Introduction

Schools are becoming increasingly involved in helping youth improve their social and emotional competence (e.g., Elias, 2009; Hoffman, 2009). Among the many ways schools may support students’ mental and emotional health, Social Emotional Learning (SEL) has emerged as one of the more popular approaches.

SEL is defined as:

a process through which young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, and establish and maintain supportive relationships, and make responsible and caring decisions (CASEL, n.d.).

However, introducing and integrating SEL into a school setting is complex and requires substantial effort and resources. SEL is a specialized curriculum area that often requires teachers to go beyond their content area expertise to adequately implement. Furthermore, educators’ commitment to SEL and their own SEL skills are major conditions for quality SEL implementation (Durlak, 2015). Unfortunately, due to a perceived lack of expertise and support for implementing SEL (e.g., limited preparation time required), many teachers suggest that SEL should be offered by school counselors and school psychologists instead of by them (Buchana et al., 2009). Thus, to successfully promote SEL, the provision of adequate professional development and support equipping educators with the information and tools needed to bring SEL into their classrooms is critical.

Basecampus

Basecampus is a collaborative project among three nonprofit organizations that provide mental health education and supports for youth. One organization funds the project, another hires and places Social-Emotional Wellness Coaches on school campuses to provide full-time support for teachers, administrators, support staff, and other youth workers in the community, and the third organization offers digital resources and training. The purpose of Basecampus is to provide non-mental health professionals with the tools, resources, and self-care support they need to confidently manage the prevention and early identification of mental health issues in youth. The Basecampus team invited our research team (the Urban Education Institute at the University of Texas at San

1 The views expressed in this brief are from the authors, not the funder.
Antonio) to evaluate their program implementation through a two-year research partnership, which began in fall 2021. This research brief details the findings from the second year of our study of the Basecampus program at two high schools in San Antonio.

**Research Questions**

Using qualitative methods, this research brief explores how Basecampus participants: (a) perceive barriers to school staff wellness, (b) perceive barriers to student wellness, (c) perceive their confidence and frustration in addressing the SEL needs of their students, and (d) talk about their experiences with Basecampus as a program to address their personal and student concerns.

**Key Findings**

**Barriers to Staff Wellness**

Most of our respondents reported that the biggest barrier to staff wellness remained being assigned too many tasks with not enough time. In trying to meet all their daily demands, they lack the time to maintain their wellness. One administrator described the conflict she faces when encouraging teachers to take care of themselves when “you’ve absolutely bombarded them with so much work.”

Teachers also experience stress because of student behavior and negative experiences with reporting the behavior where the problem is not addressed adequately. This is one aspect of the feelings of powerlessness teachers described where they feel unable to affect change, protect themselves, and enforce consequences for student behavior. For example, one teacher said, “I feel like I’ve been giving feedback for well over a good solid dozen years…. but zero has changed.”

When teachers try to relieve their stress by taking time off, they describe feeling scrutinized or made to feel guilty. Teachers’ stress is also heightened by large classes, and classes that have students from multiple grade levels and/or both general and special education students.

**Staff Turnover**

Another area of concern has to do with staff turnover. In 2022 and among school staff who completed the survey, about four-fifths reported that they have considered leaving education. When asked why teachers are leaving the profession, the most common response was the high level of stress related to their job responsibilities. Teachers emphasized that there is more on their to-do list on any given day than they have time to accomplish. This increased workload leads to teachers working outside of their contracted hours and/or sacrificing important tasks to complete others. Teachers explained that the message they receive from district-level administrators is that being overwhelmed and working nights and weekends is expected as part of their job.

Other factors that contributed to staff turnover were teachers’ fear for their own safety (largely in light of the increased visibility and incidents of gun violence in schools) and the increase in inexperienced and untrained teachers that often means increased workload for those with more experience. Two administrators addressed the fear they recognize in teachers and other staff. One said, “I don’t think in the past, teachers have ever had to say, ‘I’m scared to come to work.’ And we hear that a lot more. Like, ‘I don’t want to come today, because there was a threat.’” The other spoke from personal experience, “Now you’re asking me to put myself in a position where at any moment, I could be murdered within my job, and unlike law enforcement and military, there’s no benefits for my family if I do.”

In response to questions about factors most likely to enhance their work-related mental health, school staff ranked higher pay, increased support staff, reduced job responsibilities, and improved campus security as top priorities.
Confidence and Frustration

Teachers also discussed their perceptions of responding when students experience mental health challenges. Many teachers felt confident in their ability to recognize and respond when students experience mental health challenges and, at the same time, frustrated about meeting these needs. When asked about this, teachers shared the reasons for this frustration. Some expressed that they know which resources can help students, but students’ access to on-campus mental wellness service providers is limited because there are so many students and not enough providers. One teacher explained, “I do not feel qualified with the kind of mental issues that I see in some of my students to deal with them and it upsets me. And I’ll go to the counselors and they’re very busy and overwhelmed.”

Teachers also felt frustrated by being asked to perform duties without proper training and when optional training is offered, they do not have time to attend. As one administrator said, “We’re trying to tell teachers to respond to these things and it’s like, ‘Oh, here, watch this seminar.’… I don’t even have time to watch that seminar.” Finally, teachers expressed not having enough time to fully serve students because they have so many other responsibilities that they do not feel like they can afford the extra 10 minutes it would take to help resolve a student’s issue.

Barriers to Student Wellness

In the focus groups, teachers regularly discussed students’ anxiety and lack of motivation and engagement in school, as well as the negative impact of these factors on students’ academic outcomes. The issue was described as cyclical: students feel anxious about school, which leads to hesitancy to engage with the content, which leads to students falling behind academically, which leads to increased anxiety. The connection between anxiety and academics was also described within students’ hierarchy of needs. Teachers mentioned students lacking a sense of safety, indicating that because they feel unsafe, students’ basic needs are not met in the classroom, which means they are unable to learn and grow with their peers. One teacher explained, “It’s almost like they can’t learn when they’re hungry, they also can’t learn when they’re afraid of the people that they’re sitting next to.”

Teachers also spoke at length about the COVID-related skills deficits and the lack of resources to address those deficits. Skills deficits in social, problem-solving, executive functioning, and emotional coping domains existed before the COVID-19 pandemic but have grown noticeably. Teachers at both schools have observed an increase in behavior issues and serious mental health needs. As one administrator explained, “[Last year] I think I had 30 office referrals for the whole school year. I’m already over 100 and it’s only December 1st. So, you’re really seeing a marked increase in behavior that our teachers were not accustomed to.” Unfortunately, staff also described a lack of available resources to support students’ needs.

Additionally, one teacher explained feeling like everyone is waiting for another tragedy to happen before the students get the help they need. Finally, external factors, such as difficulties at home and drugs on campus were described as barriers to students’ mental wellness.

Conclusion

In the literature and throughout our schools, the emphasis on the impact of SEL programs and support has predominantly centered on students, leaving little attention directed toward educators who are responsible for implementing these programs. However, recent evidence suggests that educators play a crucial role in promoting successful SEL programs (e.g., Jennings & Greenberg, 2009; Schonert-Reichl, 2017). The Basecampus program aimed to assist educators in integrating SEL into their classrooms by equipping school staff with SEL knowledge and tools to impart to students. Additionally, it supported teachers to help address work-related mental health stressors.
Our study results suggest that a critical factor that impacts the success of Basecampus and likely similar intervention programs is support from the district. In this case, the district received a grant that allowed them to bring Basecampus to these two campuses, but teachers were still unsure about the district’s investment in the program. As one teacher said, “I think the only way to make those Basecampus sessions really impactful is if they invested as a district to say, ‘Once a month, you are going to get a sub for this one period so that everyone can go and…it’s designated for you to have that time off.’ …It doesn’t seem like it’s completely supported.”

Educators in this study believe it critical we prioritize students’ mental health or at least value it as much as other goals of education. As one teacher explained, “We need to address students’ mental health…. forget the test…. because if we don’t, we’re just going to keep losing students and losing students and losing students or passing them on and saying, ‘Oh, good luck,’ and what are we setting them up for in the future? We’re going to have a generation of very maladjusted adults.” As for the financial investment, administrators said they need more autonomy: “We’re often given a ton of money, but we’re told how we have to spend it. And if we were just given the money, and they leave us alone, you’d probably see better changes.” These focus group findings suggest that administrators, teachers, and staff see the benefit of the Basecampus program, but changes must be made at the state, district, and campus level to increase participation and the effectiveness of the program.

Data and Methods

For this study, we gathered data in two phases. First, we conducted 50-minute in-person focus groups and individual interviews in December 2022. We spoke with 19 teachers and staff members across three focus groups and three administrators during one focus group at School B. We spoke with five teachers and staff members during one focus group and two administrators during one focus group at School A. We also conducted two individual interviews: one with the Basecampus Coach for both campuses and one with the District SEL Coordinator. For consistency, we utilized the same semi-structured interview protocol across all focus group and interview sessions. All focus groups and interviews were audio-recorded, transcribed, and analyzed by our research team. During phase two (April, 2023), we distributed an electronic survey to all school staff (teachers, administrators, and school support staff) at Schools A and B that included both closed and open-ended questions about their health and wellness perceptions and their perceptions of the Basecampus program.

Twenty-nine school staff participated in focus groups, two Basecampus and district employees were individually interviewed, and a total of 292 school staff were invited for the survey, and 103 completed the survey, with a response rate of 35.3 percent.
References


Acknowledgments

This research brief is made possible by the H.E. Butt Foundation and Communities in Schools of San Antonio. The views expressed in this report are those of the authors and do not necessarily reflect the official policies and views of the sponsoring organization.

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