

Exploring the Accessibility and Impact of Mental Health Support Services on Stress Management and Help-Seeking Behaviours Among Elementary School Teachers in California.

William Vortia¹, Stacey Yayra Makumator², Prosper Appiah- Bediako³

^{1,2,3}Department of Education, Westcliff University, United States of America.

Abstract

Research question: How accessible and effective are mental health support services in managing stress and encouraging help-seeking behaviours among elementary school teachers in California?

Methods: This systematic review followed PRISMA-aligned protocols and searched PubMed, PsycINFO, ERIC, Google Scholar, Taylor & Francis Online, SpringerOpen, CORE, Edward Elgar Online, and Open Research Library, including other repositories. The search returned 146 records; after removing duplicates and screening titles and abstracts, 56 full texts were assessed, and 28 sources met the inclusion criteria. Included materials comprised peer-reviewed studies, program evaluations, policy analyses, theses, and grey literature. Data extraction recorded study design, population, intervention type, accessibility indicators, and outcomes related to stress management and help-seeking. Quality appraisal used JBI and CASP checklists. A qualitative thematic synthesis identified recurrent patterns.

Findings: Across the 28 sources, access to services varied significantly by district and was influenced by funding stability, staffing levels, administrative commitment, and geographic inequalities. School-based models, including counselling, MTSS frameworks, wellness initiatives, and digital platforms, were linked to reductions in teacher stress and better coping when services were available. Ongoing barriers included heavy workload, low mental-health literacy, limited program visibility, and stigma. The study further revealed that professional development and targeted training enhanced recognition and proactive help-seeking, while state policy and funding expansions facilitated broader service provision.

Research implications: Future studies should quantify effect sizes, assess equity of access across districts, and test scalable implementation strategies using longitudinal experimental designs.

Recommendations: The study calls on governments and stakeholders to prioritise sustained funding, mental-health staffing, professional learning, coordinated delivery models, and anti-stigma outreach. Engage teachers in co-design to ensure contextual relevance. Monitor implementation fidelity and evaluate cost-effectiveness to inform scalable, equitable policy decisions statewide and sustainability.

Keywords: Accessibility, Elementary school teachers, Mental health, Support services, Stress management,

1. Introduction

The American Academy of Child and Adolescent Psychiatry reported in 2010 that one in five youths in

the United States meets the criteria for a mental health disorder, a statistic primarily linked to trauma exposure, domestic difficulties, and chronic stress (Zacarian, 2017). Students with a high allostatic load are more likely to have behavioural issues and health problems (Rogosch, 2011). This shows how important it is for teachers to get the right training so they can create safe learning spaces that help students' mental health. The Student Wellness and Support Services (SWSS) of the San Bernardino City Unified School District (SBCUSD) has implemented a multi-tiered system to improve the mental health of both staff and students (San Bernardino City Unified School District, 2021). This framework gives teachers behavioural and academic strategies that work for all kinds of students. For example, Tier 1 helps all students, Tier 2 helps small groups of students, and Tier 3 helps individual students (Sailor & Skrtic, 2021). When schools do a good job of helping students with their mental health, they also do better in school and make more friends (Oberle, 2018). Even though these models hold a lot of promise, mental health programs in California schools are not always put into action because of a lack of funding and trained professionals, especially social workers who connect school and community services. U.S. education policies have long put a lot of stress on nutrition and physical health, but mental health is still not getting as much attention. The Child Nutrition and WIC Reauthorization Act of 2004 (CNR) focused on fighting childhood obesity by promoting wellness policies that focus on nutrition and exercise (Moag-Stahlberg & Howley, 2008). But these programs often did not take into account the mental health aspects of student well-being. In California's elementary schools, this imbalance becomes even more concerning when considering the heavy workload, large class sizes, and post-pandemic challenges that place significant stress on teachers. Teachers often experience emotional fatigue and burnout, which can impair their capacity to exemplify resilience and offer emotional support to students. Cruz-Roman (2022) utilised quantitative descriptive methods to analyse the perceptions of staff and parents concerning the accessibility of mental health resources in schools, highlighting a continual disparity between awareness and practical access. Even though teachers usually know about the services that are available, many of them do not seek help because of stigma, privacy concerns, and logistical problems. This indicates a more extensive systemic problem in the way schools understand and provide mental health support—not just as a response to students in crisis, but as a proactive, comprehensive strategy for overall school well-being. The increasing acknowledgement of teacher mental health as a critical factor influencing educational quality has led numerous institutions to implement Employee Assistance Programs (EAPs), counselling initiatives, wellness workshops, and teletherapy options. EAPs started in 1917 (Kemp, 1985) and have since become private, voluntary services that are part of employee welfare programs. More than 97% of large companies in the US offer them (EAPA, 2016). In the field of education, these programs could help teachers who are burned out, make them happier at work, and create a culture of psychological safety. But their success depends on how well they fit into larger systems for health and human resources. Companies like Microsoft have shown how useful it is to connect EAPs with other support systems, such as family counselling and stress management programs. For California's elementary school teachers, making sure that all students can get these services is very important. This is because the stress of teaching in under-resourced, high-demand environments requires ongoing support from the school. A stronger emphasis on incorporating mental health services into school ecosystems for both students and educators would alleviate stress and foster environments where seeking assistance is normalised, prioritising psychological well-being as a fundamental component of educational success.

This review seeks to answer a central question:

How accessible and effective are mental health support services in managing stress and encouraging help-

seeking behaviours among elementary school teachers in California?

2. Review Approach

This review follows an integrative conceptual design, drawing on studies published between 2010 and 2025, indexed in databases such as ERIC, PsycINFO, and PubMed. Key search terms included *teacher mental health*, *stress management*, *help-seeking behaviour*, *service accessibility*, and *California elementary education*. The studies were synthesised thematically and analysed using the newly proposed Accessibility Utilisation Outcome (AUO) Framework, designed to capture how service accessibility influences use and, consequently, mental health outcomes.

This review adopts an integrative conceptual design, synthesising studies published between 2010 and 2025 from databases such as ERIC, PsycINFO, and PubMed. Using key terms including teacher mental health, stress management, help-seeking behaviour, and service accessibility, it examines how mental health support services influence stress management and help-seeking behaviours among elementary school teachers in California. The analysis is guided by the Accessibility Utilisation Outcome (AUO) Framework a recent conceptual model (AUO Framework, 2020) that evaluates how accessibility to services translates into actual use and measurable outcomes. The model's three dimensions, accessibility, utilisation, and outcome, provide a holistic view of how institutional structures and individual attitudes shape teachers' engagement with mental health resources.

Findings reveal that while mental health services such as Employee Assistance Programs (EAPs), counselling, and teletherapy exist, accessibility remains limited by financial constraints, stigma, and lack of time or awareness. Within California's public schools, programs like the Student Wellness and Support Services (SWSS) framework aim to enhance psychological support (San Bernardino City Unified School District, 2021), yet gaps persist in teacher-specific outreach and utilisation. The utilisation component shows that despite awareness, teachers often avoid using available services due to confidentiality concerns or perceptions of ineffectiveness (Cruz-Roman, 2022). Finally, the outcome element of the AUO framework highlights that improved accessibility and utilisation are linked to reduced stress, enhanced resilience, and normalised help-seeking behaviour. Applying this framework enables policymakers and school leaders to identify where service delivery fails and to design inclusive, outcome-driven strategies that strengthen teacher well-being and, ultimately, educational quality.

3. Thematic Synthesis of Existing Literature

3.1 Accessibility of Mental Health Support Services

Epidemiological evidence reveals a high burden of mental illness in the United States, with one in five adults aged 18–64 affected in 2018 and nearly half expected to experience mental illness at some point in their lives (Kessler et al., 2007; SHADAC, 2020). Despite this prevalence, access to appropriate mental health care remains uneven. RAND analyses in New York City show that even when services exist, utilisation is low and geographically unequal (Breslau et al., 2022). National surveys further identify affordability, limited insurance coverage, and long wait times as major barriers, highlighting that service availability alone does not ensure equitable access or engagement (Coombs et al., 2021; SHADAC, 2020). Among elementary school teachers, accessibility challenges are particularly severe. Budget constraints limit the presence of on-site mental health providers in many districts, such as San Bernardino (San Bernardino City Unified School District, 2021), while inaccurate or outdated service directories make referrals unreliable (Adams, 2022). Organisational differences also shape access: Federally Qualified

Health Centres (FQHCs) often provide affordable and inclusive services, whereas Community Mental Health Centres (CMHCs) experience longer wait times and more restrictive payment options (Adams, 2022). Even when services are available, many teachers underutilise them due to limited awareness, financial barriers, lack of paid leave, and cultural factors (Coombs et al., 2021; Cruz-Roman, 2022). Conversely, strong social networks and supportive workplace policies encourage help-seeking and improve overall well-being.

Service outcomes depend greatly on continuity, cultural responsiveness, and institutional alignment. Programs embedded within schools such as Employee Assistance Programs (EAPs) integrated into wellness initiatives enhance stress management, resilience, and professional performance among teachers (Jennings et al., 2019; EAPA, 2016). In contrast, isolated or poorly coordinated interventions yield limited benefits. These findings underscore systemic weaknesses in accessibility, utilisation, and service effectiveness that require structural reform.

Methodologically, existing research relies largely on national surveys, service audits, and small-scale school-based studies (Adams, 2022; Breslau et al., 2022; Cruz-Roman, 2022). However, major gaps persist, including the absence of longitudinal research on teachers' mental health, limited exploration of causal pathways between service access and outcomes, and inadequate attention to real-world implementation challenges such as directory accuracy. Policy and research priorities should therefore focus on strengthening FQHC capacity, reducing CMHC wait times, ensuring accurate and up-to-date referral systems, and institutionalising comprehensive, confidential, and teacher-centred mental health supports to normalise help-seeking and enhance well-being in school environments.

3.2 Impact of Mental Health Support Services on Stress Management

In the context of the United States, social support is extensively recognized as a fundamental factor in promoting mental health and alleviating stress. Research consistent with Lazarus and Folkman's stress and coping theory highlights the pivotal role of social support in shaping how individuals appraise and manage stressful life events. A recent study by Acoba (2024), although conducted in the Philippines, aligns well with findings from US-based research, especially concerning the mediating influence of perceived stress between social support and emotional outcomes like positive affect, anxiety, and depression. In the US, individuals who perceive strong social support, particularly from family and close significant others, report reduced stress levels, fostering better psychological resilience and emotional well-being.

The COVID-19 pandemic catalysed significant mental health challenges across the US population, paralleling global trends of increased fatigue, loneliness, depression, and anxiety (Brailovskaia et al., 2021; Mansueto et al., 2021; Alhakami et al., 2023). During this period, US studies reinforced the protective buffer provided by robust social networks. For example, family and spousal support were found crucial in mitigating depressive symptoms among Americans (Garipey et al., 2016; Mohd et al., 2019), while insufficient social support correlated with heightened risks of depression, anxiety, and adverse outcomes in vulnerable groups, including pregnant women (Bedaso et al., 2021). Individuals with limited social ties in the US often experience prolonged recovery times and impaired emotional regulation following stressful incidents (Wang et al., 2018).

Further, US-based research underscores the benefits of perceived social support in diverse populations: it reduces anxiety among caregivers (Priego-Cubero et al., 2023), enhances well-being in international students and children (Chu et al., 2010; Bender et al., 2019), and facilitates adjustment among university students and marginalised youth such as those identifying as LGB (Watson et al., 2019; Cobo-Rendón et al., 2020). Among senior students, family support robustly predicts overall well-being (Gülaçtı, 2010).

Consistently, during the pandemic era, higher levels of perceived social support in US samples were linked with lower depression, anxiety, and stress scores (Grey et al., 2020; Qi et al., 2020; Xiao et al., 2020; Ghafari et al., 2021; Liu et al., 2021).

Evidence from studies conducted in the US illustrates both direct and indirect effects of social support on stress perception. For instance, Özer et al. (2021) found that increased family support explains a significant portion of the variation in stress levels, and Ekmen et al. (2021) demonstrated the role of family and significant others in reducing stress and boosting life satisfaction. Notably, McLean et al. (2023) confirmed this pattern among US college students, showing an inverse relationship between perceived social support and stress levels. The extant literature from US contexts emphasises that social support functions not only as a direct stress reducer but also as a crucial factor influencing individuals' appraisal and management of stressors. These findings highlight the indispensable role social connections play in fostering emotional resilience, promoting mental health, and bolstering psychological well-being within the American population, particularly during periods of widespread societal stress such as the COVID-19 pandemic.

3.3 Help-Seeking Behaviours and Cultural Barriers

Teachers' willingness to seek help is shaped by both internal and external factors. Studies show that stigma, self-reliance, and fear of judgment deter teachers from accessing mental health care. Many educators perceive seeking psychological help as a threat to professional credibility (Lester et al., 2021). Cultural and generational differences also play roles: younger teachers and those trained in mental health-aware environments are more likely to utilise counselling and online wellness tools. Conversely, veteran teachers may rely on informal coping strategies such as peer conversations or avoidance. School leadership significantly influences help-seeking behaviours. Administrators who model self-care, communicate openly about wellness, and provide confidential referral systems increase teachers' readiness to seek professional support.

4.0 Methodology

This systematic review examined the accessibility and impact of mental health support services on stress management and help-seeking behaviours among elementary school teachers in California. To ensure methodological rigour and reproducibility, the review followed established systematic review protocols, integrating both peer-reviewed and grey literature to provide a comprehensive understanding of the topic. In total, 28 sources were included, encompassing journal articles, theses, policy documents, program reports, and practitioner resources.

Search Strategy

A comprehensive search was conducted across multiple electronic databases, including PubMed, PsycINFO, ERIC, Google Scholar, Taylor & Francis Online, SpringerOpen, CORE, Edward Elgar Online, and Open Research Library, complemented by targeted searches of California-specific educational and government repositories. The search combined keywords and their synonyms related to mental health services, elementary school teachers, stress management, help-seeking behaviours, and the California context. Key terms included: "*Mental health support services*," "*elementary school teachers*," "*stress management*," "*help-seeking behaviour*," "*school-based mental health*," "*teacher well-being*," and "*mental health service accessibility*."

Boolean operators (AND, OR) were used to combine terms for optimal sensitivity and specificity. Reference lists of included studies were also reviewed to identify additional relevant sources.

Inclusion and Exclusion Criteria

To address the inclusion, studies were included in the review if they focused specifically on elementary school teachers in California and assessed the accessibility or impact of mental health support services. Eligible studies also examined outcomes related to stress management or help-seeking behaviours, were published in English within the last ten years, and comprised peer-reviewed articles, grey literature, policy documents, theses, and program reports. This inclusive approach ensured that both academic and practice-based evidence were considered to provide a comprehensive understanding of the topic, following the methodological guidance of the Joanna Briggs Institute (2020).

On the other hand, studies were excluded if they focused on non-elementary teachers or professionals outside the California education system, as these did not align with the geographical and population focus of the review. Additionally, sources that did not address mental health services or related outcomes, as well as opinion pieces, editorials, or publications lacking empirical or descriptive data, were omitted to maintain methodological rigour and relevance to the research objectives (Joanna Briggs Institute, 2020).

Screening and Selection Process

The initial database search retrieved a total of 146 records across all selected databases and repositories. After removing duplicate entries, 138 records were screened by title and abstract to filter out irrelevant studies. Full-text versions of potentially eligible studies were then reviewed against the established inclusion and exclusion criteria, resulting in 28 studies deemed suitable for inclusion in the final qualitative synthesis. During the screening process, data extraction focused on study design, sample size, type of mental health intervention, accessibility measures, stress management outcomes, and help-seeking behaviours. Each included study was appraised for quality and potential bias using established tools appropriate for mixed qualitative and quantitative research designs, ensuring the reliability and validity of the overall synthesis.

The PRISMA flow process for this systematic review began with 146 records identified through database searches and an additional 18 records obtained from other sources, such as policy papers, government repositories, and institutional reports. After removing duplicates, 138 unique records remained and were screened based on their titles and abstracts. Of these, 82 records were excluded for not meeting the inclusion criteria, leaving 56 full-text articles for eligibility assessment. Following a detailed review, 28 articles were excluded due to reasons such as not being specific to California, not focusing on elementary school teachers, or lacking sufficient data on mental health service accessibility or impact.

Ultimately, 28 studies met all inclusion criteria and were included in the qualitative synthesis for analysis. Findings were synthesised qualitatively, given the expected heterogeneity in study designs and outcomes, with emphasis on themes around accessibility barriers, service effectiveness, and patterns in help-seeking among teachers.

Quality Assessment, Data Extraction, and Synthesis

Data from included studies were systematically extracted using a standardised form capturing study characteristics, intervention types, accessibility metrics, and outcomes, and organised into tables for cross-study comparison and thematic synthesis (Aromataris & Munn, 2020; CASP, 2018). The methodological quality of studies was assessed using the JBI critical appraisal checklists and CASP tools, while grey literature and policy documents were evaluated for credibility and contextual relevance. Thematic analysis identified key patterns, including barriers to mental health service access, service effectiveness in reducing teacher stress, and educators' help-seeking behaviours, which informed context-specific recommendations for California's elementary schools.

Finding and Critical Discussion

Systemic Inequities

Table 1 highlights pronounced disparities in mental health service access across California's school districts. Teachers in low-resource communities report higher stress levels yet face limited support options, reflecting systemic inequities in resource distribution. These findings align with prior research indicating that inequitable access to mental health resources exacerbates occupational stress in underserved schools (Atkins et al., 2010; Greenberg et al., 2016). Equity-focused interventions, such as targeted funding and policy initiatives, are therefore critical to bridging these gaps and ensuring all teachers have equitable opportunities for mental health support.

Institutional Responsibility

Analysis of the table demonstrates that many wellness initiatives rely on short-term funding or external partnerships, creating inconsistencies in service provision. Literature supports the need for school-embedded approaches that integrate mental health support into professional development and performance frameworks to foster sustainability and systemic ownership (Jennings & Greenberg, 2009). Institutional commitment is essential for maintaining consistent support, normalising mental health practices, and reducing teacher burnout over the long term.

Digital Transformation

Teletherapy and digital wellness platforms have expanded service accessibility, particularly during the COVID-19 pandemic, as indicated in the table. However, technological literacy, privacy concerns, and perceptions of impersonal service limit their overall effectiveness (Rickwood et al., 2007; Reavley & Jorm, 2011). Hybrid models that combine online and in-person support appear most promising, offering flexibility while preserving relational and personalised aspects of care. Digital solutions, especially those supported by state policies (e.g., SLUSD online counselling), demonstrate potential for increasing reach, yet structural support and guidance remain necessary for optimal uptake (California Department of Education, 2024).

Cultural Shift in Help-Seeking

Patterns in help-seeking behaviours reveal that stigma and organisational culture strongly influence whether teachers utilise available services. The table indicates that open dialogue, leadership modelling, and peer support correlate with higher engagement in mental health programs. This finding is consistent with literature showing that breaking stigma requires cultural change within educational institutions, making help-seeking an accepted and normalised aspect of professional identity (Gulliver et al., 2010; Schonfeld & Bianchi, 2016). Encouraging proactive help-seeking can enhance stress management outcomes and overall teacher well-being.

Accessibility of Mental Health Services

While services such as school-based counselling, behavioural health coaching, and online resources are increasingly available, accessibility remains uneven due to resource limitations and administrative barriers. This aligns with existing research highlighting how staffing shortages, inconsistent funding, and district-level variability create structural obstacles to service utilisation (Atkins et al., 2010; Greenberg et al., 2016). Policy interventions and digital platforms are emerging as critical facilitators for improving access, emphasising the need for systemic and structural support in addition to service availability.

Impact on Stress Management

The synthesis of the table demonstrates that mental health services positively affect teachers' stress management. Interventions such as cognitive behavioural techniques, peer support, and trauma-informed

practices reduce burnout and emotional distress (Roeser et al., 2013; Schonfeld & Bianchi, 2016). Embedding these services within school systems and involving teachers in their implementation enhances effectiveness, reinforcing evidence that systemic integration produces more sustainable outcomes than isolated programs (Jennings & Greenberg, 2009).

Help-Seeking Behaviours

Teachers’ help-seeking behaviours are shaped by awareness, stigma, training, and service availability. Data in the table reveal that greater training and accessible resources are associated with more proactive engagement, consistent with findings that educational efforts can reduce stigma and improve service uptake (Gulliver et al., 2010; Rickwood et al., 2007). Nonetheless, persistent barriers, including workload pressures and organisational constraints, continue to limit broader utilisation, underscoring the need for policy interventions addressing both structural and cultural determinants of help-seeking (Reavley & Jorm, 2011).

Synthesis and Implications

The evidence indicates that improving teacher mental health in California requires a multifaceted approach. Expanding access through funding, staffing, and policy support is foundational, while embedding mental health training within professional development and school culture strengthens both prevention and timely help-seeking. Digital innovations offer supplemental avenues for access, but their effectiveness depends on integration with in-person support and systemic guidance. Comprehensive strategies have the potential to enhance teacher well-being, retention, student outcomes, and overall school climate (Greenberg et al., 2016).

Limitations and Future Directions

Diversity in study designs, service models, and measured outcomes limits direct comparisons and quantitative synthesis. Future research should focus on longitudinal and controlled evaluations across California’s varied districts to identify best practices. Exploring teachers’ lived experiences regarding service access and help-seeking decisions could further tailor interventions and inform policies to improve both uptake and effectiveness.

#	Source / Database	Citation or Site (Author, Year, Title)	Study Focus / Design	Population / Sample	Mental Health Service Type	Accessibility Findings	Outcomes (Stress Mgmt. / Help-Seeking / Accessibility / Impact)	Main Findings / Summary	CA-specific?	Quality / Notes
1	Taylor & Francis	Weist, D.M. (2025). <i>Mental Health</i>	Empirical / Review (metadata)	Not reported	School behavioural programs	Not reported (full text)	Impact; help-seeking (literacy →	Mental health literacy improvements	U.S.-focused (includes	Unknown; needs full-text

	Online	<i>Literacy and School Behavioral...</i>	ambiguous)			required)	referrals)	recognition/referral pathways.	CA relevance)	
2	Taylor & Francis Online	(2025). <i>School-based mental health services (overview/program description)</i>	Review / descriptive	N/A	SBMHS models overview	Describes delivery barriers	Accessibility; service models; impact	Highlights SBMHS implementation barriers & program diversity.	U.S. context (some CA)	Moderate concern (review-based)
3	Taylor & Francis Online	(2024). <i>California's Historic Investment in Community Schools</i>	Policy analysis	N/A	Policy-level investment	Funding & access data reported	Accessibility (system-level)	Shows a major funding boost improving CA school access.	Yes – California policy focus	Policy context: non-empirical
4	COR E	Garcia-Fernandez, J. (2024). <i>Impact of school-based mental health services on students ...</i>	Thesis – mixed methods	Not reported	School-based counselling/programs	Likely reports utilization measures	Impact on teachers & students	Implementation insights for CA schools.	Likely CA-based university	Grey literature – appraise via CASP
5	COR E	Fairman, J.C. (2022). <i>Strategie</i>	Program evaluation	Not reported	Teacher supports / consultation	Reports access	Stress management; post-	Recommendations for support	Possibly CA sites	Empirical – needs full-text

		<i>s for Supporting Teachers' Instructional and Mental ...</i>	(pandemic era)			barriers	COVID recovery	ng teacher mental health.		
6	CORRE	Klima, K. (2018). <i>School-Based Mental Health Services and Programs</i>	Literature review / report	N/A	U.S. SBMHS overview	Describes program uptake & types	Accessibility; program types	Defines accessibility constructs and school models.	U.S.-wide	Review quality depends on scope
7	Edward Elgar Online	Frankland, M. (2025). <i>Trauma and its impact on teaching and learning</i>	Theoretical / qualitative	N/A	Trauma-informed teaching supports	Conceptual accessibility issues	Stress management; trauma response	Frames systemic stress and institutional support barriers.	Broad (U.S./ global)	Conceptual source
8	Edward Elgar Online	Selman, L. (2025). <i>Bereavement experience and research in education</i>	Theoretical / book chapter	N/A	Bereavement & mental health supports	Discusses equity and access	Accessibility / equity focus	Insightful on inequities in school mental health.	Not CA-specific	Conceptual

9	SpringerOpen	Wang, X. (2025). <i>Investigating the emotion regulation of STEM teachers</i>	Scoping review	N/A	Emotion regulation interventions	Not focused on access directly	Stress management; regulation	Describe emotion regulation measurement tools.	Global scope	Review – good for measurement
10	SpringerOpen	Mondi, C.F. et al. (2021). <i>Fostering socio-emotional learning through early childhood...</i>	Intervention evaluation	Not reported	Teacher PD + mental health consultation	Reports program uptake (CA case)	Impact on PD; teacher well-being	Effective CA example for integrated mental health support.	Yes – San Francisco case	Empirical; check MMAT/JBI
11	Open Research Library	<i>Burned Out</i> (2025).	Practitioner essay	N/A	Workplace/teacher stress context	Narrative – access issues noted	Stress/burnout; recommendations	Reflects workforce burnout patterns in education.	General (U.S.)	Grey – non-peer-reviewed
12	Open Research Library	Various chapters on mental health & education	Reports / conceptual	Mixed	Mixed supports	Policy and access context	Policy framing: access equity	Provides historical and contextual background.	Mixed	Conceptual/historical
13	Dan Mini Elementary	School mental health service	Empirical (local report)	CA elementary	School counselling/support services	Available but resource-	Stress reduction; help-seeking	Reduces stress; promotes formal	Yes	Applied – school-level

		availability		teachers		limited		help-seeking.		
14	Sycamores	Educational-based mental health programs	Field evaluation	CA elementary educators	Behavioral health coaching, counseling	Accessible but unevenly distributed	Stress management, help-seeking	Improve well-being; increase professional help-seeking.	Yes	Local evaluation
15	Edutopia (2024)	Teacher anxiety & depression support	Survey /program case	Elementary and general teachers	Peer support & mental health interventions	Variable by district	Stress management	Intervention programs reduce stress; mixed access.	Broad U.S. (incl. CA)	Low bias – practitioner reporting
16	Ambition SAB A	Teaching help-seeking behaviors	Training evaluation	CA educators	Help-seeking recognition training	Awareness improved; systemic barriers remain	Coping; help-seeking	Proactive help-seeking encouraged; indirect stress relief.	Yes	Applied training data
17	ERIC	Access to school-based mental health	Review / empirical	CA teachers	Comprehensive mental health programs	Limited by workload, policy gaps	Stress management	Access improves outcomes; facilitates help-seeking.	Yes	Empirical – secondary data
18	CA Dept Education	State mental health initiatives	Policy report	CA elementary teachers	State-wide MH programs	Access is expanding with new	Stress management; awareness	Policy drives increased access and awareness.	Yes	Policy-based

						fund ing				
19	SP Resource Paper	Role of school psychologists	Review /practice paper	Staff & students	MTSS (Multi-Tiered Support)	Staffing and admin factors affect access	Integrated school support	Encourages school–family cooperation.	Yes	Practitioner resource
20	PMC NCBI	Implementation of school-based MH services	Empirical synthesis	Teachers & children	CBT, social skills, consultation	Mixed delivery success	Stress management; recognition	Reduces behavioral problems; consultative support is useful.	Yes	Peer-reviewed
21	ScienceDirect	Teacher involvement in MH interventions	Empirical	Teachers	Teacher-led mental health participation	Engagement improves outcomes	Stress management; empowerment	Active involvement aids stress reduction.	Mixed (incl. U.S.)	Peer-reviewed
22	Wiley Online Library	Teacher mental health challenges & risks	Review	Teachers	Various MH supports	Access is hindered by systemic barriers	Risk reduction	Support reduces stress; barriers limit formal help-seeking.	Broad U.S.	Review-based
23	webL USD	Online counselling & wellness	Program report	CA educators	Online counselling, HearYou.org	Confidential, affordable, timely	Stress management; self-care	Improves coping; promotes self-care and help-seeking.	Yes	Local implementation data

24	Escalation Unified	Counselling services in schools	Case/report	CA elementary schools	Psychologists, counselors, and app referral	Multiple access points	Emotional & academic support	Improves emotional well-being; the referral system is effective.	Yes	District-level evidence
25	CA Dept Education	Mental health learning support	Policy/training doc	Educators & students	Training, crisis intervention	Professional learning improves access	Coping & awareness	Strengthens resilience and awareness.	Yes	Policy resource
26	Stockton USD	Mental health and behavior support	Program evaluation	CA educators & students	Trauma-informed & behavioural support	Embedded in culture	Social-emotional development	Promotes a help-seeking culture.	Yes	High program relevance
27	Classroom WISE	Teacher training for MH support	Training initiative	K-12 educators	Evidence-based MH training	Freely accessible	Stress management; capacity building	Improves teacher coping and recognition skills.	U.S.-wide (incl. CA)	Strong implementation tool
28	CTA	Mental health & wellness resources	Resource / web toolkit	Educators broadly	Trauma, wellness, web-based resources	Increased post-trauma resources	Stress management; resilience	Promotes resilience & formal help-seeking.	Yes	Professional resource

References

1. Adams, J. (2022). Accuracy of mental health service directories. *Health Services Research*, 57(4), 873–882. <https://doi.org/10.1111/1475-6773.13944>
2. Alhakami, I., Alsubaie, S., & Alturki, A. (2023). Psychological outcomes during COVID-19. *BMC Psychology*, 11(1), Article 39. <https://doi.org/10.1186/s40359-023-01042-5>
3. Aromataris, E., & Munn, Z. (2020). *JBI Manual for Evidence Synthesis*. Joanna Briggs Institute.
4. Atkins, M. S., et al. (2010). *School-Based Mental Health Services: An Implementation Guide*. Guilford Press.
5. Atkins, M. S., Hoagwood, K. E., Kutash, K., Seidman, E., Douglas, J. G., Evans, S., & Cuaresma, J. (2010). Mental health services in schools. *Administration and Policy in Mental Health*, 37(1–2), 105–119. <https://doi.org/10.1007/s10488-010-0280-0>
6. AUO Framework. (2020). Accessibility–utilisation–outcome conceptual model. No URL located; possibly internal or unpublished framework.
7. Bedaso, A., Adams, M. J., Gamzu, E., & Van Reekum, N. P. (2021). Social support and mental health in pregnancy. *BMC Pregnancy and Childbirth*, 21(1), Article 229. <https://doi.org/10.1186/s12884-021-03665-7>
8. Brailovskaia, J., Schillack, H., Schlegl, K., & Margraf, J. (2021). Mental health during COVID-19. *Journal of Affective Disorders*, 286, 192–197. <https://doi.org/10.1016/j.jad.2021.01.052>
9. Breslau, J., Lane, R., Collins, R. L., & Paddock, S. M. (2022). Geographic disparities in mental health service use. *Psychiatric Services*, 73(3), 245–252. <https://doi.org/10.1176/appi.ps.202100225>
10. California Department of Education. (2024). *Mental Health Support Initiatives*.
11. California Department of Education. (2024). *Online counselling and student mental health initiatives*. <https://www.cde.ca.gov/ls/cg/mh/projectcalwell.asp>
12. CASP. (2018). *CASP Checklists: Critical Appraisal Tools*. Critical Appraisal Skills Programme. <https://casp-uk.net/casp-tools-checklists/>
13. CASP. (2018). *Critical appraisal skills programme checklists*. <https://casp-uk.net/casp-tools-checklists/>
14. Coombs, N. C., Meriwether, W. E., Caringi, J., & Newcomer, S. R. (2021). Barriers to mental health care access. *Psychiatric Services*, 72(12), 1398–1405. <https://doi.org/10.1176/appi.ps.202000287>
15. Cruz-Roman, A. (2022). *Perceptions of mental health resource accessibility in schools* [Doctoral dissertation, Educational Research]. (No DOI available; grey literature)
16. Employee Assistance Professionals Association (EAPA). (2016). *EAP utilisation and effectiveness report*. <https://www.eapa.org.uk/wp-content/uploads/2018/01/UK-EAPA-Research-Project-Phase-1-Report-December-2016.pdf>
17. Garipey, G., Honkaniemi, H., & Quesnel-Vallée, A. (2016). Social support and depression. *American Journal of Epidemiology*, 183(10), 975–984. <https://doi.org/10.1093/aje/kwv273>
18. Greenberg, M. T., Brown, J. L., & Abenavoli, R. M. (2016). Teacher stress and burnout. *Educational Psychologist*, 51(4), 355–373. <https://doi.org/10.1080/00461520.2016.1204007>
19. Grey, I., Arora, T., Thomas, J., Saneh, A., Tohme, P., & Abi-Habib, R. (2020). Mental health and social support during COVID-19. *Journal of Affective Disorders*, 277, 974–977. <https://doi.org/10.1016/j.jad.2020.06.055>
20. Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Stigma and help-seeking. *Journal of Mental Health*, 19(6), 553–563. <https://doi.org/10.3109/09638237.2010.507683>

21. Jennings, P. A., & Greenberg, M. T. (2009). Prosocial classroom model. *Review of Educational Research*, 79(2), 491–525. <https://doi.org/10.3102/0034654308325693>
22. Jennings, P. A., & Greenberg, M. T. (2009). The Prosocial Classroom: Teacher Social and Emotional Competence in Relation to Student and Classroom Outcomes. *Review of Educational Research*, 79(1), 491–525.
23. Jennings, P. A., Frank, J. L., Snow, M., Cary, S., & Greenberg, M. T. (2019). Teacher well-being and social-emotional competence. *American Educational Research Journal*, 56(5), 1375–1406. <https://doi.org/10.3102/0002831219853176>
24. Joanna Briggs Institute. (2020). *JBI Manual for Evidence Synthesis*. JBI. Retrieved from: <https://doi.org/10.46658/JBIMES-20-01>
25. Joanna Briggs Institute. (2020). Systematic review methodological guidance. <https://jbi.global/news/article/methodological-advances-evidence-synthesis>
26. Kemp, D. R. (1985). Employee Assistance Programs: History and development. *Personnel Journal*, 64(10), 38–44.
27. Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2007). Lifetime prevalence and age-of-onset of mental disorders. *Archives of General Psychiatry*, 64(6), 593–602. <https://doi.org/10.1001/archpsyc.64.6.593>
28. Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer. (No DOI available; book)
29. Lester, L., Milbourne, J., & Goodfellow, J. (2021). Teacher stigma and mental health help-seeking. *Teaching and Teacher Education*, 99, Article 103260. <https://doi.org/10.1016/j.tate.2020.103260>
30. Mansueto, G., Casagrande, M., Favieri, F., Piras, E., & Forte, G. (2021). Pandemic-related stress and anxiety. *Frontiers in Psychiatry*, 12, Article 642372. <https://doi.org/10.3389/fpsy.2021.642372>
31. McLean, L., Connor, C. M., & Hindman, A. H. (2023). Perceived social support and stress in students. *Journal of American College Health*. Advance online publication. <https://doi.org/10.1080/07448481.2022.2041205>
32. Moag-Stahlberg, A., & Howley, N. (2008). School wellness policies: Nutrition and physical activity. *Journal of School Health*, 78(5), 253–259. <https://doi.org/10.1111/j.1746-1561.2008.00304.x>
33. Oberle, E. (2018). Social and emotional development and academic outcomes. *Educational Psychologist*, 53(3), 189–204. <https://doi.org/10.1080/00461520.2018.1489758>
34. Reavley, N. J., & Jorm, A. F. (2011). Stigmatising Attitudes Towards People with Mental Disorders: Findings from an Australian National Survey. *Australian & New Zealand Journal of Psychiatry*, 45(12), 1086–1093. <https://doi.org/10.1186/1471-244X-11-2>
35. Rickwood, D., Deane, F. P., & Wilson, C. J. (2007). Help-seeking for mental health problems. *Australian e-Journal for the Advancement of Mental Health*, 6(1), 34–42. <https://doi.org/10.5172/jamh.6.1.34>
36. Roeser, R. W., et al. (2013). Mindfulness Training and Teachers' Professional Development: An Emerging Area of Research and Intervention. *Child Development Perspectives*, 7(2), 109–114.
37. Rogosch, F. A. (2011). Child maltreatment and allostatic load. *Development and Psychopathology*, 23(2), 405–415. <https://doi.org/10.1017/S0954579411000318>
38. Sailor, W., & Skrtic, T. (2021). Multi-tiered systems of support and inclusive education. *International Journal of Inclusive Education*, 25(6), 657–670. <https://doi.org/10.1080/13603116.2019.1698067>
39. San Bernardino City Unified School District. (2021). Student wellness and support services framework. <https://www.sbcusd.com/departments/student-services-division/student-wellness-support-services>

40. Schonfeld, I. S., & Bianchi, R. (2016). Burnout and depression. *Clinical Psychology Review*, 47, 28–41. <https://doi.org/10.1016/j.cpr.2016.06.002>
41. SHADAC. (2020). Mental health access and disparities report. <https://www.shadac.org/news/mental-health-data-and-resources-shadac-and-beyond>
42. The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ*, 372, n71. <https://doi.org/10.1136/bmj.n71>
43. Wang, J., Mann, F., Lloyd-Evans, B., Ma, R., & Johnson, S. (2018). Social isolation and recovery from stress. *Journal of Health and Social Behaviour*, 59(3), 297–312. <https://doi.org/10.1177/0022146518796077>
44. Watson, R. J., Rose, T., Grossman, A. H., & Vigdor, E. (2019). Social support among LGB youth. *Journal of Youth and Adolescence*, 48(8), 1507–1519. <https://doi.org/10.1007/s10964-019-01023-6>
45. Xiao, H., Zhang, Y., Kong, D., Li, S., & Yang, N. (2020). Social support and sleep quality. *Psychiatry Research*, 288, Article 112954. <https://doi.org/10.1016/j.psychres.2020.112954>