students while also considering the influence of parents on a student’s overall mental health.

In order for future program development and implementation to succeed, it will be important to involve parents in the process to further support the students. Based on a study conducted by Wegmann, Powers, and Blackman (2013), the collaboration between parents and teachers are a necessity in the implementation of a program. In the study, parents communicated that assistance from mental health professionals in the school setting, along with the primary coordinator of the services, helped build trust in the people involved with the mental health services. According to LeCloux et al. (2017), the depression levels of students were lowered over a period of time if parental support was present in the beginning of an intervention. However, something to consider in terms of program development is that it may be challenging to obtain buy-in from parents to collaborate with the school setting. This may be partly explained by parents taking a more active role during the elementary school years and later step-back. While this might be the case, adolescents who have parents that are involved in their learning process have been found to have better student-teacher relationships, which then had a positive association with the adolescent’s level of school adjustment (Cheung, 2019). Program developers will need to collaborate with parents to open the gate for servicing students in the school setting, but they will also need to obtain parent buy-in by demonstrating the importance of parental involvement on their adolescent’s adjustment to the school setting. Furthermore, parental buy-in may also open the door for opportunities to support parents so that there is consistency between the school and home environment.
Potential Lack of Accessibility to Resources and Supports

The lack of accessibility to mental health resources and supports may also be a contributing factor to the mental health problem. Some school settings are unable to incorporate a mental health service model in their school setting due to a variety of reasons. For example, Hansel et al. (2010) report that schools located in rural areas, might be more difficult to access and therefore, placed as lower priority for funding which instead is placed in more accessible schools. These types of schools may also present the barrier of not having a private space available for services to be conducted (Hansel et al., 2010). Other examples of barriers include families not being able to afford outside services, or for the youth population to not have a means of transportation to access services (Swick & Powers, 2018). Mental health stigma as well as a negative experience with a previous mental health provider could also present as barriers for students (Swick & Powers, 2018).

Another potential barrier that is specific to private schools is the lack of funding so that students can have accessibility to specific mental health resources and supports within the private school setting. This includes direct accessibility to services that are typically provided in public schools, such as psychological testing, speech therapy, occupational therapy, and other counseling related services. Although students may be eligible for public school services, such as obtaining an IEP or 504 plan (Individuals with Disabilities Education Act (IDEA), 2021), parents of adolescents in private schools may not be aware of this option to support the mental health needs of the students within their household.
One other perspective to consider is the potential that school personnel may unintentionally present a lessened need for accessibility to resources and supports in one of two ways. First, school personnel may lack the appropriate training to identify the potential mental health conditions of students, and therefore, not bring the presenting conditions into the awareness of boards or community partners to demonstrate the need for resources and supports. Second, the priority placed on academic responsibilities may be presented by school personnel as being of higher importance than supporting the mental health needs of students. For example, students may receive a range of support from school personnel to receive mental health services during school hours, and furthermore, to collaborate with the mental health providers to support the treatment plan of their students. According to Phillippo and Kelly (2014), some schools have administrations that make structural adjustments for teachers to be first responders to the mental health needs of students, while other schools provide limited support for teachers who then become overwhelmed and not as open to collaborating with mental health providers. Similarly, support staff that include school counselors, nurses, and chaplains have reported limited knowledge in topics such as nonsuicidal self-injury (NSSI), and furthermore, come across the barrier of having limited options for referral services to support students in the school setting (Berger et al., 2015). This suggests that the variations in school climate may communicate to students the level of prioritization on their need to access and utilize mental health resources and supports. With these factors in mind, there may be the unintentional consequence of having resources and supports removed or not easily accessible which further contributes to the mental health problem experienced by the adolescent population.
Although there is an initial investment in providing accessible resources to a school setting, Swick and Powers (2018) report the benefit of accessibility to mental health services in the school setting as it reduces a number of limitations and barriers that make it challenging for the youth population to receive services. By having a system in place, private schools may be able to serve the students within their school setting to attend to potential lack of accessibility to resources and supports.

**Mixed Messages between Cultures**

Of the five different categories presented regarding the extensiveness of the problem, the experience of mixed messages between cultures is the most complex and unique to the students attending SDA academies. While not clearly pointed out in the literature, there may be multiple cultural expectations that are either directly or indirectly placed on a student. There are multiple societal as well as religious and spiritual messages that may contribute to a student’s mental health.

Within the U.S., one might argue that there are societal expectations that include the necessity for students to do well in school, to “be good” in society, and become independent regardless of the circumstances. Interestingly, these societal expectations appear to align with the traditional religious and spiritual SDA culture. Generally speaking, this might include the expectation to abide by core church values. It may also include incorporating ideas stemming from previous generations such as “pray and hope the bad will go away,” or connecting the belief to “Trust God and not Man” as a justification for personal struggles to only be brought to God and not people. However, these are not the only versions of culture that contribute to the existence of the problem at
hand. One might consider that there are also emerging cultures in society and within the SDA church. The emerging societal culture recognizes the importance of physical and mental health. There is an encouragement towards an attitude of “doing what works best for you” while also encouraging people to reach out to a mental health professional for help. Similarly, the emerging culture in the SDA church involves an acceptance of honoring tradition along with the new ideas that can allow for collaboration to take place in an effort to move the church forward. Instead of praying for the problems to disappear, the emerging church culture might encourage prayer along with action to take place in an effort to have all church members “become the church.” Finally, there is an expectation to not only trust God, but to also trust those that have been placed in a person’s life to provide help and guidance.

While there is a need to further understand the consequences of these mixed messages between cultures, it can be hypothesized that students navigating through identity development may be experiencing confusion on how to function within a school institution encountered by constant cultural changes. School institutions are then potentially challenged as societal and religious ideas may conflict with the current roles and functions that are in place to maintain a stable environment. It is through these mixed messages that we recognize the existence of contextual issues in the form of social values and multicultural issues creating conflict with one another. This may present itself through factors such as race, ethnicity, gender, nationality, socio-economic status, ableism, religion and spirituality, to name a few. For example, a student might be raised in a home that encourages freedom to express their preferred gender but might not hear the same message from their homeroom teacher or another peer who believes in
something else. Another example includes students who identify as being part of a religious minority while attending a Christian school, contributing to an experience that involves discrimination and the opposite of social connectedness (Estrada et al., 2019).

One of the potential consequences that can manifest within a school environment among students receiving mixed messages is the issue of bullying. Bullying would be considered to be part of the spectrum of mental health conditions that affects the experience of students and may be impacted by religious and societal contextual factors. This includes a higher frequency of bullying victimization for students who identify as being part of the LGBTQ+ community in comparison to students who identify as heterosexual (Williams, 2017), gender identity differences affecting bullying experiences such as rumors, sexual comments, and social exclusion (Hazeltine & Hernandez, 2015), and finally, the mediation of risk behaviors for those who are part of minority racial or ethnic groups (Li & Shi, 2018). Another resulting consequence of bullying includes adolescent’s report of substance use (Lee et al., 2018). It is important to consider the potential effect that mixed messages have on students living within varied contextual factors, and furthermore, school environments that include students coming from diverse backgrounds and experiences.

Although we do not know much about these specific school dynamics of SDA academies in the literature, we can hypothesize that collaboration among the systems might assist with the mixed messages between cultures. For example, Capp (2015) presents the design and implementation of a mental health program called “Our Community, Our Schools” (OCOS) which recognizes individual school cultures that require connection for implementation to occur. Two months after OCOS was
implemented, it was shown that the therapists were able to make connections with the school staff and spent 10 to 20 percent of their time consulting with them. Overall, the study confirms that collaboration can result in positive responses from school staff for continued program development and enhancement, which is important when multiple cultures are present in a setting like SDA academies.

**Lack of Training for School Personnel**

Another factor that is needing to be addressed involves the lack of mental health knowledge or training provided to the key stakeholders and school personnel. Principals who lack mental health training may not know how to provide resources or direction to the direct school personnel or support staff. Those in administration may also desire to be able to guide the schools within their union or conference but are unable to without mental health training. Therefore, when children approach school personnel with a presenting mental health condition, they may not get the appropriate support that is being sought for in the moment.

Although further work through a needs assessment could determine and specify the needs of schools, the issue of mental health training appears to be a common necessity as demonstrated in previous literature. For example, Iachini et al. (2016) include in their findings that the one of the top three needs from a principal’s perspective involves teachers receiving behavioral and mental health training and equipping them with the resources needed to be able to better respond to the issues appropriately. Moon, Williford, and Mendenhall (2017) provide additional insight from the teacher’s perspective that mental health training would assist with mental health promotion at their
school sites. Furthermore, teachers report placing an importance to their students’ mental health as they see it being part of their responsibility as educators (Moon et al., 2017). School counselors also experience role ambiguity and lack of training to support students even though they are encountered by students reporting or showing signs of mental health conditions (Blake, 2020). School nurses report needing additional training as well to support students that approach them with mental health conditions such as anxiety (Muggeo & Ginsburg, 2019).

Interestingly, there is a continued necessity of mental health training as seen through a study by Osagiede et al. (2018) in which two different models of mental health services are compared to each other based on teachers’ perceptions on their ability to help students with mental health conditions. Between the first model, which consisted of schools being connected to a central community-based mental health centers for students, and the newer version of the model, which involved in-school mental health services, it was found that teachers from the newer model not only received training from a mental health support but also reported higher levels of satisfaction in being able to support students’ mental health needs. However, both groups of teachers still reported the need for additional training (Osagiede et al., 2018). This potentially suggests that the more exposure there is for school systems to partake in mental health resources, the more potential there may be for school personnel to learn and enhance their potential within their role to support the mental health of students. While further investigation is needed regarding the impact of mental health training for school systems, it is a factor worth noting to support students in an appropriate and effective manner.
Other Programs that have Attempted to Address the Problem

Within the literature, there is evidence of how other programs have attempted to address the mental health problems present for the youth population within school settings. It is important to note how programs have or have not successfully attended to the problem through the applicability of previous literature and if evaluative efforts have been made to inform program developers on how to improve or strengthen the program.

School-based Support (SBS) Program

We begin first with the School-based Support (SBS) program, which was developed to have school systems and community agencies collaborate together to provide resources for students and their families (Swick & Powers, 2018). One of the primary goals of the SBS program was to recognize and attend to the mental health needs of students who may be at risk for having challenges towards their academic success. The other goal was to make improvements towards the social/behavioral as well as the academic outcomes of students who demonstrate mental health needs. In an effort to accomplish this, the SBS program found it important to incorporate the collaboration between the school and community systems to best support the students in need of mental health services. The researchers pointed that it was important for full-time mental health professionals to be assigned to school settings so that they are not tasked with other dual roles that impair their ability to work to the fullest capacity with students presenting with mental health conditions (Swick & Powers, 2018). Other services that were incorporated in the SBS program were parent liaisons who provided home visits, school psychologists who administered assessments and provided psychoeducation, and finally the program
managers who coordinated services with the full-time mental health therapists. The three
different types of personnel worked closely together and with the school staff to support
the student referral process so that appropriate services were provided dependent on the
needs of the students (Swick & Powers, 2018).

As a part of the one-year evaluation of the SBS program, data was collected from
six schools, bringing a total of 322 students with the majority being African American
(81%). The results demonstrated that students’ scores on reading and math had increased
after a year of services (Swick & Power, 2018). The authors point out the limitation that
there was no comparison group to see how those who participated in the SBS program
may differ from other students who did not participate in the program. The evaluation
plan reported by the authors also lacks additional information about the implementation
of services and the student’s satisfactory levels in receiving the services. It would have
also been interesting to have information about the partnerships made within the SBS
program so that program developers can also receive feedback about the program
structure in case further enhancements are needing to be made.

County Schools Mental Health Coalition

According to Reinke et al. (2018), a model known as the “County Schools Mental
Health Coalition” was explored to see if it could produce positive outcomes for at-risk
youth in school settings. According to the authors, students who live in poverty or are
part of a minority group either terminate early or do not utilize services as much as other
students (Reinke et al., 2018). Therefore, the approach of the model incorporates steps
towards early identification, prevention, and implementation of mental health services
within school settings by first gathering data so that an appropriate evidence-based practice (EBP) could be identified for implementation in each level of the coalition’s multi-tiered model within the specific school setting. This provides valuable information that models how the collection and application of data can help private school settings improve the mental health of students and track data trends over time.

Although the “County Schools Mental Health Coalition” provides assistance with finding an EBP that would best fit within a specific school setting, it would be important that the EBP is also further evaluated for its feasibility in its utilization within the different levels of the school system, from administration to the students and parents. Reinke et al. (2018) reports the use of an evaluation plan that involved a pre- and post-test procedure in which they found that students who had severe social behavioral challenges had significantly less office referrals between the Fall and Spring semesters of a school year than the overall sample of students. Further research on the effects of students at different severity levels of mental health needs would also be beneficial to improve the efforts being made with the Coalition multi-tiered model.

Interestingly, Bruns et al. (2016) discusses a similar approach where the “Public Health Model,” “Response to Intervention” (RTI) model, and the “Positive Behavior Interventions and Supports” (PBIS) model are placed together into an integrative framework known as the “Multi-Tier Systems of Support” (MTSS). The MTSS was intended to assist the different levels of the overall public school system through one framework to avoid the implementation of a single model that would only address a portion of the overall school system. By using the MTSS, the researchers demonstrated the benefit of a multi-tiered framework so that the various levels of the school system can
collaborate, and therefore, contribute to the success of program implementation among all key stakeholders (Bruns et al., 2016). Furthermore, this type of framework provides a foundation for multiple parts of the system to speak within similar and understandable terminology so that collaboration can occur towards making the best use of the resources that are available for the schools (Bruns et al. 2016). The idea of implementing and evaluating a framework that involves multiple levels of the school system, as demonstrated from the coalition model and MTSS, is important for program developers to consider as they begin working with different types of school systems that likely have varying needs.

**TeamSTEPPS**

Another program that attempts to address the problem is presented by Wolk et al. (2019) called Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS). TeamSTEPPS was originally used in medical clinical settings but was adapted for implementation in school settings for school-based clinicians. Results from the authors indicate that a lack of agency from leadership roles did not encourage advocacy for continued participation in the study for the TeamSTEPPS program (Wolk et al., 2019). Other logistical challenges include a lack of private spaces for interviews and delays in collecting day-to-day data in one location within school sites. One of the strengths of this study is that is demonstrates the importance of collaborative work in the beginning of a research study as a way to lessen the potential issues that can complicate the research process, including motivation and participation from the researchers and participants. Similarly, Osagiede et al. (2018) reports that future researchers need to
consider the involvement of key stakeholders, such as teachers, prior to the implementation of a training program. Other studies have also described the importance of including the voices of various key stakeholders in the process of gathering data as well as working towards the success of program implementation (Leonard et al., 2015; Wegmann et al., 2013). This is essential for researchers looking at creating collaborative teams in private school settings as a way to work with all who are involved in the implementation of a program and its development.

**Our Community, Our Schools (OCOS)**

Capp (2015) presents the design and implementation of a mental health program called “Our Community, Our Schools” (OCOS) which recognizes individual school cultures that require connection for implementation to occur. One of the program goals for OCOS involved providing mental health services to all students who desired to receive services. This included removing the financial barrier that often prevents clients from being able to utilize services. It also included broadening the spectrum of mental health conditions that could be attended to rather than limiting it to a certain severity that would exclude students who would potentially benefit from services even if they do not have serious mental health conditions. The second program goal for OCOS was to model collaboration and consultation between therapists and school personnel as it was important to build relationships for the implementation of the program to be more successful. Two months after OCOS was implemented, it was shown that the therapists were able to make connections with the school staff and spent 10 to 20 percent of their time consulting with them (Capp, 2015).
In terms of the beginning of an evaluation plan into the second year of implementation, the researchers involved in the OCOS program report that continued collaboration with the school personnel would be crucial towards adding more therapists to support the school community, such as interns who can address lower severity cases as well as efforts towards preventative or early intervention therapeutic work to alleviate staff who work with more severe cases. The researchers report the hope that OCOS would move from being what is considering an outside influence of workers, and rather a program that is integrated into the school context (Capp, 2015). Overall, OCOS demonstrates that collaboration can provide positive responses from school staff so that continued program evaluation can occur to address the mental health conditions of students.

Discussion about Programs that have Attempted to Address the Problem

The list of programs we have presented provides a starting point of valuable information for SDA academies in an attempt to improve the mental health of students. Among the programs provided, there are several common themes and ideas to be considered. The SBS program, County Schools Mental Health Coalition, TeamSTEPPS, and OCOS all reiterate the importance of collaborative work between the different levels of the school system as well as with the key stakeholders so that it can contribute to the success of program development and implementation (Capp, 2015; Reinke et al., 2018; Swick & Powers, 2018; Wolk et al., 2019). Evaluation plans provided information that supported program continuation or improvement in the program itself. For example, the SBS program learned that math and reading scores had improved among students (Swick
& Powers, 2018), yet it would benefit to add information in the evaluation relating to program facilitation or program satisfactory levels. The County Schools Mental Health Coalition demonstrated a lessening of office referrals being made for students demonstrating severe social and behavioral issues (Reinke et al., 2018). The authors that described the implementation of the OCOS program report the goals that help remove certain barriers that often become issues within school settings, such as lowered service utilization due to client finances, the availability of trained staff, and the eligibility of clients being able to receive different therapeutic services that could alleviate higher tiered clinical therapists working with more severe mental health caseloads (Capp, 2015). Finally, TeamSTEPPS provided insight on the challenges of collecting data and furthermore the necessity to collaborate with key stakeholders to remove the barriers relating to space and time availability from school personnel (Wolk et al., 2019).

Each program contributed to ideas that program developers and researchers need to be aware. However, additional ideas that are also important to consider is the necessity of having a plan that includes a needs assessment, a collaborative framework of program development, and a continual evaluation process that would encourage long-term outcomes of the program for a school community. Interestingly, we learn from Dishion (2011) that intervention programs often provide hope for a quick fix to student problems when in reality there is additional research to be done to improve program development and implementation. Schools are often burdened with programs that require an overwhelming amount of training and implementation effort, and therefore, a bottom-up approach creates an atmosphere of ownership towards innovation and greater value in the ability to create systemic change within school settings (Dishion, 2011). Collaborative
efforts that encourage intentional parent support, integrated teacher and staff training, and additional knowledge to further understand student’s behavioral health needs are some of the takeaways to attend to the mental health problem among the adolescent population. Furthermore, these are important factors to consider in making informed decisions when working within a school-based population to potentially lessen the possibility for consequences such as program failure, loss of funds, and a reduction of buy-in from key stakeholders who may benefit from a program that could support their school community. Overall, reviewing through what other programs have done provides guidance to better determine what will work best within SDA academy settings, and more importantly to address the mental health problem that students may be experiencing in these settings.

**Theory of Change**

Although we are aware of the alarming statistic regarding mental health illnesses in adolescents, nearly half of the youth with an identified disorder still do not seek treatment even if it exists (Costello et al., 2013; Merikangas et al., 2011). As previously mentioned, this indicates that further work is needed to address the gap in resources and supports related to the mental health conditions within SDA academies. It is important to recognize that an initial investment is necessary to further understand the mental health problems among high school students in an effort to better address the problem more effectively in SDA academies. Because of this, we believe that a systemic and collaborative approach will help in the success of future interventions and actions, such as program design and implementation.
For change to occur, we believe the first step is to conduct a needs assessment that involves most of the interacting groups within the school system, along with the support from administration. A needs assessment can assist in providing awareness of the additional conditions that students face within the SDA academy community, as well as the resources and supports that the administration, direct school personnel, support staff, and recent students (high school alumni) believe are needed for change to happen. The involvement of different parts of the systems allows each part of the system to have a voice in the delivery of an action plan. This is crucial as it can potentially help students to receive guidance or support towards to have their mental health conditions addressed within their academy setting.

While the current needs assessment will capture multiple levels of the SDA educational system, it is important to consider other people who can also be involved in the future as we learn of the resources and supports that may be needed within SDA academies. For example, parents are also considered key stakeholders and if we do not have insight on what is happening at home, there is the potential risk that interventions chosen for the school settings may only be addressing part of the student’s mental health needs. Another is the SDA church community which holds a vital role to the culture of SDA academies. Because of this, their involvement will also contribute to the change that is needing to occur as we learn more about the SDA academies through the needs assessment. We believe that change will happen as mental health awareness is spread into the school, home, and church communities. The more mental health awareness there is, the more likely it is to be acknowledged to address the mental health needs of high school students. Finally, when the needs are acknowledged, then those who would like for
change to happen will be more open to action if done in a collaborative manner. It is important that program developers make an effort to interact with the key stakeholders of the SDA school community so that collaboration can happen. From here, the collaborative efforts will not only encourage the normalization of mental health in the community, but also for lasting change to occur to better support high school students in SDA academies.

**Conclusion**

The information that we have learned through previous literature provides guidance on how to move forward to better understand and support the mental health of high school students in SDA academies. Researchers, mental health professionals, and those involved in the SDA academy communities have the opportunity to better understand and support the mental health needs of students, beginning with a needs assessment. It is crucial that we utilize the information learned to begin a collaborative relationship with key stakeholders, to advocate for mental health awareness, and more importantly, to identify the resources and supports needed within SDA academies. Because the SDA school system is known to be one of the largest Christian educational systems, it is important to address the gap in the literature regarding the need for mental health resources and supports in SDA academies from the various perspectives of the school system. Overall, we believe it is imperative to utilize this opportunity to pioneer a needed line of research, and furthermore, to mobilize action towards better serving the SDA school community.
CHAPTER THREE

CONCEPTUAL FRAMEWORK

The purpose of this chapter is to gain an understanding of the conceptual framework that guided the needs assessment conducted for SDA academies within the Pacific Union under the North American Division Office of Education (NADOE). We aimed to do this by continuing to place the focus on the following research question as presented in the first chapter: What are the perceived experiences of high school students and their mental health within SDA academies according to administration, direct school personnel, support staff, and alumni? Furthermore, we present two theoretical frameworks that served as the basis for the qualitative format of this study’s needs assessment while exploring how these frameworks have been used in previous programs. Although there may be various ways to conceptualize the research problem, we will be utilizing structural functionalism in combination with the socioecological theory to explore the social structure of the Seventh-day Adventist educational system to help key stakeholders towards meeting the mental health needs of high school students attending the academies.

Theoretical Concepts

In an effort to guide the conceptualization of the mental health problems among high school students attending SDA academies, we propose the integration of structural functionalism and socioecological theory. Structural functionalism provides an understanding of the importance of the school system and its role in the development of knowledge, career trajectory, and preparation to contribute back to society.
Socioecological theory supports a further understanding of the surrounding systems, or communities, that impact and influence the individual high school student, potentially affecting their identity development within the adolescent phase of life. The utilization of these theoretical frameworks not only guides the explanation of what may be maintaining the problem, but also to assist with taking steps towards assessing for the mental health needs in SDA academies. Therefore, a description of the primary concepts for each theoretical framework is important to understand the integration of both theories.

**Structural Functionalism**

The works of Talcott Parsons and Emile Durkheim, two of the main contributors to the beginnings of structural functionalism, are often utilized to explain primary concepts of the theory in research. According to Procter (1980), the term “structure” is a concept within Parsons’ writings that involves the meaning of empirical order and the organization of a system. Furthermore, structural functionalism points out that each person within a society has a role, meaning that each person’s role under an organized body functions under rules, therefore, helping society function (Clark, 1972; Procter, 1980). Hak (2007) further explains that Durkheim noted how people fall within categories, groups, and institutions, in which common characteristics are existent among the people. With this understanding, structural functionalism would consider the school setting as an institution.

Institutions are known to be an organizational body where each person interacts and upholds the structure of the system in place (Hak, 2007). Rather than viewing institutions as independent from the overall society, it is better explained as a compilation
of similar actions in which people function in their role to maintain stabilization, or equilibrium (Hak, 2007). In addition to this, the units, or people involved in the social interactions fall within the order provided within an institution (Hak, 2007). For example, academic advisors within college settings are seen to have a role to support their advisees to remain interested in their academic decisions while encouraging them to remain enrolled in the university (Elliott, 2020). Based on Parson’s work, institutions embody a collection of norms from society that have been determined as expectations within an environment (Proctor, 1980). The expectations can allow for the motivation of utilizing energy to contribute to dynamic changes proposed within an institution. However, it would need to be agreed upon with the current structure, or stable environment, that functions in a format that is gradual rather than rapidly changing (Proctor, 1980). Therefore, when an action deviates through the proposal of a rapid change, it is comparatively viewed as a threat to the structure in place. In other words, rapid change threatens the structure of an institution in which lies the responsibility and necessity to return the institution back into a state of equilibrium. Since everyone has a part in society, each moving part would need to be a part of the gradual change so that as a whole, adaptations are made to reach a new equilibrium.

Another element in structural functionalism that is important to understand is that there are two types of functions that come out of the structures put in place. According to Robert K. Merton’s book titled Social Theory and Social Structure (as cited in Rose, 1970) discusses the functions as “manifest” and “latent” to extend the understanding of structural functionalism. “Manifest functions” are described to be the intentional and conscious function meant to benefit the society in a specific manner, whereas “latent
functions” are the unintentional consequences that occur from manifest functions yet could ultimately still be beneficial (Merton, 1968). For example, schools can be seen as an institution placed in society to carry the “manifest function” to help society move forward in a specific manner. In other words, schools carry the responsibility to help students to be prepared for functioning in society, to learn about social norms and rules, and ultimately, to be contributors to society in the future. On the other hand, “latent functions,” which are essentially the consequences that unintentionally occur out of the manifest functions, can also occur within a school institution. For example, a latent function may be that students build positive peer relationships within extra-curricular activities. It is important to note that a latent function could also be negative, such as peer pressure towards using drugs and getting in trouble at school.

As in every institution, the rules, roles, and functions that are placed may also unintentionally encourage other obstacles. Clark (1972) writes, based on Parsons’ writings, that part of what maintains the structure in an institution is that others entering in it will adapt to the structure since the institution will not change. Parson’s writings also include that individuals, or groups of people, may come into the system with cultural differences that are viewed as “deviant” from the system, with little room for change to occur (Clark, 1972). This type of structure within institutions is believed by some to unintentionally enforce an environment that may perpetuate serious consequences, such as suicide (Khan et al., 2017).

For change to occur, people would need to look beyond the individual, and consider how groups of people can encourage new patterns that move toward change (Clark, 1972). For example, rather than viewing social networks as a fixed structure, one
can extend the understanding of structural functionalism to explain how social networks gradually change over time, particularly when life events force a social network to make adjustments, such as death in the family or the removal of a person who initially existed within the network (Cornwell & Laumann, 2016). It is worth noting here that school institutions, and more specifically, religious school institutions, may hold the important role of reinforcing specific functions that may shape the beliefs and culture of individuals within the institution. Therefore, the primary concepts of structural functionalism can provide a foundation of further understanding school systems that function as religious institutions, such as SDA academies.

**Socioecological Theory**

Socioecological theory, which is introduced by Urie Brofenbrenner, is based on concepts stemming from the theory of human development (Rosa & Tudge, 2013). The socioecological theory is known to involve four levels that interact with one another, but also build upon each other. The terminology for these four levels are known as the “microsystem,” “mesosystem,” “exosystem,” and the “macrosystem” (Rosa & Tudge, 2013). The microsystem begins with the individual and extends to the other systems such as interpersonal relationships, the community surrounding these relationships, and finally, the societal or organizational level systems in place (CDC, 2015). In other words, individuals are impacted by the larger systems even if they are several levels above the microsystem.

In an effort to explain the different levels within the socioecological theory, we utilize the example of individual students within a school institution. For this scenario,
the students would be considered individuals within the “microsystem.” These individual
students interact with their own family members, peers from school, direct school
personnel, support staff, and for some, the church community, all who are considered to
be part of the “mesosystem” level. In turn, family, school, and church communities also
directly interact with the individual students. Those within the micro- and meso-systems
are also affected by the larger societal level known as the “exosystem.” This includes
influences of parent work life, community opinions, social media influences, and
government policies to name a few. Other examples may include policy or societal ideas
that maintain disparities in the community or affect the economy. The influence of the
exosystem often includes factors that cannot be easily controlled by the micro- and meso-
systems, yet they still indirectly affect the individual. Finally, we have the larger system
that encompasses the culture embedded in an institution which is known to be the
“macrosystem” (Rosa & Tudge, 2013). As cited by Rosa and Tudge (2013),
Brofenbrenner notes that the macrosystem carries the beliefs and values that influences
the rest of the interacting systems. If we take the example of school institutions, the
beliefs and values presented in society as norms can influence the overall school
institution and ultimately impact the individual students attending the school. Similarly,
students attending religious school institutions are impacted by the beliefs and values that
guide the school system through the religious ideologies existent in the macrolevel.
Overall, socioecological theory demonstrates another perspective on how these
interacting systems inevitably affect the behaviors, experiences, and development of
students within the school system.
Examining the Problem through Assumptions of the Theoretical Frameworks

Although we have previously identified the importance of attending to the mental health problem by conducting a needs assessment for SDA academies, we have yet to examine the problem through the assumptions of the presented theoretical frameworks. In doing this, we can further understand the application of these theoretical assumptions into the development and process of conducting a needs assessment for the population of interest. Therefore, the following integration of structural functionalism and socioecological theory is an attempt to conceptualize the presented problem, and later, a guide that supported the format of the needs assessment for this project.

SDA Academies as an Institution Influenced by a Macrosystem

SDA academies are considered to be part of the overall Adventist educational institution. The curriculum imbedded within the institution is there to provide structure and guidance for administrators, direct school personnel, and support staff to promote learning within the set curriculum. As part of the approach to education, there is a religious component that aims to restore humans into the image of God (General Conference Corporation of Seventh-day Adventists, 2022). This involves the promotion of a holistic approach within the education provided. However, while other research brings awareness and recognition of the mental health conditions that are existent in the surrounding communities, it has not necessarily been the primary focus in SDA research, and more specifically for the school setting. As discussed in the previous chapter under the works of Waasdorp et al. (2018) and Craig et al. (2018), we notice an overall emphasis towards physical health within the SDA research that is available. This is not
surprising as one of the strengths within the SDA community is the promotion of living a healthy lifestyle based on the SDA religion’s “health message” which has been implemented in SDA-related establishments, including their school settings (Banta et al., 2018). Because the overall SDA institution appears to be influenced by messages passed down from the macrosystem, it becomes more apparent how these influences can eventually impact the experiences of students attending SDA schools.

Through the lens of structural functionalism, the structure of the SDA educational system is believed to help the system to function under the beliefs and values that keep the institution organized. Socioecological theory adds to this by placing the religious beliefs and values to be part of the macrosystem. Therefore, the beliefs and values existent in the macrosystem impact the lower levels of the system. This includes the school, the church community, the home environment, and ultimately the high school students attending the academies. In addition to this, one might consider the impact of the culture existent within SDA academies, and how the development of students is impacted during their high school experience.

**Moving away from the Norm May Compromise the Structure**

Another point to consider is the challenge that students may face when attempting to move away from the institutional structure they are a part of. When students begin to function in a different manner than what is expected, or away from the rules that have been placed, they may experience conflict with the expected norms that are part of the SDA academy culture. These expectations might discourage students to move away from what is "normal" and bring them back to the structure placed for the institution to
function. Although other school settings also have a system in place, the unique factor of SDA academies is the component of religion. The impact of religious education is an avenue where beliefs and values are utilized to support students within the school learning environment in preparation to function within a diverse society (Estrada et al., 2019). This is a strength in the community as it brings people together and provides a safe place for people with similar beliefs and values to congregate, learn, and grow together. A potential challenge may occur when students attempt to move away from the role they are expected to uphold, which may be viewed as compromising or threatening the structure of the institution. Students may adapt to the norm and function under the role given within the institution or they may choose to move away from it.

Although there is limited knowledge of the specific experiences of SDA academy students who may be navigating through an adaptation or diversion from the institutional structure, it would be interesting to know if these experiences amplify potentially harmful consequences for the students as presented in previous research. For example, some students may exhibit negative externalized behaviors which tend to be addressed via school-based intervention (Weare & Nind, 2011). Other students may remain silent by internalizing their thoughts and feelings in the process of navigating the school environment (Coren & Luthar, 2014; Lyman & Luthar, 2014). Furthermore, students may also choose to not communicate their needs within the school environment out of the fear and stigma associated with mental health (Bowers et al., 2013; Wahl et al., 2018).

Whether it is directly or indirectly, school culture may play a role in minimizing the severity of existing mental health conditions. Consistent with Clark's (1972) writings, we are made aware that when people are viewed as outsiders or deviants from the culture
currently in place, it discourages the continuation of communicating the needs of students to those in the system who could provide support and guidance. The consequence of this impact may not only present the discontinued communication of students, but more concerningly, the continuation of mental health stigma within school settings.

**Navigating Identity Development within a Religious School Setting**

While continuing to further understand what may be involved when students align or move away from the culture within their SDA academy, it is crucial to explore how students may navigate through the process of identity development while attending SDA academies if these ideas present themselves in a needs assessment. Within the experience of attending high school, adolescents are in the midst of finding their identity and discovering what their role is in the world, which includes their social-emotional development (Estrada et al., 2019). Since high school students spend most of their time in the school setting, there is typically an increased importance of having a sense of belonging as they go through this crucial, developmental part of their life. However, as students are going through this phase of life, there are other life challenges that may come along the way where help and guidance is often needed. The challenge comes when the issues presented may either reveal that the adolescent is deviating from the religious culture encouraged in the school setting, or that the issues are beyond the scope of competence in which school personnel can attend to readily. From a socioecological perspective, the positive or negative interactions that students experience from different levels of the home, school, and community systems may impact their identity development. From a structural functionalism perspective, the influences of functioning
within the norms of a religious institution can also create positive and negative experiences that may impact identity development.

An example of this may involve students of a religious minority. According to Estrada et al. (2019), those who are of a religious minority, such as non-Christian students attending a Christian school, may experience the opposite of social connection, and instead have a negative experience that would not support the mental health of the religious minority groups of adolescents. While it cannot be said for certain that there is evidence of similar examples that are experienced by those attending SDA academies, it is something to consider as a potential factor that may contribute to mental health conditions within SDA academies.

**Limited Mental Health Awareness and Knowledge May Impact the System**

Finally, it is important to consider the impact of mental health awareness and knowledge towards the systems of support within a school institution. When students vocalize their needs to direct school personnel and support staff, they might receive some support based on the training and knowledge received by these school leaders. However, there is the possibility that the direct school personnel and support staff from SDA academies may potentially feel limited within their professional roles to adequately support their students when it comes to mental health. This idea is taken in consideration since previous studies have demonstrated how principals, teachers, and support staff have communicated the need for additional mental health training in their school settings (Berger et al., 2015; Iachini et al., 2016; Moon et al., 2017; Muggeo & Ginsburg, 2019; Osagiede et al., 2018). Administration may also be limited in having change occur as
they may also be bound by their own roles within the institution. The challenge with this is that limited awareness and knowledge of mental health across the systems may create a barrier for collaboration to occur between administrators, direct school personnel, and support staff. Therefore, action steps may be placed on hold temporarily or indefinitely. If this particular challenge is potentially existent in SDA academies, then it would be crucial to address it as soon as possible within the process of understanding the needs of this community. If action is not taken to learn whether or not mental health is integrated in the language and culture built within the SDA institution, it leaves little to no room for continued growth, learning, and change to happen in SDA academies. In addition to this, there is the potential risk of having academy students with unmet mental health needs that may negatively impact their development within the interacting systems in place, and in turn, impact the structure of the institution.

**Application of the Conceptual Framework for the Chosen Research Method**

In an effort to take a first step towards answering the presented research question, a needs assessment was conducted through a qualitative approach by gathering information from the perspectives of administration, direct school personnel, support staff, and recent high school alumni. Based on the conceptual framework discussed above, the administrators, direct school personnel, support staff, and alumni are some of the key stakeholders that can provide insight into the current structure of the school system and its impact on the mental health of students in SDA academies. A structural functionalism perspective allows the current project’s qualitative approach to incorporate sub-questions that ask about what mental health conditions are present and how they are
currently being attended to under the current school institution that SDA academies function under. A socioecological perspective encourages the qualitative approach of this project to include four different perspectives that will contribute to the limited understanding we have about how the mental health conditions of SDA academies may impact students at microsystem level. In other words, the decision to utilize a qualitative approach stems from providing room for participants to share their experiences regarding the impact of the SDA institution on the different levels of the school system that may impact students at an individual and development level. Furthermore, the combination of the two theoretical frameworks allows for additional insight to learn about what resources and supports are needed to address the mental health conditions that are identified by the participants in this study.

Because it is important to gather as much data from the four different perspectives of the school system within the Pacific Union, we approached the qualitative method through the utilization of an online survey that will be distributed with the support of NADOE to reach out to the administration, direct school personnel, and support staff. Emails, the distribution of an electronic flyer, and a social media recruitment post was utilized to reach out to not only the administration, direct school personnel, and support staff, but to also recruit participants that fit the criteria of “alumni” which involves recent high school graduates who attended an SDA academy. As a part of the survey link that was provided, participants chose one of the four roles that they wanted to participate as, and then answered some eligibility questions to make sure the participant met the criteria for the role chosen. From there, participants completed a survey that was specifically tailored to their participant role. Aside from the demographic survey and mental health
conditions frequency list, the administration, direct school personnel, support staff, and alumni had the opportunity to complete open-ended questions that address the primary research question and fall under the overall categories of the three sub-questions presented in Chapter 1. The open-ended questions provided the space for participants to voice their observations of the mental health conditions they have encountered, how they were handled, and the suggested resources and supports that they believe would attend to the mental health conditions of the students based on their role perspective. Since we did not know what the needs were, we expected to gather data that would provide direction on the next steps towards supporting SDA academies.

Other Programs that have Utilized the Presented Theoretical Frameworks

Within the literature about program development and implementation, there is gap of information speaking on the perspective of structural functionalism. This may potentially be due to the theoretical framework not being utilized in combination with other potential frameworks that could assist in the explanation of roles, functions, and the structure of institutions. While we do not see structural functionalism as a framework that is dominant in school-related literature, we do see more about the socioecological perspective, perhaps because of the different levels of the system that students, support staff, direct school personnel, and administration are a part of. While not all programs in the literature clearly state the utilization of a socioecological framework to describe and attend to the problem, it is apparent that there are influences of this particular framework in the language presented by researchers. For example, Weare & Nind (2011) report in their systematic review of the literature that there was an overall necessity for a whole-
school approach in studies related to mental health in the school system. It is emphasized that interventions can be strengthened through a whole-school approach rather than be limited to skills-based learning alone (Weare & Nind, 2011). The socioecological perspective appeared to be embedded within Weare and Nind’s report but does not clearly state the utilization of socioecological framework.

Other programs that discuss or present the importance of a tiered approach or building a program that addresses multiple levels of the school system are also missing a clear discussion about a theoretical framework even though the terminology appears to be influenced by the socioecological perspective and included in the program purpose, description, and format. This is seen in the discussion of a tiered approach through the “County Schools Mental Health Coalition,” in which a diagram is included that demonstrates the levels of a school system includes the student, classroom, building, district/community, and county (Reinke et al., 2018). In another program called “Our Community, Our Schools” (OCOS), the authors describe a framework that addresses the cultural and contextual aspects of different school environments and how that may affect each school campus differently across the different levels of the school system (Capp, 2015).

Another example can be found in Wolk et al.’s (2019) discussion about how a medical model that encourages team functioning was adapted to fit within the school setting for teachers through a program called “TeamSTEPPS.” This led to the discussion of the Consolidated Framework of Implementation Research (CFIR) which had multiple domains that would provide guidance and be of focus to enhance team functioning in the adapted version of the TeamSTEPPS program (Wolk et al., 2019). Interestingly, the
domains appeared to be similar to the socioecological perspective, with ideas about the political and economic influences, organizational effects, and the people that are involved in the implementation process (Wolk et al., 2019). While not directly stated, it demonstrates the use of socioecological language relating to the macro-, meso-, and microsystems at work to assist in understanding the format and purpose of the implementation process.

Although there is literature that indirectly uses the language of the socioecological perspective, there is evidence where a direct acknowledgement is made regarding the use of the framework to describe the school system. For example, Kilgus et al. (2015) describes how use of a multi-tiered approach, such as the Multi-tiered Systems of Support (MTSS) in public schools, aligns with an ecological perspective that encourages the overall school system to attend to the varying mental health needs of students through different levels of support. Furthermore, it could enhance the approach schools take to help students at a systems level rather than the individual alone. Waters, Cross, and Runions (2009) similarly point out that the ecological and developmental framework assists with supporting student connection at the different levels of the school setting while attending to their developmental process. This is important to note as it can guide program developers to prioritize resources to address the change that is needed in multiple levels of the school system. One of the practices that can be done is to create partnerships that would help encourage change to happen. Previous literature recommends the use of a collaborative approach when incorporating mental health interventions in the schools setting (Capp, 2015; Reinke et al., 2018; Swick & Powers, 2018; Wolk et al., 2019). This affirms that the approach of collaboration is necessary for
the success of addressing the mental health needs of students in the future. With this in mind, we plan to start this branch of research by involving multiple levels of the school system through the presented conceptual framework.

Even though change is a gradual process, the integration of collaborative efforts can encourage movement to support SDA academies and its interacting systems. This type of systemic level change would take time within the school ecology, but interactions between the systems might encourage change to occur (Waters et al., 2009). Not only would the communication and collaboration between systems contribute to the normalization of mental health within the SDA educational system, but it might eventually impact the overall institution, including the levels that intersect with one another, such as the home, church, and community environment. The interactions between people would help create a new culture that develops over time and a new foundation will begin to build across multiple levels of the system. Eventually, a new equilibrium will develop in which the normalization of mental health is embedded in the core beliefs and values of the institution and continually being passed down to each level of the systems, impacting the lives of students in SDA academies.

Conclusion

The current needs assessment is a stepping-stone that can encourage actions steps to be taken for gradual change to occur within the SDA institution. It is important to embrace the primary values and beliefs of the SDA institution while also collaborating to move towards a positive direction to support all who are part of the system, and more specifically, the students attending the academies. The presented theoretical frameworks
demonstrate that the expectation of gradual change cannot happen within an institution without the involvement of the interacting systems of the overall SDA educational system. Therefore, the current needs assessment was an opportunity to capture the perceived experiences of high school students from multiple perspectives and to learn about the mental health needs present in SDA academies. In conclusion, the needs assessment contributes to the educational philosophy of SDA schools by gathering an understanding of the mental health needs of high school students in an effort to attend to the whole person and help students continue to grow as positive contributors to society.
CHAPTER FOUR
METHODOLOGY

Introduction of the Project Design

Prior to describing the methodology utilized for this project, it is important to briefly re-iterate the purpose and rationale of the needs assessment to understand the reasoning behind the methodology process. As a reminder, the purpose this needs assessment was to gather the perceived experiences of high school students and their mental health within SDA academies from the perspective of administrators, direct school personnel, support staff, and alumni. This needs assessment aimed to provide insight on how the identified mental health conditions have been addressed, and furthermore, the resources and supports that would benefit this population based on the experiences of those who work with students, or were previously students, at the academies. Therefore, the overall rational for conducting this needs assessment was to ultimately identify the resources and supports needed to address the mental health conditions of high school students in SDA academies.

This doctoral project can be seen as a first phase needs assessment that can guide the future development of other needs assessments to exploring how resources and supports are meeting the needs of SDA academy high school students. In other words, the current needs assessment is a stepping-stone towards future program development, implementation, evaluation, and additional needs assessments to continually collaborate with key stakeholders that can contribute to meeting the needs of high school students in SDA academies. With this in mind, this project presents the beginnings of foundational
research relating to the mental health of high school students during grades 9-12 within the SDA educational system, beginning with a qualitative needs assessment through a thematic analysis approach.

Understanding Thematic Analysis

The chosen methodology of this project’s qualitative needs assessment is guided and inspired by Braun and Clark’s (2006) method of thematic analysis. It is important to review what is involved in a thematic analysis approach to understand its application to this project. Thematic analysis is defined as being a method that supports the process of identification, analysis, and the report of themes within the data collected (Braun & Clarke, 2006, 2012). While other forms of qualitative research present the necessity to have a specific commitment to theoretical framework, thematic analysis allows for researchers to not necessarily be limited within a method of following a theory or developing a theory (Braun & Clarke, 2006, 2020). However, there are several decisions in the method and approach that researchers will need to consider when using thematic analysis in their research. This includes choosing between an essentialist versus a constructionist method, an inductive or deductive approach, and finally, selecting a semantic or latent theme approach (Braun & Clarke, 2006).

Essentialist versus Constructionist

Thematic analysis takes the form of two methods that support the process in which researchers can build upon. First, there is the “essentialist” or realist method where the realities, experiences, and meanings of participants are reported to the researchers and
taken as is (Braun & Clarke, 2006). The second is known as the “constructionist” method which takes into account the realities, experiences, events, and meanings of participants as being the resulting effects of societal discourses that are present for the participants (Braun & Clarke, 2006). One can also utilize a combination of the two methods, known as the “contextualist” method, to consider other theoretical bases that brings the experiences of the participant’s reality while also exploring the construction of the reality presented (Braun & Clarke, 2006).

**Inductive versus Deductive Approach**

An aspect that is presented as crucial to the thematic analysis process is that the integration of theoretical frameworks will need to be made clear within the process of analysis. This is because theoretical frameworks carry assumptions that impact the final analysis of the data. Therefore, transparency of the theoretical frameworks that inform the research will be a key component in the utilization of thematic analysis (Braun & Clarke, 2006). With that being said, thematic analysis also allows for the openness in selecting an inductive or deductive approach (Braun & Clarke, 2006). An “inductive” approach will allow the data collected from participants to speak for itself in a “bottom up” manner, which allows for the themes to come from what is presented directly from the data to build an understanding upon it. Furthermore, Braun and Clarke (2006) present the process of inductive analysis as being able to code the data collected without trying to fit into the researcher’s pre-conceived ideas or within a pre-existing format. On the other hand, a “deductive” or “top-down” approach allows researchers to have their own theoretical frameworks to directly inform the themes that are sought for within the data.
A deductive approach will often highlight ideas or aspects of the data that support a specific theory (Braun & Clarke, 2006).

**Semantic versus Latent Theme Approach**

The final part of selecting the approach when conducting a thematic analysis is making the decision between a “semantic” or “latent” theme approach. In the process of searching for themes, one could take a semantic approach where the explicit meanings presented in the data are analyzed without looking beyond what is provided at the surface level (Braun & Clarke, 2006). This can allow for information to be taken from data descriptions that progress into a summarized interpretation of the themes, such as noting how previous literature may align with the presented themes. The second manner to incorporate into thematic analysis is a latent approach, which allows researchers to go beyond what the data is presenting by searching for underlying messages, assumptions, or meanings that can later be theorized out of interpretation of results (Braun & Clarke, 2006).

**The Six Phases of Thematic Analysis**

According to Braun and Clarke (2006), there are six phases that are part of the thematic analysis process once the selection is made regarding the approach as described above. Throughout the six phases in thematic analysis, it is important for researchers to note ideas or potential patterns that come up in the process of the research as early as phase one (Braun & Clarke, 2006). The engagement with the literature when analyzing the data is typically dependent on the approach selected when utilizing thematic analysis.
Furthermore, the process of the phases is best described as a back-and-forth process, rather than a linear process from phases one to six (Braun & Clarke, 2006).

**Phase 1 – Familiarization with the Data**

Before analyzing the data, it is important to be immersed in the data collected and become familiar with it by reading and reviewing through what has been said by participants. This can be an opportunity to look at the data and begin making notes of anything that begins to stand out to the researchers. Later, the notations can support the development of codes and themes in later phases of thematic analysis. Another portion of this process may involve listening to the verbal recordings from an interview format and engaging with the data through the transcription process (Braun & Clarke, 2006). However, if the data collection process does not involve the use of recordings to be transcribed, such as collecting data from an electronic survey in which the participant already types out their response, researchers can still familiarize with the data by reviewing more thoroughly the survey responses collected (Braun et al., 2020; Braun & Clarke, 2006).

**Phase 2 – Coding**

Once the researcher has become familiarized with the data collected, the next phase would be to generate initial codes, or segments of data, that begins the process of organizing ideas that stand out from the data (Braun & Clarke, 2006). In this phase, researchers will be guided by the approach selected in relation to inductive and deductive driven data. While researchers may have specific questions that begin the process, an
inductive coding process will allow researchers to look at the entire set of data as the themes emerge from it, whereas an deductive approach will use the coding process as a way to search for certain ideas that support a selected theory (Braun & Clarke, 2006).

**Phase 3 – Searching for Themes**

During the third phase of thematic analysis, researchers will begin the process of reviewing through the list of codes developed and begin looking for themes that brings groups of the codes together. The format in which this is done can involve reviewing through the codes, organizing codes into the themes, and then checking to seeing if there are themes that are more dominant than others as well as codes that may fit in another theme better. It is also possible that some codes may not fit into the main themes. Furthermore, there is room also for main themes to contain sub-themes in the process as the researcher sees it fit to present the data (Braun & Clarke, 2006).

**Phase 4 – Reviewing through the Themes**

While there may be some overlap in the process of searching and reviewing through themes, it is important to note that in this fourth phase the task is to see if the current themes that appear to be candidates will remain as solid candidates to be listed as a main theme. There may be themes that initially appeared to be a main theme but later present as not having enough data to support the theme overall. The process involved may be reviewing through the codes under the themes and seeing if re-arranging will need to take place so that a clearer pattern can be seen under the selection of themes.
Researchers will also need to review how the themes are reflecting the overall data (Braun & Clarke, 2006).

**Phase 5 – Defining and Naming Themes**

Once there is a selection of the themes, researchers will need to take time to define the concepts or ideas that describe the theme. For example, if the theme has been titled a certain way that calls for further defining because of the words used in the theme name, then the researcher will need to further define and re-visit whether or not the name of the theme can remain the same or be adjusted to best describe what is being defined (Braun & Clarke, 2006). It is important to define each theme and to make clear of what is not included in the theme to help readers have a better understanding of what the theme is and how it fits in the overall picture of what the data is presenting (Braun & Clarke, 2006).

**Phase 6 – Creating a Write-up Report**

In this final phase, the researcher takes all the themes that have been refined and solidified to now provide a thorough explanation of the data collected based on the thematic analysis conducted. The presentation of the data is what contributes to the validity of the thematic analysis process (Braun & Clarke, 2006). Researchers can utilize examples from the transcripts to support and give evidence of the theme. This phase gives researchers the opportunity to not just describe data but to provide a further explanation in relation to the research question of a study (Braun & Clarke, 2006).
The Current Needs Assessment Thematic Analysis Approach

Because it was important to capture the perceived experiences of high school students through the four groups that were involved in this needs assessment (administration, direct school personnel, support staff, and alumni), the chosen methodology involved a thematic analysis approach that utilized an essentialist approach that allowed for the data to speak for itself, and an inductive approach that allowed for themes to emerge from the data collected based on what the participants presented in response to the survey given. Furthermore, we used a semantic approach primarily to explore how the perceived experiences of the SDA academy community would present information as is, while still having room for interpretation of the themes that come from the ideas presented. Although this project presented the integration of two theoretical frameworks (structural functionalism and socioecological theory), we approached the collected data by making known an awareness of the potential ideas or assumptions that have informed the exploration of this topic of interest while making efforts to allow the data to speak for itself in the presentation of themes.

In addition to the approach, it is important to note that the chosen format of collecting data, as described in the data procedures and protocol, was done through an online survey rather than through an interview format. Within qualitative research, there is often the preference within the literature to be able to have one-on-one interactions with the participants so that researchers can note body language and verbal cues during the interview process (Billups, 2021; Creswell, 2016). However, because this needs assessment aimed to capture as many of the voices and levels of the SDA educational system, we made the decision to capture the experiences through an online survey that
provides open-ended questions for participants to write as much as they would like to respond to the questions.

Interestingly, Braun et al. (2020) supports the use of online surveys as a qualitative research tool as it provides the benefit of being able to answer research questions from a wider range of participants that may not be as accessible through the traditional one-on-one interview format. The advantage of being able to capture a range of experiences allows for an additional richness to the data to further understand and create a valid argument that is backed up by multiple perspectives from a diverse range of participants (Braun et al., 2020). Another benefit is that an online survey can provide the opportunity for groups of participants to be more open to sharing their experiences and perspective by typing out their responses rather than talk about sensitive topics in a face-to-face format (Braun et al., 2020). In the case of the current needs assessment that was conducted, it was important to not only capture multiple perspectives from the administration, direct school personnel, support staff, and alumni, but to also provide a space that encouraged the participants to speak openly within the survey about the mental health needs of high school students in SDA academies.

Some of the disadvantages of utilizing an online survey format may be the level of literacy required to complete the survey, as well as understanding how to use a digital or technological format that may present as a barrier for some participants if they are not as familiar with online survey tools (Braun et al., 2020). Another critique in using an online survey is the concern for being able to gather rich data in comparison to what might be presented in an interview format. However, online surveys have also demonstrated success in terms of participants providing sufficient responses that allow
for a rich presentation of information that may not have otherwise been gathered by
participants (Braun et al., 2020). Braun et al. (2020) encourages researchers to consider
the advantages and disadvantages of utilizing an online survey for qualitative research,
particularly in noting whether or not it is a good fit for the population in which
researchers would like to gather data from to best answer their research questions.

Needs Assessment Protocol

Overview of Approach

As mentioned earlier, the format in which the perceived experiences were
captured was through a qualitative method utilizing a thematic analysis approach. The
unit of focus, or target population, for this needs assessment involved administrators,
direct school personnel, support staff, and recent alumni from SDA academies within the
participating union of the North American Division Office of Education of the Seventh-
day Adventist Church (NADOE). More specifically, the participants needed to be
associated or involved with SDA academies that hold some or all of grades 9-12. Because
there are varied definitions of adolescence (California Department of Education, 2020;
Centers for Disease Control and Prevention [CDC], 2021; World Health Organization
[WHO], 2021), we further define the target population’s perceived experiences of high
school students in grades 9-12 to involve the reference of students between the ages of 14
to 19 years old. Each participant completed an electronic survey to provide their
perspective of the mental health conditions encountered in their current role either as an
administrator, direct school personnel, support staff, or alumni associated with the SDA
academy system for grades 9-12. The electronic survey involved a five-point Likert scale table for participants to indicate the frequency of common mental health conditions, as well as open-ended questions to encourage participants to voice their observations of the mental health conditions they have encountered, how they were handled, and the current needs of the students based on their perspective. Participants were given the opportunity to answer about what resources and supports they believe would be helpful to attend to the mental health needs of their students. Since there is currently limited knowledge about what the needs are, we expected to gather data that would provide direction on the next steps towards supporting SDA academies.

**Eligibility**

**Inclusion Criteria**

As a part of the eligibility criteria, there are important definitions to know about the population of this study. This includes the following: Administration (also referred to as “administrators”), meaning those who are direct administrative employees in the Office of Education or board within the union level (North Pacific Union, Pacific Union, Mid-America Union, Southwestern Union, Southern Union, Lake Union, Atlantic Union, and Columbia Union) under the North American Division Office of Education (NADOE), as well as superintendents, assistant/associate superintendents, headmasters, and principals assigned to any of the conferences within the U.S. unions listed above that are part of the NADOE; Direct School Personnel, which consists of either vice-principals or teachers. Teachers are defined as those who teach specific academic
subjects (e.g. math, history, religion) and those that are part of the high school’s
curricular requirements such as physical education teachers, music teachers, and elective
courses (e.g. art, industrial technology); Support Staff, meaning those who are school
counselors, guidance counselors, school nurses, and school chaplains; Alumni, includes
those who have recently graduated and/or attended high school (during grades 9-12) from
one of the SDA academies listed under one of the conferences from the eligible
participating U.S. union(s) of the NADOE within the last four years.

With these definitions in mind, it can be noted that the inclusion criteria involved
employees and alumni of SDA academies that include some or all of grades 9-12 under
the participating NADOE union within the U.S. This includes SDA academies solely
dedicated to grades 9-12, academies that extend to additional grades level (e.g. grades
TK-12, grades K-12), and academies that are considered or known as “junior academies”
in which some but not all of the high school grades levels are included (e.g. Pre-K to 10th
grade). This ensured that the participants involved in this research study were either
involved or associated with SDA academies pertaining to the high school grade levels,
directly working with high school students at an SDA academy, or recent alumni who
have attended and/or graduated high school from one of the eligible academies. This also
allowed for the participation of SDA academy alumni who may have left or dropped out
of high school. Furthermore, it ensured that the participants would answer the survey
based on their experience with the determined high school grade levels (grades 9-12)
included in this study.
Exclusion Criteria

Exclusion criteria involved any academies that are not in the U.S. This is important to note since the NADOE includes academies in unions outside of the 50 states within the U.S. such as the SDA Church in Canada Union, Guam Micronesia, and Bermuda. Another exclusion factor was if the academy was known or listed to be partially or fully online. While this may be rare among the academies in the U.S., we chose to not include online-specific academies for the current study. Also, potential participants who were involved or associated with an academy that does not serve any of the four high school grade levels, as previously defined, were excluded from the study. Furthermore, participants who did not fall under the definition of administration, direct school personnel, support staff, or alumni as previously defined, were excluded. This included but was not limited to educational assistants, extra-curricular teachers, secretaries, and those who did not attend an SDA academy during the identified high school grade levels.

For participants who were considered employees (administration, direct school personnel, and support staff), they needed to have worked for at least one full academic year to be eligible for the study and be current employees of the academy/conference/union. Participants that fell short of an academic year or not current employees were not eligible to participate in the study.

For the “alumni” group, those who were interested in participating needed to have attended an SDA academy within grade levels 9-12 for at least one full academic year. Furthermore, participants in the “alumni” group could not participate if they were
still attending high school (including a non-SDA academy) and/or were under the age of 18.

Data Collection

Number of Subjects, Attrition, and Justification for Sample Size

The survey platform in which data was collected was Qualtrics. In this first phase needs assessment, we aimed to work with one union within the NADOE (e.g. Pacific Union), and therefore, the beginning sample size covers the total number of potential participants that accounts for one of the participating unions under the NADOE (N=500). We aimed to account for the recruitment of 500 participants with no attrition rate because we are collecting data at one point in time, beginning with one participating union. Within the total number of individuals recruited, we aimed for a 50% response rate for the participating union.

The justification for the proposed sample size was because we wanted to account for the potential total participation for all the administrators, direct school personnel, support staff, and alumni within the eligible participating U.S. union under the North American Division Office of Education of the Seventh-day Adventist Church (NADOE). The total number of participants for each union under the NADOE varies dependent on the size of the eligible participating union. We initially expected that approximately 75% of the participants for the participating union would be employees (administration, direct school personnel, support staff), and approximately 25% of participants would be alumni.
Saturation

Since there were four groups of participants that we aimed to recruit, it was important to make attempts towards meeting saturation for each group. Part of this was determined by the size of each group as well as the perspectives closest to providing the perceived experiences of high school students and their mental health in SDA academies. With this in mind, we aimed to reach the following number of participants to reach saturation in the four groups: Administration, 15; Direct School Personnel, 20; Support Staff, 10; and Alumni, 30. The attempts made towards saturation involved various recruitment efforts and means to reach saturation for this study.

Recruitment Process

The Principal Investigator (PI) and Co-Investigator recruited participants via email, an online flyer, and a social media recruitment post approved by the Institutional Review Board (IRB). The research team received recruitment support from the NADOE to send the approved emails to the participating union (e.g. Pacific Union). Recruitment of participants involved contacting leaders of the participating union, such as union superintendents, for the distribution of emails and online flyers. The PI and Co-Investigator also supported the process of sending emails and connecting with organizations who were willing to have the online flyer and the social media recruitment post placed on various approved social media platforms. Recruitment through social media platforms was done by contacting alumni associations and related organizations who were interested in the distribution of recruitment materials.
Furthermore, a social media recruitment post was created and utilized to provide alumni the direct access to survey information and the survey link. The rationale for this recruitment method was to eliminate the barrier of alumni having to contact the research team before being able to access the survey link to participate. The survey link included the eligibility survey which already minimized the risk of people participating who were not eligible. Therefore, removing the barrier of having to contact the research team, particularly for the alumni population, enhanced the anonymity of participating in the research study and supported recruitment efforts to reach the alumni population via social media platforms.

Individuals who received the email, including those recruited via the online flyer, had access to the Qualtrics survey link in which they were able to start the survey in their own independent time. Alumni who accessed the survey information and survey link via the social media recruitment post were also able to start the survey in their own independent time. Recruitment materials were sent out on an as needed basis within the recruitment timeline and until saturation was reached.

**Additional Information about Recruitment Materials**

There were two emails and two flyers that were sent out. One type of email/flyer was for administrators, direct school personnel, and support staff in the participating union under the NADOE. The second type of email/flyer was for the recruitment of alumni. Both types of emails and flyers addressed who we were looking for to participate in the study (Administration, Direct School Personnel, and Support Staff; or Alumni). Those recruited via the flyer were instructed on the flyer to contact the PI and Co-
Investigator “For additional information and to participate.” Individuals who emailed the PI or Co-Investigator due to interest in potentially participating were sent the same email draft as given to either administration, direct school personnel, support staff, or alumni.

**Measures to be Used**

**Eligibility Survey**

The first survey that participants encountered, upon selecting the Qualtrics survey link, was an eligibility survey. Because the overall survey was completed at an individual’s own independent time, they were asked to complete a short eligibility survey to determine eligibility as a participant under one of the four roles involved in the study (Administration, Direct School Personnel, Support Staff, or Alumni). The definitions of the four roles were presented at the beginning of the survey and individuals were asked to select one of the four roles. If none of the roles applied, individuals had the option to either select “None” to end the survey or exit out of the eligibility survey.

If participants selected one of the employee-related roles (Administration, Direct School Personnel, or Support Staff), then the Qualtrics survey path directed individuals to several “Yes” or “No” questions that came directly from the eligibility criteria presented in the recruitment materials. For example, an individual who selected an employee-related role was asked, “Do you work directly with (or are associated in the decision-making of) students that are grades 9-12 at an SDA academy? *(No online-specific academies please)*” (see Appendix A). If participants selected the “Alumni” role, the Qualtrics survey path directed individuals to several “Yes” or “No” questions that also
came directly from the eligibility criteria presented in the recruitment materials specific to alumni. For example, an individual who selected an “Alumni” role was asked, “Did you attend an SDA academy for **at least one academic year** within **grades 9-12**? (No online-specific academies please)” (see Appendix A).

All potential participants needed to answer “Yes” to all the eligibility questions to proceed to the informed consent. From there, individuals began as participants under the role chosen within the eligibility survey.

**Demographic Survey**

Upon indicating electronic consent to participate in the study, all participants completed a demographic survey that involved two sections. The first section involved the collection of basic demographic information from all participants, and the second section involved specific questions pertaining to the role chosen by the participant. More specifically, the second section included questions that were specific to the participant’s involvement with SDA academies, such as employees indicating the conference they are associated with and the number of years they have been employed under the selected role (e.g. Direct School Personnel) within the participating union (see Appendix B). The “Alumni” role involved different questions such as answering about the name of the SDA academy they attended and if they attended the academy for all four years of high school (see Appendix B).
Needs Assessment Surveys (NAS-Employees and NAS-Alumni)

The final portion of the overall survey involved completing the primary needs assessment survey that is specified to the role selected by the participants. Participants completed one of two needs assessment surveys: The *Needs Assessment Survey for Employees of SDA Academies* (NAS-Employees), or the *Needs Assessment Survey for Alumni of SDA Academies* (NAS-Alumni).

The NAS-Employees involved a series of questions which were specific to the participants who selected either the role of “Administration”, “Direct School Personnel,” or “Support Staff.” The NAS-Alumni involved a series of questions which were specific to the participants who selected the role of “Alumni.” Both the NAS-Employees and the NAS-Alumni contained a total of 30 questions with questions 1-18 involving a five-point Likert scale and questions 19-30 involving open-ended questions with a few additional prompts included for participants to provide further explanation to the main questions presented. Furthermore, both the NAS-Employees and NAS-Alumni were divided into several sections including an introduction, a statement with the study’s definition of “mental health conditions,” a table containing a list of common mental health conditions for participants to identify the frequency of the conditions through a five-point Likert scale, open-ended questions relating to the project’s three sub-questions, and finally a section for participants to discuss barriers and facilitators to the mental health resources and supports that could attend to the mental health conditions of high school students in SDA academies (see Appendix C and D).
Determined Eligibility and Indicating Consent

As mentioned earlier, the survey link that participants accessed via the recruitment email began with a short eligibility survey to see if the individual could participate in one of the four roles of the study (Administration, Direct School Personnel, Support Staff, or Alumni). Potential participants were re-introduced to the definitions for each role of the study as stated within the recruitment email, flyer, and social media recruitment post. From there, participants needed to answer “yes” to all the eligibility questions to be able to move forward to the rest of the survey under the selected role. If they were not eligible, individuals were directed to a “thank you” message for their interest in participating which included a note about their ineligibility to participate as well as contact information of the PI and Co-investigator if there were questions, concerns, or interest in trying to participate again if the determination of ineligibility was a mistake. If the individual was eligible based on the responses to the eligibility survey, then the link directed the individual to the informed consent form and provided the option of indicating electronic consent. Participants needed to select “Agree” to indicate their electronic consent within the Qualtrics survey link to have proceeded with the study as participants.

Completing the Role Specific Surveys

After eligibility was determined and consent was granted, participants were able to proceed with the needs assessment under the role that the participant selected in the
eligibility survey. For example, if the role chosen was “Direct School Personnel,” the series of questions to follow were specific to that role. Participants were first directed to a specified *Demographic Survey* that pertained to the selected role. From there, participants were either directed to the *Needs Assessment Survey for Employees of SDA academies* (NAS-Employees), or the *Needs Assessment Survey for Alumni of SDA academies* (NAS-Alumni).

**Overview of the Measures Presented to Participants**

The following demonstrates the different measures utilized within the overall Qualtrics survey dependent on the role chosen from the eligibility survey.

- Eligibility Survey for Administration, Direct School Personnel, and Support Staff
- Eligibility Survey for Alumni
- Informed Consent
- Demographic Survey – Section 1: Basic Demographic Information (for all participants)
- Demographic Survey – Section 2 for Administration, Direct School Personnel, Support Staff
- Demographic Survey – Section 2 for Alumni
- Needs Assessment Survey for Employees of SDA Academies (NAS-Employees)
- Needs Assessment Survey for Alumni of SDA Academies (NAS-Alumni)

The overall main difference in the survey is between those who were employees under the participating union (Administration, Direct School Personnel, Support Staff), and those who were previous SDA academy high school students (Alumni). This is because
the experiences of alumni were in a past-tense format since they previously attended the academy, whereas the experiences gathered by administrators, direct school personnel, and support staff were in a present-tense format since they were current employees of the participating union at the time in which the survey was completed.

**Length of Survey and Opportunity to Enter into a Drawing**

It was expected that participants would take approximately 20 minutes to complete the full Qualtrics survey with an acceptable burden on their part. At the end of the survey, participants saw a message thanking them for participating and were given an opportunity to enter into a drawing for a chance to win a $25 e-gift card to Amazon or Target. There were four e-gift cards available to give away. Participants were able to enter into the drawing through a separate survey link that was provided within the “end of survey” message which then directed participants to a new survey asking for their name and email. Participants were reminded that their responses from the primary survey link of the study would not be connected to the name and email address given in the separate survey link for the drawing. This protected the anonymous nature of the study’s survey from being connected to the names and emails collected in the separate survey link.

It is important to note that anyone who was recruited had access to the study’s survey link and therefore were provided the opportunity to click the separate survey link to enter the drawing, regardless of whether or not they participated in the study. In other words, even if someone was ineligible to participate or did not consent to participating in the study, they were still provided the separate survey link for the drawing within the “end of survey” message.
Anyone who was recruited in the study encountered one of two “end of survey” messages. The first addressed the person as a participant, and the other provided the reasoning for not being able to continue with the rest of the study due to ineligibility or no consent. Both “end of survey” messages included the separate survey link to enter into the drawing so that no one was excluded from entering their name and email address to enter into the drawing. All potential or actual participants were provided the study personnel’s contact information if there were any additional questions.

**Sampling Methodology**

We recruited participants with the support of the NADOE and the participating union for this first phase needs assessment. The partnership with the participating union and the NADOE helped with the initial efforts of the recruitment process, including making sure the recruitment email and online flyers were distributed to those who were likely to be eligible to participate within the participating union. As part of the procedure, it was important to work closely with the NADOE and the participating union so that the inclusion criteria were met to minimize having participants that could experience additional risk such as psychological distress in completing a survey that is not applicable to them. As previously mentioned, an eligibility survey was included right before the informed consent to minimize the number of participants who were not eligible to participate in the study as well as experience the additional risks involved in the study. Psychological distress was mitigated by reminding the participants within the informed consent and within the eligibility survey instructions that their participation was entirely voluntary and that they were allowed to withdraw at any time from the study.
Data Analysis

After the data was collected through the Qualtrics survey platform, the data was stored, organized, and analyzed by the research team using Excel and NVivo. More specifically, the data was analyzed by the Co-Investigator and reviewed by the PI. In addition to the Co-Investigator and PI, there were two graduate level students primarily involved in coding the transcripts of the electronic survey to support intercoder reliability as part of the data analysis process. Overall, the research team compiled, organized, and analyzed the qualitative data.

As stated earlier in this chapter, thematic analysis was be conducted based on what is presented by Braun and Clark (2006), utilizing an approach that is essentialist, inductive, and semantic. Thematic analysis was completed on the qualitative responses of NAS-Employees and NAS-Alumni since there are open-ended questions included in both surveys. The process of coding and searching for themes within the responses provided additional information to help answer the study’s research questions from the perspective of each participating group (administration, direct school personnel, support staff, and alumni) pertaining to SDA academies.

Data was coded via an assigned number for de-identification purposes to lessen the risk of identifiability to those outside of the research team. Furthermore, each response to the separate survey link for the drawing was first assigned a number by study personnel which was then randomized prior to a random selection of the four who were to receive the e-gift. This was to ensure there was no initial identifier in the random selection and also so that the random selection was not based on the order in which the survey response came in.
How Missing Participant Data will be Adjusted

Before analyzing the data, we organized the collected data from the participants and looked for any missing data that was present. If there was missing data in the demographic survey, we managed it through deletion of the case response. If there was missing data present in either the open-ended questions or the Likert-scale questions of the NAS-Employees or NAS-Alumni, we managed the unanswered questions through deletion of the case response for those participants.

Protocol to Maintain Data Security

Research data will be kept confidential under guidelines of the institution (Loma Linda University (LLU)). The research team, which consisted of the Principal Investigator, the Co-Investigator, and two graduate level students were the only ones with access to the data. More specifically, the PI and Co-Investigator were the only ones with access to the data collected via Qualtrics as well as the data organized and prepared for data analysis to be completed through Excel and NVivo. The whole research team, including the graduate level students, had access to the organized transcripts to support the coding process for the data analysis. The data was collected and stored electronically in which password protection and secure devices were utilized. Portable devices, such as a laptop, had the data files encrypted. The devices utilized for this study were located behind a lockable office door approved by the institution. Furthermore, the data was only be stored temporarily. The portable device was supervised at all times and was not left unattended or open to protect confidentiality. Removable devices were provided to IS for proper destruction to take place. Information related to the study was not sent outside of
the LLU secure server. Personal Health Information (PHI) was not collected for this study. At the completion of the study, we followed the institution’s protocol of having the data destroyed to protect the information given to the research team by the participants.

**Timeline**

The following timeline demonstrates the beginning process from the collection of data all the way to the presentation of the project final defense.

<table>
<thead>
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<th>March 29, 2021</th>
<th>Proposal Defense</th>
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<tr>
<td><strong>March - June 2021</strong></td>
<td>• IRB Submission/Approval.</td>
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<tr>
<td></td>
<td>• Preparation of survey pathways on Qualtrics.</td>
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<td>• Preliminary pilot test of survey.</td>
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<td><strong>July-August 2021</strong></td>
<td>• Project hiatus</td>
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<td>• IRB Change request approval</td>
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<td><strong>Late September 2021 – Early January 2022</strong></td>
<td>• Recruitment of participants</td>
</tr>
<tr>
<td></td>
<td>• IRB Change Request approval</td>
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<tr>
<td></td>
<td>• Data Collection</td>
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<tr>
<td><strong>January – February 2022</strong></td>
<td>• Organization of Data</td>
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<td></td>
<td>• Data Analysis</td>
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<tr>
<td><strong>March - April 2022</strong></td>
<td>• Write up of Results</td>
</tr>
<tr>
<td></td>
<td>• Finalizing Project Document</td>
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<tr>
<td><strong>April 15, 2022</strong></td>
<td>Final Defense</td>
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*Limitations of the Project Methodology*

The primary limitation to the chosen methodology of this project is that it did not include the perspective of high school students who are currently attending one of the SDA academies within the participating union. Although this project captured the perceived experiences of those who have recently attended the academies and are now alumni, it would be interesting in the future to gather the perspective of current high
school students and furthermore, how they may contribute to program development, implementation, and evaluation within their SDA academy settings.

Another limitation is that this project is a first phase needs assessment that captured the perceived experiences within one participating union. While this is a stepping-stone that will contribute to the gap in the literature of the mental health of high school students in SDA academies, it may be helpful to have additional needs assessments conducted for other unions under the NADOE if they present interest in participating. Overall, conducting the methodology of this first phase needs assessment allowed for the beginning of building foundational research that will help with understanding the mental health needs of high school students in SDA academies, and furthermore, to capture multiple levels of the SDA academy school system that can later build collaborative relationships for action steps to occur in the future.
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INTRODUCTION

THE PURPOSE OF THE SYSTEMIC NEEDS ASSESSMENT REPORT

The North American Division Office of Education (NADOE) of the Seventh-Day Adventist (SDA) church was selected as a candidate to produce a systemic needs assessment report. The purpose of the report is to provide valuable information that can support the organization in terms of noting strengths and areas of growth. Furthermore, the report can inform the organization on a potential approach to future program development, implementation, and evaluation when it comes to the mental health conditions of students in SDA academies.

The development of a systemic needs assessment report provides a helpful and beneficial resource that can be reviewed as a starting point for action steps based on recommendations presented from the data collected.
OVERVIEW OF THE ORGANIZATION

The North American Division Office of Education of the Seventh-day Adventist Church, otherwise known as the NADOE, oversees multiple geographical territories in North America, which include Canada, the United States, Guam, and Bermuda (North American Division of the Seventh-day Adventist Church Office of Education [NADOE], 2020).

According to the General Conference Corporation of Seventh-day Adventists (2022), the Seventh-day Adventist (SDA) school system is known to be one of the largest Christian educational systems in the world with over 100 secondary schools in the United States.

In the Pacific Union alone, there are over 30 academies that provide education for high school students in grades 9-12.

Adventist Education

A JOURNEY TO EXCELLENCE

Within the NADOE, the curriculum of Adventist Education holds the philosophy "to restore human beings into the image of God as revealed by the life of Jesus Christ." Furthermore, Adventist Education aims to involve spiritual guidance to foster "a balanced development of the whole person—spiritual, physical, intellectual, and social-emotional."

MISSION
To enable learners to develop a life of faith in God, and to use their knowledge, skills, and understandings to serve God and humanity.

VISION
For every learner to excel in faith, learning, and service, blending biblical truth and academic achievement to honor God and bless others.
OVERVIEW OF THE NEEDS ASSESSMENT CONDUCTED

A first-phase qualitative needs assessment was conducted to further understand the experiences of high school students and their mental health while attending Seventh-day Adventist (SDA) academies. Utilizing a thematic analysis approach, the research study aimed to capture experiences from a variety of perspectives and to assess for the resources and supports that would benefit this population.

The rationale for this study was to gain knowledge of the observed or encountered mental health conditions of high school students in SDA academies, how it is being attended to, and what is needed to better support the mental health of these students.

Who will this report involve?

The needs assessment was initiated by Doctor of Marital and Family Therapy (DMFT) candidate, Melody Ezpeleta, along with the following project committee members: Dr. Nichola Ribadu (Committee Chair) and Dr. Zephon Lister who are both faculty members from the Department of Counseling and Family Sciences at Loma Linda University, and Evelyn Sullivan, Director of Early Childhood/REACH under the NADOE.

Furthermore, the Pacific Union (which oversees the conferences and academies in California, Nevada/Utah, Arizona, and Hawaii) was involved in the voluntary participation of the assessment process. The following members of the Pacific Union were invited to participate:

- **Administration, Direct School Personnel, and Support Staff** who correspond with or directly work with grades 9-12 students in SDA academies.
- **Alumni**, or previous high school students who recently attended/graduated from an SDA academy (grades 9-12).

Recruitment involved emails, online flyers, and a social media recruitment post.
RESEARCH QUESTIONS

Below is the primary research question that guided the development of the needs assessment. The subquestions were also included to gather information that may provide insight to themes that emerge and recommendations for the organization.

**Primary RQ:** What are the perceived experiences of high school students and their mental health within SDA academies according to administration, direct school personnel, support staff, and alumni?

**SQ 1:** What are the mental health conditions observed/encountered in high school students attending SDA academies?

**SQ 2:** How are the mental health conditions of high school students being addressed in SDA academies?

**SQ 3:** What resources/supports are needed to address the mental health conditions within the SDA academies?
# Overview of Survey Measures

A Qualtrics survey link was included within the emails and social media recruitment post for those interested in participating. The survey was anonymous, and upon clicking the survey link, the participants completed an eligibility survey, informed consent, demographics survey, and finally, one of two needs assessment surveys (NAS-Employee or NAS-Alumni). Individuals were given the opportunity to participate in a raffle drawing through a separate survey link not connected to the original survey responses, regardless of whether or not they participated. Four winners were randomly selected to receive a $25 e-gift card. Below are descriptions and additional survey details.

<table>
<thead>
<tr>
<th>Eligibility Survey</th>
<th>Demographics Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because the overall survey was completed at an individual’s own independent time, potential participants completed an eligibility survey to participate under one of the four roles involved in the study (Administration, Direct School Personnel, Support Staff, or Alumni). The definitions of the roles were provided and individuals were asked to select one of the roles. Participants needed to answer “Yes” to all of the eligibility questions to be directed to the informed consent.</td>
<td>All participants completed a demographic survey that involved two sections. The first section involved the collection of basic demographic information from all participants, and the second section involved specific questions pertaining to the role chosen by the participant. More specifically, the second section included questions that were specific to the participant’s involvement with SDA academies (employee-related role vs. alumni).</td>
</tr>
</tbody>
</table>

| Needs Assessment Surveys | |
|--------------------------| |
| The final portion of the overall assessment involved completing one of two surveys: The Needs Assessment Survey for Employees of SDA Academies (NAS-Employees), or the Needs Assessment Survey for Alumni of SDA Academies (NAS-Alumni). | |

The NAS-Employees involved a series of questions which were specific to participants who selected either the role of “Administration,” “Direct School Personnel,” or “Support Staff.” The NAS-Alumni involved a series of questions which were specific to the participants who selected the “Alumni” role. Both the NAS-Employees and the NAS-Alumni contained a total of 30 questions with questions 1-18 involving a five-point Likert scale and questions 19-30 involving open-ended questions with a few additional prompts to encourage further explanation. Both the NAS-Employees and NAS-Alumni included a statement with the study’s definition of “mental health conditions,” a table containing a list of common mental health conditions for participants to identify the frequency of the conditions, and open-ended questions relating to the research study’s three sub-questions.
DEMOGRAPHICS OF PARTICIPANTS

Of the 99 responses that attempted to participate in the survey, **46 were considered eligible**. Within these responses, we included participants who provided a "partial response," meaning that they left some of the primary open-ended questions blank. Participants were at or between the ages of 18 to 64. A majority of the participants were female (65.22%). Furthermore, a majority of the participants identified their race/ethnicity as "White" (47.83%), followed by "Asian" (19.57%) and "Mixed Race/Ethnicity" (19.57%) (see Table 1).

From the 46 responses, we gathered the following:

- **17 responses were from current employees** (administration, direct school personnel, and support staff from the Pacific Union) from when the study took place (2021 and prior). Of the employee responses, five were considered "partial responses."

- **29 responses were from alumni** who recently attended an SDA academy in the Pacific Union within the last four years of when the study took place (2018, 2019, 2020, 2021). Of the alumni responses, seven were considered “partial responses.”
TABLE 1:

Demographic Characteristics of Participants for the Needs Assessment Survey (N = 46)\(^1\)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Participant</td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>36.96</td>
</tr>
<tr>
<td>Alumni</td>
<td>63.04</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>34.78</td>
</tr>
<tr>
<td>Female</td>
<td>65.22</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td>63.04</td>
</tr>
<tr>
<td>25-34</td>
<td>13.04</td>
</tr>
<tr>
<td>35-44</td>
<td>8.70</td>
</tr>
<tr>
<td>45-54</td>
<td>8.70</td>
</tr>
<tr>
<td>55-64</td>
<td>4.35</td>
</tr>
<tr>
<td>65-75</td>
<td>0.00</td>
</tr>
<tr>
<td>Did not answer</td>
<td>2.17</td>
</tr>
<tr>
<td>Race/Ethnicity (^1)</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>47.83</td>
</tr>
<tr>
<td>Asian</td>
<td>19.57</td>
</tr>
<tr>
<td>Hispanic, Latino, or Spanish Origin</td>
<td>8.70</td>
</tr>
<tr>
<td>Black or African American</td>
<td>2.17</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>2.17</td>
</tr>
<tr>
<td>Mixed Race/Ethnicity</td>
<td>19.57</td>
</tr>
<tr>
<td>Marital Status (^2)</td>
<td></td>
</tr>
<tr>
<td>Single (never married)</td>
<td>71.74</td>
</tr>
<tr>
<td>Married (or in a domestic partnership)</td>
<td>23.91</td>
</tr>
<tr>
<td>Widowed</td>
<td>2.17</td>
</tr>
<tr>
<td>Separated</td>
<td>2.17</td>
</tr>
<tr>
<td>Educational Level</td>
<td></td>
</tr>
<tr>
<td>High School Degree or Equivalent</td>
<td>21.74</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>39.13</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>13.04</td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>26.09</td>
</tr>
</tbody>
</table>

Note. The values in this table are descriptive of all the participants that completed the survey (full and partial responses included). \(^1\) Percentages may not add up to exactly 100% due to rounding. \(^2\)
### TABLE 2:

**Demographic Characteristics of Employees for the Needs Assessment Survey** *(N = 17)*

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of years working within SDA education system <em>1</em></td>
<td></td>
</tr>
<tr>
<td>1-10</td>
<td>52.94</td>
</tr>
<tr>
<td>11-20</td>
<td>23.53</td>
</tr>
<tr>
<td>21-30</td>
<td>11.76</td>
</tr>
<tr>
<td>31-40</td>
<td>11.76</td>
</tr>
<tr>
<td>Number of years working within current employee role <em>2</em></td>
<td></td>
</tr>
<tr>
<td>1-10</td>
<td>82.35</td>
</tr>
<tr>
<td>11-20</td>
<td>11.76</td>
</tr>
<tr>
<td>21-30</td>
<td>0.00</td>
</tr>
<tr>
<td>31-40</td>
<td>5.88</td>
</tr>
</tbody>
</table>

*Note.* Percentages may not add up to exactly 100% due to rounding. *1,2*

### TABLE 3:

**Demographic Characteristics of Alumni for the Needs Assessment Survey** *(N = 29)*

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year graduated from High School</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>20.69</td>
</tr>
<tr>
<td>2019</td>
<td>6.90</td>
</tr>
<tr>
<td>2020</td>
<td>31.03</td>
</tr>
<tr>
<td>2021</td>
<td>41.38</td>
</tr>
<tr>
<td>Attended academy all four years of High School (grades 9-12)</td>
<td>79.31</td>
</tr>
<tr>
<td>Yes, attended all four years</td>
<td></td>
</tr>
<tr>
<td>No, attended 1-3 years</td>
<td>20.69</td>
</tr>
</tbody>
</table>

*Note.* Percentages may not add up to exactly 100% due to rounding. *1,2*
RESULTS OF ASSESSMENT

- MH CONDITIONS OBSERVED/ENCOUNTERED (P. 12)
- HOW ARE MH CONDITIONS BEING ADDRESSED (P. 15)
- THEMES THAT EMERGED (P. 21)
- MH RESOURCES AND SUPPORTS NEEDED (P. 21)
MENTAL HEALTH CONDITIONS OBSERVED/ENCOUNTERED

SQ 1: WHAT ARE THE MENTAL HEALTH CONDITIONS OBSERVED/ENCOUNTERED IN HIGH SCHOOL STUDENTS ATTENDING SDA ACADEMIES?

For the first portion of the needs assessment survey, participants completed a 17-item checklist indicating the frequency in which mental health conditions were observed or encountered by high school students. This involved responding to each item on a five-point Likert scale (e.g. 1=Never; 5=Very Often). Below is a graph of the five most frequently observed/encountered mental health conditions from the perspective of employees and alumni.

FIGURE 1: RESULTS OF MENTAL HEALTH CONDITIONS CHECKLIST

- Students with high anxiety or being overwhelmed by worry
- Students experiencing social anxiety
- Students feeling down, depressed, or hopeless
- Students displaying symptoms associated with ADHD
- Students experiencing sleep problems
MENTAL HEALTH CONDITIONS OBSERVED/ENCOUNTERED (CONT.)

Based on the participants that selected "4-Often" or "5-Very Often" on the Mental Health Checklist, we note in more detail the following percentages as demonstrated in Figure 1. Interestingly, both employees and alumni show similarity in which mental health conditions were most frequently observed/encountered from their perceived experiences (see Figure 2).

**FIGURE 2: PERCENTAGES OF THE FIVE MOST FREQUENTLY OBSERVED/ENCOUNTERED MH CONDITIONS IN SDA ACADEMY HIGH SCHOOL STUDENTS**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Employees</th>
<th>Alumni</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students with high anxiety or being overwhelmed by worry</td>
<td>59%</td>
<td>69%</td>
</tr>
<tr>
<td>Students experiencing social anxiety</td>
<td>35%</td>
<td>38%</td>
</tr>
<tr>
<td>Students feeling down, depressed, or hopeless</td>
<td>47%</td>
<td>52%</td>
</tr>
<tr>
<td>Students displaying symptoms associated with Attention-Deficit/Hyperactivity Disorder (ADHD)</td>
<td>47%</td>
<td>34%</td>
</tr>
<tr>
<td>Students experiencing sleep problems (e.g. lack of sleep or too much sleep)</td>
<td>53%</td>
<td>76%</td>
</tr>
</tbody>
</table>
Participants also had the opportunity to write in items that were not included in the initial 17-item checklist. Two responses included Sexual encounters/Sexuality/Sexual Orientation (5=Very Often), and one response included Lack of Social Support (4=Often). Other responses related to an already listed checklist item were included in the appropriate category.

Finally, participants listed the main mental health conditions they personally observed/encountered in high school students at the academies either as an alumni or employee. This allowed for participants to further narrow down the mental health conditions in their own words (see Figure 3).

**FIGURE 3: MH CONDITIONS MOST COMMONLY OBSERVED/ENCOUNTERED IN SDA ACADEMY HIGH SCHOOL STUDENTS**

**EMPLOYEES**

- **Anxiety**: 71%
- **Depression**: 47%

**ALUMNI**

- **Anxiety**: 59%
- **Sleep Problems**: 38%
HOW ARE MENTAL HEALTH CONDITIONS BEING ADDRESSED

SQ 2: HOW ARE THE MENTAL HEALTH CONDITIONS OF HIGH SCHOOL STUDENTS BEING ADDRESSED IN SDA ACADEMIES?

According to the written responses made by employees and alumni, there were mental health conditions that were perceived to have either been addressed or not addressed. Furthermore, participants identified resources and supports that were made available to address the mental health conditions of high school students at the academies.

FIGURE 4: MH CONDITIONS THAT WERE ADDRESSED ACCORDING TO ALUMNI

- Depression
- Bullying
- Substance abuse issues
- Drug use
- Destructive Behavior
- Suicide
- Addiction
- Alcohol use
- Anger
- Anxiety
- General stress
- Eating disorders
- Self-care
- Self-esteem
- Sleep problems
- Social or relational issues
- All MH conditions

Number of Alumni Respondents
FIGURE 5: MH CONDITIONS THAT WERE NOT ADDRESSED ACCORDING TO ALUMNI

- Anxiety
- Depression
- MH conditions were not addressed
- Eating Disorders
- ADHD
- Suicidal Ideation
- Cyberbullying
- Substance Use
- Addiction
- Anger
- Bullying
- Developmental Disorders
- MH in LGBTQ+ community
- Negative self-image
- Panic Disorder
- Personality Disorders
- Psychosis
- Sexuality
- Sleep Problems
- Social Anxiety
- Spiritual Issues
- Not sure or aware of MH conditions

Number of Alumni Respondents
HOW ARE MENTAL HEALTH CONDITIONS BEING ADDRESSED (CONT.)

*From the alumni perspective,* the main mental health condition that was perceived to be addressed was **depression**, followed by **bullying** and **substance abuse issues** (see Figure 4). Other mental health conditions listed by alumni include drug use, destructive behavior, and suicide.

On the other hand, the main mental health condition that was perceived to not have been addressed was **anxiety**, followed by **depression**. Furthermore, some alumni perceived that **mental health conditions were not addressed** while they attended their academy (see Figure 5).

Alumni respondents expressed that **chapels, assemblies, and presentations** were the most available resource/support that was utilized to attend to mental health conditions in the academy setting. **Faculty and staff** were also often identified to be the only resource/support available to seek help or guidance for mental health conditions in the academies (see Figure 6).

### FIGURE 6: RESOURCES AND SUPPORTS THAT WERE AVAILABLE ACCORDING TO ALUMNI

- **Prevention hotline information provided**: 4.7%
- **School Social Activities**: 7%
- **Integration within classes**: 7%
- **Counseling Services**: 9.3%
- **School Counselor**: 9.3%
- **Supportive Academy Faculty and Staff**: 20.9%
- **Chapels, Assemblies, or Presentations**: 34.9%
- **Mentorship**: 2.3%
HOW ARE MENTAL HEALTH CONDITIONS BEING ADDRESSED (CONT.)

From the employee perspective, the main mental health condition that was perceived as being addressed for high school students in SDA academies was anxiety, followed by depression, bullying, and substance abuse or use (see Figure 7).

Nearly half of the employees also report that the mental health conditions of high school students at the academies are not being addressed. Other mental health conditions that emerged as not being addressed are anxiety, depression, substance abuse or use, and sexuality (see Figure 8).

**FIGURE 7: MH CONDITIONS THAT ARE BEING ADDRESSED ACCORDING TO EMPLOYEES**

- Anxiety
- Depression
- Bullying
- Substance Abuse or Use
- ADHD
- Anger Issues
- Grief
- Stress issues
- Suicide

Number of Employee Respondents
HOW ARE MENTAL HEALTH CONDITIONS BEING ADDRESSED (CONT.)

FIGURE 8: MH CONDITIONS THAT ARE NOT BEING ADDRESSED ACCORDING TO EMPLOYEES

MH conditions not being addressed
- Anxiety
- Depression
- Substance Abuse or Use
- Sexuality
- Stress Issues
- Students feeling overwhelmed
- ADHD
- Anger Issues
- Bullying
- Feelings of helplessness
- Panic Disorders
- Psychosis
- Suicidal tendencies

Number of Employee Respondents
Employee respondents expressed that there were some mental health counseling services available in the academies that they are associated with. Assemblies and chapels also served as a resource/support in academy settings. Employees also identified that some support staff held a dual role in an effort to provide a resource/support that was close to (or was considered) an actual counseling service for high school students at the academies (see Figure 9).

**FIGURE 9: RESOURCES AND SUPPORTS THAT ARE AVAILABLE ACCORDING TO EMPLOYEES**

- Small groups: 2.8%
- MH counseling services: 16.7%
- Assemblies and Chapels: 11.1%
- Support staff holding dual role: 11.1%
- Counseling Services: 11.1%
- Collaboration with school community: 8.3%
- Trainings/Workshops for employees: 8.3%
- Disciplinary action: 5.6%
- Integration in classes: 5.6%
- Accommodations/Tutoring for students: 5.6%
THEMES THAT EMERGED

In addition to gathering information about the mental health conditions present in the academies, and furthermore, how they have been attended to, we utilized a thematic analysis approach to allow for the voices of the employees and alumni to provide insight on the mental health of high school students at the academies.

Through the process of analyzing the written responses, we have identified several themes that emerged from both the employee and alumni perspectives. Both sets of themes present important similarities to each other, as well as some differentiated responses due to the nature of differences in perspective (see Figure 10). Each theme is discussed in more detail in the following pages.

**FIGURE 10: MODEL OF THE THEMES RELATING TO THE PERCEIVED EXPERIENCES OF HIGH SCHOOL STUDENTS AND THEIR MENTAL HEALTH IN SDA ACADEMIES**

**EMPLOYEES**

**THEME 1**
Prioritization of MH perceived to be low

**THEME 2**
Normalization of MH impacts campus environment

**THEME 3**
Employees unable to support students with MH conditions

**THEME 4**
MH awareness impacted level of employee involvement

**ALUMNI**

**THEME 1**
Addressing MH was not perceived as being a priority

**THEME 2**
Normalization of MH impacted level of discussion or action steps

**THEME 3**
Differences in Idiologies
EMPLOYEE - THEME 1

PRIORITIZATION OF MENTAL HEALTH PERCEIVED TO BE LOW

- Immediate expulsion rather than provide resources
- Academy reputation vs. Attending to MH conditions
- Busy-ness of school life as barrier
- Funding/Finances as barrier
- Lack of MH Professional on staff

DESCRIPTION OF THEME IN RELATION TO CODES

The first theme, “Prioritization of Mental Health Perceived to be Low,” refers to the employee’s perception that the mental health conditions of high school students are not being prioritized. One of the ways in which this was presented was through the manner in which mental health conditions were addressed in the academy setting when disciplinary action was conducted. Furthermore, it appeared that certain policies limited the opportunity for alternative options to be considered. One of the employees stated the following in reference to how policy affected the resources offered to students:

We have a zero-tolerance policy so the students are simply asked to withdraw. No help is offered. No counseling. No drug testing, etc. (16E, Lines 25-26)

On the other hand, some policies were not fully carried out, such as lessening the severity of consequences for certain mental health conditions to not come to light (e.g. substance use), in an effort to maintain the reputation of the academy. Ultimately, the level of structure and maintenance of the academy was perceived to supersede the prioritization of attending to the mental health conditions of students. While policies and protocols are typically in place to maintain the safety and well-being of those within the academy community, there appears to be limited discussion on the continual evaluation of those policies and how they would affect the mental health of students.
Employees also presented several barriers that are believed to limit efforts towards addressing the mental health conditions of students. This includes the perception that there is no room in a student's busy schedule to incorporate any additional interventions. Furthermore, employees express that funding/finances are a barrier in moving forward with actions steps to prioritize and attend to the mental health of students. One of the participants expressed this in the form of not having mental health professionals available for academy students:

There is a severe lack of emotional/mental health support with our students; i.e., no school counselor or trained mental health employees at our school. (9E, Lines 25-26)

The theme presented demonstrates that employees have encountered various situations and barriers that bring the perception that mental health is not prioritized for academy students.
EMPLOYEE - THEME 2

NORMALIZATION OF MENTAL HEALTH IMPACTS CAMPUS ENVIRONMENT

- Limited discussion to attend to mental health conditions
- Mental health stigma as a barrier on campus

DESCRIPTION OF THEME IN RELATION TO CODES

The second theme from the employee perspective, "Normalization of Mental Health Impacts Campus Environment," refers to the way that discussions (or lack of discussions) about mental health affect the academy setting at multiple levels. Employees present that academy settings aim to provide an environment that attends to the whole person, but still needing continued growth. One participant described how academies provide a platform for discussion, yet may not be followed up when mental health conditions are presented:

We continuously present "big picture" ideas of family and community and friendship to help with inclusion and foster a positive environment where we can bring up more serious topics, but it has not led to anything as a group. (11E, Lines 26-29)

Others present that limited discussion and support from the top-down makes it challenging to normalize mental health conversations for those at different levels of the school system.

Previously we had [an administrator] that did not really believe that mental health issues existed. We still have that mindset in some of our faculty and parents that keeps us from really having productive conversations on campus. (3E, Lines 61-63)

Lastly, the mental health stigma within the academy setting further impacts the normalization of mental health on campus, as presented by the following respondent:

There is a stigma when it comes to mental health. We treat the physical issues and illnesses, but we simply look the other way when it comes to mental health. (16E, Lines 59-60)
EMPLYEE - THEME 3

EMPLOYEES UNABLE TO SUPPORT STUDENTS WITH MENTAL HEALTH CONDITIONS

- Direct School Personnel's role with mental health is beyond the scope of their job
- Limited resources/supports available for employees
- Employees unaware of the resources/supports available
- Implementation not carried out by employees

DESCRIPTION OF THEME IN RELATION TO CODES

The third theme, “Employees unable to Support Students with Mental Health Conditions,” has emerged from various employee descriptions on their limited ability to support students who presented with mental health conditions. For one, it was expressed that what was expected of direct school personnel was felt to be beyond their job role. Direct school personnel were often asked to figure out how to support students with limited guidance from colleagues as presented by the following respondent:

Simply being given materials is not enough. We are not trained professionals who have the ability to dedicate time and expertise to helping these kids. We CANNOT be counselors and therapists for them. To ask us to do that is unreasonable and damaging for us and the students. (12E, Lines 55-58)

Other employees described that there are limited resources/supports available for employees in general, and that if there were any resources, they were not regularly made aware of what was available. As a result, employees in direct contact with students would attempt to take action as described below:

We have nothing to help prevent students from hitting rock bottom, we just try to jump in and support them once we realize something is very wrong. (4E, Lines 50-52)

It is possible that the unawareness of resources available to employees may have consequently added to the continuing issue on what is or is not expected when it comes to implementation efforts to support the mental health of students.
EMPLOYEE - THEME 4

MENTAL HEALTH AWARENESS IMPACTED LEVEL OF EMPLOYEE INVOLVEMENT

- Recognition of the need for mental health resources/supports for academy students
- Varied openness to implementing mental health resources/supports.
- Mental health trainings and workshops supported employees

DESCRIPTION OF THEME IN RELATION TO CODES

The final employee-related theme, "Mental Health Awareness Impacted Level of Employee Involvement," speaks to the varied experiences of employees in terms of their exposure to mental health awareness. Furthermore, the level of mental health awareness appeared to make an impact on the employee’s ability to recognize the mental health resources/supports needed in the academies. For example, one of the employees describe observation of students over the years:

Student mental health needs have changed, even within the last 3 years. More students seem to need/request/require these services and what they are dealing with is more intense. (SE, Lines 55-57)

In addition to the recognition of the need for resources/supports in the academies, some employees presented varied openness to mental health, ranging from lack of buy-in from staff to implement recommendations, to being welcoming of having a mental health counselor as a part of the staff to provide services and trainings. Mental health trainings were viewed as helpful by employees as expressed below:

We need more training and more people willing to recognize that mental health issues are a problem for our youth. (ISE, Lines 60-61)

While additional employee responses could potentially provide more information about this theme, we can see that mental health awareness seems to have an impact on the employee’s understanding and openness to interventions or discussions, and ultimately may impact the experiences of students at the academies.
ALUMNI - THEME 1

ADDRESSING MENTAL HEALTH WAS NOT PERCEIVED AS BEING A PRIORITY

- Mental health conditions were not addressed frequently or at all
- Academics over mental health conditions
- Academy reputation over prioritizing mental health conditions
- Available resources were not prominent enough to be helpful
- Support did not come from trained mental health professional
- Students would need to initiate utilization of resources
- Lack of availability to mental health resources/supports
- Lack of funding/money
DESCRIPTION OF THEME IN RELATION TO CODES

The first theme that emerged from the alumni perspective was titled, "Addressing Mental Health was not Perceived as being a Priority." Recent alumni reported an overall sense that mental health was not viewed as a priority, due to the lack of resources/supports and funding towards mental health efforts. Alumni also report that mental health was not addressed frequently, or at all. Others expressed that academics, or academic expectations, superseded attending to or talking about mental health. Some observed how students lack good nutrition or sleep. For one of the alumni participants, it meant leaving the academy they were attending:

When I went to someone with my problems they blamed it on my own actions and would try to help academically (catching up on missed homework and classes) but never (for me) on a personal level....[It] took a toll on me that made me leave the school in an attempt to save my life. I couldn't get the personal help I needed from the faculty or staff there. (10A, Lines 30-33)

The reputation of the academy was also presented as being a barrier for students to feel open to communicate their concerns. Similar to academics, students were concerned of keeping up with the standards or expectations of academies. Another student described what this looked like in the academy setting:

The academy wants to paint the picture that everyone is happy and successful while attending that school, so it is hard for a student to look for help as they could be seen as a weak link. (14A, Lines 58-60)
Alumni also report that any available resources were not prominent in the school settings, even when the school attempted to discuss mental health in a school assembly or chapel service. Alumni explained that students would need to seek services on their own to initiate the process to receive help. Others described that the counselors that were on campus were not considered mental health professionals, which created a larger barrier for students to seek help.

In one of the responses, a participant described their observation of how the prioritization of mental health was modeled to students:

_No mental health condition was given true attention by the academy...Some teachers and staff took individual, personal responsibility in assisting students in crisis, but the academy as an institution put forth no serious effort to address any specific condition on an individual or a larger scale. Adults making effort did so without academy support, often intentionally avoiding administration involvement for the sake of the student(s). (2A, Lines 35, 39-43)_

Embedded in multiple responses, alumni expressed that mental health was not perceived to be a priority in their academy settings.
ALUMNI - THEME 2

NORMALIZATION OF MENTAL HEALTH IMPACTED LEVEL OF DISCUSSION OR ACTION STEPS

- Mental health conditions rarely talked about or acknowledged
- Students rarely knew about available mental health resources/supports
- Students did not feel comfortable discussing mental health with others in the school system
- Suspension, expulsion, or non-specific consequence for experiencing mental health conditions.
- Judgement from church community
ALUMNI - THEME 2 (CONT.)

DESCRIPTION OF THEME IN RELATION TO CODES

The second theme, "Normalization of Mental Health Impacted Level of Discussion or Action Steps," refers to the experience that discussions about mental health within the academy setting were limited, and furthermore, did not encourage movement towards action steps. Alumni described their experience to have involved limited mental health discussions, making it challenging to talk about it to anyone within the school system. If there were available resources, students expressed that they did not know about it. If a mental health condition was brought up among peers, students perceived that they were being judged by the academy and local church community. One of the participants described how mental health was not talked about or acknowledged at their academy:

No one acknowledged that anything was wrong or that the students were struggling which lead to a closed, almost hostile, environment, exacerbating the issues students were struggling with. (9A, Lines 28-30)

In another situation, the manner in which a situation was handled at the academy impacted continued discussion and not feeling comfortable talking to those viewed as holding a counseling role:

Many of my friends could not talk to the counselor because [they] would tell the administration and pretty much the whole school would know. Breaking HIPAA and any confidentiality agreement [they were] signed to. (27A, Lines 48-50)

It is also possible to consider here that the role of the counselor may not have been clear; something that perhaps could have been discussed within the academy setting if discussions of mental health were more normalized.
Previous students also observed how mental health conditions were handled, such as through suspension, expulsion, or other consequences. Several described that those who engaged in substance abuse or use experienced a consequence such as the following:

Addressed conditions involved punishment, often clear-cut. When students were given support, it still came with severe punishment. In almost all cases I was aware of, students receiving "support" did not remain enrolled. Suspension, expulsion, and encouragement of parents to remove the student seemed to be the preferred choice for administration. I would argue this does not count as "addressing" the condition. (2A, Lines 27-31)

Overall, the limited discussions at the academy setting may have potentially lessened the opportunity for continued growth in normalizing mental health discussions in the academies as well as creating and evaluating action steps that better attend to the presented mental health conditions.
DIFFERENCES IN IDEOLOGIES

- Faith and God's healing as the sole resource was not considered helpful.
- Balance of various ideologies
- Alignment of academy expectations affected mental health
- Alignment of religious expectation affected mental health
ALUMNI - THEME 3 (CONT.)

DESCRIPTION OF THEME IN RELATION TO CODES

The third and final theme, "Differences in Ideologies," speaks on the variations in societal and religious ideologies as they intersect and present in the academy setting. From the alumni perspective, high school students are presented with various differing ideologies as they navigate through their high school experience. When encountered with an ideology that is either different from the one they personally hold, or different from what is expected, they find themselves in a situation where they may feel limited or unable to seek mental health support.

For example, the unique intersection of the understanding of SDA ideology in conjunction with the understanding of mental health may present a conflict in terms of how actions or interventions are carried out in academy settings. Some of the participants present the balance of ideologies rather than having one stand alone as the sole resource available to students:

Some people who do not fully understand mental health may believe that the issues that students face would be fully resolved with enough faith. Although faith is beneficial to mental health, students with mental health conditions still need treatment in the same way that a physically ill student might both pray for recovery and take medications. (17A, Lines 78-81)

It is important that we don’t always just say “prayer is the answer” because even the Bible says faith without works is dead. We can provide therapy by professionals and support groups. (12A, Lines 53-55)
Alumni also described that the different levels of the school system would often not present or allow for the discussion of topics such as sexuality, LGBTQ+ topics, or racism. Students who did not align with the perceived ideologies from the school, home, and church community would struggle. Differences in ideology may unintentionally challenge any efforts towards the normalization of mental health discussions as described in the previous theme. One of the participants voiced their observations of how the differences presented themselves in students as described below:

I think the school knew that many of the kids were struggling in these topics but they may not have felt comfortable discussing it as a school wide problem. The school could have been respecting what parents didn’t want their kids to be exposed to. I know that many of the students who were struggling with sexuality could not speak to their parents about it and it made it very hard for them to fit in school because they felt as though people were judging them, but the school never addressed any of these conditions because they were too controversial. (15A, Lines 30-35)

While this information had emerged from the data collected, it would be important to gather additional information from recent alumni to further understand how the differences in ideology may impact the mental health experience of students attending the academies.
According to employees, the primary need in the academies is a mental health professional who can provide services, trainings, and workshops for the academy setting to better support students. Employees have described the need for a professional to be accessible to the students and for it to be someone in which that is their primary role for the academy (rather than holding a dual role). Other resources and supports include preventative and early intervention efforts such as creating a wellness center with a “Student Services Coordinator” for students, as well as having continued discussions through chapels and assemblies at the academies. Connections with the community, such as collaborating with churches, parents, and even colleges/universities were described to be a need. Finally, frequent facilitation of discussions in the academies, mental health training for employees, and funding for the continued flow of resources were also presented as needs.
Similar to employees, alumni also agreed that the primary need is to hire trained mental health therapists for the academies. Alumni repeatedly mentioned the necessity for on-campus mental health therapists to be a resource for individual services as well as support groups. Alumni also expressed the need for the collaboration and utilization of support staff within the academy settings to further clarify the different roles of support available to students. Implementation of mental health prevention and early intervention, such as having all students receive mental health check-ups and having opportunities for the discussion of mental health in chapels/assemblies were also requested. Accessibility to mental health resources/supports were also brought up, demonstrating the importance of students not only being aware of the available resources/supports, but also having them be accessible. Alumni also noted from their experiences that mental health training for faculty and staff may also help support employees to be better prepared in making observations and taking appropriate action when encountered with mental health conditions.
SUMMARY OF RESULTS
SUMMARY OF RESULTS

Given that each of the subquestions have been addressed to gain an understanding of the perceived experiences of high school students and their mental health in SDA academies, we present a summary of how the results guide the development of recommendations based on the results of this needs assessment.

GATHERING THE LIST OF MH CONDITIONS BEGINS THE PROCESS OF AWARENESS

Because there is a gap in the research literature that informs us of the mental health conditions present in SDA academies, it was important to gather a list of the conditions from various perspectives to begin the process of awareness. Gaining awareness of what mental health conditions are present in high school students helps in the process of making connections with previous school-related literature and the continual identification of how frequently the conditions present themselves in the academies.

LEARNING HOW MH CONDITIONS ARE BEING ATTENDED TO IDENTIFIES AREAS OF GROWTH

Assessing how the mental health conditions were or were not attended to helps in the identification of areas in which continual growth is needed. This valuable information can support the future process of program development to address the mental health conditions that are not being addressed. It also informs program developers to track data on how the conditions are being attended to as it would be of particular interest to key stakeholders those involved in program implementation.

GAINING INSIGHT OF COMMON THEMES CREATES THE PLATFORM FOR GUIDED DISCUSSIONS

Being that this needs assessment utilized a thematic analysis approach, we have made a step forward in creating a platform for the voices of those who are associated with or recently attended the academies to be heard. This creates the opportunity to utilize the information to continue with guided discussions at the academies. Collaborative efforts can also further support the normalization of such discussions in academy settings.

IDENTIFYING THE NEEDED RESOURCES AND SUPPORTS PROVIDES THE BLUEPRINT OF WHAT TO PRIORITIZE

Along with the previous information gathered, we now have a list of resources and supports that have been vocalized as needs from both the employee and alumni perspectives based on their experiences at the academies. The identification of the needed resources and supports provides a blueprint of what needs to be prioritized in discussions relating to program development.
The subsequent pages include a summary of the four suggested recommendations as well as details of each recommendation that are based on the information gathered from the needs assessment. The recommendations take into consideration the different levels of the school system for gradual change to occur: from a community and administrative level, to direct school personnel and support staff, and to the high school students attending the academies. We encourage the NADOE and the Pacific Union to review and reference the suggested recommendations to begin steps towards an action plan that can support high school students in SDA academies, and all who are connected to the academy school system.

Embedded within the recommendations will be a demonstration of the strengths as well as areas of growth for the NADOE and the Pacific Union to consider as an organization. Below we present a working hypothesis that can be utilized as a guide for discussion about the suggested recommendations.

As the organization takes a collaborative approach on the discussion of mental health in the academy setting, there will be an increased cohesiveness on the implementation and evaluation of programs/initiatives that attend to the mental health conditions of high school students in SDA academies.

A gradual and intentional systemic change in the upcoming years can encourage movement towards the normalization of mental health at the academies as well as thoughtful program development and implementation that incorporates the information learned in this needs assessment.
SUMMARY OF RECOMMENDATIONS

FIGURE 13: SUMMARY OF RECOMMENDATIONS FOR THE NADOE AND SDA ACADEMIES IN THE PACIFIC UNION

RECOMMENDATION 1:
NORMALIZE MENTAL HEALTH DISCUSSIONS ACROSS DIFFERENT LEVELS OF THE SDA EDUCATIONAL SYSTEM

RECOMMENDATION 2:
IMPLEMENT A SCHOOL-WIDE MENTAL HEALTH PLAN PREVENTION, EARLY INTERVENTION, AND SPECIALIZED SERVICES

RECOMMENDATION 3:
PROVIDE FREQUENT AWARENESS OF RESOURCES AND SUPPORTS

RECOMMENDATION 4:
CREATE OPPORTUNITY FOR COLLABORATION BETWEEN THE SCHOOL-SYSTEM AND INTERSECTING COMMUNITIES
RECOMMENDATION 1:
NORMALIZE MENTAL HEALTH DISCUSSIONS ACROSS DIFFERENT LEVELS OF THE SDA EDUCATIONAL SYSTEM

Prior to making decisions relating to program development or implementation, it is important to start with discussions about mental health across different levels of the SDA educational system. This would mean that mental health discussions can be clearly encouraged at an administrative level which gives a starting point for guided discussions within board meetings, school and connected church community, faculty and staff meetings, chapels, assemblies or social events at the academies, and even within the classroom setting. Utilization of the information gathered from the needs assessment to begin these valuable discussions can present opportunities for administration, direct school personnel, support staff, and current high school students to talk about mental health as a school system. This allows for the continual growth towards the communication of presenting needs and follow-through of utilizing the feedback to improve the overall academy experience.

SDA academies carry the strength of seeking to foster a learning environment. As presented earlier within the philosophy of Adventist Education, the SDA educational system aims to help students grow spiritually, physically, intellectually, and social-emotionally. This creates the opportunity for administration, direct school personnel, and support staff to model continual growth to each other of how these conversations can be conducted at the student level. This sets the tone for the willingness to learn which can model to students a consistent message within the SDA academies setting.
RECOMMENDATION 2:
IMPLEMENT A SCHOOL-WIDE MENTAL HEALTH PLAN
(PREVENTION, EARLY INTERVENTION, AND SPECIALIZED SERVICES)

Change can take time and requires efforts from multiple levels of the system. One of the strengths presented within SDA academies is that a majority of recent alumni expressed that direct school personnel and support staff deeply care about the well-being of their students, even if they did not always have the guidance, support, or resources to help a student. However, it was evident from both employees and recent alumni that the implementation of mental health services is needed in SDA academies. More specifically, the consistent presence a trained mental health professional on campus is needed: one that does not hold a dual role in other parts of the school system. This can help alleviate teacher burden in the academy settings and allow for continued growth in understanding the boundary between their role as "mental health first responders" rather than "mental health providers."
It is recommended that a program is developed to gradually build mental health resources and supports in the academy settings, such as presented in the following three sections (Prevention, Early Intervention, and Specialized Services).

**Prevention:** A team of trained mental health therapists can be hired at the union or conference level that can carry a caseload of students across the academies in the Pacific Union. This may involve a **licensed marriage and family therapist (LMFT)** or other related licensed professionals (such as an LPCC or LCSW) that are trained to provide **consistent supervision for pre-licensed therapists across multiple campuses.** Initially, the mental health therapists can provide support towards the implementation of preventative strategies such as facilitating conversations for chapels, assemblies, or other events on campus. **Mental health trainings and workshops for employees** can also be conducted by those within the therapy team to facilitate conversations between administration and academy employees. Furthermore, this creates a consistent presence that can help in understanding the role that the mental health therapist carries.
Early intervention can involve the implementation of support groups for students needing a space to connect with others who may seek support for similar issues (bullying, anger management, school stress, etc.). Support groups can help with the continuation of topics that may not be as readily addressed in an all-school assembly due to time constraints. This can be facilitated by those within the mental health therapy team with experience running groups. Pre-licensed therapists training under a licensed supervisor can receive support on how to further enhance the support groups with the guidance of other therapist colleagues in the team. Mental health check-ins such as through surveys or progress reports from direct school personnel can help in the identification of those who may benefit from joining a support group or in need of specialized therapy services.
**RECOMMENDATION 2 (CONT.)**

**Specialized services:** Pre-licensed therapists continually seek opportunities to meet their licensure requirements. This presents the union and conferences with the benefit of potentially working with a continuous flow of therapists looking for paid-school placements to gain their experience. A good starting point may be to recruit Masters-level marriage and family therapists, clinical counselors, and social workers graduating from counseling and therapy programs within the universities across the SDA educational system under the NADOE.

Through continual program evaluation and needs assessments, we may encounter the need for additional team members, such as other licensed clinical supervisors, to expand the network. **Connections with outside community services are also important** as they can provide other specialized therapy services for specific mental health conditions that are presented at the academies. This is crucial as there may be mental health conditions that need interventions that are beyond the scope of what can be addressed in a school setting or by a school therapist.

Another potential future role that may help with the coordination of services may be a "Student Wellness Support Services Coordinator" who can help be a liaison for direct school personnel, support staff, the assigned therapists, students, parents, and the overall school community to support the implementation of a school-wide mental health program.
While there are variations in the number of students that attend each of the SDA academies, there is the underlying strength that the overall smaller school size presents a foundation for deeper connections within the academy. One of the challenges that was presented by employees and alumni was that there was limited awareness of any resources and supports that were available to students. It would be crucial in the process of program development to include a plan on how to make the available resources/supports visible and frequently talked about. Later on in within program evaluations, it would be important to follow-up on how to grow in this area for academy settings.

Academy settings have the unique opportunity to embed an awareness of resources throughout campus such as through extracurricular groups, student clubs or associations, chapels, and campus ministries, to name a few.
RECOMMENDATION 4:
CREATE OPPORTUNITY FOR COLLABORATION
BETWEEN THE SCHOOL-SYSTEM AND
INTERSECTING COMMUNITIES

In the SDA academy setting, there are various facilitators that were identified in this needs assessment, including faculty, staff, administrators, and those within the church community that work closely with the academies. It is important to create opportunities for collaboration within the school setting, as well as with the church community and outside organizations that can support the overall mission and vision presented in Adventist Education. This opens opportunities for support with funding and engaging in conversations that can be valuable in providing guidance for program implementation and evaluation strategies.
"Working together, homes, schools, and churches cooperate with divine agencies to prepare learners to be good citizens in this world and for eternity."

-Adventist Education

The presented systemic needs assessment report aimed to provide valuable information that can support the NADOE and the Pacific Union in terms of noting strengths and areas of growth for future program development, implementation, and evaluation when it comes to the mental health conditions of students in SDA academies.

Because change is gradual and takes time for continued implementation and adaptation of interventions, the organization can aim towards implementing one or more interventions to begin the process of receiving feedback about the adjustments made. The implementation of interventions to sustain change involves consideration of the current position of the organization and the initiation of developing potential goals that can be accomplished within a 1-, 3-, and 5-year time frame.

Overall, the development of this systemic needs assessment report was created for the organization as a resource to further understand the academy experience and to attend to the mental health of high school students attending SDA academies.
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CHAPTER SIX
SUMMARY AND APPLICATIONS

Within the process of gathering an understanding of the perceived experiences of high school students and their mental health in SDA academies, we sought to understand what mental health conditions are present, how the conditions are being attended to, and the resources and supports that are needed to support the mental health of students at the academies. Through a qualitative needs assessment study, we were able to attend to the primary research question (“What are the perceived experiences of high school students and their mental health within SDA academies according to administration, direct school personnel, support staff, and alumni?”) and the three sub-questions by involving participants from different levels of the school system. Through a summary of the project outcomes, we discuss how the needs assessment fills the gap in the literature as identified earlier in Chapter 2. A summary of the limitations and recommended modifications that are based on the project outcomes will follow. Lastly, we conclude with how the conducted needs assessment is relevant and applicable to the field of marriage and family therapy.

Summary of Project Outcomes

Of the 99 responses that attempted to participate in the survey, a total of 46 were considered eligible for the study \((N=46)\). Of the 46 total participants, 17 were from employee related roles (administration, direct school personnel, and support staff), and the remaining 29 were from recent alumni. Several reasons in which the overall 99
responses narrowed down to 46 include the following: Incomplete responses to determine role eligibility, ineligibility to participate based on the inclusion criteria, declining the informed consent to participate, or incorrectly answering the eligibility survey leading to a consistency error that was detected within the demographic survey (e.g. academy was not part of the Pacific Union, graduation year did not meet eligibility criteria).

**Mental Health Conditions Observed or Encountered**

Sub-question 1 (“What are the mental health conditions observed/encountered in high school students attending SDA academies?”) was addressed by having participants complete a five-point Likert scale checklist at the beginning of the needs assessment survey. Both employees and alumni identified the same five mental health conditions that they most frequently observed or encountered in SDA academies, though in slightly different orders. For employees, the five mental health conditions that were observed or encountered most frequently were students with “high anxiety or being overwhelmed with worry” (59%), “experiencing sleep problems” (53%), “feeling down, depressed, or hopeless” (47%), “displaying symptoms associated with Attention-Deficit/Hyperactivity Disorder” (47%), and “experiencing social anxiety” (35%), respectively. For alumni, the five mental health conditions that were observed or encountered most frequently were students “experiencing sleep problems” (76%), “high anxiety or being overwhelmed by worry” (69%), “feeling down, depressed, or hopeless” (52%), “experiencing social anxiety” (38%), and “displaying symptoms associated with Attention-Deficit/Hyperactivity Disorder” (34%), respectively (see Figure 2).
Employees and alumni also had the opportunity to write down the most common mental health conditions that they have personally observed or encountered, which helped to further narrow down the list. Employees reported anxiety (71%), and depression (47%) most frequently, while alumni reported anxiety (59%) and sleep problems (38%). The gathering of these results presented us with information about the commonly observed or encountered mental health conditions in high school students at SDA academies (see Figure 3).

**How are Mental Health Conditions being Addressed**

We also gathered information to address sub-question 2 ("How are the mental health conditions of high school students being addressed in SDA academies?"). The most available resource/support that alumni identified as attending to the mental health conditions of students were “chapels, assemblies, and presentations” (34.9%) Alumni also report that “Supportive academy faculty and staff” (20.9%) were often the only resource/support available to seek help or guidance for mental health conditions in the academies (see Figure 6). Alumni report that the main mental health condition that was perceived to be addressed was depression ($n=7$), followed by bullying and substance abuse issues (see Figure 4). Other mental health conditions listed by alumni include drug use, destructive behavior, and suicide. On the other hand, the main mental health condition that was perceived to not have been addressed was anxiety, followed by depression. Furthermore, some alumni perceived that mental health conditions were rarely or never addressed while they attended their academy (see Figure 5).
From the employee perspective, there were “counseling services” (11.1%) available in the academies that they are associated with, though employees also identified that some support staff were holding a dual role (11.1%) in carrying out counseling services along with another academy role. Assemblies and chapels also served as another resource/support in the academies (11.1%) (see Figure 9). The main mental health condition that was perceived as being addressed for high school students in SDA academies was anxiety ($n=6$), followed by depression, bullying, and substance abuse or use (see Figure 7). Nearly half of the employees also report that the mental health conditions of high school students at the academies are not being addressed ($n=7$). Other mental health conditions that emerged as not being addressed are anxiety, depression, substance abuse or use, and sexuality (see Figure 8).

**Themes that Emerged**

A thematic analysis approach was utilized to allow for the voices of employees and alumni to provide insight on the perceived experiences of high school students in SDA academies. Therefore, several themes emerged from the different perspectives involved in the study. The four themes that emerged for employees were placed in the following order: 1) *Prioritization of Mental Health Perceived to be Low*, 2) *Normalization of Mental Health Impact Campus Environment*, 3) *Employees Unable to Support Students with Mental Health Conditions*, and 4) *Mental Health Awareness Impacted Level of Employee Involvement*. These four themes encompass how the perceived experiences of high school students and their mental health looked like from the employee perspective.
Three themes were identified from the alumni perspective. The alumni themes were placed in the followed order: 1) *Addressing Mental Health was Not Perceived as being a Priority*, 2) *Normalization of Mental Health Impacted Level of Discussion or Action Steps*, and 3) *Differences in Ideologies*. The first two alumni themes were identified to be connected to the first two themes from the employee perspective, and the final alumni theme was identified as being connected to the third and fourth theme from the employees. The themes from both the employee and alumni perspectives gave additional insight on what to consider when reviewing through the resources and supports requested towards the end of the survey. Furthermore, it provided insight to the recommendations that were developed based on the results of the project.

**Mental Health Resources and Supports Needed**

According to employees, the primary mental health need in the academies is a mental health professional who can provide services, trainings, and workshops for the academy setting to better support students. Employees have described the need for a professional to be accessible to the students and for it to be someone in which that is their primary role for the academy (rather than holding a dual role). Other resources and supports include preventative and early intervention efforts, such as creating a wellness center with a "Student Services Coordinator,” as well as having continued discussions through chapels and assemblies at the academies. Connections with the community, such as collaborating with churches, parents, and even colleges and universities were described to be a need. Finally, frequent facilitation of discussions in the academies,
mental health training for employees, and funding for the continued flow of resources were also presented as needs.

Similar to employees, alumni also agreed that the primary need is to hire trained mental health therapists for the academies. Alumni repeatedly mentioned the necessity for on-campus mental health therapists to be a resource for individual services as well as support groups. Alumni also expressed the need for the collaboration and utilization of support staff within the academy settings to further clarify the different roles of support available to students. Implementation of mental health prevention and early intervention, such as having all students receive mental health check-ups and having opportunities for the discussion of mental health in chapels and assemblies were also requested.

Accessibility to mental health resources and supports were also brought up, demonstrating the importance of students not only being aware of the available resources and supports, but also having them be accessible. Alumni also noted from their experiences that mental health training for faculty and staff may also help support employees to be better prepared in making observations and taking appropriate action when encountered with mental health conditions presented by students.

**Discussion**

*Gathering the List of Mental Health Conditions begins the Process of Awareness*

While school-based mental health has been widely recognized in studies over the years (Ballard et al., 2014; Burnett-Zeigler & Lyons, 2012; Cane & Oland, 2015; George et al., 2018; LeCloux et al., 2017; Moon et al., 2017), it has not been fully recognized or
addressed in private school settings to the extent done for public schools. Because of this gap in the literature, it was important to gather a list of the mental health conditions present in SDA academies from various perspectives to begin the process of awareness. Gaining an awareness of what mental health conditions are present in high school students helps in the process of making connections with previous school-related literature and the continual identification of how frequently the conditions present themselves in the academies.

**Learning how Mental Health Conditions are Attended to Identifies Areas of Growth**

Assessing how the mental health conditions were or were not attended to helps in the identification of areas in which continual growth is needed. This valuable information can support the future process of program development to address the mental health conditions that are not being addressed. It also informs program developers to track data on how the conditions are being attended to as it would be of particular interest to key stakeholders that are involved in program implementation.

**Gaining Insight of Common Themes Creates the Platform for Guided Discussions**

Being that this needs assessment utilized a thematic analysis approach, we have made a step forward in creating a platform for the voices of those who attended or are associated with the academies to be heard. Previous literature has captured one or more perspectives within the school system (Askell-Williams & Lawson, 2015; Berger et al., 2015; Erickson & Abel, 2013; Frabutt & Speach, 2012; Green et al., 2016; Iachini et al., 2016; Mayworm et al., 2020; Walter et al., 2019; Worley, 2019), which guided the
current needs assessment to apply the approach of gathering multiple perspectives, including the recent alumni’s perspective, to contribute towards the gap in the literature about the mental health of high school students in SDA academies.

Within the themes presented by the employee-related roles and the alumni, we were able to gain insight on the perceived experiences of high school students who attend the academies. For both employees and alumni, mental health was not perceived as being a priority in SDA academies. Part of this may have been impacted by how the topic of mental health was perceived on-campus in the first place. As presented in the second common theme by employees and alumni, the normalization of mental health at SDA academies affected the overall campus environment. This includes having limited opportunities for discussion in the academy setting and having those discussions followed-up with action steps to attend to the mental health conditions of students at the academies. For example, mental health stigma was presented as one of the recurring issues within SDA academies at multiple levels of the school system, which is consistent with previous literature about mental health stigma in other school settings (Bowers et al., 2013; Swick & Powers, 2018; Wahl et al., 2018; Zeifman et al., 2015). Although the participants present their observation of mental health stigma within the academy setting, a majority have written about their desire to have more discussions and opportunities to integrate mental health resources and supports in SDA academies.

An idea that is currently not presented in the literature is the understanding of how various ideologies may impact the experience of students in a religious-affiliated school. Within this needs assessment, we encountered the emerging theme of how differences in ideologies may affect the student’s experience within SDA academies. SDA academies
present the unique integration of not only school, home, or societal ideologies that impact a student’s high school experience, but also the added religious ideology that is embedded within the SDA educational system. Alumni expressed the experience of observing or encountering differences in ideologies while they were students at the academies. Ideologies that were either different from the one they personally held, or different from what was expected, created a situation in which alumni found themselves feeling limited or unable to seek mental health support. One of those conflicts involved the student’s understanding of SDA religious ideology in conjunction with the understanding of mental health from other ideologies. For example, religious practices and mental health interventions were reported to be something that was often not presented through a balanced approach, such as prayer and faith being offered as a sole resource rather than in conjunction with utilizing mental health resources to attend to the mental health conditions presented in students.

Although future research would need to be conducted, we noted that it may be important to gather an understanding on how differences in ideology may impact the experience of high school students in SDA academies, including their mental health experience. An idea presented in this theme that would be worth exploring is the position that most alumni did not suggest doing away with religious ideology, but rather utilizing the religious ideology as a facilitator to the integration of mental health interventions. The information presented in this theme not only provides a starting ground to further understand the experience of students in SDA academies, but it also opens the opportunity for future discussions that can enhance future program development, implementation, evaluation, and future needs assessments.
Interestingly, the alumni’s presentation of differences in ideologies connects with the employee’s experience of what they encountered in the academy setting when it came to mental health on-campus. The third and fourth employee-related themes demonstrated that first, employees were unable to support students with mental health conditions due to limited resources, and second, employees had a limited understanding of mental health awareness. This affirms previous literature about how direct school personnel and support staff encounter challenges in the school setting due to limited mental health resources or not understanding their role in facilitating mental health interventions (Berger et al., 2015; Blake, 2020; Phillippo & Kelly, 2014). Employees presented that their experience as employees were impacted by the level of mental health training they have received as well as the support they have received from administrative positions. Previous literature points towards the need for mental health training to support those in direct-contact with students (Iachini et al., 2016; Moon et al., 2017; Muggeo & Ginsburg, 2019; Osagiede et al., 2018). One of the main strengths presented by alumni is the supportive nature of faculty and staff in the academies. This creates the opportunity to utilize the information learned from both employees and alumni to continue with guided discussions at the academies, and later, collaborative efforts can help with the program development process of mental health interventions at the academies.

The Needed Resources and Supports Provides a Blueprint of what to Prioritize

Along with the previous information gathered, we now have a list of resources and supports that have been vocalized as needs from both the employee and alumni perspectives based on their experiences at the academies. The identification of the needed
resources and supports provides a blueprint of what needs to be prioritized in discussions relating to program development. The primary need that was presented by the majority of participants was the need for a trained, mental health professional who can provide services on-campus, facilitate support groups, assist with trainings and workshops, and be a consistent presence at the academies. Furthermore, employees vocalized the preference for the mental health professional to not hold a dual role in the academy setting. This gives program developers a starting point in the primary need in the current study.

Multiple programs in the literature reiterate the importance of collaborative work between the different levels of the school system as well as with the key stakeholders so that it can contribute to the success of program development and implementation (Capp, 2015; Reinke et al., 2018; Swick & Powers, 2018; Wolk et al., 2019). It is crucial for program developers to first utilize the current understanding gained in this needs assessment to understand the mental health conditions present in SDA academies, how they were previously attended to, and the themes that were present at multiple levels of the school system. This creates a foundation for developing a program that considers the experiences of high school students in SDA academies and those who they are connected to within the academy setting. Furthermore, it allows programs developers to carefully consider the process of gradual implementation that can move towards long-term outcomes, such as the normalization of mental health within the SDA educational system, and more specifically, within SDA academies. The needs assessment that was conducted contributes to the literature about the needed resources and supports in SDA academies. It also presents the opportunity in this area of research to integrate the areas of strength and areas of continued growth that are crucial to the overall program development process.
Recommendations for the Organization

Within the project outcomes (Chapter 5), we describe in greater detail the four recommendations we have for the NADOE and the Pacific Union that are based on the results of the needs assessment that was conducted (see Figure 13). While additional details are provided there, we present once again the following recommendations here as a summary to support future program development processes:

- **Recommendation 1**: Normalize mental health discussions across different levels of the SDA educational system.
- **Recommendation 2**: Implement a school-wide mental health plan (preventative, early intervention, and specialized services).
- **Recommendation 3**: Provide frequent awareness of resources and supports.
- **Recommendation 4**: Create opportunity for collaboration between the school-system and intersecting communities.

These recommendations can help move towards a gradual and intentional systemic change in the upcoming years to attend to the mental health of high school students in SDA academies through thoughtful program development and implementation.

Limitations of the Project

The needs assessment that was conducted was a first step towards attending to the gap in the literature about the mental health of high school students in SDA academies. Because of this, there were several limitations that relate to the perspectives that were gathered. First, this needs assessment gathered the perceived experiences of high school students in SDA academies, meaning that information was gathered from multiple
perspectives that did not involve the perspective of students currently attending the academies. Furthermore, this needs assessment did not gather information from the parents of current students or those within the church communities that are involved with the academies.

Another limitation is that sample size of this project was small for both alumni and employee participants. Part of this may have been affected by barriers encountered within the recruitment process of this needs assessment. The needs assessment did not meet the initial recruitment goals set for each of the roles identified in the study (administration, direct school personnel, support staff, and alumni), though saturation was perceived to have been met among those in the research team even with the current sample size.

**Recommended Modifications of the Project**

In retrospect, we look at what can be modified in the needs assessment process based on the overall project outcomes. In the initial stages of recruitment, we encountered the issue of not having as many alumni responses, likely due to the barrier of stating in the online flyer that individuals who were interested in participating needed to reach out to the research team prior to receiving the email that included the online survey link. Another barrier was that we did not have as much access to an email list for the alumni population in the same way we had for the employees. This led to the development of a social media recruitment post that included information about the survey along with the survey link to participate. This greatly helped recruitment efforts and participation from the alumni population. We recommend for this modification to be applied in future
recruitment efforts, not only for easier accessibility to participate, but also because it added another layer of having the survey remain fully anonymous. The anonymous nature of the survey was an important element in this study and making this modification further enhanced the recruitment process. Future recruitment efforts may also consider having a social media recruitment post created and directed towards the employee-related roles since reaching out to employees through emails and online flyers still presented the research team with a small sample size for the employee roles.

Another potential modification would be to have additional support in the recruitment and data analysis process. Since there are approximately 500 people within the Pacific Union who would have likely been eligible to participate in one of the four roles, it would be important to gather a few more members of the research team to support recruitment from related organization as well as help with the data analysis process. The additional responses could further enhance the thematic analysis process and being able to reach full saturation, especially for a study that is in an online survey format rather than an interview.

A final modification that would be important to consider in the future is making additional clarifications for alumni eligibility, including what the phrase “recently graduated and/or attended an SDA academy within the last four years” meant to the study. In this study, this meant alumni who attended or graduated within the last four years from when the study’s recruitment period had started (2018, 2019, 2020, and 2021). Listing the years that count towards eligibility would minimize confusion on who can participate since there were a few individuals who participated in the study that were eliminated from the total eligible participants in the process of data organization. Another
important clarification would be to list the states involved in the Union that is participating. This should be listed in the descriptions of the roles in recruitment emails, flyers, and social media posts, reintroduced again in the descriptions of roles in the survey itself, and finally, as part of the eligibility survey itself that asks if the participant had attended an academy in the participating union, or in this case, the Pacific Union. It is suspected that some alumni did not know which conference or union their academy was a part of, making it even more important to clarify this in future studies.

Beyond the needs assessment itself, program developers might consider including feedback from current grades 9-12 students to help in the identification of areas of strength and areas of growth for any programs that are implemented in SDA academies. Furthermore, gathering insight or feedback from the church community and parents of students can also be helpful for program development. These modifications would be important to consider as it can enhance the needs assessment process for the Pacific Union and any other unions to encourage systemic change within SDA academies.

**Relevance and Application to the Field of Marriage and Family Therapy**

Within the field of marriage and family therapy, there is a continued need for applied research studies to enhance clinical work and program development in a variety of settings. The needs assessment that was conducted contributes toward the current understanding of mental health needs assessments in school settings, and more specifically, within private school settings such as SDA academies. The application of gathering multiple perspectives within the methodology supports the pursuit towards the
systemic change that can later support the academy setting through discussions and program development.

The themes that were presented in this study adds to the current marriage and family therapy literature on the experience of high school students and their mental health in SDA academies. Furthermore, gathering the perspectives of employees and alumni to learn about the resources and supports that are needed creates a step forward in knowing what may need to be prioritized in future discussions about program development. This is significant because the connections that are being created with SDA academies can support collaboration and additional research that can further contribute to understanding the process of program development and implementation of mental health interventions in school settings. It is encouraged that marriage and family therapists utilize this opportunity to conduct additional research about the mental health of high school students in SDA academies, as well as promote for mental health awareness in the academies, advocate for the mental health well-being of students through clinical applications, and supporting the process of program development.

**Conclusion**

The needs assessment that was conducted as part of this doctoral project aimed to contribute towards foundational research relating to the mental health of high school students during grades 9-12 within the SDA educational system. More importantly, the purpose of the needs assessment was to gather the perceived experiences of high school students and their mental health within SDA academies. Through the lens of program development within the field of marriage and family therapy, we utilized the opportunity
to support SDA academies through the guidance of previous literature and current key stakeholders to conduct the needs assessment. The information gathered regarding what the mental health conditions are, how they are being attended to, and the resources and supports that are needed to attend to the mental health of high school students in SDA academies allowed for the creation of recommendations for the NADOE and the Pacific Union to take action based on the project outcome. Overall, it is hoped that the identified resources and supports from this needs assessment can guide discussions and action steps in the near future to attend to the mental health conditions of high school students in SDA academies.
REFERENCES


Lee, J., Hong, J. S., Resko, S. M., & Tripodi, S. J. (2018). Face-to-Face Bullying, Cyberbullying, and Multiple Forms of Substance Use Among School-Age Adolescents in the USA. School Mental Health, 10(1), 12–25. https://doi.org/10.1007/s12310-017-9231-6


APPENDIX A

ELIGIBILITY SURVEY

ELIGIBILITY SURVEY (for Qualtrics)
“The Perceived Experiences of High School Students and their Mental Health within SDA Academies: A Needs Assessment”

*Note: This “Eligibility Survey (for Qualtrics)” can be modifiable for each eligible U.S. union under the NADOE. Questions specific to conferences can be modified to fit the union involved. Example below is a reflection of the first union involved in this study (Pacific Union).

*The role selected in this “Eligibility Survey (for Qualtrics)” will determine the Qualtrics Display Logic path for the “Demographic Survey (for Qualtrics). This primarily affects questions asked in “Section 2” of the Demographic Survey.

ELIGIBILITY

- The following series of questions are specific to determining your eligibility in participating in this research study.
- Please read the following definitions to determine which of the four roles involved in this study is most applicable to you.
- Your participation in this study is entirely voluntary. You have the right to decide on whether or not to participate, as well as withdraw at any point in time from the study. Aside from the research team, your participation in this study will not be revealed to anyone, including your employer.

Definitions to help you select role:

- **Administration (“administrators”):** Individuals who are direct administrative employees in the Office of Education or board within the union level (Pacific Union) under the North American Division Office of Education (NADOE), as well as superintendents, assistant/associate superintendents, headmasters, and principals assigned to any of the conferences under the aforementioned union.
- **Direct School Personnel:** Individuals who are either vice-principals or teachers. Teachers are defined as those who teach specific academic subjects (e.g. math, history, religion) and those who are part of the high school’s curricular requirements such as physical education teachers, music teachers, and elective courses (e.g. art, industrial technology).
• **Support Staff**: Individuals who are school counselors, guidance counselors, school nurses, and school chaplains.

• **Alumni**: Individuals who have recently graduated and/or attended high school (during grades 9-12) from one of the SDA academies listed under one of the conferences in the Pacific Union within the last four years.

1. In terms of your participation in this study, which of the following roles applies to you?
   - [ ] Administration
   - [ ] Direct School Personnel
   - [ ] Support Staff
   - [ ] Alumni
   - [ ] None

*Display Logic “drop-down” eligibility questions will appear dependent on role selected.
*If “None” is selected, participate will be led to the same message displayed for those who are not eligible to continue (see message example in the final page of instructions).

**Administration OR Direct School Personnel OR Support Staff** is selected:

- Do you work directly with (or are associated in the decision-making of) students that are grades 9-12 at an SDA academy? *(No online-specific academies please).*
  - [ ] Yes
  - [ ] No

- Have you been employed in your current role for at least 1 year under the Pacific Union of the NADOE?
  - [ ] Yes
  - [ ] No

- Are you at or between the ages of 18-75?
  - [ ] Yes
  - [ ] No
Alumni is selected:

- Did you graduate and/or attend an SDA academy during grades 9-12 under the Pacific Union of the NADOE within the last four years?
  - Yes
  - No

- Did you attend an SDA academy for at least one academic year within grades 9-12? (No online-specific academies please)
  - Yes
  - No

- Are you no longer a student in any SDA academy (or any other high school)?
  - Yes
  - No

- Are you at or between the ages of 18-75?
  - Yes
  - No

*ALL eligibility questions must be answered with “Yes” to proceed. If not, the following message will appear:

Thank you for filling out the beginning portion of our survey. Based on the eligibility responses you have given, you are not eligible to continue the rest of the survey. We thank you for your time and consideration to participate in this research study.

Below we have provided a link that will direct you to a different survey where you can enter your name and email address to enter into a drawing for a chance to win a $25 e-gift card to Amazon (or Target). You will be contacted if your name is chosen to receive the e-gift card. The personal contact information you provide to enter into the drawing will not be associated with your survey responses, and none of your survey responses will be associated with your personal contact information.

Click the survey link to enter into the drawing: ___________________

If you have any questions or would like to try participating again, please contact:

  Melody Ezpeleta, mezpeleta@students.llu.edu
  or
  Nichola Ribadu, nribadu@llu.edu
*If participant answers “Yes” to all eligibility questions, the following message will appear with the name of the role they selected such as the example below:

Based on your previous responses, you are eligible to continue with the rest of the survey under the role:

"ADMINISTRATION"

Select the arrow button to continue.
DEMOGRAPHIC SURVEY (for Qualtrics)
“The Perceived Experiences of High School Students and their Mental Health within SDA Academies: A Needs Assessment”

*Note: “SECTION 2: Questions Specific to Involvement with SDA Academies” can be modifiable for each eligible U.S. union under the NADOE. Questions specific to conferences can be modified to fit the union involved. Example below is a reflection of the first union involved in this study (Pacific Union).

SECTION 1: Basic Demographic Information

What is your gender?
- Male
- Female
- Non-binary
- Other (please specify) __________
- Prefer not to answer

What is your age? ________

Which racial and ethnic groups describe you? (Select all that apply)
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Hispanic, Latino, or Spanish origin
- Middle Eastern or North African
- Other not listed (please specify) ______________
- Prefer not to answer

What is your marital status?
- Single (never married)
- Married, or in a domestic partnership
- Widowed
- Divorced
- Separated
What is the highest degree or level of school you have completed?

- Less than a high school diploma
- High school degree or equivalent (e.g. GED)
- Some college, no degree
- Associate degree (e.g. AA, AS)
- Bachelor’s degree (e.g. BA, BS)
- Master’s degree (e.g. MA, MS, MEd)
- Professional degree (e.g. MD, DDS, DVM)
- Doctorate (e.g. PhD, EdD)

  - *Drop-down questions if “Less than high school diploma” is selected:
    - What is the highest grade level you achieved? _________
    - What is the year you last attended high school? _________
    - What is the reason you left high school? (e.g. left school, dropped out, etc.) _________

  - *Drop-down question for all other education levels except “Less than high school diploma”
    - What year did you graduate from high school? ____________
SECTION 2: Questions Specific to Involvement with SDA Academies

*Based on the role selected in the “Eligibility Survey (for Qualtrics)” completed before the demographic survey will determine Qualtrics Display Logic for Section 2.

“Administration” “Direct School Personnel” and “Support Staff” ONLY:

- Select the position that best matches your primary role:

  ADMINISTRATION:
  - [ ] Direct Administrative employee of the Pacific Union
  - [ ] Direct Administrative employee within the Office of Education
  - [ ] Superintendent
  - [ ] Assistant/Associate Superintendent
  - [ ] Headmaster
  - [ ] Principal

  DIRECT SCHOOL PERSONNEL:
  - [ ] Vice-Principal
  - [ ] Teacher

  SUPPORT STAFF:
  - [ ] School Counselor
  - [ ] Guidance Counselor
  - [ ] School Nurse
  - [ ] School Chaplain

- Which conference is your employment based out of within the Pacific Union? [Note: If you are a direct administrative employee of the Pacific Union or within the Office of Education, select “Pacific Union Administrative role (direct employee)”.]

  - [ ] Central California Conference
  - [ ] Northern California Conference
  - [ ] Southeastern California Conference
  - [ ] Southern California Conference
  - [ ] Arizona Conference
  - [ ] Nevada-Utah Conference
  - [ ] Hawaii Conference
  - [ ] Pacific Union Administrative Role (direct employee)
• How many years have you been working in the SDA educational system? (e.g., 15 years) ___________

• How many years have you been working in your current position? ___________

• *Display-Logic: Participants who selected primary role as either Headmaster/Principal (Administration), Vice-Principal/Teacher (Direct School Personnel), or School Counselor/Guidance Counselor/School Nurse/School Chaplain (Support Staff) will view the following two additional questions at the end of their demographic survey:

  o What is the name of the SDA academy that you currently serve? ________________

  o Approximately how many students attend the academy you currently serve?
    ▪ Under 25
    ▪ 25-49
    ▪ 50-99
    ▪ 100-199
    ▪ 200+

Alumni ONLY:

• What is the name of the SDA academy you attended for high school? ________________

• Did you attend the SDA academy all four years of high school? Yes or No
  □ If you answered “no”, how many years? ____________
INTRODUCTION

Thank you for being willing to participate in this survey representing [administration, direct school personnel, support staff] in the [union: e.g. Pacific Union].

The purpose of this survey is to further understand the experience of high school students and their mental health while attending Seventh-day Adventist (SDA) academies from the perspective of your role as [administrator, direct school personnel, support staff]. As a reminder, we will be talking about your experiences with high school students, specifically grades 9-12.

SQ 1: WHAT ARE THE MENTAL HEALTH CONDITIONS IN SDA ACADEMIES?

In this first section, you will have the opportunity to talk about the mental health conditions you may have observed or encountered within your role as a(n) [administrator, direct personnel, support staff] with high school students attending the academies.

For the purpose of this study, the phrase “mental health conditions” encompasses a broad spectrum of mental health, psychosocial, and behavioral issues. Mental health conditions can include a range of issues that positively or negatively impact a person’s overall mental health experience, particularly in the way it may affect one’s thoughts, feelings, mood, behavior, and relationships (Centers for Disease Control and Prevention [CDC], 2020; National Alliance on Mental Illness [NAMI], 2021a, 2021b; National Institute of Mental Health [NIMH], 2019a; World Health Organization [WHO], 2020).
**Checklist of Mental Health Conditions (frequency)**

Please review the following statements of mental health conditions listed in the table below. For each listed item, utilize the five-point scale to indicate how often you have observed or encountered the following mental health conditions in high school students within your current role in the academies (1 = Never; 2 = Rarely; 3 = Sometimes; 4 = Often; 5 = Very Often).

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<tr>
<th></th>
<th>Never (1)</th>
<th>Rarely (2)</th>
<th>Sometimes (3)</th>
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<tbody>
<tr>
<td>1. Students with <strong>high anxiety or being overwhelmed by worry</strong></td>
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<tr>
<td>2. Students experiencing <strong>social anxiety</strong></td>
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<td>3. Students <strong>feeling down, depressed, or hopeless</strong></td>
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<td>4. Students displaying symptoms associated with <strong>Attention-Deficit Hyperactivity Disorder (ADHD)</strong></td>
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<td>5. Students experiencing <strong>suicidal thoughts</strong></td>
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<td>6. Students involved in <strong>Non-suicidal Self Injury/Harm</strong> (e.g. cutting)</td>
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<td>7. Students using or suspected of using <strong>alcohol</strong></td>
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<td>8. Students using or suspected of using <strong>marijuana</strong></td>
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<td>9. Students using or suspected of using <strong>tobacco products</strong> (e.g. smoking, vaping, chewing tobacco, etc.)</td>
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<td>10. Students using or suspected of <strong>harmful use of non-prescribed medications</strong> (e.g. stimulants, sedatives, steroids)</td>
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11. Students with **eating disorders** (bulimia, anorexia nervosa) 

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12. Students **bullying or being bullied by other students** 

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13. Students **cyber-bullying or being cyber-bullied by other students** 

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14. Students experiencing **sleep problems** (e.g. lack of sleep or too much sleep) 

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15. Students experiencing **anger or emotional regulation problems** 

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16. Students involved in **risky or destructive behavior** 

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17. Students experiencing **psychosis** (e.g. audio or visual hallucinations, delusions, etc.) 

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18. If there are **other** mental health conditions not included in the previous table that you would like to report, please list and scale how often you have observed or encountered the mental health condition. Otherwise, please leave blank. (e.g. **Name of condition**, 4) 

(1 = Never; 2 = Rarely; 3 = Sometimes; 4 = Often; 5 = Very Often). 

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19. **Of the answers you provided above**, what would you say are the main mental health conditions you have personally observed/encountered among high school students attending the academies? 

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SQ 2: HOW ARE THE MENTAL HEALTH CONDITIONS BEING ADDRESSED?
For this section, you will have the opportunity to answer questions about how mental health conditions are or are not being addressed within the academy setting.

Based on your personal experience:

20. What are the mental health conditions that are being addressed at the academy(ies) you are associated with?

_________________________________

21. Please tell us more about how the conditions you listed in question 20 are being addressed:

_________________________________

Similarly, please answer the following based on your personal experience:

22. What are the mental health conditions that are not being addressed at the academy(ies) you are associated with?

_________________________________

23. Please tell us more about how the conditions you listed in question 22 are not being addressed:

_________________________________

SQ 3: WHAT RESOURCES/SUPPORTS ARE NEEDED TO ADDRESS THE MENTAL HEALTH CONDITIONS OF HIGH SCHOOL STUDENTS?

The following section asks about resources/supports that may be needed to address the mental health conditions of high school students in SDA academies. We will start with the availability of these resources/supports based on your personal experience with the academies.

Please answer the following questions:

24. What are the resources/supports that have been made available to [administrators, direct school personnel, support staff] to address the mental health conditions of high school students? (If there are none, please explain).

_________________________________

25. How have the available resources/supports been helpful to you? (if not applicable, leave blank)

_________________________________
26. How have the available resources/supports **not been helpful** to you? *(if not applicable, leave blank)*

_________________________________________

27. What resources/supports do you believe **are needed** to address the mental health conditions of high school students at the SDA academies you are associated with?

______________________________________________

28. How would you envision mental health resources/supports being incorporated in SDA academies today?

______________________________________________

**BARRIERS and FACILITATORS**

29. In your experience, what do you believe are the **barriers** *(if any)* in having mental health resources/supports incorporated in SDA academies?

______________________________________________

30. On the other hand, what do you believe are the **facilitators** *(if any)* that may contribute towards having mental health resources/supports incorporated in SDA academies?

______________________________________________
CLOSING/END OF SURVEY MESSAGE:

Thank you for participating in this survey and sharing your experiences.
Your response has been recorded.

Below we have provided a link that will direct you to a different survey where you can enter your name and email address to enter into a drawing for a chance to win a $25 e-gift card to Amazon (or Target). You will be contacted if your name is chosen to receive the e-gift card. The personal contact information you provide to enter into the drawing will not be associated with your survey responses, and none of your survey responses will be associated with your personal contact information.

Click the survey link to enter into the drawing: _____________________

If you have additional questions related to this research study, please contact:

Melody Ezpeleta: mezpeleta@students.llu.edu | (360) 606-2352
or
Nichola Ribadu: nribadu@llu.edu | (909) 558-4547 ext. 47005
INTRODUCTION

Thank you for being willing to participate in this survey representing [alumni] in the [union: e.g. Pacific Union].

The purpose of this survey is to further understand the experiences of high school students and their mental health while attending Seventh-day Adventist (SDA) academies. For this survey, we are asking that you share your perspective now as alumni of SDA academies regarding the mental health of high school students during the time you attended your academy. As a reminder, we will be talking about your high school experience, specifically grades 9-12.

SQ 1: WHAT ARE THE MENTAL HEALTH CONDITIONS IN SDA ACADEMIES?
In this first section, you will have the opportunity to talk about the mental health conditions you may have observed or encountered as a high school student who attended the academies.

For the purpose of this study, the phrase “mental health conditions” encompasses a broad spectrum of mental health, psychosocial, and behavioral issues. Mental health conditions can include a range of issues that positively or negatively impact a person’s overall mental health experience, particularly in the way it may affect one’s thoughts, feelings, mood, behavior, and relationships (Centers for Disease Control and Prevention [CDC], 2020; National Alliance on Mental Illness [NAMI], 2021a, 2021b; National Institute of Mental Health [NIMH], 2019a; World Health Organization [WHO], 2020).
**Checklist of Mental Health Conditions (frequency)**

Please review the following statements of mental health conditions listed in the table below. For each listed item, utilize the five-point scale to indicate how often you have observed or encountered the following mental health conditions in high school students **while attending your academy** (1 = Never; 2 = Rarely; 3 = Sometimes; 4 = Often; 5 = Very Often).

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<td>3. Students <strong>feeling down, depressed, or hopeless</strong></td>
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<td>4. Students displaying symptoms associated with <strong>Attention-Deficit Hyperactivity Disorder (ADHD)</strong></td>
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<td>5. Students experiencing <strong>suicidal thoughts</strong></td>
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<td>6. Students involved in <strong>Non-suicidal Self Injury/Harm</strong> (e.g. cutting)</td>
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<td>7. Students using or suspected of using <strong>alcohol</strong></td>
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<td>8. Students using or suspected of using <strong>marijuana</strong></td>
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<td>9. Students using or suspected of using <strong>tobacco products</strong> (e.g. smoking, vaping, chewing tobacco, etc.)</td>
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<td>10. Students using or suspected of <strong>harmful use of non-prescribed medications</strong> (e.g. stimulants, sedatives, steroids)</td>
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</table>
11. Students with **eating disorders** (bulimia, anorexia nervosa)

12. Students **bullying or being bullied by other students**

13. Students **cyber-bullying or being cyber-bullied by other students**

14. Students experiencing **sleep problems** (e.g. lack of sleep or too much sleep)

15. Students experiencing **anger or emotional regulation problems**

16. Students involved in **risky or destructive behavior**

17. Students experiencing **psychosis** (e.g. audio or visual hallucinations, delusions, etc.)

18. If there are **other** mental health conditions not included in the previous table that you would like to report, please list and scale **how often** you have observed or encountered the mental health condition. Otherwise, please leave blank. (e.g. *Name of condition, 4*).

   (1 = Never; 2 = Rarely; 3 = Sometimes; 4 = Often; 5 = Very Often).

   __________

   __________

**Based on your answers above:**

19. **Of the answers you provided above**, what would you say are the main mental health conditions you have personally observed/encountered as a high school student attending the academy?

   ____________________________
SQ 2: HOW ARE THE MENTAL HEALTH CONDITIONS BEING ADDRESSED?
For this section, you will have the opportunity to answer questions about how mental health conditions were or were not being addressed within the academy setting.

Based on your personal experience:

20. What were the mental health conditions that were being addressed at the academy you attended?
_________________________________

21. Please tell us more about how the conditions you listed in question 20 were being addressed:
_________________________________

Similarly, please answer the following based on your personal experience:

22. What were the mental health conditions that were not being addressed at the academy you attended?
_________________________________

23. Please tell us more about how the conditions you listed in question 22 were not being addressed:
_________________________________

SQ 3: WHAT RESOURCES/SUPPORTS ARE NEEDED TO ADDRESS THE MENTAL HEALTH CONDITIONS OF HIGH SCHOOL STUDENTS?

The following section asks about resources/supports that may be needed to address the mental health conditions of high school students in SDA academies. We will start with the availability of resources/supports based on your personal experience while attending your academy.

Please answer the following questions:

24. What resources/supports were made available to you or other high school students to address mental health conditions? (If there are none, please explain).
_________________________________

25. How were the available resources/supports helpful to you? (if not applicable, leave blank)
_________________________________
26. How were the available resources/supports not helpful to you? (if not applicable, leave blank)
_________________________________________

27. What resources/supports do you believe are needed to address the mental health conditions of high school students at the SDA academy you attended?
_________________________________________

28. How would you envision mental health resources/supports being incorporated in SDA academies today?
_________________________________________

BARRIERS and FACILITATORS

29. In your experience, what do you believe are the barriers (if any) in having mental health resources/supports incorporated in SDA academies?
_________________________________________

30. On the other hand, what do you believe are the facilitators (if any) that may contribute towards having mental health resources/supports incorporated in SDA academies? ________________________________
Thank you for participating in this survey and sharing your experiences. Your response has been recorded.

Below we have provided a link that will direct you to a different survey where you can enter your name and email address to enter into a drawing for a chance to win a $25 e-gift card to Amazon (or Target). You will be contacted if your name is chosen to receive the e-gift card. The personal contact information you provide to enter into the drawing will not be associated with your survey responses, and none of your survey responses will be associated with your personal contact information.

Click the survey link to enter into the drawing: ____________________

If you have additional questions related to this research study, please contact:

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or
Nichola Ribadu: nribadu@llu.edu | (909) 558-44547 ext. 47005