



The relationship between teachers' mental health knowledge, their school type, their confidence to provide mental health support, and their intention to provide mental health support to students in post-primary schools in Ireland.

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## **Declaration**

I declare that this submission is my own work. Where I have read, consulted, and used the work of others I have acknowledged this in the text.

**Signed:** *Sarah Fanning*

**Date:** 08.04.24

**Word Count:** 4,995

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## **Glossary of terms**

Mental Health - MH

Psychological Society of Ireland – PSI.

Department of Technology and Psychology Ethics Committee – DTPEC.

Irish Social Science Archive – ISSDA.

University College Dublin – UCD.

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## **Abstract**

The mental well-being of individuals is important as it affects how people think, and feel, and their actions amongst others, alongside making health choices (Centres for Disease Controls and Prevention, 2023). This study aimed to investigate the effects of mental health knowledge (MH) and school type (DEIS or Non-DEIS) on teachers' confidence to provide MH support and their intended behaviour to provide MH support to students in post-primary schools across Ireland. The present study used a secondary data set from the Irish Social Science Archive including 644 participants, 514 females and 130 males who were post-primary school staff. The scales used were the Teacher Confidence Scale for Delivering Mental Health Content by Linden and Stuart (2019), the Mental Health Knowledge Scale by Dooley et al. (2014), and The Reported and Intended Behaviour Scale by Evans-Lacko et al. (2011). Two two-way ANOVAs were conducted and the results showed a significant effect on teachers' confidence to provide MH support based on their MH knowledge. However, no significant results were proposed for the effects of MH knowledge and school type on teachers' intended behaviour to provide support. This research contributed both theoretically and practically to the field of educational psychology in Ireland.



# **1. Introduction**

## **1.1 The Importance of Mental Health**

Mental health (MH) is a state of “mental well-being that allows people to learn to cope with stress, learn to work well, and find their abilities” (World Health Organization, 2021, p.1) Tillmann et al. (2018) state adolescents’ MH include their social, emotional, and psychological well-being and the affect in reaching development milestones, including social skills, relationships, and developing a sense of identity alongside resilience.

Mental and physical health are positively correlated, for example, IsHak et al. (2018), hypothesise a connection between pain and depression based on study findings suggesting they may co-occur as they are influenced by the same modulatory brain system. Supporting MH in all aspects of life is imperative.

## **1.2 Mental Health Difficulties in Post-Primary Schools.**

Linden and Stuart (2019) propose that youths are among the most affected by MH difficulties, with 70% experiencing onset before the age of 18, and 50% before the age of 14 (Linden et al., 2022). Linden and Stuart (2019) discuss how epidemiologic studies have shown an increase in adolescent MH difficulties, with one in five students per classroom experiencing significant MH difficulties.

According to Baik et al. (2019, p.1), recent research states students are “a very high-risk population” for MH difficulties. Student MH is crucial as it can impact their physical, cognitive, and interpersonal functioning which may impair their ability to learn academically (Baik et al., 2019). In Ireland, Lynch et al. (2023) focussed on the current prevalence of MH difficulties, their results indicated that 4.4% to 27.4% of students experience MH difficulty, reflecting the heterogeneity of samples and methodologies, whilst also mentioning that “Growing up in Ireland” and “My World Study” are important methodologically representative studies that highlight the extent of psychological difficulties under 18 years.

### **1.3 Mental Health Stigma and Providing Support.**

Stigma concerning youth MH is aimed to be decreased by increasing help-seeking behaviours. Gronholm et al. (2018) propose that although student MH difficulties may go untreated, in-school MH services help increase student support access. Students with MH difficulties highlighted that stigma prevented 54% from socialising and 40% from attending school (Lanfredi et al., 2019). It was described that stigma around MH is portrayed as an identity threat where the sense of self is challenged by something not following the social norm. This may lead to the “Why Try” effect that may deflate students' pursuit of goals academically, professionally, or socially (Lanfredi et al., 2019).

Furthermore, DeLuca (2020) describes how the stigma surrounding MH in adolescents may develop negative stereotypes such as being weak or dangerous. DeLuca (2020) proposes how stigma emerges with a process of negative labels isolating individuals from social acceptance, thus failing to seek help. Students experiencing perceived stigma “the perception that others have stigmatising views” from peers and teachers are less likely to avail of support through schools due to fears of being removed from the academic environment (Gulliver et al., 2019, p. 2).

Although Gulliver et al. (2019) added that teachers are seen as a connection between students and support, with students approaching them while help-seeking. However, some teachers' attitudes prevent or delay their willingness to act for the benefit of the student. Gulliver et al. (2019) produced results using a sample size of 225 teachers who completed an online survey on MH training needs, indicating that teachers with higher levels of stigmatised attitudes were less likely to approach students in need of support. The results also indicated that 60% of staff felt under-equipped and 49.6% felt they did not have access to the correct MH training.

Overall, the study by Gulliver et al. (2019) had a low response rate of 16.4%. This may have consisted of staff who were interested in MH, and who would be more likely to respond to a help-seeking student. This limitation may indicate that staff who did not respond may react inappropriately or not act at all when approached by a help-seeking student. In contrast, Dwan O'Reilly et al. (2023) focused attention on how 90% of teachers agreed that the academic system should advocate for providing MH support to students.

#### **1.4 Confidence of Teachers Providing Support.**

As adolescents spend a proportion of their time in school, they must assist in identifying students with MH difficulties and provide support (O'Farrell et al., 2023). Shelemy et al. (2019) state teachers with the correct training and knowledge should be able to identify symptoms of difficulties such as depression and anxiety. Mansfield et al. (2021), propose that although schools promote their commitment to MH support, teachers reported barriers to delivering these services which include a lack of national policy, funding, limited staff, and training on delivering MH support.

Mansfield et al. (2021), identified 93% of teachers felt concerned about students' MH, and 85% felt they required further MH training. Mansfield et al. (2021), proposed that educators had less knowledge of treatment services, and legislation surrounding student MH and more knowledge surrounding the symptoms. The study by Mansfield et al. (2021) used the Mental Health Literacy and Capacity Survey for Educators, results indicated a high internal consistency. However, the limitations highlight more research is needed to understand the true implications of teacher MH training.

Moreover, Dwan O'Reilly et al. (2023), investigated teacher confidence in delivering MH support. Highlighted was how teachers acknowledge students' MH as a responsibility but feel incapable of providing MH support. Dwan O'Reilly et al. (2023) show concern in their study that teachers are apprehensive about fulfilling a therapeutic role fearing they may make the situation worse. In addition, Dwan O'Reilly et al. (2023) results suggested that those with previous MH training scored higher in confidence, including staff in support positions such as guidance counsellors and special education staff. However, the results showed no significant difference in confidence when comparing demographics such as schools in rural or urban areas, single or mixed-sex schools and DEIS and non-DEIS schools.

Alongside confidence, Dwan O'Reilly et al. (2023) list that teacher efficacy may have impacts on their decision-making, well-being, and capabilities of teaching. They imply that teachers with higher teaching efficacy have higher motivation, a deeper sense of accomplishment, and more commitment to work. This may create a domino effect on students, where research indicated teachers with higher self-efficacy allowed students to be more motivated, engaged, and have a positive reaction to learning.

The study by Dwan O'Reilly et al. (2023) had strengths such as promoting MH among post-primary schools in Ireland. In contrast, a limitation was it was not focused on whether participants had experience in delivering MH support to students which may have affected their scores on the Teacher Confidence Scale for Delivering Mental Health Content (TCS-MH).

### **1.5 Teachers' Mental Health Knowledge**

As well as confidence, a teacher's knowledge of MH may contribute to their ability to support students. Frauenholtz et al. (2017) highlight the limited knowledge of adolescent MH in schools. Ohrt et al. (2020) address how MH training is not properly covered in teacher training programmes stating this is due to these programmes focusing on the early identification of student difficulties, as well as certain disorders such as attention deficit hyperactivity disorder (ADHD). Finally, these programmes have different variations, for example, full or half-day workshops, online courses, or in-person courses. Ohrt et al. (2020), propose that effective training is content-focused, incorporates active listening, collaboration and coaching, offers feedback, and engages in reflective practice.

Teacher's MH literacy is crucial for engaging in the identification of MH difficulties and promoting treatment. (Keating, 2010). Due to this, it is beneficial to increase teachers' MH knowledge to provide the correct identification of MH difficulties as well as gaining an understanding of their student's learning needs (Gilham et al., 2021). Anderson et al. (2019), highlight how teachers are now expected to play a greater role in student support, proposing that the Mental Health First Aid training programme appeared effective in showing improvements in teachers' knowledge and attitudes in providing MH support.

In Ireland, Jigsaw collaborated with Education Support Centres Ireland (ESCI) to create the Mental Health eLearning Programme for Teachers (Education Support Centres Ireland). It consists of a two-hour training course which introduces and encourages teachers to promote youth MH and MH literacy. In 2019 The Department of Education also launched a revised Well-being Policy Statement and Framework for Practice which is the blueprint for well-being promotion (Government of Ireland, 2019).

Furthermore, research by Mansfield et al. (2021) based in the UK, reported the majority of schools offered MH training to some staff, however, it was acknowledged there was an equal split among schools that offered training to all staff members versus

selected staff. Mansfield et al. (2021) propose barriers such as lack of capacity within the school, with Child and Adolescent Mental Health Services (CAMHS) and communication. However, there were no barriers related to problems with school funding or the schools' demographics for MH training.

### **1.6 DEIS and Non-DEIS Schools**

Between the years 2006 and 2007, the Delivering Equality of Opportunity in Schools (DEIS) programme was introduced to primary and post-primary schools in Ireland. The DEIS programme aimed to support schools with higher numbers of students from socioeconomically disadvantaged areas or backgrounds, who may also be at risk of unsuccessful education (Weir & Kavanagh, 2018). Following on from this Byrne (2016), highlighted that adolescents from disadvantaged backgrounds, for example, a financially unstable family, may have difficulties such as low academic scores, dropping out of post-primary school, and difficulties with their MH.

Furthermore, it may be suggested that DEIS schools encounter more students with MH difficulties due to being from a disadvantaged background versus those from advantaged backgrounds or students in non-DEIS schools (Byrne, 2016). In contrast to these points, Downes et al. (2020), states that Ireland is drastically behind other European countries, with Belgium, Sweden, and Germany providing emotional and therapeutic services within schools. Following on Slattery (2020) argues that DEIS schools receive fewer resources concerning student MH.

Slattery (2020) supports this argument proposing Ireland reported an average of 22% of students in DEIS schools engaged in self-harm, in contrast to 10% of students from Non-DEIS schools. Concerning teachers, Conlon (2014), reported results from a study that indicated teachers in post-primary DEIS schools experienced more stress while teaching students who were poorly motivated or had MH difficulties. In conjunction, Slattery (2020) suggests this may impact teacher self-efficacy including job satisfaction. These results indicated teachers working in DEIS schools may find it more challenging to recognise MH difficulties among students and delivering MH support due to their lack of job satisfaction.

### **1.7 Rational**

The rationale for the present study stems from the impact of COVID-19 on students' MH around Ireland while learning to adapt to the reinvented academic

programme. Quinn et al. (2021) executed a research paper highlighting how Ireland's pandemic closure of schools for 7 months had a major impact on the 2020 leaving certificate students. The delayed postponement of the traditional leaving certificate left both students and teachers mentally vulnerable.

Furthermore, the present study correlates to theories of MH disorders that are prevalent among adolescents such as anxiety and depression. First are the psychoanalytic theories of anxiety, Sigmund Freud proposed two theories of anxiety. Freud portrayed anxiety as a phenomenon individuals encounter every day. He describes realistic anxiety as taking the form of real objects relating mainly to fear, and free-floating anxiety such as phobias. Freud also believed anxiety was the libido transformed manifesting through repression. Following this Freud undid the anxiety-repression link suggesting repression was a result of anxiety, in theory, anxiety was an alert from the ego about potential danger (Strongman, 1995). The second prevalent disorder among students is depression. There are biological and physiological theories to help dissect depression. Biological theories revolve around the occurrence of depression due to noradrenalin deficits, sleep disorders, endocrine deficits, altered brain structures, and genetics.

In contrast, physiological theories aim to explain depression in terms of psychoanalysis, attachment theory, and behavioural or cognitive models. The cognitive model of depression, proposed by Aaron Beck (1967) implies that negative thoughts about oneself, the world, and the future may lead to depressive episodes. According to Beck's (1967) cognitive model, people begin to focus their attention on the negative perspectives of their experiences. Due to the lack of positive reinforcement, negative schemas began to rise. (Beck, 2002). Although, Beck's model plays a vital role in Cognitive Behavioural Therapy today reducing anxiety and depression.

## **1.8 The Present Study**

The present study aims to highlight the importance of MH difficulties in post-primary schools across Ireland, focusing on the grey area surrounding MH support throughout schools. Moreover, MH stigma is aimed to be decreased by promoting MH support.

## **1.9 Research Question**

The research question under investigation:

The relationship between a teacher's mental health knowledge, their school type (DEIS and Non-DEIS), their confidence to provide mental health support, and their intention to provide mental health support to students in post-primary schools in Ireland.

### **1.10 Hypothesis**

**Ha1:** There will be a relationship between teachers' confidence to provide MH support, previous MH training, a teacher's MH knowledge, teachers' years of experience, school type (DEIS and Non-DEIS), and teachers' intention to provide support to students.

There will be a positive correlation between teachers' confidence to provide mental health support and teachers' intention to provide mental health support.

There will be a positive correlation between teachers' previous mental health training and teachers' intention to provide mental health support.

There will be a positive correlation between teachers' mental health knowledge and teacher's intention to provide mental health support.

There will be a positive correlation between teachers' years of teaching experience and teachers' intention to provide mental health support.

There will be a positive correlation between teachers' school type (DEIS and Non-DEIS) and teachers' intention to provide mental health support.

## **2. Methodology**

### **2.1 Design**

A data set from the Irish Social Science Archive (ISSDA) in the University College Dublin (UCD) psychology department was approved and used in the present study. The study was conducted by authors Dwan O'Reilly et al. (2023) applied a comprehensive mixed-methods survey.

With the use of the secondary data set a multiple linear regression was the intended statistical analysis to be conducted. The target factor of the present study is teachers' intended behaviour to provide MH support. The dependent factors are teacher confidence in providing MH support, MH knowledge, and school type (DEIS and Non-DEIS).

### **2.2 Participants**

644 participants partook in the present study (n= 514 females, n= 130 males). 444 were subject teachers and 79 had additional roles, being, school leadership, well-being support roles, or non-teaching staff. Overall, 694 participants originally responded with 48 wishing to redact their participation. Participants were all over the age of 18 years, were recruited on social media or through Jigsaw, and snowball sampling was applied.

### **2.3 Materials**

Materials used in the present study consisted of the data set retrieved from the ISSDA of study number 0080-00, titled, Measuring Secondary School Staff Confidence and Concerns Around Youth Mental Health. This data was collected as a part of a PhD with UCD in collaboration with The National Centre for Youth Mental Health and Jigsaw.

Within the documentation provided by the ISSDA to the researcher of the present study, was the Data Dictionary of the scales used, how to score them, and a list of all the variables measured. The ISSDA also provided the consent and information form the authors produced to participants when conducting the data collection. Within this form was the contact information of leading author Dwan O'Reilly, support information, and a consent form (See Appendix A). Lastly, the documentation included the survey in which the participants took part (See Appendix B), including the SPSS file with the data collection. The database of SPSS 29 software was used in the present study.



The present study used scales within this data set to investigate the focused variables. Used was the Teacher Confidence Scale for Delivering Mental Health Content (TCS-MH) by Linden and Stuart (2019) (See Appendix C), The Mental Health Knowledge Scale (MHK) by Dooley et al. (2014) (See Appendix D), and The Reported and Intended Behaviour Scale (RIBS) by Evans-Lacko et al. (2011) (See Appendix E).

### **2.3.1 Teacher Confidence Scale for Delivering Mental Health Content.**

The TCS-MH consists of 12 items, scored on a 10-point Likert scale from 1 (Not confident at all) to 10 (Very confident). Higher total scores indicate greater confidence in delivering MH support (Linden & Stuart, 2019). The scale was developed by adapting items from Tschannen-Moran and Hoy's (2001) Teachers' Sense of Efficacy Scale (TSES) as well as an expert opinion (Linden & Stuart, 2019). Linden and Stuart (2019), found that after examining the psychometric properties of the TCS-MH it had a strong internal consistency of  $\alpha = 0.96$ .

### **2.3.2 Mental Health Knowledge Scale.**

The MHK Scale by Dooley et al. (2014), is used to calculate the knowledge a teacher holds about MH. The scale has seven items and a 5-point Likert scale from 1 (Strongly disagree) to 5 (Strongly agree). A higher score indicates greater knowledge of MH (Dwan O'Reilly et al., 2023). The scale showed good internal consistency with an  $\alpha = 0.83$ .

### **2.3.3 The Reported and Intended Behaviour Scale.**

The RIBS Scale by Evans-Lacko et al. (2011) is the third scale used, also known as the Stigma Related Behaviour Measure. The RIBS examines the reported and intended behaviours of working with, living with and near someone, and continuing a relationship with someone with a MH difficulty. The original RIBS included four items for reported and four items for intended behaviour. For the present study, two items were added to identify potential stigma in an educational setting. The RIBS is scored on a 6-point Likert scale from 1 (Agree strongly) to 6 (Don't know). The added two measures for RIBS were scored on a 7-point Likert scale with 7 as not applicable. Overall Evans-Lacko et al. (2011) propose after a test-retest the  $\alpha = 0.75$  (Evans-Lacko et al., 2011).

## **2.4 Procedure**

To gain access to the ISSDA data set a Data Request Form for Research Purposes was submitted by email (See Appendix F). Once approved a document containing the data was forwarded by the ISSDA and a file accessor was downloaded to unlock the zipped file which contained the previously mentioned Materials 2.3.

Once the SPSS file and data dictionary were accessed, analysis of the data began. For the present study, the researcher chose the variables most appropriate, analysing these and identifying if co-variates were present that may affect the results.

## **2.5 Ethics**

The treatment of all participants was in accordance with the Psychological Society of Ireland (PSI), and the present study was also in accordance with the Department of Technology and Psychology Ethics Committee (DTPEC). As well as the treatment of participants, the data set used within the present study was acquired following ethical guidelines.

### 3. Results

#### 3.1 Overview of Results

A Pearson correlation between MH knowledge and intended behaviour to provide MH support was to be conducted prior to a multiple regression. The results of Pearson's correlation were insignificant and no relationship was indicated. Furthermore, two two-way ANOVAs were decided to suit the proposed hypothesis. The alpha for the two two-way ANOVAs was set at 0.05.

The independent variable for the two two-way ANOVAs was school type (DEIS or Non-DEIS) and teachers' MH knowledge. The MH knowledge scores were then divided into three groups, medium, high, and very high through SPSS.

The dependent variable for the first ANOVA was teacher confidence in providing MH support and the second was teachers' intended behaviour to provide MH support. New hypotheses were created in conjunction with the two-way ANOVAs.

Of the total number of respondents (N= 644), 514 (79.8%) were females, and 130 (20.2%) were males. Respondents were aged 18 to over 60 years (M = 3.491, SD = 1.176), with the majority of participants being in the age bracket of 41 – 50 (32.3%).

#### Two-way ANOVA Hypothesis

**Ha1:** There will be a significant effect on teachers' confidence to provide MH support based on their school MH knowledge (Medium, High, Very High).

**Ha2:** There will be a significant effect on teachers' confidence to provide MH support based on their school type (DEIS or Non-DEIS).

**Ha3:** There will be a significant interaction between the teachers' MH knowledge (Medium, High, Very High) and their school type (DEIS or Non-DEIS).

**Ha4:** There will be a significant effect on teachers' intended behaviour to provide MH support based on their school MH knowledge (Medium, High, Very High).

**Ha5:** There will be a significant effect on teachers' intended behaviour to provide MH support based on their school type (DEIS or Non-DEIS).

**Ha6:** There will be a significant interaction between the teachers' MH knowledge (Medium, High, Very High) and their school type (DEIS or Non-DEIS).

### 3.2 Descriptive Statistics

The descriptive statistics presented below in Table 1 represent the Cronbach's Alphas for the three scales used in the present study. Table 2 provides the descriptive statistics of the target variables.

*Table 1 Cronbach's Alphas*

Scale	Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N
Reported and Intended Behaviour Scale	.806	.830	6
Mental Health Knowledge Scale	.867	.869	7
Teacher Confidence Scale for Delivering Mental Health Content	.963	.963	12

*Table 2 Descriptive Statistics for Scales*

	N	Mean	Standard Deviation
Confidence Average	644	7.1810	1.80115
Intended Behaviour Average	643	4.5835	.54532
Knowledge Group Average	642	2.0016	.79487

Figures 1 and 2 below are boxplots of the scores of the MH knowledge groups (medium, high, and very high) by the teachers' intention to provide MH support. The majority of participants fell in the medium group, although each group has several outliers specifically in the high group.

Figure 1 Boxplot of MH Knowledge Groups

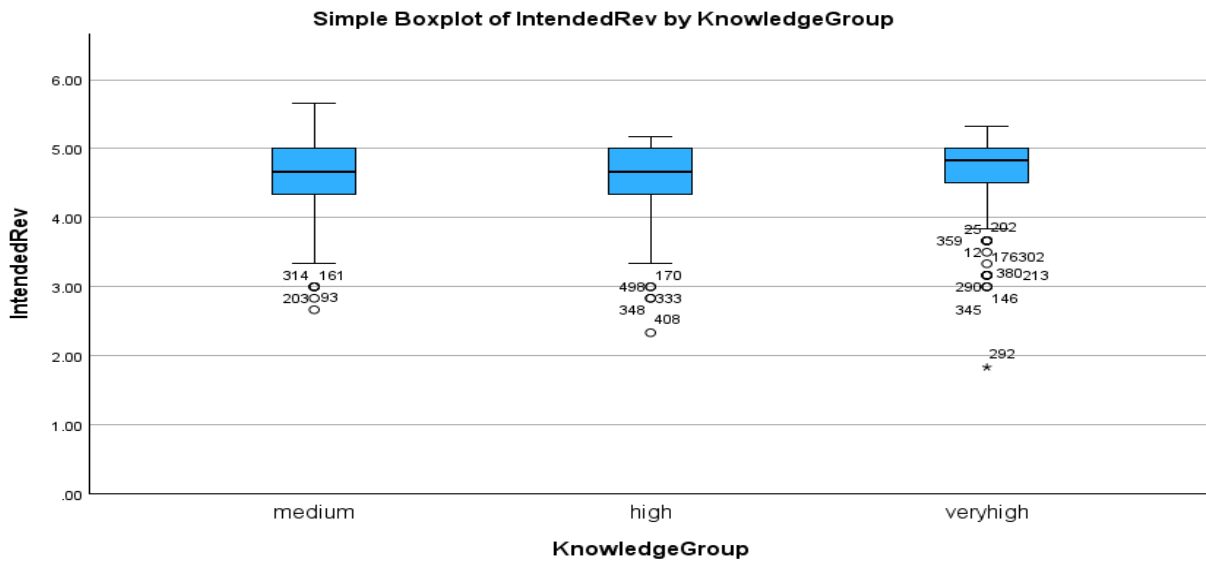
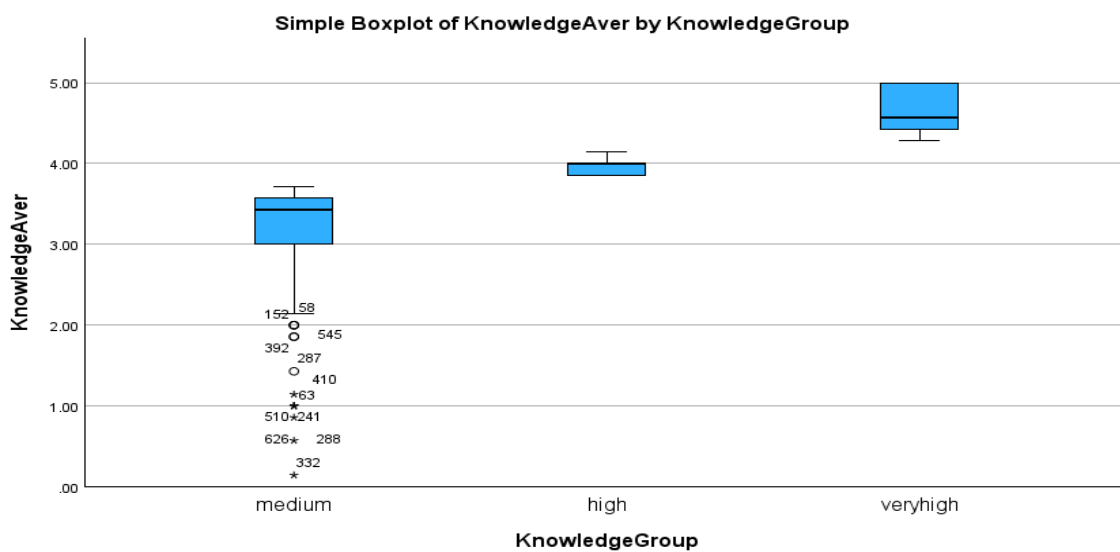


Figure 2 Boxplot for MH Knowledge Averages by Group



### 3.3 Inferential Statistics

**Hypothesis 1.** A two-way ANOVA was conducted to examine the effect of teachers' MH knowledge and school type on their confidence in providing MH support to students. Participants were divided into groups depending on their MH knowledge scores. These groups were medium, high, and very high and school type was divided into DEIS or Non-DEIS. There was a significant effect on teachers' confidence to provide mental health support based on a teacher's mental health knowledge  $F(2, 630) = 5.629$ ,  $p = 0.004$ . The effect size was small ( $E2 = 0.018$ ). A post hoc comparison using the Scheffe test indicated a significant difference between medium and high knowledge groups ( $p = 0.004$ ).

**Hypothesis 2.** There was no significant effect on teachers' confidence to provide mental health support based on their school type (DEIS or Non-DEIS)  $F(3, 630) = 0.844$ ,  $p = 0.470$ , observed power = 0.234.

**Hypothesis 3.** The interaction between mental health knowledge and school type had no significant effect on confidence in providing mental health support  $F(6, 630) = 0.884$ , observed power = 0.353.

**Hypothesis 4.** A second two-way ANOVA was conducted to examine the effect of teachers' MH knowledge (medium, high, very high) and school type (DEIS or Non-DEIS) on teachers' intended behaviour to provide MH support. There was no significant effect on teachers' intended behaviour to provide mental health support based on their mental health knowledge  $F(2, 630) = 0.838$ ,  $p = 0.433$ , observed power = 0.194.

**Hypothesis 5.** There was no significant effect based on their school type (DEIS or Non-DEIS)  $F(3, 630) = 0.647$ ,  $p = 0.585$ , power = 0.186.

**Hypothesis 6.** There was no effect on the teachers' intended behaviour to provide support based on the interaction between mental health knowledge and school type  $F(6, 630) = 0.982$ ,  $p = 0.437$ , observed power = 0.392.

Figure 3 - Profile Plots from SPSS output – Confidence to provide MH support

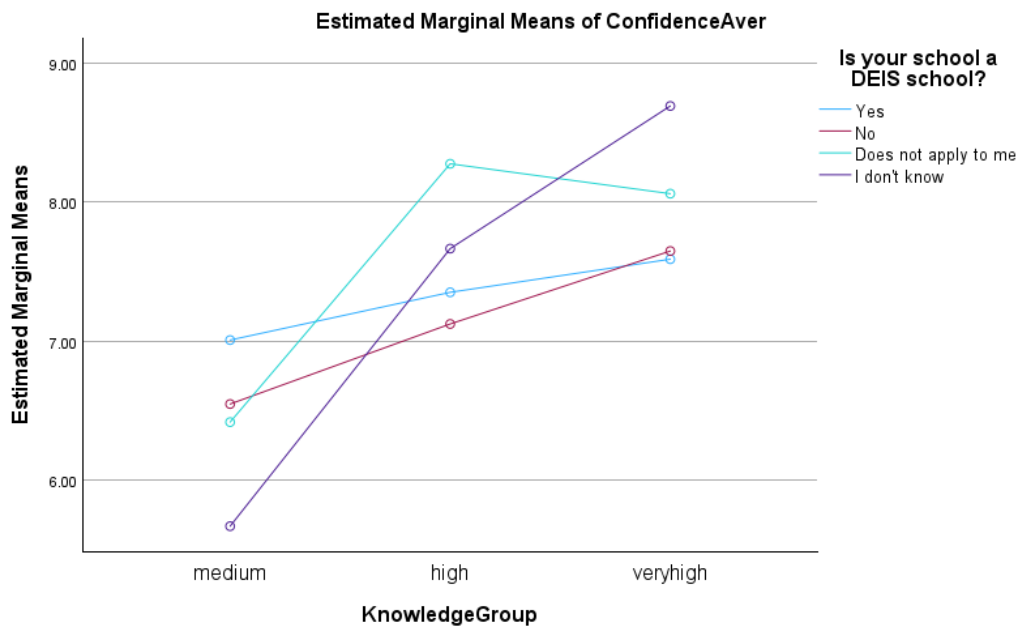
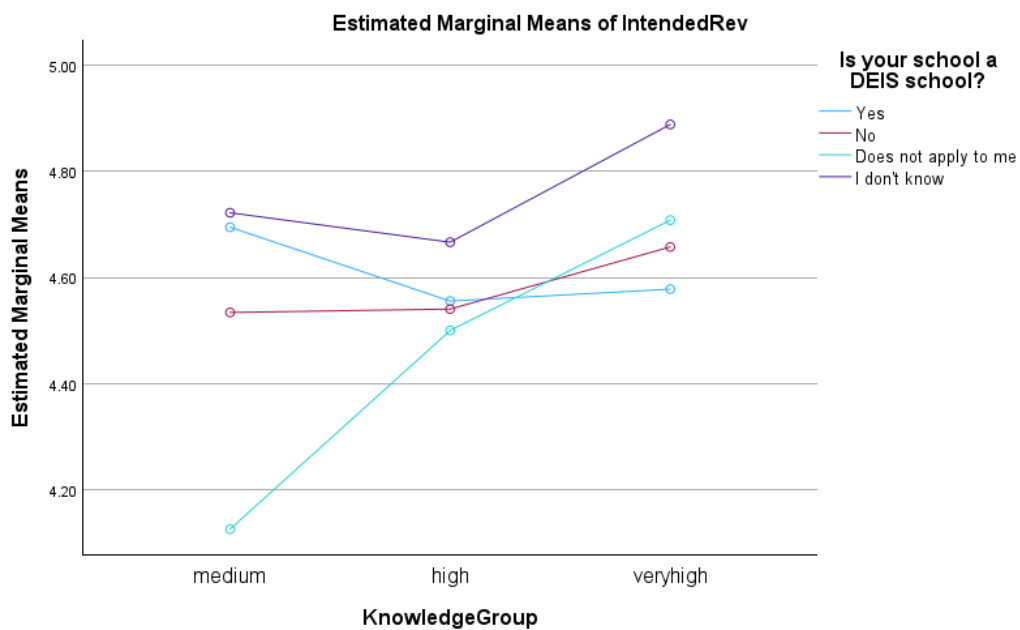


Figure 4 - Profile Plots from SPSS output – Intended Behaviour to provide MH support



## 4. Discussion

### 4.1 Key Findings

The current study aimed to examine the relationship between a teacher's MH knowledge (medium, high, and very high) and their school type (DEIS or Non-DEIS) on their confidence to provide MH support to students and their intended behaviour of providing MH support to students in post-primary schools in Ireland. An existing data set collected by Dwan O'Reilly et al. (2023) was used to conduct two two-way ANOVAs. Although research has been done, there is not much centred on the support given to post-primary school students by the teachers.

Hypothesis 1 in the present study suggested a significant effect on teachers' confidence to provide MH support based on their MH knowledge. Proposed results correlate with research by Mansfield et al. (2021) that although teachers feel responsible for supporting students' MH they needed more training as they did not feel confident in providing the correct support. Additionally, Mansfield et al. (2021) highlighted how teachers stated they would find more confidence in their skills to provide MH support if interactive training led by experts was given.

Hypothesis 2 proposed results suggesting no significant effect on teachers' confidence based on their school type (DEIS or Non-DEIS). The proposed results differ from research by Colon (2014) which suggested teachers teaching in DEIS schools may have low teaching efficacy, confidence, and job satisfaction due to finding difficulty teaching students in DEIS schools with lower academic motivation and MH difficulties.

Hypothesis 3 suggested no significant interaction effect between MH knowledge and school type on teachers' confidence to provide MH support. Although the literature does suggest there may be an interaction between these variables. However, Dwan O'Reilly et al. (2023) proposed results finding no significant differences corresponding to the proposed variables.

The second two-way ANOVA conducted produced results for hypothesis 4 that suggested no significant effect on teachers' intended behaviour to provide MH support based on their MH knowledge. The proposed results of hypothesis 4 do not align with the literature. Gulliver et al. (2019) underline that teachers in their study who produced higher results of stigmatised attitudes towards their student's MH had lower levels of



intention to provide support. Furthermore, Gulliver et al. (2021) stated 65% of school staff from these results felt under-equipped when providing support and felt they needed more MH training.

Hypothesis 5 proposed no significant effect on teachers' intended behaviour to provide MH support to students based on their school type. These results again contradict the literature. Downes et al. (2020) stated Ireland has drastically lower resources in post-primary DEIS schools for MH support compared to other European countries. Teachers teaching in DEIS post-primary schools should produce results with a lower intention to provide support considering the lack of training, knowledge and resources within these schools.

Hypothesis 6 suggested no interaction between school type and MH knowledge and their effect on teachers' intended behaviour to provide MH support. The results are important as teachers working in DEIS schools showed lower job satisfaction and motivation meaning significant results should have been produced based on the teachers' school type.

## **4.2 Strengths**

The present study has several strengths. Firstly, the focus on the area of MH of students in post-primary schools in Ireland and their teachers' confidence and intention to provide MH support allowed for a variety of variables to be collected offering broader research. The second strength arises from the results of the present study. Due to insignificant results, there is a gap as to why other hypotheses contradicted the literature although reliable scales were used. This gives reason for more research in this area focusing on the stigma of MH. The third strength is population size. The use of a secondary ISSDA data set with a population size of 644 allowed the researcher to produce results that could be generalised to a wider population.

## **4.3 Limitations**

Alongside strengths, the present study does have limitations. Of the population sample, 515 of the 644 participants were female. The present study may not be able to generalise results in line with many male school staff in Ireland, the results may have differed had more males been participating.

Additionally, participants possibly responded with socially desirable answers resulting in decreasing their stigmatising and producing insignificant results. Finally, it was not taken into consideration if teachers have previously provided MH support.

#### **4.4 Theoretical and Practical Implications**

The results of the present study should be reviewed with caution as it produced findings that need further investigation. The Pearson's correlation showed to be insignificant although the literature proposes a correlation should be suspected. Due to the low response rate of the Gulliver et al. (2019) study they propose that those who did not respond may also acknowledge that they would act inappropriately when providing MH support. This may also be why participants in the present study gave socially desirable answers.

The results of the present study show no correlation to the literature regarding Ohrt et al. (2020) proposing training programmes should supply teachers with the knowledge to identify signs and provide MH support. As schools in Ireland now have accessible MH training programmes for teachers the results of the present study should have shown significant results.

In contrast, hypothesis 1 did correlate with the literature and theories surrounding teachers providing MH support to students. They support Shelemy et al. (2019) that teachers with the correct training and knowledge will show confidence in providing support to students, specifically those with depression and anxiety. The results correlate with Dwan O'Reilly et al. (2023) stating teachers with training and support roles will have higher confidence in providing MH support.

#### **4.5 Future Research**

Future studies on MH in post-primary schools could aim to have more equal sample sizes of both males and females. More male participants may create more statistically significant results. Future research may find significant results by focusing on the difference in male and female teachers' confidence and intended behaviour to provide MH support.

The future research in the area of why participants may have delivered socially desirable answers may be interesting. This could focus on the stigma teachers may perceive around MH themselves. It may be of importance as the results of the present

study do not correspond with what the literature proposes. Other variables could be taken into account such as previous MH training, teacher roles, or teacher anxiety.

#### **4.6 Conclusion**

The present study investigated the importance of teacher confidence and MH stigma in post-primary schools in Ireland. The results reported that teachers proposed having higher confidence to provide MH support to students if they had increased MH knowledge. This corresponds to the findings of Mansfield et al. (2021), Dwan O'Reilly et al. (2023), and Gilham et al. (2021). However, other proposed results contradict the literature regarding teachers' confidence in providing MH support, their intended behaviour when providing support, and their school type. Although MH is thoroughly researched, the present study has shown gaps in the support given to students by post-primary schools and suggests teachers from all school types require more effective MH training.

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## 6. Appendices

### 6.1 Appendix A – Information Sheet and Consent Form



#### Supporting Student Mental Health in Schools Project Information

**Who is doing this project?**

This project is being carried out by University College Dublin in collaboration with Jigsaw, The National Centre for Youth Mental Health. This project received ethical approval from University College Dublin's research ethics committee.

**What is this project about?**

This project aims to explore how confident secondary school staff in Ireland feel about addressing mental health in school and delivering mental health related content. This project will also explore what kind of concerns staff have about talking about mental health with students. This project will help us to understand how staff feel about addressing mental health and will also help us to design and evaluate future school mental health interventions.

**Why have I been asked?**

You've been asked to take part because you are an adult working with adolescents in a secondary school in Ireland. This study is open to anyone who works directly with young people in a post-primary school in Ireland, that includes teachers, tutors, principals, guidance counsellors, chaplains, sports coaches and so on.

**Do I have to take part?**

No. Participation is completely voluntary. If you choose not to take part in the survey, there will be no negative consequences for you.

**What does taking part involve?**

If you are happy to take part, you will be asked to fill in a short survey. The survey will take you approximately 10 minutes to complete. The survey includes some questions about you and your school, your concerns around addressing mental health issues, and your confidence to deliver mental health related content to students. There are also some questions about your understanding of mental health, mental health stigma, your confidence as a teacher, and how anxious you are. Some of the questions may not apply directly to your role, for example, if you don't normally work in a classroom setting, but you will be able to skip these questions.

Please note, you must be over 18 and based in the Republic of Ireland to take part in this study

**What will happen to the information gathered?**

The findings of this project will be written up for a short report which will be shared with Jigsaw. The





findings will also form part of a Master's thesis, PhD thesis, and may also be published in the form of journal papers or conference presentations. The anonymous data from this project will be stored securely during the study and will be archived in digital form once the project is complete. This means that other accredited researchers may access it in the future to conduct further analysis or to compare the findings from another project.

**Will other people know what I have said?**

No. No identifiable information, such as your name or your school's name, will be collected during the survey, so it will be impossible to connect your answers with you. We may use quotes from what you say, but we will not use any information that could identify you.

**Can I change my mind about taking part?**

Yes. You can change your mind and stop participating in the survey before you submit your answers. However once submitted it will not be possible to withdraw because the survey is anonymous.

**Where can I get more support?**

If you feel upset while filling out the survey, it is important to let someone know. You can talk to an appropriate support person in your school, your doctor or contact supports or services that can assist you. Information about online and helpline support services for adults and young people will be shared at the end of the survey.

**Contact details for further information:**

If you have any further questions about the project, please contact Maeve Dwan O'Reilly, PhD Candidate, at: [maeve.dwanoreilly@jigsaw.ie](mailto:maeve.dwanoreilly@jigsaw.ie)



## Consent Form

Before you fill out the following questions, please read the statements below:

- I have read and understood the project information.
- I have had time to consider whether to take part in this study.
- I am over 18 and based in the Republic of Ireland.
- I know that participation is voluntary I am happy to take part in this study.
- I understand that the information I provide will be used as part of reports, presentations, and papers, but no identifying information will be included in this work.
- I understand that the anonymous data from this project will be archived once the project is complete and may be used by accredited researchers in the future.

Please tick as appropriate

- I have read the above statements and I agree to participate
- I have read the above statements and I do not agree to participate

## 6.2 Appendix B – Survey Based on The Participants Working in Post-primary Schools



### Survey

Although many of the questions in this survey ask about teaching and about classrooms, we would like to encourage all school staff to take part. If an item does not apply to you, you can skip that item or choose the "Does not apply to me" option.

What is your gender?

- Male
- Female
- Other (e.g. non binary), please specify \_\_\_\_\_
- Prefer not to say

What is your age?

- Under 25
- 26-30
- 31-40
- 41-50
- 51-60
- Over 60

Which of the following best describes your role? Please tick all that apply.

- Principal/ Deputy Principal
- Year Head
- Subject Teacher
- Career guidance/ counsellor
- Home School Community Liaison Coordinator
- Special Needs Assistant
- Qualified but not currently working/ active
- Preservice/ Student Teacher
- Other (please specify) \_\_\_\_\_

Do you work in Youthreach?

- Yes
- No
- Does not apply to me



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An Chomhairle um  
Thaighde in Éirinn

**JIGSAW**  
Young people's  
health in mind

How long have you worked in the post-primary sector?

- Less than 3 years
- 3 to 5 years
- 6 to 10 years
- 11 to 15 years
- Over 15 years

Where is your school located?

- Rural
- Urban
- Does not apply to me

Is your school mixed gender or single sex?

- Mixed gender
- Single sex
- Does not apply to me

Is your school a DEIS school?

- Yes
- No
- I don't know
- Does not apply to me

Is your school fee paying or non-fee paying?

- Fee paying
- Non-fee paying
- Does not apply to me

How many students attend your school?

- <300 students
- 300 - 500 students
- 501 - 700 students
- 701+ students
- Does not apply to me

Please indicate if you have previously received any mental health related training?

- Yes (please briefly describe the type of training you received) \_\_\_\_\_
- No

### 6.3 Appendix C - Teacher Confidence Scale for Delivering Mental Health Content (TCS-MH) by Linden and Stuart (2019)



This section asks about how confident you feel when supporting the mental health of students or answering their questions about mental health.  
Please read each statement below and choose the most appropriate option.

	1 = Not at all confident	2	3	4	5	6	7	8	9	10 = Very Confident
I can answer students' general questions about mental health										
I can create a mentally healthy classroom										
I can advocate for the importance of learning about mental health										
I can help students to be more aware of their mental health										
I can improve students' general knowledge about mental health										
I can help students to learn to value their mental health										
I can use students' attitudes toward mental health to create learning opportunities										
I can teach students how to find reliable information about mental health										
I can help to break down stereotypes about mental health										



I can help students to learn about the negative impact of stigma										
I can improve students' knowledge of resources available to support their mental health										
I can improve students' ability to seek help for mental health difficulties										

**6.4 Appendix D - The Mental Health Knowledge Scale (MHK) by Dooley et al.  
(2014)**



**This section asks questions about your thoughts and beliefs around mental health.**

**Please read each statement below and choose the most appropriate option.**

Mental health is...

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
... a state of emotional wellbeing					
... a state of social wellbeing					
... an ability to study/ work productively					
... an ability to cope with normal stresses of life					
... an ability to make a contribution to school/ wider community					
... a sense of belonging					
... having a purpose in life					

## 6.5 Appendix E - The Reported and Intended Behaviour Scale (RIBS) by Evans-Lacko et al. (2011)



The following questions ask about your experience and views in relation to people who have mental health problems.

Please read each statement below and choose the most appropriate option.

	Agree Strongly	Agree Slightly	Neither Agree nor Disagree	Disagree Slightly	Disagree Strongly	Don't Know
In the future, I would be willing to live with someone with a mental health problem						
In the future, I would be willing to work with someone with a mental health problem						
In the future, I would be willing to live nearby to someone with a mental health problem						
In the future, I would be willing to continue a relationship with a friend who developed a mental health problem						

Please read each statement below and choose the most appropriate option.

	Agree Strongly	Agree Slightly	Neither Agree nor Disagree	Disagree Slightly	Disagree Strongly	Don't Know	Not Applicable
In the future, I would be willing to teach a student with a mental health problem							
In the future, I would be willing to provide support to a student with a mental health problem							

## 6.6 Appendix F – Email of Application and Consent to The ISSDA.

Access to Data Set 0080-00, Undergraduate thesis. Inbox x



**Sarah Fanning** <sarahfanning18@gmail.com>  
to issda ▾

Tue, Oct 24, 2023, 12:23 PM ☆ 😊 ↶ ⋮

To whom it may concern,

I hope you are well! My name is Sarah Fanning and I am a fourth-year undergraduate student at IADT Dun Laoghaire. I am emailing in the hope of gaining access to the data set number 0080-00.

For my thesis, I am looking into secondary school mental health support systems and teachers' confidence levels in providing their care through these systems. I will also be focusing on both the age and geographical location of teachers.

I seek access to your data set as I feel it would be of great help to me and my thesis, especially for focusing it as Irish-based. I have also focused on this topic as it is of great interest to me and this interest also comes from my own experience.

Of course, I would definitely reference both the authors and UCD in my thesis for their help and contribution to my project.

Below I have referenced my thesis supervisor here at IADT, Liam Challenor.

[Liam.challenor@iadt.ie](mailto:Liam.challenor@iadt.ie)

I hope to soon hear back,

Kind Regards,

Sarah Fanning.

(IADT Student Number N00201013).

One attachment • Scanned by Gmail



Data Request Form

### DATA REQUEST FORM FOR RESEARCH PURPOSES

#### SECTION 1: CONTACT DETAILS (Please type)

First name *	Sarah	Last name *	Fanning
Address	11 New Market Green Ballyriggan Co. Dublin		
Country *	Ireland		
Institution/Company *	Institute of Art Design and Technology Dun Laoghaire		
Email *	Sarahfanning18@gmail.com		
Phone	0871453961		

#### SECTION 2: DATASET REQUESTED\* (Please type) 0080-00

Please refer to the full list of datasets on the ISSDA website: [www.ucd.ie/issda/data/](http://www.ucd.ie/issda/data/)

Please include Study Number (SN) where appropriate

Measuring secondary school staff confidence and concerns around youth mental health, 2021

Do you wish to be contacted if the dataset is updated or in the case of new releases of data? Please tick only one.

Yes  No

For office use only: Request ID Date Received Date Sent	1
--	---

\* indicates required field  
ISSDA needs to collect and use personal data (information) about individuals requesting access to data in the Archive. Read our [Data Protection Policy](#) for further information.



#### SECTION 3: INTENDED USE OF DATA (Please type)

Subject area *	<input type="checkbox"/> Economics	<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Engineering	<input type="checkbox"/> Environment/ Agriculture
	<input type="checkbox"/> Health/ Well-being	<input type="checkbox"/> Law	<input type="checkbox"/> Policy	<input type="checkbox"/> Social issues
	<input type="checkbox"/> Sport	<input type="checkbox"/> Technology	<input type="checkbox"/> Other (please specify)	

Please provide a short description (approx. 100 words) of your intended use of the dataset's, including title and details of your intended research project\*:  
I am a fourth-year undergraduate student at IADT Dun Laoghaire and am studying Applied Psychology, for my Major Research Project (Thesis), I would be very interested in using this data set. I am interested in doing a literature review on secondary schools and their mental health services and support for students. I feel as though this data set would be of great help to my project and make a great contribution. I am passionate about this topic and also find it very interesting to see from teachers' perspectives how they feel about the services within the schools to provide support for their students.

Type of user *	<input type="checkbox"/> Academic Staff	<input type="checkbox"/> Post Doc	<input type="checkbox"/> PhD	<input type="checkbox"/> Masters
	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Independent Researcher	<input type="checkbox"/> Government/ Policy researcher	
	<input type="checkbox"/> Other (please specify)			

Estimated end date for this use (maximum 5 years from date of application) *	August 2024
--	-------------

Funder (where applicable)	
---------------------------	--

\* indicates required field  
ISSDA needs to collect and use personal data (information) about individuals requesting access to data in the Archive. Read our [Data Protection Policy](#) for further information.



#### SECTION 4: PERSONS PERMITTED TO ACCESS THE DATA UNDER ARTICLE 3 OF TERMS OF USE\*

The data may only be used for the purpose as outlined in Section 3. Data must be re-applied for in the case of new projects being undertaken.

Please indicate the number of users who will have access to and use of the data.

Two Myself and my thesis supervisor- Liam Challenor.
---

- All users are bound by the same terms and conditions as the End User
- Users may not be given a copy of the data for use outside of the scope of the research project outlined in Section 3
- Users wishing to use the data outside of the scope of the research project outlined in Section 3 can apply directly to ISSDA for a copy of the data, subject to the usual terms and conditions
- The data must be deleted from all computers once the research project outlined in Section 3 has been completed

#### SECTION 5: REGISTER OF USE\*

*The Irish Longitudinal Study on Ageing (TILDA) and Growing Up in Ireland (GUCI) only*

ISSDA would like to facilitate researchers using other datasets to collaborate, where appropriate. If you consent to allowing your details to be published on our website, please tick one of the following options:

- Description of project  
 No details

\* indicates required field  
ISSDA needs to collect and use personal data (information) about individuals requesting access to data in the Archive. Read our [Data Protection Policy](#) for further information.



**IRISH SOCIAL SCIENCE DATA ARCHIVE**

**End User Licence**

This Agreement is made between [ Sarah Fanning ] (the "End User") and the ISSDA in order to provide the "End User" with the right to use the data collections provided via the ISSDA according to the terms below:

**TERMS OF USE**

These terms of use cover the use of data files and all related material (hereafter "the data collections") supplied by ISSDA in accordance with the Data Request Form.

**The End User undertakes and agrees:**

- To use and to make personal copies of any part of the data collections only for the purposes specified in the part on intended use of data. If it is wished to use the data for any other purpose enquiries should be made to the ISSDA.
- That this Licence does not operate to transfer any interest in intellectual property from the data collection funders, the ISSDA, the original data creators or depositors, copyright or other right holders to the End User.
- To ensure that strictly only the End User, and those persons referred to in Section 4, have access to the data provided under this agreement. The End User shall be responsible for controlling access to the data.
- To ensure that the means of access to the data collections (such as passwords) are kept secure and not disclosed to a third party (excluding those listed in Section 5) except by special written permission or licence obtained from the ISSDA.
- Not to use the data collections to attempt to obtain or derive information relating specifically to an identifiable individual or household.
- To be aware at all times of the risk of inadvertently disclosing information, which might result in the identification of an individual. All use of the data and production of all analysis and output should be sensitive to this risk.
- To undertake to abide by the conditions laid out in the Statistics Act, 1993, and, in particular, Section 34 thereof. Please see <http://www.irishstatelibrary.ie/1993/en/act/pub/0021/index.html>
- To acknowledge, in any work based in whole or part on resources provided by the ISSDA, the original data creators, depositors or copyright holders and the ISSDA, and to declare, in any such work, that those who carried out the original analysis and collection of the data bear no responsibility for the further analysis or interpretation of it.
- To ensure that all such works acknowledge that copyright and all other intellectual property rights in the data and associated documentation are vested in the original data creators or depositors. Please see the ISSDA website ([www.ucd.ie/issda](http://www.ucd.ie/issda)) for appropriate wording.

<sup>4</sup> \* Indicates required field  
ISSDA needs to collect and use personal data (information) about individuals requesting access to data in the Archive. Read our [Data Protection Policy](#) for further information.

- To ensure that all such works acknowledge the ISSDA in the following way: "Accessed via the Irish Social Science Data Archive - [www.ucd.ie/issda](http://www.ucd.ie/issda)".
- To reference the recommended bibliographic citation in any publication that employs resources provided by the ISSDA.
- To send to the ISSDA citations of any publication based in whole or part on resources provided by the ISSDA for inclusion in a database of related publications.
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The password is: Num1\$mAtiSt

It is case sensitive - please make sure you don't include any spaces before or after the password. Please let me know if you require any assistance. We also have a help section on our webpage with FAQs that may be of assistance to you: <http://www.ucd.ie/issda/help/>.

Kind regards,  
Vanessa

Irish Social Science Data Archive (ISSDA),  
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UCD, Belfield, Baile Átha Cliath 4,  
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## 6.7 Appendix G – SPSS Output (1)

### Correlations

[DataSet1] C:\Users\sarah\OneDrive\Documents\Year 4MRPMPR SPSS Main File.sav

#### Descriptive Statistics

	Mean	Std. Deviation	N
KnowledgeGroup	2.0016	.79487	642
IntendedRev	4.5835	.54325	643

#### Correlations

		KnowledgeGroup	IntendedRev
KnowledgeGroup	Pearson Correlation	1	.053
	Sig. (2-tailed)		.178
	N	642	642
IntendedRev	Pearson Correlation	.053	1
	Sig. (2-tailed)	.178	
	N	642	643

#### Confidence Intervals

	Pearson Correlation	Sig. (2-tailed)	95% Confidence Intervals (2-tailed) <sup>a</sup>	
			Lower	Upper
KnowledgeGroup - IntendedRev	.053	.178	-.024	.130

a. Estimation is based on Fisher's r-to-z transformation.

#### Between-Subjects Factors

	Value Label	N
KnowledgeGroup	1.00 medium	202
	2.00 high	237
	3.00 veryhigh	203
Is your school a DEIS school?	1 Yes	154
	2 No	464
	3 Does not apply to me	17
	4 I don't know	7

#### Descriptive Statistics

Dependent Variable: ConfidenceAver

KnowledgeGroup	Is your school a DEIS school?	Mean	Std. Deviation	N
medium	Yes	7.0079	1.94497	53
	No	6.5469	1.94652	142
	Does not apply to me	6.4167	1.85717	4
	I don't know	5.6667	2.40370	3
	Total	6.6522	1.94996	202
high	Yes	7.3519	1.52096	54
	No	7.1238	1.73784	173
	Does not apply to me	8.2778	1.28290	9
	I don't know	7.6667	.	1
	Total	7.2219	1.68246	237
veryhigh	Yes	7.5904	1.67496	47
	No	7.6493	1.66994	149
	Does not apply to me	8.0625	.68169	4
	I don't know	8.6944	1.20857	3
	Total	7.6593	1.65038	203
Total	Yes	7.3063	1.72827	154
	No	7.1160	1.83251	464
	Does not apply to me	7.7892	1.47671	17
	I don't know	7.2500	2.17679	7
	Total	7.1809	1.80388	642

#### Levene's Test of Equality of Error Variances<sup>a,b</sup>

	Levene Statistic	df1	df2	Sig.
ConfidenceAver	Based on Mean	1.284	10	.630
	Based on Median	1.186	10	.630
	Based on Median and with adjusted df	1.186	10	.613054
	Based on trimmed mean	1.269	10	.630

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

a. Dependent Variable: ConfidenceAver

b. Design: Intercept + KnowledgeGroup + SchoolDEISStatus + KnowledgeGroup \* SchoolDEISStatus

#### Tests of Between-Subjects Effects

Dependent Variable: ConfidenceAver

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power <sup>b</sup>
Corrected Model	131.636 <sup>a</sup>	11	11.967	3.858	<.001	.063	42.437	.998
Intercept	3291.067	1	3291.067	1060.995	<.001	.627	1060.995	1.000
KnowledgeGroup	34.920	2	17.460	5.629	.004	.018	11.258	.859
SchoolDEISStatus	7.854	3	2.618	.844	.470	.004	2.532	.234
KnowledgeGroup * SchoolDEISStatus	16.445	6	2.741	.884	.506	.008	5.302	.353
Error	1954.178	630	3.102					
Total	35191.167	642						
Corrected Total	2085.814	641						

a. R Squared = .063 (Adjusted R Squared = .047)

b. Computed using alpha = .05

## 2. Is your school a DEIS school?

### Estimates

Dependent Variable: ConfidenceAver

Is your school a DEIS school?	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Yes	7.317	.142	7.037	7.596
No	7.107	.082	6.946	7.268
Does not apply to me	7.586	.459	6.684	8.487
I don't know	7.343	.758	5.854	8.831

### Pairwise Comparisons

Dependent Variable: ConfidenceAver

(I) Is your school a DEIS school?	(J) Is your school a DEIS school?	Mean Difference (I-J)	Std. Error	Sig. <sup>a</sup>	95% Confidence Interval for Difference <sup>a</sup>	
					Lower Bound	Upper Bound
Yes	No	.210	.164	1.000	-.224	.645
	Does not apply to me	-.269	.480	1.000	-1.541	1.003
	I don't know	-.026	.771	1.000	-2.067	2.015
No	Yes	-.210	.164	1.000	-.645	.224
	Does not apply to me	-.479	.466	1.000	-1.713	.755
	I don't know	-.236	.762	1.000	-2.254	1.782
Does not apply to me	Yes	.269	.480	1.000	-1.003	1.541
	No	.479	.466	1.000	-.755	1.713
	I don't know	.243	.886	1.000	-2.102	2.588
I don't know	Yes	.026	.771	1.000	-2.015	2.067
	No	.236	.762	1.000	-1.782	2.254
	Does not apply to me	-.243	.886	1.000	-2.588	2.102

Based on estimated marginal means

a. Adjustment for multiple comparisons: Bonferroni.

### Univariate Tests

Dependent Variable: ConfidenceAver

	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power <sup>a</sup>
Contrast	7.854	3	2.618	.844	.470	.004	2.532	.234
Error	1954.178	630	3.102					

The F tests the effect of Is your school a DEIS school?. This test is based on the linearly independent pairwise comparisons among the estimated marginal means.

## Estimated Marginal Means

### 1. KnowledgeGroup

#### Estimates

Dependent Variable: ConfidenceAver

KnowledgeGroup	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
medium	6.410	.344	5.735	7.084
high	7.605	.469	6.684	8.526
veryhigh	7.999	.344	7.323	8.675

#### Pairwise Comparisons

Dependent Variable: ConfidenceAver

(I) KnowledgeGroup	(J) KnowledgeGroup	Mean Difference (I-J)	Std. Error	Sig. <sup>b</sup>	95% Confidence Interval for Difference <sup>b</sup>	
					Lower Bound	Upper Bound
medium	high	-1.195	.582	.121	-2.591	.201
	veryhigh	-1.590*	.486	.003	-2.757	-.422
high	medium	1.195	.582	.121	-.201	2.591
	veryhigh	-.394	.582	1.000	-1.791	1.003
veryhigh	medium	1.590*	.486	.003	.422	2.757
	high	.394	.582	1.000	-1.003	1.791

Based on estimated marginal means

\*. The mean difference is significant at the .05 level.

b. Adjustment for multiple comparisons: Bonferroni.

#### Univariate Tests

Dependent Variable: ConfidenceAver

	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power <sup>a</sup>
Contrast	34.920	2	17.460	5.629	.004	.018	11.258	.859
Error	1954.178	630	3.102					

The F tests the effect of KnowledgeGroup. This test is based on the linearly independent pairwise comparisons among the estimated marginal means.

a. Computed using alpha = .05

### 3. KnowledgeGroup \* Is your school a DEIS school?

Dependent Variable: ConfidenceAver

KnowledgeGroup	Is your school a DEIS school?	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
medium	Yes	7.008	.242	6.533	7.483
	No	6.547	.148	6.257	6.837
	Does not apply to me	6.417	.881	4.687	8.146
	I don't know	5.667	1.017	3.670	7.663
high	Yes	7.352	.240	6.881	7.823
	No	7.124	.134	6.861	7.387
	Does not apply to me	8.278	.587	7.125	9.431
	I don't know	7.667	1.761	4.208	11.125
veryhigh	Yes	7.590	.257	7.086	8.095
	No	7.649	.144	7.366	7.933
	Does not apply to me	8.063	.881	6.333	9.792
	I don't know	8.694	1.017	6.698	10.691

#### Post Hoc Tests

#### KnowledgeGroup

#### Multiple Comparisons

Dependent Variable: ConfidenceAver

	(I) KnowledgeGroup	(J) KnowledgeGroup	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Tukey HSD	medium	high	-.5696*	.16865	.002	-.9659	-.1734
		veryhigh	-1.0070*	.17503	<.001	-1.4182	-.5959
	high	medium	.5696*	.16865	.002	.1734	.9659
		veryhigh	-.4374*	.16843	.026	-.8331	-.0417
	veryhigh	medium	1.0070*	.17503	<.001	.5959	1.4182
		high	.4374*	.16843	.026	.0417	.8331
Scheffe	medium	high	-.5696*	.16865	.004	-.9834	-.1558
		veryhigh	-1.0070*	.17503	<.001	-1.4365	-.5776
	high	medium	.5696*	.16865	.004	.1558	.9834
		veryhigh	-.4374*	.16843	.035	-.8507	-.0242
	veryhigh	medium	1.0070*	.17503	<.001	.5776	1.4365
		high	.4374*	.16843	.035	.0242	.8507
Bonferroni	medium	high	-.5696*	.16865	.002	-.9745	-.1648
		veryhigh	-1.0070*	.17503	<.001	-1.4272	-.5869
	high	medium	.5696*	.16865	.002	.1648	.9745
		veryhigh	-.4374*	.16843	.029	-.8417	-.0331
	veryhigh	medium	1.0070*	.17503	<.001	.5869	1.4272
		high	.4374*	.16843	.029	.0331	.8417

Based on observed means.

The error term is Mean Square(Error) = 3.102.

\*. The mean difference is significant at the .05 level.

#### Homogeneous Subsets

		ConfidenceAver			
		N	Subset		
KnowledgeGroup			1	2	3
Tukey HSD <sup>a,b,c</sup>	medium	202	6.6522		
	high	237		7.2219	
	veryhigh	203			7.6593
	Sig.		1.000	1.000	1.000
Scheffe <sup>a,b,c</sup>	medium	202	6.6522		
	high	237		7.2219	
	veryhigh	203			7.6593
	Sig.		1.000	1.000	1.000

Means for groups in homogeneous subsets are displayed.

Based on observed means.

The error term is Mean Square(Error) = 3.102.

a. Uses Harmonic Mean Sample Size = 212.826.

b. The group sizes are unequal. The harmonic mean of the group sizes is used.

Type I error levels are not guaranteed.

c. Alpha = .05.

## 6.8 Appendix H – SPSS Output (2)

### Univariate Analysis of Variance

#### Between-Subjects Factors

	Value	Label	N
KnowledgeGroup	1.00	medium	202
	2.00	high	237
	3.00	veryhigh	203
Is your school a DEIS School?	1	Yes	154
	2	No	464
	3	Does not apply to me	17
	4	I don't know	7

#### Descriptive Statistics

Dependent Variable: IntendedRev

KnowledgeGroup	Is your school a DEIS school?	Mean	Std. Deviation	N
medium	Yes	4.6950	.46883	53
	No	4.5340	.61102	142
	Does not apply to me	4.1250	.49768	4
	I don't know	4.7222	.34694	3
	Total	4.5710	.57704	202
high	Yes	4.5556	.51903	54
	No	4.5405	.53763	173
	Does not apply to me	4.5000	.54006	9
	I don't know	4.6667	.	1
	Total	4.5429	.53031	237
veryhigh	Yes	4.5780	.64629	47
	No	4.6577	.48583	149
	Does not apply to me	4.7083	.20972	4
	I don't know	4.8889	.38490	3
	Total	4.6437	.52182	203
Total	Yes	4.6104	.54540	154
	No	4.5761	.54743	464
	Does not apply to me	4.4608	.49487	17
	I don't know	4.7857	.31497	7
	Total	4.5836	.54366	642

#### Levene's Test of Equality of Error Variances<sup>a,b</sup>

	Levene Statistic	df1	df2	Sig.	
IntendedRev	Based on Mean	1.396	10	630	.178
	Based on Median	1.064	10	630	.388
	Based on Median and with adjusted df	1.064	10	579.782	.388
	Based on trimmed mean	1.305	10	630	.224

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

a. Dependent variable: IntendedRev

b. Design: Intercept + KnowledgeGroup + SchoolDEISStatus + KnowledgeGroup \* SchoolDEISStatus

#### Tests of Between-Subjects Effects

Dependent Variable: IntendedRev

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power <sup>b</sup>
Corrected Model	3.501 <sup>a</sup>	11	.318	1.078	.376	.018	11.861	.605
Intercept	1292.007	1	1292.007	4377.159	<.001	.874	4377.159	1.000
KnowledgeGroup	.495	2	.247	.838	.433	.003	1.675	.194
SchoolDEISStatus	.572	3	.191	.647	.585	.003	1.940	.186
KnowledgeGroup * SchoolDEISStatus	1.738	6	.290	.982	.437	.009	5.890	.392
Error	185.957	630	.295					
Total	13677.444	642						
Corrected Total	189.458	641						

a. R Squared = .018 (Adjusted R Squared = .001)

b. Computed using alpha = .05

## Estimated Marginal Means

### 1. KnowledgeGroup

#### Estimates

Dependent Variable: IntendedRev

KnowledgeGroup	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
medium	4.519	.106	4.311	4.727
high	4.566	.145	4.281	4.850
veryhigh	4.708	.106	4.500	4.917

#### Pairwise Comparisons

Dependent Variable: IntendedRev

(I) KnowledgeGroup	(J) KnowledgeGroup	Mean Difference (I-J)	Std. Error	Sig. <sup>a</sup>	95% Confidence Interval for Difference <sup>a</sup>	
					Lower Bound	Upper Bound
medium	high	-.047	.179	1.000	-.477	.384
	veryhigh	-.189	.150	.624	-.549	.171
high	medium	.047	.179	1.000	-.384	.477
	veryhigh	-.143	.180	1.000	-.573	.288
veryhigh	medium	.189	.150	.624	-.171	.549
	high	.143	.180	1.000	-.288	.573

Based on estimated marginal means

a. Adjustment for multiple comparisons: Bonferroni.

#### Univariate Tests

Dependent Variable: IntendedRev

	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power <sup>a</sup>
Contrast	.495	2	.247	.838	.433	.003	1.675	.194
Error	185.957	630	.295					

The F tests the effect of KnowledgeGroup. This test is based on the linearly independent pairwise comparisons among the estimated marginal means.

a. Computed using alpha = .05

### 2. Is your school a DEIS school?

#### Estimates

Dependent Variable: IntendedRev

Is your school a DEIS school?	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Yes	4.610	.044	4.523	4.696
No	4.577	.025	4.528	4.627
Does not apply to me	4.444	.142	4.166	4.722
I don't know	4.759	.234	4.300	5.218

#### Pairwise Comparisons

Dependent Variable: IntendedRev

(I) Is your school a DEIS school?	(J) Is your school a DEIS school?	Mean Difference (I-J)	Std. Error	Sig. <sup>a</sup>	95% Confidence Interval for Difference <sup>a</sup>	
					Lower Bound	Upper Bound
Yes	No	.032	.051	1.000	-.102	.166
	Does not apply to me	.165	.148	1.000	-.227	.557
	I don't know	-.150	.238	1.000	-.779	.480
No	Yes	-.032	.051	1.000	-.166	.102
	Does not apply to me	.133	.144	1.000	-.248	.514
	I don't know	-.182	.235	1.000	-.804	.441
Does not apply to me	Yes	-.165	.148	1.000	-.557	.227
	No	-.133	.144	1.000	-.514	.248
	I don't know	-.315	.273	1.000	-1.038	.409
I don't know	Yes	.150	.238	1.000	-.480	.779
	No	.182	.235	1.000	-.441	.804
	Does not apply to me	.315	.273	1.000	-.409	1.038

Based on estimated marginal means

a. Adjustment for multiple comparisons: Bonferroni.

#### Univariate Tests

Dependent Variable: IntendedRev

	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power <sup>a</sup>
Contrast	.572	3	.191	.647	.585	.003	1.940	.186
Error	185.957	630	.295					

The F tests the effect of Is your school a DEIS school?. This test is based on the linearly independent pairwise comparisons among the estimated marginal means.

a. Computed using alpha = .05

### 3. KnowledgeGroup \* Is your school a DEIS school?

Dependent Variable: IntendedRev

KnowledgeGroup	Is your school a DEIS school?	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
medium	Yes	4.695	.075	4.548	4.842
	No	4.534	.046	4.445	4.624
	Does not apply to me	4.125	.272	3.592	4.658
	I don't know	4.722	.314	4.106	5.338
high	Yes	4.556	.074	4.410	4.701
	No	4.540	.041	4.459	4.622
	Does not apply to me	4.500	.181	4.144	4.856
	I don't know	4.667	.543	3.600	5.734
veryhigh	Yes	4.578	.079	4.422	4.734
	No	4.658	.045	4.570	4.745
	Does not apply to me	4.708	.272	4.175	5.242
	I don't know	4.889	.314	4.273	5.505

#### Post Hoc Tests

#### KnowledgeGroup

#### Multiple Comparisons

Dependent Variable: IntendedRev

	(I) KnowledgeGroup	(J) KnowledgeGroup	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval		
						Lower Bound	Upper Bound	
Tukey HSD	medium	high	.0281	.05203	.852	-.0942	.1503	
		veryhigh	-.0727	.05399	.370	-.1996	.0541	
	high	medium	-.0281	.05203	.852	-.1503	.0942	
		veryhigh	-.1008	.05196	.128	-.2228	.0213	
	veryhigh	medium	.0727	.05399	.370	-.0541	.1996	
		high	.1008	.05196	.128	-.0213	.2228	
	Scheffe	medium	high	.0281	.05203	.865	-.0996	.1557
			veryhigh	-.0727	.05399	.404	-.2052	.0598
high		medium	-.0281	.05203	.865	-.1557	.0996	
		veryhigh	-.1008	.05196	.153	-.2283	.0267	
veryhigh		medium	.0727	.05399	.404	-.0598	.2052	
		high	.1008	.05196	.153	-.0267	.2283	
Bonferroni		medium	high	.0281	.05203	1.000	-.0968	.1529
			veryhigh	-.0727	.05399	.536	-.2023	.0569
	high	medium	-.0281	.05203	1.000	-.1529	.0968	
		veryhigh	-.1008	.05196	.159	-.2255	.0239	
	veryhigh	medium	.0727	.05399	.536	-.0569	.2023	
		high	.1008	.05196	.159	-.0239	.2255	

Based on observed means.

The error term is Mean Square(Error) = .295.

#### Homogeneous Subsets

#### IntendedRev

	KnowledgeGroup	N	Subset 1
Tukey HSD <sup>a,b,c</sup>	high	237	4.5429
	medium	202	4.5710
	veryhigh	203	4.6437
	Sig.		.136
Scheffe <sup>a,b,c</sup>	high	237	4.5429
	medium	202	4.5710
	veryhigh	203	4.6437
	Sig.		.161

Means for groups in homogeneous subsets are displayed.

Based on observed means.

The error term is Mean Square(Error) = .295.

- Uses Harmonic Mean Sample Size = 212.826.
- The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.
- Alpha = .05.