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Student Teachers with Mental Health Conditions Share Barriers to Success: A Case Study

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Abstract

Universities are trying to address student mental health needs through counseling centers and other outreach initiatives. However, do individual colleges know how to address the mental health concerns of their own students? Three faculty members in the College of Education at a university located in the southern United States posed two questions to find out what it is like for student teachers to live with a mental health condition, and what would support academic performance in the College. Seventeen undergraduate students who self-reported as having a mental health condition and were completing their senior year as student teachers volunteered to be interviewed for this case study. Three themes emerged after a reiterative process of reading and coding the interview responses. The three themes were barriers to success, student teaching as a positive experience, and lack of mental health awareness, education, and training for all. The discussion section includes recommendations for removing some barriers through more effective communication and increasing mental health literacy for faculty, staff, and students in the college.

Keywords

mental health, student teachers, student success, mental health curriculum, teacher preparation, case study

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Student Teachers with Mental Health Conditions Share Barriers to Success: A Case Study

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Universities are trying to address student mental health needs through counseling centers and other outreach initiatives. However, do individual colleges know how to address the mental health concerns of their own students? Three faculty members in the College of Education at a university located in the southern United States posed two questions to find out what it is like for student teachers to live with a mental health condition, and what would support academic performance in the College. Seventeen undergraduate students who self-reported as having a mental health condition and were completing their senior year as student teachers volunteered to be interviewed for this case study. Three themes emerged after a reiterative process of reading and coding the interview responses. The three themes were barriers to success, student teaching as a positive experience, and lack of mental health awareness, education, and training for all. The discussion section includes recommendations for removing some barriers through more effective communication and increasing mental health literacy for faculty, staff, and students in the college.

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Mental health awareness campaigns and media stories increasingly bring forward the large numbers of people worldwide who are living with a mental health condition, including college students. As we learn more about how mental health conditions increasingly impact the ability of college students to be successful and complete their degrees, colleges and universities struggle with how best to provide supports and assistance (Auerbach et al., 2016; Burwell, 2018). We too are trying to better support our students who have a mental health condition so that they are successful in their program and stay on track to graduate, which is why we conducted this study. To be clear, we are not seeking to provide specific symptom criteria for mental health conditions experienced by college students, nor are we attempting to address mental health care from university counseling centers. Instead, our study details the lived experiences of a small participant sample in a college of education who describe living with a self-reported and described mental health condition. We aim to fill a gap in mental health literature regarding a specific group of college students who are preparing to become teachers and in what ways the College of Education can provide additional support for their success. The participants' descriptions of their own struggles mirror discussions in international research about college students living with a mental health condition. For example, a study by Auerbach et al. (2016) based on survey data from the World Health Organization World Mental Health Survey, indicated that at least 20% of college-age students had a mental health condition. Of that number, 83% showed symptoms that developed before they entered higher education or what they call the existence of "pre-matriculation onsets" (p. 19). Additionally, the American Psychological Association's October 2018 report titled "Stress in America: Generation Z" stated that individuals aged 18-21 were significantly more likely to report their

mental health as poor (27%) compared to 22-37-year-olds (15%), 38-52-year-olds (13%), and 53-72-year-olds (7%) who report their mental health as fair or poor (American Psychological Association, 2018). Our concern, as faculty in the College of Education, is that having a mental health condition may have a negative impact on a student teacher's ability to maintain academic success, demonstrate effective teaching practices, and ultimately graduate in a 4-year time period. To find out more information from the students, we asked them directly to share with us their experiences as a student teacher with a mental health condition. Many 18-21-year-old students are arriving on college campuses with mental health needs and an expectation that universities will have the resources and willingness to assist in their success. We want to be ready for them in the College of Education and help other colleges do the same.

Review of Literature

Stressors of Attending College

College-age students typically experience a variety of mental and social challenges while enrolled in college including identity development, sexuality, substance abuse, grief, loss, family dysfunction, and changes in values (Sharma, 2012). Additional specific stressors college students face include new living arrangements, academic achievement and expectations, time management, and social maladjustments (Linden & Jurdi-Hage, 2017). These and other stressors such as students' struggles with homesickness, loneliness, and difficulties in adjusting to college have been well-documented in the literature (Buote et al. 2007; Byrd & McKinney, 2012; Fritz et al., 2008; Whitehill et al., 2012). These stressors tend to manifest into negative impacts on academic performance and feelings of being overwhelmed. Linden and Jurdi-Hage (2017) reported that 85% of college students regularly feel overwhelmed by everything they must do in their lives. These stressors are often associated with students developing mental health problems. According to Linden and Jurdi-Hage (2017), "If stress is not effectively mediated through coping (e.g., use of coping strategies or seeking help), it can lead to a state of distress (e.g., symptoms of mental illness)" (p. 3).

College Students and Mental Health

A mental health condition or issue is one that can negatively impact academic performance, social interactions, or overall general well-being while attending college (Pedrelli et al., 2015). According to Pedrelli et al. the top reasons college students face a mental health problem or condition are related to academic pressure, stressors in starting and attending college and arriving on campus with an existing mental health condition. Blanco et al. (2008) suggested that mental health conditions are very common among college students and in their non-college attending peers alike. In addition, Kessler et al. (2007) report over 75% of those who will have a mental health condition, have had it by the age of 25 which includes a significant portion of college-age students. The top stated mental health problems are related to substance abuse, anxiety, and mood disorders (e.g., depression; Pedrelli et al., 2015). The American Psychiatric Association website definitions of mental health disorders describe an anxiety disorder as differing "from normal feelings of nervousness or anxiousness, and involve excessive fear or anxiety" (American Psychiatric Association, n.d.). In addition, they define depression as "a common and serious medical illness that negatively affects how you feel, the way you think and how you act." Anxiety disorders are the most prevalent psychiatric disorder among college students with 11.9% of college students suffering from an anxiety disorder (Blanco et al., 2008). The American College Health Association's National College Health Assessment survey (2017) indicated 21.6% of college students reported having anxiety, and

17.9% reported having depression. As college students progress through their degree or program, their struggles with stress which can negatively affect their mental health, put them at risk for reduced academic success and progression towards graduation. The literature shows that mental health conditions often impact the ability of college-age students to be successful in and out of the classroom (American College Health Association, 2017; Blanco et al., 2008; Kessler et al., 2007; Pedrelli et al., 2015; Zivin et al., 2009). Types of academic problems associated with declining mental health found in the literature include a drop in academic performance, decrease in class attendance, and failure to complete/submitting late assignments (Blanco et al., 2008; Kessler et al., 2007).

On-Campus Mental Health Resources

As students cope with mental health conditions impacting their academic success, colleges and universities struggle to provide adequate mental health resources. One issue for colleges and universities struggling to cope is with students not seeking out treatment for their mental health condition. Zivin et al. (2009) reported that in college students with at least one mental health problem, over 60% had the same issue over 2 years later. Their research showed that while most students with probable mental health conditions are aware of the need for treatment, most of these students do not receive any treatment, even over a 2-year period. Therefore, identifying and connecting students early with on-campus mental health resources is important in limiting the impact of mental health conditions on student success (Woudstra et al., 2018). However, campus mental health offices and staff still face the challenge of having students access mental health services on campus because of the lingering negative perception by students of using these services (Corrigan et al., 2015; Shahdadi et al., 2017). The stigma of accessing mental health services on campus is not the only issue facing students. An alarming rise in the inability to even access existing mental health services on campus because of increasing wait times is becoming an issue. A 2016-2017 survey released by the Association for University and College Counselors Center Directors reported 34% of centers had to place students on a waitlist to receive mental health services (Burwell, 2018). Additionally, fears of therapy, self-discovery, and stigma can also contribute to students not seeking assistance for a mental health condition (Corrigan et al., 2015; Eisenberg et al., 2009; Linden & Jurdi-Hage, 2017). However, research has shown that if students with certain mental health conditions, such as depression, do engage in campus mental health services that intervention has been shown to be effective in impacting this condition (Zhixue & Chi, 2018). Additionally, Uzman and Telef (2015) indicated that efforts to destigmatize the idea of seeking help for mental health conditions can help campus mental health professionals reach and help more students. As universities search for ways to meet the mental health needs of their students, some research has been conducted examining the impact of student mental health in specific colleges and majors.

Student Teachers and Mental Health

Some academic majors can be more prone to students experiencing mental health conditions, and not seeking on-campus assistance. Majors or programs like teacher education, for example, are affected by mental health conditions in and out of the classroom either as a student or a student teacher intern (Atkins & Rodger, 2016; Uzman & Telef, 2015). For example, a study of prospective teachers found 41% of student teachers reported dealing with issues of depression and hostility (Uzman & Telef, 2015). Additionally, testing the concurrent validity of the Student Teacher Professional Identity Scale (TPIS), Živković (2018) found student teachers commonly described issues of stress and burnout during their programs. TPIS

examines how future educators prepare for their teaching career through the development of a professional teaching identity while also attempting to understand early or pre-service teachers' emerging identities. As student teachers face increased amounts of anxiety, depression, and stress, it may lead to mental health conditions that can affect their student success (Uzman & Telef, 2015; Živković, 2018). Research has also shown new teachers (1-3 years of teaching) experience a high prevalence of mental health conditions such as anxiety and depression (Woudstra et al., 2018). Seth (2016) also found new teachers reported feelings of mental exhaustion, burn-out, lack of effectiveness, and depersonalization. In general, the teaching profession is characterized by issues of mental health impairment due to work-related stress (Siebt et al., 2013). Specifically, new teachers suffer from stress, burnout, and limited coping skills which often become exacerbated with the existence of a mental health condition, either diagnosed or undiagnosed (Sharma, 2012; Siyami et al., 2017). Carr et al.'s (2017) study of Canadian teacher education programs, identified the continued need for mental health literacy for teachers to increase awareness of mental health conditions, and help decrease issues of personal mental health impairment brought on by work-related stress. Mental health literacy is defined as understanding how to obtain and maintain good mental health, understanding mental disorders, and their treatments, developing capacities to decreasing stigma, and developing capacities to enhance help-seeking efficacy (Carr et al., 2017; Kutcher et al., 2015, 2016b). As student teachers and new teachers learn more about their craft during their programs or first years of teaching, the risk of mental health conditions impacting their academic or professional success increases. Simultaneously, on-campus mental health resources, professionals, and academic programs struggle to understand how to cope and provide adequate support as the prevalence of mental health conditions affects success.

Teacher Preparation Program Support for Mental Health

In many cases, colleges and universities also struggle in getting these same students to access mental health services on campus. In assisting students with mental health conditions, it may be necessary to understand particular mental health experiences and needs based upon majors or programs. For instance, teaching is a stressful profession with a high burnout rate (Oberle & Schonert-Reichl, 2016; Skaalvik & Skaalvik, 2010, 2011; Wang et al., 2015) so understanding the mental health needs of the pre-service teachers prior to entering the profession may be beneficial in addressing resources and support. Pre-service teachers are reporting dealing with a mental health condition during their college years and its impact on their academic success (Uzman & Telef, 2015). As higher education struggles to support increasing numbers of students with mental health conditions, teacher education programs risk the success of their future teachers if they are not also able to find ways to support their current student teachers who are living with these same mental health conditions. In this context, our purpose was to understand the experiences and needs of student teachers living with a mental health condition, not to provide any diagnostic criteria of mental health conditions or issues. While the literature demonstrates increasing rates of college students, in general, living with mental health conditions, there is limited research on the lived experiences of student teachers in a college of education. Through our case study, we will begin to understand the experiences and needs of student teachers living with a mental health condition. Our study will help fill a gap in this type of research by telling their stories and discussing possible academic supports aiding in the success of student teachers. Additionally, our study is important because based on the research found in the literature on mental health and college students, only two studies were qualitative, and two were mixed-methods. Many of the same studies were referenced in corresponding articles, but the majority of journals were either scientific or medical in nature, not related to specific majors or disciplines. It is also important to note, the two qualitative

studies cited were both conducted outside of the United States: one in Canada, and one in Germany. This is also the case for the quantitative studies as most were from international research. This is important to note for our study because the students and their stories help colleges and teacher education preparation programs understand and support their student teachers living with mental health conditions.

The researchers explored the answers for two research questions related to mental health and student teacher interns as follows:

1. What has it been like for you as a student teacher living with a mental health condition?
2. What support did you receive that positively impacted your academic performance as a student teacher with a mental health condition?

Study Method

Researcher Positionality

I, Dr. Houdyshell, primarily teach in graduate programs with an emphasis in topics related to higher education. I have worked for 20 years in higher education administration including with college students in a variety of settings. This sometimes includes working with students experiencing personal crisis influenced by unresolved issues with mental health. More recently, I have explored the topic of mental health and college students in more detail while working together with Dr. Kratt in her role as the Director of Clinical Experiences. As researchers, we wondered how students would tell their stories of living with a mental health condition. Both of us decided the richness from employing a qualitative research study was the best method to learn and describe this student experience and fill an important gap in the existing literature.

Dr. Kratt, is an experienced K-12 educator now a full-time college faculty member. In addition to teaching, she also works to train and support emerging student teachers during their clinical training. She is a long-time proponent of stronger awareness, training, and advocacy surrounding mental health issues including teaching a course on mental health first aid within the college to faculty and students. Dr. Kratt is the Director of Clinical Experiences and coordinates the student teaching program coordinator of the two student teaching programs from which the participants were recruited. She knows these students and works with them on a daily basis.

Dr. Greene is also an experienced K-12 educator and now a full time-time college faculty member. Dr. Greene teaches the Capstone Course and acts as Assistant Director of the Faculty Development Center on campus. She is an advocate for mental health parity, seeks to provide professional development for university faculty members and works with students in faculty partnership programs across campus.

Each of us teaches in the college of education where this study occurred and hopes this study will inform the college and other teacher preparation programs about stronger, more caring ways to support student teachers while they are training to become professional educators. In reviewing the literature concerning mental health and teacher preparation we found significant gaps in awareness about mental health conditions and also how best to support college students living with a mental health condition. This research seeks to add to the literature to narrow these gaps by presenting the voices of students with a mental health condition and their experiences in one teacher preparation program.

Type of Inquiry

We chose to employ an instrumental group case study methodology to gain insights and understanding of how college students in a particular major or program describe living with a mental health condition (Creswell, 2013; Stake, 2005; Yazan, 2015; Yin, 2014). Stake (1995) posits the purpose of a case study is to understand human interaction within a social system and an instrumental case study is conducted to promote understanding of specific issues; in this case, the specific issue is living with a mental health condition while student teaching. Case study is an interpretive-hermeneutic category of research that falls under the more general umbrella of qualitative methods, hermeneutics being “the art and science of interpretation” (Yeaman et al., 2001, p. 254).

Stake (1995) cited three major differences between case study and quantitative research methods: the purpose of the study, the role of the researcher, and the construction of knowledge versus the discovery of knowledge. The purpose is to understand the phenomena of being a student teacher with a mental health condition. The rationale for the study is to use the findings to develop stronger program mechanisms that support student success. We are teachers in the program under study, therefore, our roles are personal in nature. We know these students, their program, and embrace an ethic of care in our practice. By seeking understanding we can empathize with our participants who are also our students. We believe in the dialectical constructivist paradigm and teach in a teacher preparation program based on its tenets American Psychological Association Work Group of the Board of Education Affairs, 1997; Bandura & National Institutes of Health, 1986; Vygotsky, 1978). We are not interested in measuring our participants; we intend to explore with the goal of understanding and interpreting meaning. The essence of this case study is to describe what it is like to be a student teacher with a mental health condition and to present rich, thick descriptions to the reader. Hence, our study represents a worthy goal for case study research. An instrumental case study will also support the exploration of the two research questions that seek to capture the phenomena associated with being a student teacher with a mental health condition and what supported their ability to succeed.

Site of Study

The case study site is a medium-sized, 4-year, regional university located in the southern United States. The College of Education at this site offers seven undergraduate degrees; six of these degrees lead to initial teacher certification. At the time of this study, the college had approximately 700 undergraduate students enrolled in their degree programs. Each student enrolled must complete two student teacher internships in their final two semesters. As first semester seniors, students are placed in a part-time student teaching experience. The students teach for two consecutive days per week while taking three other courses. During their last semester, they are placed in a classroom for a full-time student teaching experience. The University offers students services such as various forms of counseling, addiction assistance, learning disabilities testing, suicide prevention, and crisis intervention. Human subjects (IRB#2017-41) approval was sought and given by the University for all phases of this study.

Participants and Recruitment Plan

Using a convenience, criterion sampling plan we recruited participants for our study from students in the last two semesters of their programs. The sample was convenient because all students recruited were attending the university site and were students in the College of

Education where we teach. Criterion for inclusion in the participant group was being a student teacher with a self-identified or diagnosed mental health condition.

Participants were recruited using an online, anonymous survey with 10 closed-response questions (see Appendix A). The survey link along with an online consent form was sent to 117 teacher education student teachers in their last or second to last semester at the university during January and February 2018. Each of the solicited students was also participating in one of the two required student teaching internships. The survey was accessible for 2 weeks. Questions on the survey were demographic in nature including GPA, program major, extra-curricular activities. Students were asked to identify if they were experiencing or had a diagnosed mental health condition and if they were willing to participate in face-to-face interviews with us. The survey was intended to describe the population sampled, and primarily to solicit participants for the individual interviews for the case study. The survey data was not statistically analyzed; however, data, especially GPA information was used as a measure of success in the program. Out of 117 eligible students, 59 completed the survey.

At the conclusion of the online survey, a total of 27 students provided email addresses indicating an interest to participate in an individual interview. Each was contacted by us via email. The email explained the parameters of the interviews and the purpose of the study. Those students who agreed to be interviewed were scheduled for one individual interview with both Diane and Michael conducting the interviews, in which Diane was the lead facilitator and Michael the support facilitator. Although 27 students indicated a willingness to participate in the interviews, only 17 students followed through and scheduled an interview with us. Fifteen were female and 2 were male. The participants represented four of the six teaching majors within the College, all identified as non-Hispanic/White and 86% were in their full-time student teaching experience.

We were both surprised and intrigued by such a large response. Although many of these students had shared their anxieties with us at various times throughout their junior year, we anticipated a much smaller number would be willing to participate in face-to-face interviews. As research shows, oftentimes there is a stigma associated with disclosing mental health issues (Carr et al., 2017; Corrigan et al., 2015; Eisenberg et al., 2009). As faculty members in this teacher preparation program, we knew many of these students and considered them partners in the learning process. We viewed these partnerships as unique and positive aspects of the college experience. Student responses to participate in the face-to-face phase validated their confidence in us as both researchers and ethical practitioners. So, after much discussion, we decided to honor all 17 respondents and include them in our participant sample.

Suggestions for the number of participants to include in a case study varies from between 1-10, however, we felt it would be disingenuous to turn anyone away who wanted to share their experience with us (Creswell & Poth, 2018; Yin, 2014). We were fully aware of the challenges, especially in terms of data analysis, such a large participant group brings. However, the inclusion of 17 offered opportunities for conducting cross-theme analysis and supported our ability to create a more “information-rich” case describing the phenomena of student teachers living with a mental health condition (Palinkas et al., 2015, p. 534).

Data Collected

Creswell and Poth (2018), and Stake (1995) advocate the use of multiple sources of data to answer the research questions. We identified and collected the following forms of data: participant interviews and performance evaluations of participants. The data from the performance evaluations served to validate participants’ perceptions or misperceptions of their success in the program. We employed the method of data collection known as triangulation.

By utilizing multiple data sources, we were able to triangulate data, support validity, and meet the expectations for a strong case study (Creswell & Poth, 2018; Hussein, 2009; Stake, 1995).

Creswell and Poth (2018) visualize data collection as a series of interrelated activities guided by ethical considerations and the research questions. Prior to data collection, we secured our site, established rapport with our identified participants, and received IRB approval. Face-to-face interviews and performance evaluations formed the bulk of the data. The interviews were conducted from February to April 2018.

Face-to-Face Interviews

We used the online survey responses to solicit participants for face-to-face interviews. This type of convenient, criterion sampling was conducted to add credibility to the study and reduce any participant bias (Patton, 2002). Adhering to Stake's (1995) suggestions for designing interview questions with the goals to stay within the study boundaries and to help focus the conversation, each of us created a list of open-ended interview questions which was eventually integrated into one list. Through discourse, we explored multiple avenues of thought based upon our individual researcher positionality and interest in the topic. Our discourse led to renewed and shared understanding of our focus and how to explore the topic of living with a mental health condition with rigor and an ethic of care. We recognized the delicate balance between focusing the interview conversation while encouraging participants to share their stories in their own way and to afford us opportunities to "learn the unexpected" (Stake, 1995, p. 29). Our discourse returned again and again to our research questions as a guide to create a short list of issue-oriented open-ended questions around what it is like being a student teacher with a mental health condition. Our thinking led us to use the protocol as a means to refocus the conversation or to probe for areas missing from the stories.

During the interview stage, we interviewed 17 student teachers individually; 15 participants were female and 2 were male. The interviews were semistructured, used the 10-question protocol with predetermined questions (see Appendix B). The interview began with "Tell us what led you to participate in a research study about mental health conditions and student teaching?" This question was non-threatening and served as an open invitation to begin a conversation about their experiences. We were prepared with the interview protocol to use to add details, to clarify areas of their stories, or to directly probe participants about their lived experiences with a mental health condition, which was not defined for them. We found little probing was necessary, it seemed the "flood gates opened" and stories flowed from our students. As the support facilitator, Michael constantly monitored to assure that the protocol questions were addressed within the stories. On rare occasions when probing was necessary, he asked for more information. Each student teacher shared their own story as they perceived it. We were totally unprepared for how "raw" their stories were; detailed scenes of "panic attacks" emerged, physical symptoms like "hurting inside my body" were shared. From the outset, we realized our data would unveil fellow human beings struggling with the realities of living with a mental health condition. Mental Health diagnoses, symptoms, and treatments were all self-reported.

Each interview lasted approximately 30-60 minutes and was recorded using an Apple I-Phone. Each participant was assigned a pseudonym to guarantee anonymity. All interviews were transcribed by a paid transcriptionist; a copy of each transcription was then sent to individual participants via email. Prior to analysis, each participant was invited to read through their transcription to check that their words, thoughts, and meanings were accurately depicted; they were also invited to add additional information. Creswell (2013) suggested this method of member checking increases credibility by allowing participants to review transcriptions for accuracy. Participants validated the transcripts through an email response. Clarifications and

or additions were sent to us via an email attachment. Only one participant chose to clarify some of her responses after reviewing the transcript from her interview. This did not change the interview responses, she wanted to add a few details that she could not remember during the interview.

Performance Evaluations

The use of evaluation data was vital because part of this study was the exploration of student success. The use of established program performance measures was both logical and ethical. Performance evaluations were needed and used to gauge success in classroom teaching performance and in the area of professional dispositions.

As faculty members in the College of Education, we were able to review evaluations completed by each participant's university supervisor and cooperating teacher (CT). We also used GPA information reported by participants in the survey as a performance measure. Student teachers are assessed using a rubric based on the Danielson Framework (Danielson, 2013) and by a disposition instrument based on Interstate Teacher Assessment and Support Consortium (INTASC; Henson, 2009). *The Danielson Framework Rubric* assesses student teachers' classroom performance in these four domains; planning and preparation, classroom environment, instruction, and professional responsibilities. *The Danielson Framework Rubric* is the teacher assessment instrument created by our partnering school district, and its use is also required by the Department of Education in our state for evaluation of student teachers. We modified the criteria categories to better match the expectations of student teachers' classroom practice. This was done because the Teacher Evaluation Instrument we received from our local school district was based on the Danielson Framework for teacher evaluation. Since our students were teacher candidates and were still developing their skills, we made some minor revisions to the instrument to reflect what student teachers actually did or could control. For example, student teachers do not develop or determine classroom management systems; they use the systems already in place. The revisions made the assessment document, process, and criteria easier to understand and more relevant to our teacher candidates' classroom responsibilities. The disposition rubric is based on the work of Lang et al. (2018) and uses INTASC standards from four categories: Learner and Learning, Content Knowledge, Instructional Practices, and Professional. Each student teacher is assessed by these instruments twice each semester. Once at Midterm and once at the end of the semester; we used data from both assessment cycles in our study.

Analysis

Analysis was guided by the data analysis spiral supported by Creswell and Poth (2018) and Stake (1995). We chose a spiral approach as opposed to a linear one because we view analysis as an inductive process in which patterns emerge from the data and as an iterative process of continuous meaning-making. Stake (1995) views analysis as a process of "taking apart, giving meaning to the parts and putting the parts back together in a more meaningful way" (p. 71) for the purpose of making connections and uncovering relationships. In the ongoing search for meaning, rigorous case study analysis required us to engage in a process of "moving in analytic circles rather than a linear process with a beginning, middle, and end" (Stake, 1995, p. 71). A spiral approach afforded opportunities to make sense of the complexities of the case in ways a linear approach might miss and supported the process of Stake's (1995) "Categorical Aggregation." The analysis process began at the end of each interview. Individually, two of us wrote our initial impressions of the interview climate, a quick summary of the story that emerged, and any reflective thoughts generated throughout the interview

relating to what we heard participants say and how we each made sense of what we were hearing. We then shared our thinking in a free-flowing conversation of sharing initial perceptions, verifying our summaries of the story, and making notes for further reflection which included particular words or expressions we were continuing to hear from the participants. These summaries became valuable tools as the analysis progressed to reading the transcripts. Individually, we agreed with Stake (1995) that “each researcher needs to find the forms of analysis that work for him or her; however, we would be coding collaboratively and decided we needed some collective organizational standards which the Data Analysis Spiral provided.

We followed Agar’s (1980) suggestion to read the interview transcripts in their entirety several times to get a sense of the case as a whole. Then, independently, we read all interview transcripts multiple times for the purpose of memoing and summarizing to capture emergent ideas and to develop a list of preliminary codes. Each of us continued to keep a coding journal in which we documented our thinking, provided examples of words, phrases, and stories that addressed the research questions, referenced mental health conditions or symptoms, while also being sensitive to the unique or unexpected. The journals provided opportunities to revisit and reimagine our emergent ideas, they chronicled and visualized our thinking and became the tangible evidence and metaphor for the analysis spiral. Each journal represented the individual’s method of organizing words, phrases, and stories. Following Creswell’s advice (2007) we developed a general list of questions to consider as a way to initially focus our analysis.

- How do participants talk about their conditions?
- How do they understand what is going on?
- What assumptions are they making?
- What do I see/hear going on here?
- What am I thinking?
- What strikes me, what seems to be unusual?

We met once a week to share and compare our individual summaries, reflections, and patterns looking for commonalities in our emerging ideas and to reach consensus around possible themes. Following MacQueen et al.’s (2008) suggestions for team-based codebook development, Diane became the primary codebook editor to “create updates, revise, and maintain the master list of codes. She also kept notes on our weekly meetings and conversations. Our discussions were often provocative, and we came to realize our training and experiences colored the lens through which we viewed or labeled a code. For example, Michael’s experience as an advisor often caused him to question whether the behavior being described was a result of living with a mental health condition or a convenient excuse for delaying action. Diane and Jackie’s training as teacher advocates often led them to apply their advocacy lens. Michael’s questions about how our years of training and professional experiences impacted the ways we perceived the data caused us to explore our positionalities and often provided a reality check for each other and for ourselves. We became more at ease and adept at asking each other to explain our thinking in order to reach a shared interpretation and understanding of living with a mental health condition. We followed Stake’s (1995) advice to return to the data to search for patterns and consistency. Interpretation was an integral part of our analysis process. We returned again and again not only to the data but to our questions and the research literature on mental health. Stake (1995) does not offer a recipe for research design thus providing some freedom for us to further explore the mental health literature as part of our iterative analysis process. None of us is a mental health expert; returning to the literature helped us make sense of the stories being shared and often clarified the difference

between “typical behaviors” and behaviors and feelings associated with mental health conditions. We were guided in our interpretation by the purposes of case study—to provide a rich, detailed description of the case for the purpose of directly influencing procedures to support student success and future research (Stake, 1995). Out of these codes, discussions, and descriptions emerged what eventually became themes. For example, each of us identified phrases associated with inability to act, fear of acting, or delayed actions that resulted in negative consequences for the participants. Our discussions prompted us to return to their stories and specifically identify how the participants described these episodes. Collectively, participants described them as something either inside or outside of them that blocked their ability to act. As we began to read and think more deeply we began to see these as patterns of inaction caused by barriers; we chose to label this pattern as Barriers to Success. But, the barriers did not only dwell within the participants; some were located externally and totally out of their control. So, to hold fidelity to their stories, we decided to divide the theme of Barriers to Success into two sub-themes: Internal and External Barriers to Success. Additional themes that emerged encompassed our research question about what is it like to be a student teacher with a mental health condition, and what actions and strategies supported their success.

Student evaluations were reviewed after the individual interviews for performance and disposition evidence relating to success in the program. Our purpose was to explore whether participant perceptions of their success matched their academic success in the program; and to be able to construct a clearer and more sophisticated reality of the case (Stake, 1995). Based on their interviews, we expected to find indications of academic distress. Our process of analyzing student evaluations mirrored the process applied to the interview transcripts. Each of us used our journal to capture our initial perceptions and to make detailed notes on data from the evaluations. We reviewed their Danielson Rubric Evaluations to identify areas of strength and areas that fell below program expectations in terms of classroom practice. We looked for patterns of academic distress throughout their time in the College of Education, specifically to identify if participants had to repeat courses, patterns of course withdrawals, not meeting graduation requirements in a timely fashion, or disciplinary actions. Many participants communicated their perception of “struggling” to succeed or that they “did not live up to” their personal expectations of success. We were exploring whether participant perceptions of struggle/success expressed in the interview transcripts matched their program success. Yet, we found no evidence of these students having to repeat courses, of histories of withdrawing from courses, and individual GPAs were within the expected range to keep them as students in good standing. We also checked with cooperating teachers (CTs) and university supervisors to ascertain if their student teaching performance matched the ethic of care the students noted in their stories. We also looked at their professional dispositions to identify areas in need of development or areas evaluated as above the novice level. Throughout the analysis process, we returned to the evaluations and our notes to find relationships and patterns between the interview data and their stories of learning, application of their learning, and evaluations of their learning and classroom application.

Trustworthiness

Creswell and Miller (2000) posit validity can be addressed using several techniques; Creswell (2016) suggests qualitative researchers employ at least two. We employed, engaging in reflexivity, outside transcription services, member checking, use of researcher journals, multiple coders, and triangulation. Along with our joint analysis and discourse, to strengthen validity, we asked doctoral students in a qualitative research methods course to review the transcriptions with redacted personal identifiers for themes. Their analysis process mirrored

the process used by our team. We compared both sets of themes and found agreement between two of the three. In the end, we generated a thick, rich description of the case.

We now turn our focus outward towards sharing the findings of our study using thematic representations or as Stake (1995) would say “Categorical Aggregations” (p. 74).

Findings

Three distinct patterns emerged from the data. From these patterns, we categorized the following themes: Barriers to Success, Student Teaching as a Positive Experience, and Lack of Awareness About Students Living with a Mental Health Condition. One theme, Barriers to Success, had subthemes that define and focus on notable specific elements of barriers to success and are divided into two sub-themes, Internal Barriers and External Barriers. The purpose of reporting these three themes is to elicit and communicate what we learned about being a student living with a mental health condition and to honor their testimonies.

Theme One: Barriers to Student Success

One shared quality that stood out in the data was their desire to do well academically. Since several student teachers mentioned they had trouble with mental health prior to college, there was already a history of drive, tenacity, and success. Unfortunately, they all had barriers to overcome and many of the barriers were common amongst the group. As a group, they used different methods and strategies to cope, to overcome, and be successful. Overall, these were successful students who represented the academic continuum; some were outstanding academic scholars while some were average, yet all successfully completed their college program of study and projected confidence they would be successful classroom practitioners.

During the study, the most frequently discussed mental health condition was anxiety disorders, followed by depression, and Attention Deficit Hyperactivity Disorder (ADHD). Consequently, this theme of barriers to success focuses on how participants described internal and external dilemmas they faced because of their mental health conditions and how those dilemmas/barriers impacted their ability to be successful students and student teachers. We identified barriers as either internal or external depending on how the participant described the barrier and its effect on their success.

Internal Barriers to Success

Specifically relating to anxiety, a major internal barrier that emerged throughout the study was the issue of perfection or of being a perfectionist when it came to school assignments. Several participants were self-proclaimed *perfectionists and described self-handicapping strategies like* before hitting the submit button for an online assignment, “I would go through it again and go through it again” (Janet K.). Many students reported not turning in assignments until right before due dates, or even late because their anxiety caused them to continually re-do or correct assignments that had been completed well in advance but that participants felt were not completed satisfactorily. “I dwell on it being done on time and then if I submit it, there might be a little detail that I missed or something and I’ll think about it for years to come. I don’t let things go” (Kathy B.). The fear of their schoolwork not being perfect would, at times, cause them to submit it late, or not at all. This behavior often resulted in earning a lower grade than if they would have submitted it with an error. Participants also mentioned other internal barriers including procrastination and overthinking things, for example, “I procrastinated really hard . . . I didn’t want to have the stress of having to do it” (Amanda P.). “I was constantly overthinking and thinking about one thing too much” (Toni C.).

Procrastination also would often result in earning lower scores on assignments. Absences from school or the classroom due to panic attacks and test anxiety also were reported as internal barriers that led to decreased academic success for these students. “Yeah, I had severe anxiety. I was afraid of life. I didn’t go to the movies for 6 months. School-wise I am just fearful of everything, the guns, sometimes that triggered it” (Susan M.). Students who faced internal challenges due to anxiety, depression, and ADHD all indicated negative effects on schoolwork. Yet, as a group, these students were successful in meeting program requirements and were on their way to graduating on time.

External Barriers to Success

The external barriers to student success were equally challenging for participants and included course delivery methods, communication about their mental health condition, and faculty interactions/teaching styles. We asked study participants about their preferred form of course delivery (online or face-to-face). Most participants preferred face-to-face classes because of being able to build peer-to-peer relationships and use face-to-face communication to clarify content or directions. Many participants cited the benefit of the social interaction of a face-to-face course with faculty and other students. “I like to have the conversations” (Janet K.). “I like that my professor can get to know me on a personal basis” (Kathy B.). Anxiety and stress were reduced for some because they were able to ask questions and have assignments clarified in-class at that moment; “not having an instructor there in-person explaining things caused anxiety for me” (Elizabeth Z.). Finally, even though getting out of bed and going to class was often a challenge due to their condition, going to a face-to-face class helped some participants. “Getting up and going to a class and being in a classroom, you’re less likely, at least when I wasn’t on the pills, I was less likely to do something stupid” (Heidi M.). However, due to the unique ways their mental health conditions often manifested themselves some students were severely challenged being in a physical classroom, especially without medication, “I was suddenly just melting down. There were tears on my face, but I just couldn’t get up and leave so I sat there crying. I was so embarrassed.” Janet’s experience was not unique among these students, the sudden occurrence of melting down and losing control was described by multiple participants as not feeling “good enough” when compared to others. Several participants believed online courses helped ease their anxiety because it allowed them to not have to be in a certain place at a certain time or that it *was* “harder to go to a class on campus” (Elizabeth Z.) because of their anxiety and issues with sleep. However, for some students, neither course delivery method helped because their mental health condition impacted their ability to function. “I was also finding it hard to find the motivation . . . because I didn’t feel like myself” (Toni C.). Each participant shared that course delivery made a difference in their school success, but the type of delivery depended upon each student’s unique set of symptoms at different points in time.

Participants also emphasized high levels of anxiety due to communication problems with professors whether face-to-face or online. Commonalities included changes in deadlines and in instructors’ style of teaching. For example, Susan M. stated, “When I don’t know when things are due, that’s even more anxiety driven.” Lengthy or complicated written instructions or directions were also found to be overwhelming for many participants. “When things are sent out in a huge, long paper or described, sometimes that’s difficult and triggers some anxieties” (Susan M.). “I get anxiety at having this 50-page packet and syllabus of everything that we have to do, I’m wanting to focus on one thing, but I have to focus on a million and it becomes very stressful” (Elizabeth Z.). Last-minute changes to assignments or inability to receive regular communication with a faculty member in a course caused existing anxiety to elevate for many participants. Yet, they were also able to discern that other students were not bothered

by these course realities. “In high school, it took me a very long time to realize this (stress) was not normal . . . I just wanted to please other people (Kathy B.).

Participants regarded some faculty in the College of Education as having a more open and welcoming personality, possessing some knowledge about mental health issues, or having a teaching style that included discussing and working with students having a mental health condition. Participants were able to articulate how openness, flexibility, and care impacted their student success. For example, students identified some faculty who were approachable, flexible, and compassionate, as having supportive dispositions. However, not all faculty have those traits. “There are certain professors that communicate very differently than other professors . . . when they (professors) are unwilling to realize we are not all the same . . . that’s a source of anxiety” (Janet K.). Another participant suggested the College should develop a “culture of support” for students with mental health issues. “It’s like they don’t know people have anxiety or depression . . . it isn’t something we learn about in any of our courses or something they recognize you could be suffering from” (Sara J.). At the time of this study, the College of Education did not have any formal support system in place for students dealing with a mental health condition. The participants described that some faculty in the College were more aware or familiar with mental health conditions and how those faculty members impact student success. Unintentionally, course instructors can contribute to external barriers for students with mental health conditions through their communication styles, expectations, and lack of support structures. Theme three will examine the idea of awareness, education, and support in working with students who are living with a mental health condition in more detail.

Theme Two: Student Teaching as a Positive Experience

As participants discussed the impact of living with a mental health condition on their student teaching success, it became apparent for many, being in a K-12 classroom did not aggravate their mental health conditions. What we found was in almost every interview, each participant described an atmosphere in which physically being in a classroom as a student teacher was one of the most positive situations they had experienced. Not all participants experienced this new sense of being when they were in the classroom as a teacher. It has been our experience working with student teachers that they typically experience increased levels of anxiety when they first enter a classroom as a teacher; most participants recalled some discomfort or increased anxiety, but they did not describe their condition as a barrier. We were surprised by the overall belief that student teaching was the best part of their educational journey and they felt less symptomatic in the K-12 setting.

Participants used phrases like “happiest place for me (Kathy B.), felt so much better in the classroom” (June C.), or “I’m in my element” (Janet K.) to describe their time in the classroom as a student teacher. Participants described their student teaching experience as a much easier situation for them to encounter with their mental health condition than being a student, in addition, being in the classroom as a student teacher made them feel more positive about how they were dealing with their mental health condition. “It’s (student teaching) a lot less anxiety-driven” (Susan M.). One participant described how being in the classroom student teaching helped her to focus less on her mental health condition because “you’re not thinking, you’re teaching math, two plus two, and at the same time (not) thinking about depression thoughts” (Heidi M.). Recognizing the therapeutic benefits of student teaching was common in their stories, “like it can really help me heal because now I feel like lots of love and kids love me and my teacher loves me” (Sara J.). Physically being in the K-12 classroom, experiencing reciprocal caring relationships and doing something they enjoyed was a positive experience for the participants.

Many participants recognized they could relate on a much deeper level to their students who had a mental health condition. “I am more open with my kids, not really to where I’m like, “Oh hey, this is my life story,” but when they have anxiety, depression, all their stuff, I can kind of relate to them” (Susan M.). Perhaps Julie explained it best: “I am more in tune with (the) mental health of my students because I recognize some of the same behaviors, I exhibit like getting fidgety, playing alone, not participating” (Julie T.). Relatability to their students was also mentioned by other participants: “I feel like I can relate to students, like I can just see how they are in class and I’m like, ‘It’s okay, I know’” (Megan F.). One participant saw her own mental health condition and the ability to relate to others who struggle with mental health issues as a social justice or humanistic issue. “If we can’t develop them (students) as proper humans and get them to be good members of society, it doesn’t matter that they got an A in science. It needs to start with being able to build a student from the inside out” (Fran T.). The impact of reciprocal relationships of caring between K-12 students and student teachers were commonly described throughout the interview data. These relationships mirrored what the participants wished for but failed to have with teachers throughout their educational experiences.

Theme Three: Lack of Awareness About Students Living with A Mental Health Condition

Participants shared their experiences concerning the lack of awareness, lack of education about mental health conditions, and lack of support for students with mental health conditions on the part of higher education faculty members. Their examples included making visits to the on-campus counseling center and communication with faculty, cooperating teachers, university supervisors, and peers about their health concerns or concerns for their students. This lack of awareness often led to additional barriers for participants in terms of equity and parity in attendance policies, deadlines, or struggles in acquiring their medications. It was their common experience of not receiving similar accommodations or understanding that students with “traditional” health issues receive that led to feelings of frustration and isolation. These participants saw these barriers as outside their control and under the umbrella of societal responsibility. They linked their experiences to the low status that health issues in general, and especially mental health issues in particular, hold in our educational communities.

As faculty within the College were primary and frequent contacts for students, participants discussed how things like strict attendance policies or deadlines would increase anxiety and exacerbate their existing mental health conditions. “If I have a professor who is like, ‘Oh, you missed two classes. Your grade is dropping a whole letter grade automatically,’ then that’s like, well, two classes could be a quick miss when I am off my medication” (Jeri R.). Some participants did not think faculty understood that missing class was something that occasionally had to happen. “Hey, some days I’m not skipping on purpose, but I’m missing because I have this [depression]” (Heidi M.). Another participant commented on how she felt some faculty, who either were not aware of her mental health condition or did not understand, were judging her behavior. “I’ll always just feel like, even if it’s not lazy or anything, I’ll be sitting there (in class) and I can feel people’s eyes on me. That’ll just make me freeze and not be able to do anything” (Amanda P.). While participants felt some faculty were not aware or supportive of students living with mental health conditions, there was also concern about access to on-campus mental health resources.

As with faculty who were either not aware or supportive of students with mental health conditions, there were also specific issues related to access or availability of services. This included the hours and availability of the on-campus mental health center for students called CAPS and the access to an individual(s) within the College of Education who was available to

talk with students about on-going issues related to mental health and how it impacted their success. CAPS was seen as an important resource for participants living with a mental health condition. “CAPS was a huge help” (Susan M.). “It was amazing, just to know that there’s somebody on campus . . . who was actually really there to help me get through this” (Toni C.). However, participants were frustrated that CAPS was only open Monday – Friday, 8:00-5:00 pm which was when most were serving in their internships at schools that could be 45 minutes to an hour away from campus. “They close by the time I’m in school and I don’t want to leave early, and I could leave early, but I have so much going on.” This was frustrating to some who felt they had no other options for mental health services because of insurance or costs. Participants realized that having faculty members in the College of Education who could supplement the on-campus services would be beneficial to them. “If there was someone at the College of Education who you were able to communicate with openly and know that you won’t have to worry about what you’re saying in that situation, I feel like that’d be absolutely phenomenal to have” (Fran T.). Another participant talked about having an individual in the College who could talk more about “personal health and building off someone’s strengths and weaknesses” (Frank C.).

Participants also discussed concerns in sharing information about their own mental health conditions with others who might lack understanding of mental health conditions, be their evaluator, and judge them negatively. Even though most stated that being in the classroom had a positive impact on their mental health, it still did not disappear entirely while student teaching.

“As far as my personal mental health, I haven’t really talked much about it with the people that I work with” (Janet K.). Sometimes just meeting with a supervisor would cause stress and anxiety, or physical symptoms such as loss of sleep, or appetite. The role of the cooperating teacher (CT) and supervisor is in place in part to help support students in their student internship. Many were also afraid to share any information about their mental health condition with a CT, fearing it could change the dynamic of the relationship between the student teacher and a CT, or that the CT would treat them differently. “It affected my relationship with my CT too. I wasn’t very talkative. I wasn’t very open with how I was feeling” (Toni C.). This led many participants to struggle with their mental health conditions in silence as they attempted to be successful as student teachers and was an additional barrier to receiving support and understanding. Yet, they were pragmatic about this part of their life. Their stories were testimony to experiences related to the stigma attached to living with a mental health condition and society’s lack of understanding and lack of education about mental health. Many had suggestions about how to remedy this lack of awareness about mental health conditions.

Overwhelmingly, the participants saw the addition of a course with a focus on mental health conditions to the teacher preparation curriculum as a positive addition in helping students, faculty, and staff understand more about mental health, and its impact on student success. “I think 110%, it’d be beneficial to the students and then the future students of the teachers” (Toni C.). “I think 100%, mental health should be a class, understanding mental health” (Fran T.). Many participants also saw it benefiting them as future teachers in how they could work with their students. “I think as teachers, we should be cognizant of that because of our students” (Megan F.). “I think it’s super helpful to talk about it in the sense of your students as well, because if you don’t know about it, then how can you help your students?” (Susan M.). They saw it as a way to help others understand the prevalence of mental health issues in the classroom and society. “It enlightens people and really can make them realize that a lot more people are dealing with it than they realize” (Heidi M.). Providing a curriculum on mental health was seen as a way to support students living with mental health conditions, help prepare them to support their future students, and reduce barriers to student success. One of their shared goals for participating in our study was to tell their stories as a way of educating others and

calling attention to the need for robust mental health education. As we leave their stories and transition into a reflective discussion it becomes apparent their recommendations mirror the findings and recommendations found in the research literature.

Discussion

From the outset of the study, we viewed this group of student teachers with interest and we were anxious to hear their stories. In addition, we viewed interviewing them to be a privilege. While having a mental health condition often isolated each of these student teachers, together they composed an aggregate whose struggles connected them in profound ways. They welcomed us into their world and eagerly shared their stories with us.

As a group, they were articulate about their mental health conditions and the impact of anxiety and depression upon their lives. As you saw in the findings, they engaged in three types of discourse, retrospective, reflective, and introspective. Dewey, (1933) explained reflection as a broad construct of active, persistent, and careful consideration creating connections and relationships within experiences. We found this group particularly able to make connections with past experiences, through introspection they synthesized their past in ways that told stories of persistence through often debilitating mental health conditions. The interview space seemed to become a space for these students to think critically and strategically about living with a mental health condition. They were eager to talk, they wanted people to be involved in their lives but no one in an educational setting had ever asked them to share their experiences living with a mental health condition. They shared intimate information with us they may have never shared with anyone, even their parents. We wondered why they chose to share their stories with us. These student teachers felt knowledge of mental health conditions was important and should be talked about more; so, perhaps their willingness to share their lives emerged as a way to educate us. They transcended the generally accepted view that students experiencing a mental health condition are reluctant to share their experiences and challenges. This group told their stories as a way to explain their lives while sharing how they worked through dilemmas caused by their mental health condition. Although their stories contained evidence of barriers to success caused by their mental health conditions and they often struggled to complete assignments, we found their perceptions of themselves as successful students to be supported by the data. As a group and individually, there were no patterns that would lead us to think these were academically struggling students. At the time of this research all were meeting graduation requirements, all had disposition assessments indicating they were “safe to teach,” and all were being successful in their student teaching experience.

We believed the prevalence of mental health conditions in college-age students was influencing student success and set out to understand the lived experiences of this particular group of student teachers. Beyond gaining in-depth knowledge of this particular group we sought to understand how our College could better support its students who live with a mental health condition. Results showed barriers to success exist. As a group, they shared coping strategies that supported their success and had clear ideas about how societal awareness and support can help student teachers living with mental health conditions be more successful and less misunderstood.

Overcoming Barriers

Participants disclosed a plethora of internal and external barriers and ways barriers, due to their mental health conditions, impeded their success. For student teachers, the barriers created by living with a mental health condition as a college student can carry over into their first years of being new teachers (Seth, 2016; Woudstra et al., 2018), so finding ways to

overcome those barriers may clear a path for their future success. Research cites how awareness and recognition of mental health conditions can reduce the negative impacts felt by student teachers (Kutcher et al., 2016a; Uzman & Telef, 2015; Zhixue & Chi, 2018). Each participant was aware of their condition and the barriers created by their anxiety and or depression. Each was able to describe in detail the impact of those barriers on their behavior, self-efficacy, and identity. Yet, all had successfully completed their coursework and entered student teaching. However, awareness and additional education on living with mental health conditions may help reduce the stress they experienced, improve performance, and quality of life for new and emerging teachers (Rehmani et al., 2018). Research also described other existing barriers to success for students living with mental health conditions including the stigma of receiving professional support, decrease of available resources, negative perceptions of receiving support, lack of promoting help-seeking behaviors, and program neglect of the mental health of their students (Kutcher et al., 2016a; Linden & Jurdi-Hage, 2017; Shahdadi et al., 2017; Uzman & Telef, 2015; Zhixue & Chi, 2018). The testimonies of this group of students contained each of the barriers recognized in the research literature; the degree of their impact was dependent upon individual circumstances. Their voices should motivate colleges of education to begin the work towards mitigating barriers associated with mental health conditions and develop strategies to increase awareness among its faculty and staff members.

Student Teaching as A Positive Experience

Instead of exacerbating existing mental health conditions for student teachers, for most of the interview participants, being in the classroom as a student teacher lessened the impact of their mental health condition specifically in relation to anxiety. While some anxiety existed at the beginning of an internship, it went away after only a short time in the classroom. This can be explained by an increase in confidence with more teaching experience and with the establishment of positive relationships in which their focus became less about themselves and more about others. Our findings support Siyami et al.'s (2017) research which indicated being in the classroom is one example of how student teachers and new teachers can help lessen the impact of their mental health condition or become less prone to issues of mental health because student teachers developed a positive outlook and began to build strong professional and personal relationships. The development of strong, caring relationships with their students was an indication of the power of the reciprocal nature of caring described in the work of Noddings (1984). Noddings (1984) explains the impact of brief encounters of teachers with their students in which teachers began to listen, observe, and become aware of the needs of others. Noddings (1984) suggests the teacher experiences "motivational displacement" by putting aside their own self and work and focusing their energy towards the cared for. Although most of the participants had not been on the receiving end of caring relationships from their teachers or professors, they were able to "listen, observe," and become aware of the needs of others. More importantly, participants' recognition of the mental health needs of children under their care gave some a purpose to move forward as activists for mental health understanding.

Lack of Awareness

The rise of mental health conditions reported by college-age students over the past decade would seem to indicate that university and program personnel should have a better idea of how mental health conditions impact student success (American College Health Association, 2017; Linden & Jurdi-Hage, 2017; Zivin et al., 2009). However, our results showed participants indicated an existing lack of awareness and education about mental health conditions on the part of their professors; this lack of awareness extended to their experiences with the general

public. Also, the lack of available mental health support services on campus was a major concern. Participants were impacted by limited availability and hours of on-campus mental health services in matching up with their student teaching hours that sometimes took them an hour away from campus. This inability to access mental health treatment is especially problematic as studies show that living with a mental health condition can reduce student academic success for all college-age students, not just student teachers (Linden & Jurdi-Hage, 2017; National Institute of Mental Health, n.d.; Uzman & Telef, 2015).

Besides mental health providers, others can act as support. Pacheco et al., (2017) suggested having formal psychological support teams within programs to help increase the mental health status of student teachers. In addition, Sharma (2012) suggested providing training to all faculty and staff on how to identify at-risk students and provide them with necessary contact information for mental health professionals. Participants recommended having people nearby who are comfortable with offering assistance and support. For example, Woudstra et al. (2018) reported that some new teachers indicated talking with colleagues helped them cope with mental health issues related to teaching.

Some of the participants shared that they experienced positive results for themselves when they learned more about mental health and how to care for themselves. The research cited how awareness and recognition help reduce impacts of mental health on student success while promoting and increasing knowledge about help-seeking behaviors (Kutcher et al., 2016a; Uzman & Telef, 2015; Zhixue & Chi, 2018). Better awareness, education, resources, and research within colleges of education and the profession of teaching about the impact of mental health on student teacher success, warrant honest conversations and accountable actions to create environments in which living with a mental health condition is manageable and understandable in training future teachers.

While the need for increased mental health awareness, education, and resources is documented in the literature (Atkins & Rodger, 2016), it is not clear how other teacher education programs work with their students who have mental health conditions. The limited amount of research on this topic would suggest there is a significant lack of understanding of how mental health conditions impact student teacher success, and the need for assistance is great.

We did not limit how students believed they were impacted by a mental health condition, by actual diagnosis or otherwise. Students who participated in our study self-identified as a person with a mental health condition and no medical information was requested. Students are entering higher education with a much better understanding of how their own mental health is impacted by issues in and out of their control. This in turn creates an environment in which living with a mental health condition, diagnosed or perceived, has real implications in the success of students training to be teachers and indicates that faculty members need to be as aware of mental issues as their students seem to be.

At the beginning of the study, we posited that student teachers living with a mental health condition would experience more impact from their condition(s) while teaching in a classroom. What we discovered was the opposite, these student teachers with mental health conditions were much less impacted by their mental health condition while serving in a classroom as a student teacher. Being in a classroom as a student teacher was the most positive part of their academic journey due to the relationships they built with their students and their ability to focus on teaching rather than on themselves. In addition, participants felt their own personal experiences living with a mental health condition made them much more relatable to their own students who might also be struggling in the classroom. In their study of inner-city teachers in Canada, Walter et al. (2006) demonstrated how previous experience with mental health issues in the classroom, was significantly related to teacher knowledge and self-efficacy. From their study on pre-service teacher mental health literacy, Carr et al. (2017) suggested

faculty in colleges of education (Canadian) consider implementing courses that address mental health knowledge, decrease stigma, and enhance student help-seeking intent. As a group, our study participants agreed with, in fact, suggested the addition of mental health education courses would enhance their experiences as students and add relevance to the curriculum. With this in mind, we suggest that through increased awareness of mental health conditions, education, responsiveness embedded in the curriculum, and services offered within the College, that student teachers living with a mental health condition can flourish as individuals and future teachers. Creating a culture of care and communicating it through words and actions would establish a safe and inclusive learning environment. Our findings and participant voices support Carr et al. (2017) who suggested faculty in colleges of education (Canadian) consider implementing courses that address mental health knowledge, decrease stigma, and enhance student help-seeking. All of which points to the need for a stronger culture of support for mental health within colleges, including ours. Creating such a culture demands the participation of faculty and students alike, training more individuals to respond to mental health needs, and the existence of a curriculum within teacher education that includes mental health awareness for all teacher education students.

To summarize, this group of students was eager to share their experiences living with a mental health condition, they welcomed our interest and sought to educate us, they faced barriers to their success based on their conditions but were persistent and during their student teaching experiences, they began to shift some of their focus away from themselves and onto their K-12 students to develop caring relationships. They were articulate about the need for further education about mental health conditions and how those conditions impact one's life, dreams, and ability to succeed.

Limitations

While our study contributes to the understanding about the lived experiences of student teachers with a mental health condition, we recognize there are some limitations. First, the 17 students interviewed for our study only exhibited three mental health conditions—*anxiety, ADHD, and depression*. Pedrelli et al. (2015) did find that the top mental conditions are related to anxiety and depression, along with substance abuse. However, we recognize that the experiences of our participants may not be as relevant or relatable to student teachers or other college students with other mental health conditions. There could be different findings if future research focused on different mental health conditions. In fact, a strength of our study, focusing only on student teachers, could also be seen as a limitation, as our findings may not be as relevant to students in other majors or programs.

Second, as researchers, we wanted a platform for these students to discuss their lived experiences as student teachers with a mental health condition without much structure aside from the same 10 interview questions. Many of these students told us they never had the opportunity to discuss how living with a mental health condition impacted their lives as students and people. However, we understand that in doing this, we took the participants at their word, knowing that they only told us what they wanted us to know. In doing this, we might not have heard everything about these students and their experiences living with a mental health condition.

Finally, because of our positions in the college, we knew many of our student participants from other interactions or roles within our regular work before we interviewed them. In particular, both Diane and Jackie knew many of the students because of their direct work with our student teaching courses. Before the study, we did not know many of these same students who participated, were also living with a mental health condition. And any prior feelings or interactions with students prior to participation in our study could influence

subjective feelings when reviewing data and examining findings. While a subjective or sympathetic view towards students does not change what they told us about their experiences living with a mental health condition, it could be seen as a limitation in how we present the findings and discussion of our study.

Future research of student teachers living with a mental health condition could include (a) a wider or more expansive number of mental health condition, as defined by the literature; (b) more official documentation requested and cited pertaining to officially diagnosed mental health conditions discussed by study participants; and (c) a larger recruitment of student teachers for study participation which could include multiple years, colleges, or institutions.

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- Secondary Education-Biology
 - Secondary Education-Mathematics
 - Secondary Education-Social Science
 - Early Childhood
 - Special Education
6. GPA
Overall FGCU _____
Major _____
7. Number of hours working off campus per week.
 10 or less 10-20 20-30 30 or more
8. List extra-curricular activities involved in on and off campus.
9. Are you currently experiencing a mental health issue(s) that negatively impacts your life? (e.g., ADHD, Anxiety, Depression, OCD, etc.) Yes or no.
10. If you answered yes and are willing to be interviewed, please provide your email address below.

Appendix B **Interview Questions**

1. What lead you to agree to participate in a research study about mental health conditions and student teaching?
2. What leads you to believe that you have a mental health condition? (diagnosis, length of time, severity, symptoms, etc.).
3. What treatment options, if any, have you utilized or explored?
4. How does having this mental health condition(s) impact your daily life in general? As a student? As a student teacher? Are there differences between classroom experiences vs. field experiences?
5. What kind of supports or interventions, if any, have you already utilized or received from the University as a student? From the College of Education (COE) as a student?
6. Tell us about any experience(s) you have had as a COE student while serving in a district school as it relates to your mental health condition(s).
7. What kinds of situations helped lessen the challenge(s) you faced with a mental health condition(s) while serving in a school?
8. What kinds of situations increased the challenge(s) you faced with a mental health condition(s) while serving in a school?
9. What suggestions do you have for the COE to improve the student teaching experience for students who have a mental health condition(s)?

10. Is there anything additional that you believe would be helpful for us to know about your experience as a student teacher in the COE with a mental condition health condition(s)?

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