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Elementary School Administrators' Perspectives of Expanded School Mental Health
Systems and Implications for Further Training

By

Melissa M. Petersen

A DISSERTATION

Presented to the Faculty of

The Graduate College at the University of Nebraska

In Partial Fulfillment of Requirements

For the Degree of Doctor of Education

Major: Educational Leadership

Under the Supervision of Dr. Jeanne Surface

Omaha, Nebraska

December, 2019

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Abstract

Elementary School Administrators' Perspectives of Expanded School Mental Health Systems and Implications for Further Training

Melissa M. Petersen, M.S., Ed.S., Ed.D.

University of Nebraska, 2019

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School administrators play a crucial role in the development and implementation of mental health systems that allow all students access to universal, preventative interventions and services. Understanding their perspectives about the fundamental features of effective Expanded School Mental Health systems is critical to understanding the research to practice gap as it relates to the successful implementation of school-based mental health services. Furthermore, it is necessary to understand administrators' perspectives about the training and supports teachers need to increase knowledge, confidence, and self-efficacy in the delivery of effective school mental health services. The purpose of this pragmatic qualitative research study was to explore elementary school administrators' perspectives of the essential elements that lead to successful development, implementation, and sustainability of effective Expanded School Mental Health programs and services.

For the purpose of this study, five elementary school administrators in an urban Midwestern school district were chosen to participate in semi-structured interviews to 1) gain their perspectives about the most concerning behavioral, emotional, and mental health issues observed in students in the school environment, 2) obtain an understanding

of administrators' beliefs about what constitutes and defines an effective Expanded School Mental Health system, and 3) acquire information about the training administrators believe are necessary for school personnel to better support students within these systems.

The findings from this study revealed that when elementary administrators were asked to identify the most concerning mental health issues seen in schools, the common themes centered around physical aggression, the inability to use coping strategies to self-regulate emotions, and self-harm. Second, the participants in this study described many of the common core features of Positive Behavior Interventions and Supports (PBIS), Multi-tiered Systems of Support (MTSS), and the Interconnected Systems Framework (ISF) as being necessary for the effective development, implementation, and sustainability of Expanded School Mental school-based mental health systems and services. Finally, professional development in the areas of mental health literacy (e.g., identifying the characteristics of mental health conditions, strategies to intervene with students, and ways to support students in gaining access to mental health services) were identified as critical training areas for teachers. Additionally, administrators specifically mentioned the use of ongoing coaching as being the most beneficial methodology for effective teacher training.

Dedication & Acknowledgements

I would like to dedicate this dissertation to God and my family. God, thank you for surrounding me with the love of my family and friends who have been with me throughout this journey. I hope that through this work I will be able to carry out your plan to help others in need.

To my children, although I tried my best to limit my time away from you, I know you felt my absence at times. Thank you for your patience with me. I hope that this work can someday benefit you, a friend, or your own children in the future. Breck, Barrett, Sophia, Taylor, Haley and Maura – you mean the world to me and will always be my greatest source of joy. I thank God every day for answering my prayers and blessing me with you. I love you with all my heart.

To my parents, there just aren't the right words to express how thankful I am for your love, support, and encouragement throughout my life. You have always believed in me even when I didn't believe in myself. Thank you for lifting me up and keeping me going in my darkest moments. This dissertation would never have happened without you.

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from heaven. You can finally tell all your friends up there that you have a doctor in the family.

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Chapter 1: Introduction

The promotion of mental health services in the schools has been gaining momentum in the past several years in part due to the prevalence of school violence in schools across the country. The tragic and high profile acts of school violence are not the only reason why educators, mental health professionals, law enforcement, and researchers have been focusing more attention on learning how to address the mental health needs of today's youth. According to the U.S. Department of Health and Human Services (2000), one in five students experiences a mental health-related issue during their school years. While the incidence rates of conditions such as anxiety, depression, learning disabilities, bullying, and substance abuse occur more frequently, severe mental health issues such as self-injurious behavior and death by suicide rates are on the rise (National Association of School Psychologists, 2016). Recent data from the Center for Disease Control and Prevention (2018) reported that suicide rates increased by 25% between 1999 and 2016 and is the leading cause of death in the United States.

Additionally, suicide is the third leading cause of death for individuals between the ages of 10 and 24 years (National Association of School Psychologists, 2018). The long-term consequences of unsuccessfully addressing mental health issues compound over time. As studies further show, students who demonstrate behavioral and mental health problems early in their elementary career are at an increased risk of academic failure, truancy, suspension, dropout, and legal issues that may extend beyond high school (Bradshaw, Buckley & Ialongo, 2008; Klontz, Bivens, Michels, DeLeon & Tom, 2015; Koller & Bertel, 2006).

Despite these deleterious effects, the mental health needs of students often go unmet and only about half of the students with identified mental health conditions receive the appropriate care that they require (Jensen et al., 2011; Levitt, Saka, Romanelli & Hoagwood, 2007; Moon, Williford & Mendenhall, 2017). With the small percentage of students who do receive mental health services, most of these services are provided through school-based programs rather than in traditional settings (Bradshaw, Buckley & Ialongo, 2008; Duchnowski, 2013; Kutash, Duchnowski & Green, 2015; Pearrow, Amador & Dennery, 2016; Weist, 2003; Weist, Goldstein, Morris & Bryant, 2003; Weist et al., 2012). Early access to mental health services and resources continues to be crucial for reducing mental health and behavioral problems. Given the significant amount of time students spend in schools and mandatory attendance policies, schools are an ideal point of entry for these services (Moon, Williford & Mendenhall, 2016). For these reasons, it is critical that teachers, school administrators, and school-based mental health professionals are prepared and trained to face the growing social, emotional, and behavioral needs of students (Ball et al., 2016; Koller & Bertel, 2006).

The literature related to school-based mental health has shown time and again that teachers and administrators do not receive the necessary training to promote a fundamental understanding and application of mental health services. Examples of this include mental health literacy, screening and early identification of students with mental health conditions, referral processes to student assistance teams, effective classroom management strategies, behavioral intervention techniques, and crisis preparedness and

response (Carr, Wei, Kutcher, &Heffernan, 2017; Koller & Svoboda, 2002; Koller & Bertel, 2006; Kutcher, Wei, McLuckie & Bullock, 2013; Reinke, Stormont, Herman, Puri & Goel, 2011; Ringeisen, Henderson & Hoagwood, 2003; Rones & Hoagwood, 2000; Weist, 2005; Weston, Anderson-Butcher & Burke, 2008). Teachers and administrators do not receive adequate training in how to facilitate the development and implementation of collaborative interconnected systems that can be used as the organizational infrastructure for providing mental health services to students in the schools (Caparelli, 2012; Koller & Svoboda, 2002; Ringeisen, Henderson & Hoagwood, 2003; Rones & Hoagwood, 2000).

Statement of the Problem

School administrators play a crucial role in the development and implementation of mental health systems that allow all students access to universal preventative interventions and services. For this reason, understanding their perspectives is critical to understanding the research to practice gap as it relates to the successful implementation of school-based mental health services and the features of effective Expanded School Mental Health systems. Therefore, it is necessary to understand administrators' perspectives about the training and supports teachers need to increase knowledge, confidence, and self-efficacy in the delivery of effective school mental health services. If schools are to be successful in developing favorable school climates and systems that foster the mental health needs of students, then it is imperative that teachers are given the necessary training to promote successful integration of mental health services and traditional goals that support students in their achievement of academic standards.

Purpose of the Study

The purpose of this pragmatic qualitative research study was to explore elementary school administrators' perspectives of what specific features make up effective Expanded School Mental Health programs and services. I was interested in gaining perspectives on crucial elements that lead to successful development, implementation, and sustainability of effective school-based mental health systems. The goals of my research study included the following:

- Gain a deeper understanding of administrators' perspectives as they relate to the effectiveness of current practices used by schools to support the mental health needs of students
- Seek suggestions about the changes necessary to promote and facilitate the development and implementation of collaborative, interconnected systems that foster effective Expanded School Mental Health programs
- Obtain recommendations for changes to training practices that are necessary to enhance the mental health services students receive in the school setting

The results of this study benefit society by providing implications for potential changes in policy and practice that may be necessary to develop effective Expanded School Mental Health systems. Obtaining this knowledge was essential for educational professionals to be adequately prepared to address the alarming increase in the mental health needs of students across the country.

Research Questions

The primary objective of this study was to answer the following research questions:

1. What do elementary school administrators believe to be the most concerning behavioral, emotional, and mental health issues observed in students in the school environment?
2. What are administrators' perceptions about what constitutes and defines effective Expanded School Mental Health services and programs?
 - a. Are the existing services and programs meeting the needs of students?
 - b. What are the core elements that administrators believe are fundamental to the development, implementation, and sustainability of effective Expanded School Mental Health systems?
3. What training do administrators believe are necessary for school personnel to better support students within an effective Expanded School Mental Health system?

Operational Definitions of Terms

Evidence-based practices (EBP).

A collection of methods that are conducted or implemented with pre-determined parameters (i.e., treatment components, service delivery structure, values, or criteria) and with accountability to the practices. These practices may seek to integrate specific interventions within a given setting and organizational context for a given population (Fixsen, Blase, Metz & Van Dyke, 2013).

Expanded school mental health (ESMH).

A framework of school mental health which goes beyond the typical mental health services offered in schools by their counselors, psychologists, and social workers by linking schools with community services and including all school personnel. They provide a range of services that include prevention, assessment, treatment, and case management. The elements of ESMH include: (1) a full continuum of mental health promotion and interventions services, (2) services that are offered to both general and special education students, (3) services that supplement the work of school-based mental health professionals, and (4) services provided through a partnership between schools and community programs and agencies (Weist, M.D., Goldstein, A., Morris, L., & Bryant, T., 2003).

Framework.

A conceptual structure around which something is built, such as a system of thought, ideas, rules, or beliefs.

Implementation.

A set or series of planned activities that are designed to incorporate evidence-based practices into real-world settings. Quality implementation typically includes appropriate dosage, fidelity, quality of delivery, and acceptability which are all critical variables that encourage positive student outcomes (Mitchell, 2011).

Interconnected systems framework (ISF).

The ISF is a structure and process for integrating school mental health practices, resources, systems, training, and data-based decision-making into all levels of a multi-

tiered system of support to improve outcomes for students. There are three foundational implementation components of ISF. These include (1) interdisciplinary collaboration and team functioning, (2) data-based decision making, and (3) evidence-based practices. This framework emphasizes the importance of family and community partnerships in the prevention, early identification, and intervention of social-emotional, behavioral, and mental health needs of students (Barrett, Eber & Weist, 2013; Splett et al., 2017).

Mental health literacy.

An understanding of how to identify mental disorders and their treatments, how and where to obtain resources and information about maintaining good mental health, recognizing how to reduce the mental health stigma, and knowing ways in which to enhance self-help efficacy (Kutcher, Wei, McLuckie & Bullock, 2013; Kutcher, Wei, & Coniglio, 2016).

Multi-tiered systems of support (MTSS).

An evidence-based model of education that emphasizes prevention, employs data-based problem-solving techniques and uses evidence-based interventions that are implemented with fidelity for the purpose of meeting the academic, emotional, and behavioral needs of all students through tiers (universal, targeted group, individual) of increasingly more intensive interventions (Eagle, Dowd-Eagle, Snyder & Gibbons-Holtzman, 2015).

Positive behavioral interventions and support (PBIS).

The term Office of Special Education Programs (OSEP) Technical Assistance Center on Positive Behavioral Interventions and Support defines PBIS as:

... schoolwide systems of support that include proactive strategies for defining, teaching, and supporting appropriate student behaviors to create positive school environments. Instead of using a piecemeal approach of individual behavioral management plans, a continuum of positive behavior support for all students within a school is implemented in areas including the classroom and non-classroom settings (such as hallways, buses, and restrooms). Positive behavior support is an application of a behaviorally-based systems approach to enhance the capacity of schools, families, and communities to design effective environments that improve the link between research-validated practices and the environments in which teaching and learning occur. Attention is focused on creating and sustaining Tier 1 supports (universal), Tier 2 supports (targeted group), and Tier 3 supports (individual) systems of support that improve lifestyle results (personal, health, social, family, work, recreation) for all children and youth by making targeted behaviors less effective, efficient, and relevant, and desired behavior more functional (2017, “What Is School-wide PBIS?” para 1).

School-based mental health professionals.

These professionals have been trained in the identification, assessment, intervention, and case management of students with mental health conditions, as it relates to supporting these students to be successful in the educational environment. These professionals typically include school psychologists, school counselors, and school social workers.

School-based mental health (SBMH).

These are mental health services provided within the school setting delivered by a variety of different professionals that are school-employed staff, including school psychologists, counselors, social workers, and community mental health practitioners (Anello et al., 2017).

Universal interventions.

Within the MTSS framework, these are primary interventions (i.e., Tier 1) which are delivered to all students and include an evidence-based core curriculum, universal screening procedures to assess current levels of performance (e.g., academic, emotional, behavioral), culturally and linguistically responsive instructional practices, social-emotional learning curriculum, and clear behavioral expectations and supports (Bruns et al., 2016).

Chapter 2: Literature Review

“Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by the very institutions and systems that were created to take care of them. It is time that we as a Nation took seriously the task of preventing mental health problems and treating mental illness in youth” (U.S. Department of Health and Human Services, 2000, Forward section, para.1).

With the ever-increasing needs of children demonstrating mental health problems, school districts across the nation have been challenged to exercise greater flexibility about their primary mission to educate students and acknowledge the importance of the implementation of programs that facilitate healthy social, emotional, and behavioral development. This paradigm shift has gradually become more accepted by school personnel as they have begun to understand the relationship between mental and behavioral health with school achievement and student outcomes. Over the past two decades, schools have become increasingly aware of the growing need for the availability of quality mental health services in the educational setting.

Educators in the 21st century are now serving a more diverse community of students with varying levels of abilities and motivation for learning (Durlak et al., 2011). Students enter the school building each day with a greater range and intensity of problems that impact their lives and their success at school. Some of the most prevalent issues affecting students today include poverty, violence, exposure to traumatic events, substance abuse, bullying, suicidal ideation, and other family and social-emotional stressors (Durlak et al., 2011; Kutash, Duchnowski & Green, 2015; Pearrow, Amador &

Dennery, 2016). When these stressors are coupled with a biological predisposition to develop a mental health disorder, this can impact the onset of the mental health condition. Without appropriate coping mechanisms and strategies, the outcomes for these students can be catastrophic.

Prevalence of Mental Health Conditions in Children

The sheer number of students with significant mental health problems is enough to call attention to this epidemic. Approximately one in five of the youth in the United States will experience a diagnosable mental disorder at some point in their lives (Koller & Bertel, 2006; Merikangas et al., 2010). Although conservative estimates have found that approximately 20% of school-age youth need mental health intervention, other sources suggest that this number may be as high as 38% (Committee on School Health, 2004; Goodman et al., 1997; Marsh, 2004; Reinke et al., 2011). Despite the need, a small percentage of students who should receive services are referred to and are seen by mental health professionals for these conditions (Bradshaw, Buckley & Ialongo, 2008; Capp, 2015; Weist, 2003; Weist, Goldstein, Morris & Bryant, 2003; Weist et al., 2010). Studies indicate that only 50% of youth who need mental health services receive the care they need (Merikangas et al., 2010).

Of those students who are receiving mental health services, the majority are the most psychologically disturbed youth or those with predominantly observable, externalizing behaviors (e.g., verbal or physical aggression, attention-related issues, noncompliance, oppositional behavior). Students with internalizing behaviors such as

anxiety, depression, and post-traumatic stress disorder, are often overlooked for services, as they are more difficult to detect without deliberate and purposeful universal measures of identification (Weist, Goldstein, Morris & Bryant, 2003). These numbers do not take into account the additional students who are considered at-risk to develop a mental health condition (Paternite, 2005).

Need for School-Based Mental Health Services

Success in school can lead to many positive outcomes after high school, including higher rates of employment, greater earning potential, and a reduced likelihood to be incarcerated. On the contrary, students who experience significant difficulty in school report higher levels of unemployment, lower wages, greater health-related issues, increased problems with drugs and alcohol, higher likelihood to depend on public assistance, and increased probability of being imprisoned (Christle, Jolivette, & Nelson, 2007). Students who demonstrate behavioral and mental health problems in childhood are at an increased risk of academic failure, truancy, suspension, dropout, and legal issues that may extend beyond high school (Bradshaw, Buckley & Ialongo, 2008; Klontz, Bivens, Michels, DeLeon & Tom, 2015). Capp (2015) offers a further rationale for the need for school-based mental health programs as supported by the following information:

- Students with mental health problems have a greater chance of experiencing academic deficits and are less likely to graduate from high school in comparison to other students with other disabilities.
- The behavior of students with mental health conditions are often not only disruptive to themselves, but they affect other students.

- School staff report feeling more like parents than teachers, which can negatively impact school climate and lead to increased stress and higher rates of teacher attrition
- Teachers want students to come to school ready and able to focus on learning, but behavioral and mental health issues can create a barrier to a student's ability to do so.

When students are given access to the support through school mental health programs, there are a range of positive outcomes including increased access to early intervention, improved academic performance, fewer problems related to the stigma of mental health disorders, and reduced emotional and behavioral difficulties (Splett, Fowler, Weist, McDaniel & Dvorsky, 2013). Also, school-based mental health services lead to increased accessibility for rural and disadvantaged populations of students and better opportunities to engage families in fostering the mental health needs of their children (Mills et al., 2006).

For these reasons and others, more and more educators are reporting a need for school-based mental health services for students. And, the research is finding that teachers are beginning to understand the intricate interconnection of the social and emotional wellbeing of students and academic performance (Durlak et al., 2011; Elias, Zins, Graczyk & Weissberg, 2003; Klontz, Bivens, Michels & DeLeon, 2015; Kutash, Duchnowski & Green, 2015). Studies have shown that approximately 75% of teachers report working with or referring students for mental health issues and that nine out of 10

teachers report that they have worked with students displaying externalizing behaviors (such as defiance, aggression, noncompliance) and family stressors (Reinke et al., 2011).

Research also indicates that teachers believe that the expansion of adequate mental health services in schools is a priority and that teachers should play a role in addressing the mental health needs of students (Moon, Williford & Mendenhall, 2017; Reinke et al., 2011; Rothi, Leavey & Best, 2007). According to Reinke et al. (2011), the findings from their study found that 89% of teachers agreed that schools should be involved in meeting the needs of students exhibiting mental health issues. However, only 34% of teachers felt confident that they possessed the skills necessary to meet the needs of these students and the vast majority of teachers expressed a need for further training (Moon, Williford & Mendenhall, 2017; Reinke et al., 2011; Rothi, Leavey & Best, 2008).

The reality is that many students do not receive mental health care in traditional settings (i.e., clinics, hospitals), but rather through school-based programs (Bradshaw, Buckley & Ialongo, 2008; Duchnowski, 2013; Kutash, Duchnowski & Green, 2015; Pearrow et al., 2016; Weist, 2003; Weist et al., 2003; Weist et al., 2012). Given that children spend a large portion of their day in school, it isn't surprising that most of these students receive mental health services through their schools. Aside from home, the school setting is the most natural and accessible environment for students to obtain services. Schools are also viewed as an advantageous location for the receipt of mental health services due to their ability to reduce the barriers that frequently prevent families from accessing services, such as issues with transportation, time away from work for appointments, childcare for siblings, and financial barriers (Phillippo & Kelly, 2014).

In response to the need for expanded mental health services, there has been considerable growth over the past 20 years of research regarding the use of universal preventative practices delivered to all students in the general education setting. These practices can reduce mental health problems through early detection and using evidence-based interventions to support students identified with behavioral and mental health issues. However, teachers and administrators report that they still view the school psychologist or other mental health professionals as having a primary role in the delivery of school-based mental health services (Moon, Williford & Mendenhall, 2017; Reinke et al., 2011). In Reinke et al. (2011), teachers reported feeling more comfortable in the role of providing classroom management and behavioral interventions but not in teaching social-emotional lessons, which is one of many tools that teachers can use in preventing mental health issues. Despite the increase in the availability of preventative mental health and behavioral programs and interventions, the widespread adoption of these practices within the school setting is inconsistent and considerably lacking in most general education environments (Reinke et al., 2011). The hesitation of classroom teachers to deliver evidence-based practices that are known to be useful for the prevention of mental health issues has led researchers to inquire about the factors and barriers contributing to this research to practice gap.

Barriers and Marginalization of Mental Health Services

Although an increased number of schools across the nation are offering mental health programs and services, there are still many barriers that create considerable difficulty in the effectiveness of school mental health programs and services. Examples

include competing school staff responsibilities, fragmentation of mental health services and inadequate teacher training programs that insufficiently prepare teachers and administrators in mental health principles and practices (Koller & Bertel, 2006; Weist et al., 2014). These are just a few of the barriers which add to the complexity of delivering appropriate and effective mental health services to students.

Competing priorities and resources.

It is of no surprise that few schools have adequate funding resources to pay for the continuum of mental health services necessary to support the increasing number of students who experience a range of psychological conditions that interfere with their learning and educational outcomes. Universal screening for early identification of children with mental health issues, primary prevention programs such as social-emotional learning (SEL) curricula, and effective individualized mental health interventions are still considered to be nice to have services in many schools today. The reality is that school mental health services and related support activities are marginalized and fragmented at most schools. External pressures from federal and state mandates (e.g., No Child Left Behind Act of 2001) have historically placed tremendous emphasis on the importance of standardized assessments and student academic proficiency. Oddone (2002) stated that, “pressures to demonstrate progress in school performance, as illustrated by improved test scores, threaten to relegate mental health, safety, and other issues that reflect overall student well-being to the sidelines, as though these concerns are not relevant to the mission assigned to schools” (p. 274). Federal mandates (i.e., No Child Left Behind, Individuals with Disabilities Education Act) may also dictate how pupil-service

professionals are employed, and what tasks they perform (Adelman & Taylor, 2000; Weist et al., 2012). Unfortunately, this tends to result in mental health services functioning in a fragmented or piecemeal manner and classroom teachers feeling intense stress and pressure to improve student performance and academic achievement (Koller & Bertel, 2006).

Fragmentation of mental health services.

Many school districts across the nation continue to experience budget shortages, and few schools come close to having enough resources to fund all the demands and needs of its staff and students. Financial and time constraints have often contributed to the reactionary model in which many schools tend to function in addressing these needs. Furthermore, federal and state mandates typically dictate how certain funds may be used. These reasons have all contributed to the fragmentation of school-based mental health services. The irony in this is that such fragmentation is expensive, inefficient, and ineffective in maximizing results and is counterproductive (Adelman & Taylor, 2000).

The traditional approach to school mental health services has reflected a stand-alone arrangement. In this approach, mental health professionals are hired by the district and function in relative isolation from other professionals, rather than in collaboration with others within the building or community. These services have lacked consistent implementation of evidence-based practices, and fail to provide preventative interventions to the entire student body. Furthermore, it does not contain a mechanism for systematic evaluation of the effectiveness of services to students and the impact the

approach has on schools (Adelman & Taylor, 2000; Swain-Bradway et al., 2015). This isolated model is ineffective for the following reasons:

- Low implementation fidelity of interventions;
- Lack of coordinated efforts by clinicians, teachers, and other school personnel who interact with the students receiving mental health services;
- Lack of well-established selection criteria for identifying students who need mental health services, and;
- Infrequent and inconsistent monitoring and adjustment of interventions. (Swain-Bradway et al., 2015, pp. 282-283).

Furthermore, school-based mental health professionals (e.g., school psychologists, school counselors, social workers, etc.) often work in relative isolation of one another rather than collaboratively, due to time constraints, prioritization of tasks assigned by the district, and an over-reliance on individualized or small group services (Adelman & Taylor, 2000). It seems that functioning in isolation is the rule rather than the exception. Teachers are also not seeking out their professional colleagues on a regular basis, which then sets them up for burnout when their emotional wellness is neglected (Koller & Bertel, 2006; Rothi, Leavey & Best., 2008). Not only is this model inefficient and costly for school districts, particularly for those districts who experience high levels of teacher turnover, but it also results in a competition for resources leading to further marginalization (Adelman & Taylor, 2012). As a result, testing and academic achievement have been the primary focus of school administrators and classroom teachers. The fact of the matter is that the physical and mental health of students is just as

critical to student success. Students must possess adequate social, emotional, and behavioral health to benefit from the learning experience and demonstrate positive educational outcomes (Adelman & Taylor, 2000; Durlak et al., 2011; Kutash, Duchnowski & Green, 2015).

Inadequate teacher training in mental health.

Teachers play a crucial role in the identification and effective implementation of school-based mental health services, but a number of studies have found that teachers do not feel adequately prepared to manage the mental health issues they face in the classroom (Carr, Wei, Kutcher & Heffernan, 2017; Koller & Bertel, 2006; Phillippo & Kelly, 2013; Rothi, Levey & Best, 2006; Weston, Anderson-Butcher & Burke, 2008). Furthermore, teacher preparation programs have historically been insufficient and have been nearly devoid of course content and field experiences designed to prepare educators to effectively work with students with mental health conditions (Koller & Bertel, 2006; Papa, 2017). With the increasing prevalence of mental health issues that students present in the classroom each day, it is imperative that teacher preparation programs begin to include a mental health competencies curriculum so that teachers are sufficiently prepared to address the complex needs of the students they will serve in their classrooms (Weston, Anderson-Butcher & Burke, 2008).

One crucial aspect of mental health competency includes knowledge of mental health literacy. Kutcher, Wei, and Coniglio (2016) defined mental health literacy as, “understanding how to obtain and maintain positive mental health; understanding mental disorders and their treatments; decreasing stigma related to mental disorders; and,

enhancing help-seeking efficacy” (pp. 155). Training in mental health literacy will 1) increase educator understanding about positive mental health prevention and intervention, 2) improve knowledge of the characteristics of and the ability to identify various mental health disorders, 3) strategies to promote positive attitudes toward individuals living with mental health disorders, and 4) increases knowledge about different resources and ways to go about referring students for mental health services (Kutcher, Wei, McLuckie & Bullock, 2013). When teachers are appropriately trained in these critical concepts, they are less frustrated, disappointed, and discouraged because they feel more confident in their ability to address the complex behavioral and mental health issues that negatively impact student achievement.

Reform of School Policy and Practices

Despite the increasing numbers of research studies demonstrating the effectiveness of school-based programs and interventions related to mental health (Atkins et al., 2015; Bruns et al., 2016; Durlak et al., 2011; Kang-Yi, Mandell & Hadley, 2013; Klontz, Bivens, Michels, DeLeon & Tom, 2015; Pearrow, Amador & Dennery, 2016), school mental health initiatives have not historically been a high priority of the school reform agenda. Districts often perceive educational activities not directly related to teaching academics as luxuries that deflect time and resources away from a district’s primary mission of providing direct academic instruction. Few schools have the resources necessary to develop a comprehensive, full range of programs that promote a continuum of mental health services to meet the needs of students with a variety of symptoms and enhance the social, emotional, and behavioral development of students. Due to limited

resources, school professionals often address these barriers using a piecemeal approach to complex problems that are mostly reactive in nature. The interventions provided are often not well designed, lack empirical support, and lack proper collaboration with classroom teachers to be sufficient for long-term success (Taylor & Adelman, 2000).

President's new freedom commission on mental health.

In 2003, the President's New Freedom Commission on Mental Health (NFC) conducted a study of more than 2,000 stakeholders in the mental health community about mental health services provided in the school setting. In this report, the commission concluded that although schools are the natural setting and best site to provide access to preventative services and treatment, the mental health systems in the schools remain marginalized, fragmented, and in disarray (Mills et al., 2006; President's New Freedom Commission on Mental Health, 2003; Weist, 2005). Furthermore, this study indicated that obstacles associated with implementing change, and opposition related to the stigma associated with mental health services has contributed to resistance by schools to establish and deliver coordinated and effective programs for students. To address these obstacles, the NFC report recommended the following steps were essential for the successful implementation of school-based mental health services: (a) demonstrate need; (b) establish consensus; (c) involve key stakeholders; (d) empower and support key stakeholders; (e) promote evidence-based practice, and; (f) utilize limited resources efficiently (Mills et al., 2006; President's New Freedom Commission on Mental Health, 2003).

Out of the NFC emerged the concept of Expanded School Mental Health (ESMH), which subsequently led to an increase in the access to mental health care for children and adolescents (Papa, 2017). These programs offered a range of services to students that included prevention, assessment, treatment, case management, and emphasized the importance of collaboration between schools, families, and community agencies (President's New Freedom Commission on Mental Health, 2003). It was through the inception of these programs that schools began to explore ways to implement these services and became the primary setting for the delivery of mental health services.

The emergence of school mental health initiatives.

The topic of school mental health is gaining momentum, and recent legislation has focused on the provision of student mental health services and programs to promote student health, well-being, and learning in the schools. Over the past two decades, there has been a gradual increase in the number of schools that are implementing school-based mental health programs and services. The expansion of these supports to students has revealed promising results and a wide range of positive outcomes, including providing students access to early intervention, improved academic performance in the classroom, a reduction in the stigma commonly associated with mental health issues, and a reduction of emotional and behavioral disorders (Splett et al., 2013).

A few prominent initiatives have surfaced as the cornerstones to advance school-based mental health services - Positive Behavioral Interventions and Supports (PBIS), Expanded School Mental Health (ESMH), and Multi-tiered Systems of Support (MTSS). As school districts have experienced with other initiatives, PBIS and ESMH have often

operated in isolation from one another. Unfortunately, this has resulted in missed opportunities for these systems to interconnect programs and services in a complementary manner that increases the depth and quality of supports (Anello et al., 2017). Emerging research has been exploring how these interrelated systems can work in conjunction with one another by maximizing their known benefits (Anello et al., 2017; Barrett, Eber & Weist, 2013; Weist et al., 2018). The following section describes these systems separately and then explains an emerging model focused on the integration of PBIS, ESMH, and MTSS frameworks, the Interconnected Systems Framework (Barrett, Eber, & Weist, 2013).

Expanded mental health services movement.

The emergence of these systems has produced evidence supporting the use of research-based school mental health interventions that can lead to positive outcomes for students and a reduction in behavioral and emotional problems at school (Mills et al., 2006; Weist et al., 2010; Weist et al., 2014). The primary goal of these systems is to facilitate school success through early identification of students, delivery of appropriate, evidence-based mental health interventions, and reducing conditions and stressors that elicit emotional responses and behavioral problems. Targeted interventions have led to reductions in disruptive behaviors, disciplinary referrals, depression, high school dropout rates, and improvements in coping skills, peer relations, academic performance (Durlak et al., 2011), school attendance (Weist et al., 2003), and graduation rates (Kutash, Duchnowski & Green, 2015). Certain truths must be accepted by schools to begin developing the foundation for appropriate and effective school mental health systems of

support (Eber, Weist & Barrett, 2013; Weist, Kutcher & Wei, 2015). These fundamental ideas include: (a) families need assistance in making connections to proper mental health professionals who specialize in meeting the specific needs of their child (Atkins et al., 1998; Catron, Harris, E Weiss, 1998); (b) schools must offer unparalleled access to mental health services for children and youth (Paternite, 2005), and; (c) school mental health services are greatly enhanced and more effective in meeting student needs when educators, mental health providers, and youth-serving systems work collaboratively to develop partnerships that implement evidence-based practices and ongoing support to educators and families (Bruns et al., 2016; Swain-Bradway, Johnson, Eber, Barrett & Weist, 2015; Weist, Grady-Ambrose & Lewis, 2006; Weist, Kutcher & Wei, 2015).

Expanded school mental health (ESMH).

The purpose of school mental health programs is to enhance student success by reducing the stress associated with emotional or behavioral problems that are known to be a barrier to student learning. Additionally, ESMH facilitates the early identification of students in need of mental health services, delivery of appropriate interventions and services, and overall can improve school climate. (Weist, Goldstein, Morris & Bryant, 2003). According to Paternite (2005), there are key features necessary for the successful implementation of Expanded School Mental Health programs. The term expanded is intended to emphasize that these programs build upon the programs and services that already exist in many schools. The feature that is perhaps what distinguishes ESMH from pre-existing programs is the importance of interdisciplinary collaboration and cross-systems integration (see Table 1).

Table 1. Essential principles of quality expanded school mental health programs. Adapted from “Commentary: Promoting Paradigmatic Change in Child and Adolescent Mental Health and Schools,” by M. D. Weist, 2003, *School Psychology Review*, 32, p. 338.

Principle	Description
School-family-community agency partnerships	Mental health programs are coordinated with community mental health providers to improve cross-referrals, enhance linkages, and coordinate and expand resources.
Commitment to a full continuum of mental health education	Schools are involved in school-wide mental health promotion, early intervention, and treatment. Staff are provided training on identifying and addressing emotional/behavioral problems in students.
Mental health promotion, assessment, prevention, intervention, and treatment	Quality assessment and improvement activities provide measurable results to assist with prevention efforts, ongoing program evaluation guides, and provides feedback on the effectiveness of services.
Services for all youth, including those in general and special education	All students and families have access to appropriate care and case management assistance for school-based programs as well as to facilitate coordination to community programs and services.

Positive behavioral interventions and support (PBIS).

PBIS is a multi-tiered framework that is designed to teach, promote, and reinforce positive behaviors utilizing strategies to increase the occurrence of appropriate

student behaviors, as opposed to relying predominantly on reactive and punitive disciplinary procedures when students misbehave (Sugai & Horner, 2002; Anello et al., 2017). This framework utilizes a systematic decision-making process that allows for the implementation of interventions given to students needing varying levels of support ranging from Tier 1 (preventative), Tier 2 (targeted), and Tier 3 (intensive). The significant components of PBIS include (1) adopting the philosophy and culture, (2) building relationships with students and staff, (3) defining and systematically teaching behavioral expectations, (4) establishing a consistent reinforcement system that acknowledges students for appropriate behaviors, (5) using data-based decision making, and (6) responding to problem behaviors with innovative disciplinary practices (“SWPBS Implementation Blueprint”, 2010). PBIS is a prevention-oriented system and framework that focuses on the development of a predictable, efficient, and positive school climate where students are explicitly taught the social and behavioral expectations and reinforced for demonstrating these.

Schools that implement a PBIS framework have documented a host of favorable student outcomes. Some of these benefits include: (a) improvements in academic instruction; (b) increases in parent involvement; (c) decreases in student discipline referrals; (d) decreases in suspension rates; and (e) improvements in academic achievement and student outcomes (Swain-Bradway et al., 2015). Additional advantages of PBIS include a reduction in staff turnover, improved organizational efficiency, and increased perception of teacher efficacy and overall student well-being (Kincaid et al., 2002).

Multi-tiered systems of support (MTSS).

Multi-Tiered Systems of Support (MTSS) was previously referred to as Response to Intervention (RtI). This model emerged from efforts in the field of special education to improve the identification of students with specific learning disabilities and implement early intervention to these students. It is the process of systematically collecting evidence to document student performance following the introduction of an instructional change in the classroom (OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports, 2019).

Wexler (2018) defines MTSS as the practice of providing high-quality core instruction in the general education environment to all students, proactively identifying students in need of more support, providing evidence-based intervention matched to student need, and monitoring progress frequently to make decisions about changes in instruction. At the systems level, MTSS emphasizes the importance of collecting objective data to make educational decisions related to curriculum, assessment, planning of interventions, resource allocation, professional development, and information to drive educational change and reform necessary for overall effective school practices. (Batsche et al., 2005; Wexler, 2018). MTSS is grounded in the same principles as PBIS, and therefore, share the following core features:

- Expectations for high quality, research-based instruction in general education classrooms
- Universal, classroom-based screening to identify the need for additional support

- A collaborative team-based approach to development, implementation, and evaluation of alternative interventions
- Increasingly intense, multi-tiered application of an array of high-quality, evidence-based instruction matched to individual needs
- Continuous monitoring of progress to determine the impact of interventions
- Expectations for parent involvement throughout the process (OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports, 2019, para. 5)

Three-tiered models of support are designed to offer a framework to meet the academic, behavioral, and social/emotional needs of students in a manner that can be proactive and preventative. This three-tiered approach provides a continuum of support to facilitate data-based decision making used to incrementally increase the intensity of intervention assigned to students in need.

Tier 1 interventions (universal).

Tier 1 interventions target all students within the entire school population and offer preventative supports to promote and enhance academic skill development, pro-social behavior, and emotional well-being. Data show that approximately 80% of students are responsive to Tier 1 supports. Examples of these interventions include explicit instruction in school-wide behavioral expectations, adoption of evidence-based reading and math curricula, and validated social-emotional learning programs.

Tier 2 interventions (targeted).

Approximately 10-15% of students are non-responsive to Tier 1 support and demonstrate a need for scaled up, small group intervention where targeted strategies are selected to address the specific areas identified through academic and behavior screening data. Examples may include reading groups, social skills groups, behavioral contracts, and self-monitoring interventions.

Tier 3 interventions (intensive).

Tier 3 interventions are designed for the 5% of students for whom Tier 1 and Tier 2 supports have found to be insufficient. Students requiring Tier 3 interventions demonstrate the highest levels of need and require an intensive, individualized intervention that is specifically designed to address his or her unique academic or behavioral needs. Some examples of Tier 3 interventions include wraparound services, 1:1 tutoring, individual counseling services, and crisis response and intervention.

A Continuum of Support for All

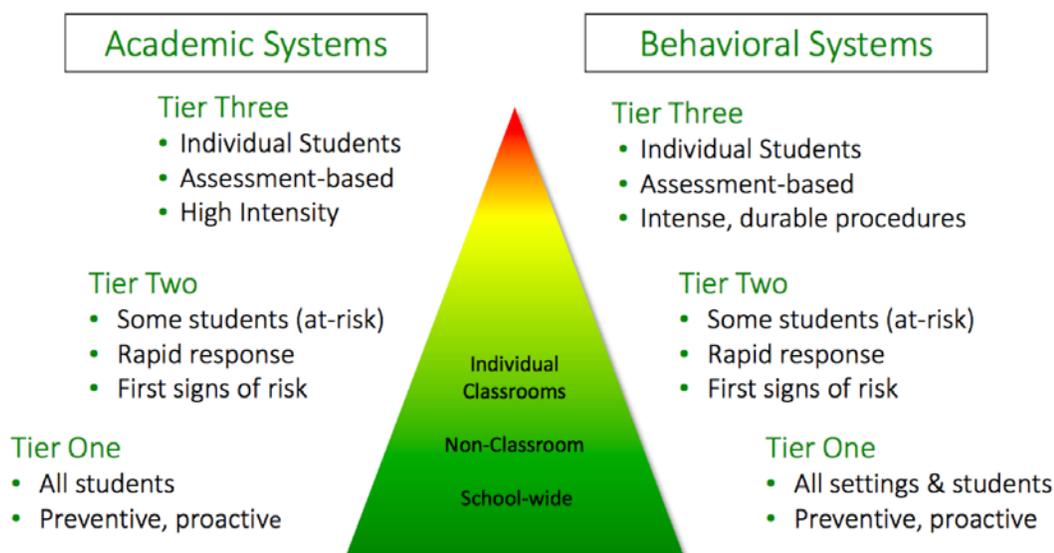


Figure 1. Multi-tiered systems of support. Reprinted from “Essential Features of Positive Behavior Support within an MTSS Framework,” by B. Mitchell, 2018, Retrieved from <https://s3.amazonaws.com/media.guidebook.com/upload/148126/NuvnyL2HS6I7IzqWLjPqf1wd3CzNVFUxtrPl.pdf>. Conference conducted at the 2018 Nebraska MTSS Summit. Reprinted with permission.

Interconnected systems framework (ISF).

There is a multitude of factors impacting the quality of services and the effective implementation of school mental health services children receive. Of utmost importance to the success of school mental health is the development of a systematic interconnection of services between administrators, teachers, school-based mental health professionals, and community-based mental health systems. An approach to establishing the provision of a coordinated mental health system is called the Interconnected Systems Framework (ISF). This framework builds from the empirically validated platforms of PBIS, ESMH, and MTSS to integrate school mental health programs and services (Eber, Weist &

Barrett, 2013).

The infrastructure of the school mental health system is enhanced and strengthened by embedding the ISF core features, which include (1) administrative leadership, (2) effective teaming, (3) data-based decision making, (4) implementation of evidence-based practices, (5) universal screening for mental health disorders, (6) progress monitoring for fidelity and impact, and (7) ongoing coaching (Swain-Bradway et al., 2015).

Administrative leadership.

Fundamental to any system-level implementation is administrative commitment and active involvement that provides meaningful guidance and investment toward the effort. In ISF, school leadership is critical to each phase of implementation from the exploration and information gathering phase to the fully implemented and sustainability phase. The most effective leadership is team-based, multi-leveled, and distributed. Perhaps one of the vital roles of the administration is in the navigation of systems-level change. Administrators must demonstrate their commitment to change by expressing support publically, helping to secure resources and allocating direct and in-kind funding, and participating in training and meetings at the state, district, and school levels (Sugai & Stephan, 2013; Swain-Bradway et al., 2015).

Effective teaming.

The ISF framework can best be supported and guided by leadership that assists in the development of a teaming structure (Lever & Putnam, 2013). At the school level, teams should be multidisciplinary (i.e., educators, mental health practitioners,

policymakers, youth-serving interagency professionals). Swain-Bradway et al. (2015) described the roles of teams to include the following:

Teams share a local vision and carry out the daily tasks and activities necessary to implement and monitor ISF systems that support the school mental health practices, including (1) student, school, and community needs assessment, (2) redirecting resources in response to needs assessments, (3) selecting and implementing EBPs that address school and community needs, (4) training and coaching of school and clinical staff who bear the responsibility of implementing the practices, and (5) reviewing data to monitor fidelity of implementation and impact on student outcomes (p. 288).

Data-based decision making.

Foundational to both PBIS and ISF, schools must have multiple systems (e.g., data-based web and computer applications) functioning within the school and district to operate in alignment that provides access to both academic and behavioral data (Lever & Putnam, 2013). The ISF teams use this data to improve accountability, increase the effectiveness of interventions, assist in early identification of students, progress monitor student performance, and measure fidelity of practices and systems (Swain-Bradway, 2015).

Universal screening for mental health disorders.

According to Swain-Bradway (2015), to identify students demonstrating symptoms and characteristics consistent with mental health problems, schools can use universal screeners for the identification of potential risk factors. These screeners are a

valid and reliable method for determining which students are at elevated risk levels, and who may need additional support and intervention.

Progress monitoring.

The measurement of the effectiveness of the interventions implemented with individual and groups of students using ISF is achieved through progress monitoring systems. Monitoring student progress in a systematic manner allows for school teams to track student progress, and make informed decisions about the effectiveness of the services, and if the interventions should be continued, adjusted, intensified, or stopped (Swain-Bradway, 2015).

Implementation of evidence-based practices.

The appropriate selection and implementation of evidence-based practices (EBP) are one of the greatest barriers to school mental health services leading to effective student outcomes. A variety of EBPs is available for schools to implement with students. However, when selecting a practice, teams must consider the following questions: (a) Is there evidence that shows the effectiveness of the EBP? (b) Do the EBP and the demonstrated outcomes align with the mental health needs of the student? (c) Is the EBP consistent with other practices or initiatives currently in place within the school? Furthermore, for any practice to be successful, it must be implemented with fidelity by the personnel who are charged with the implementation. Therefore, implementation practices and having systems in place that consistently monitor fidelity are equally as important as the selection of practices (Sugai & Stephan, 2013).

Ongoing coaching.

Transitioning from the traditional approach of providing school mental health services to the ISF approach requires regular, systematic coaching that is a shared responsibility of leadership and the ISF teams. School staff must not only be skilled in their focused professional area but also need to be able to support their cross-discipline partners. To maximize effectiveness, school teams must receive frequent, constructive feedback on their application of the core ISF practices (Swain-Bradway et al., 2015). There are two types of coaching methods required under the ISF model: systems coaching and coaching for practices.

Systems coaching.

Systems coaches are required to work across the various levels of the system and must exemplify a diverse set of skills to effectively facilitate work with both individuals and teams to provide professional development, implementation of the data systems, the fidelity of intervention, and performance feedback measures (Swain-Bradway, et al., 2015).

Coaching for practices.

For teachers to become fluent in their usage and application of newly acquired skills, on-site coaches work with individuals and teams to assist in the adaptation of these skills to individual student situations. At the school building level, key individuals are identified to help with the coordination of activities and resources and provide technical support and ongoing training (Lever & Putnam, 2015).

Interconnected Systems Framework for School Mental Health

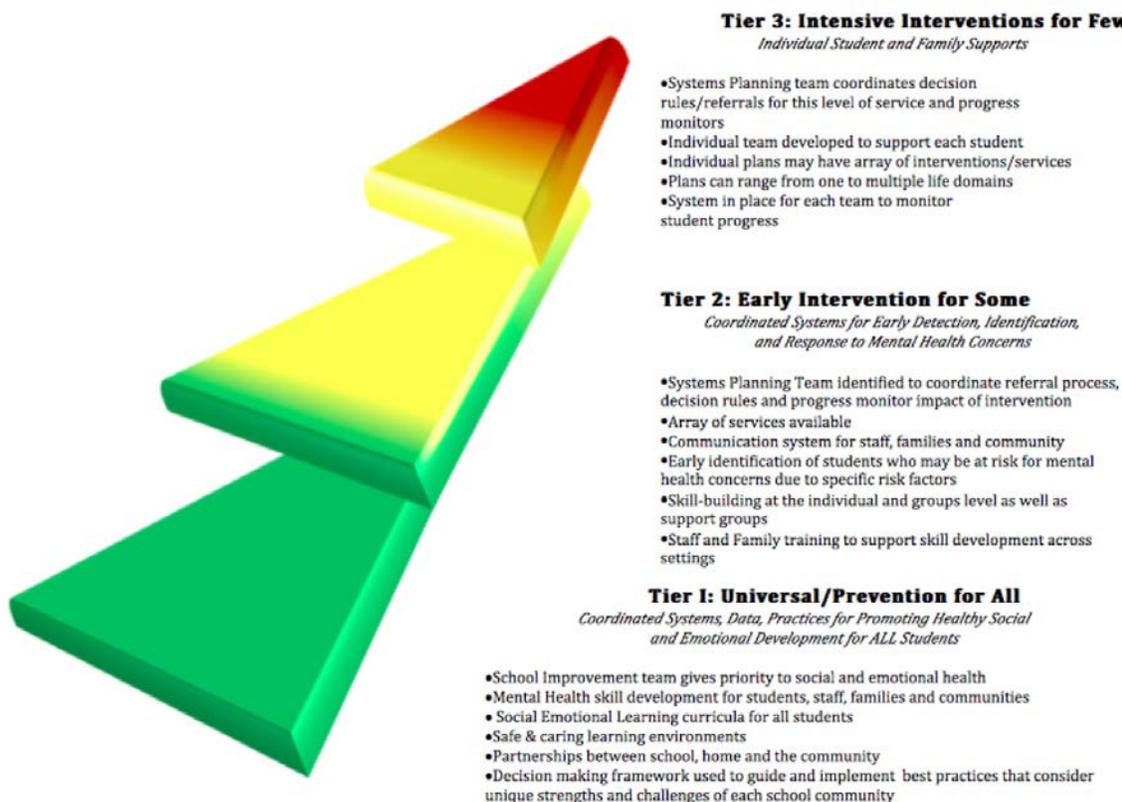


Figure 2. Interconnected systems framework. Retrieved from, “The Last Frontier: Key System Features of Tier III Supports Within a School-wide Positive Behavior Support Continuum,” by T. Lewis & B. Mitchell, 2016, OSEP Center on PBIS. Retrieved from <https://slideplayer.com/slide/5788109/>. Copyright 2016 by pbis.org.

Summary.

When PBIS, ESMH, and ISF are blended together into an interconnected system of cross-discipline collaboration, the result is a system that “promotes a prevention-based continuum of mental health promotion and intervention by bringing school and community mental health providers into established PBIS systems” (Swain-Bradway et al., 2015, p. 284). The primary goal of the interconnection of these systems is to utilize

the three-tiered-system of academic and behavioral intervention established through the PBIS framework and merge within this system an expanded continuum of mental health supports and services (Eber, Weist & Barrett, 2013; Swain-Bradway et al., 2015). The development of a comprehensive continuum of school mental health services and the implementation of an ISF multi-tiered approach can be the platform for which to promote positive academic, emotional, and behavioral outcomes for students and their families. This framework integrates the fundamental components of PBIS and MTSS with school mental health services to provide a full continuum of preventative programs to all students, early identification of problem behaviors, evidence-based intervention to improve student academic performance and reduce the barriers associated with mental health that can negatively impact student outcomes.

The early successes of ISF have demonstrated that it is a promising framework for schools to continue to provide access to mental health services. Through ISF, educators, administrators, and community mental health professionals could have a mechanism to maximize the existing resources, to create a foundation for the delivery of effective interventions and mental health services, and engage in collaboration that brings together the collective expertise of all parties with the common goal of enhancing school mental health services for our students. Furthermore, the effectiveness of staff to implement these practices and interventions with fidelity is contingent upon the ability to build capacity within school staff (Eagle, Dowd-Eagle, Snyder & Gibbons-Holtzman, 2015). Thus, it is essential that educators are provided the appropriate training and ongoing professional development and coaching to produce meaningful changes that are

sustainable over time.

Teacher Training in Mental Health

The research on teacher preparedness and mental health literacy has made it quite clear that teachers do not receive the necessary exposure to mental health course content, nor is it typically required that they participate in field experiences with a specific emphasis on teaching effective behavioral intervention techniques, classroom management strategies, or crisis preparedness and response (Koller & Svoboda, 2002; Ringeisen, Henderson & Hoagwood, 2003; Rones & Hoagwood, 2000).

In a study conducted by Reinke et al., (2011), teachers were asked to report their perceptions of the level of experience and type of training they have received related to behavioral interventions techniques. Teachers indicated their most common experiences learning about behavioral interventions included workshops, professional development training, and independent study. However, only about 33% of teachers reported training through their undergraduate coursework, and 29% said that they received training on behavior interventions through graduate coursework. Furthermore, teachers were asked to rate their overall education or training on behavioral interventions. Results indicated that 21% of teachers rated their education or training as none or minimal, 62% reported moderate, and 17% reported substantial education or training. When these same teachers were asked to respond to the question, “I feel that I have the skills required to meet the mental health needs of the children with whom I work,” 4% of teachers indicated that they strongly agreed, 30% indicated they agreed, 29% were neutral, 32% disagreed, and 4% strongly disagreed (Reinke et al., 2011).

Unfortunately, despite the prominent role that teachers can play in addressing the mental health needs of students, the reality is that teachers feel unprepared to do so. Teachers are exiting their teacher preparation training programs lacking the critical knowledge and skills to handle all the demands of their classroom. Although they are insufficiently prepared to meet the mental health and behavioral needs of students who do not come to school ready and able to learn, it is still the general education teacher who is accountable for student achievement and the attainment of learning objectives (Weston, Anderson-Butcher & Burke, 2008).

Although professional teaching standards serve an important role in defining the scope of course content and field experiences for teacher preparation programs, these standards are often vague or devoid of language specific to mental health content (Papa, 2017). Given the statistics on the vast number of students who need mental health services, the reality is that schools are the de facto setting for students to most reliably receive these services. It is time that higher education institutions explore the training needs of future and current teachers and work to provide increased opportunities to enhance teacher preparation curriculum to include instruction and experiences to develop mental health competencies. Similarly, school districts should be considering ways to provide training and ongoing coaching and professional development on improving mental health literacy in teachers.

Summary

To begin addressing the necessary educational reform as it relates to the development of interconnected systems and frameworks for school mental health services, we must first

understand the gaps in the knowledge and training provided to teachers. Without this knowledge, expanded school mental health programs will continue to be fragmented, mental health services will continue to function under an inefficient and costly service delivery model, and teachers and mental health professionals will continue to work in isolation. Meanwhile, teacher retention rates will continue to plummet due to the accumulation of stress, time constraints with increased responsibilities, and increased expectations to manage challenging student behaviors without proper training and support by administration (Ball et al., 2016; Curry & O'Brien, 2012; Koller & Bertel, 2006).

School administrators are instrumental in establishing the context, articulating the expectations, creating the mechanisms, and promoting educational initiatives - and the same is true for the implementation of mental health services in the school environment (Gofredson & Gofredson, 2002; Kam, Greenberg & Walls, 2003). Furthermore, administrators are key to the development, implementation, and sustainability multi-tiered systems of mental health services that students receive in schools. Therefore, gaining an acute understanding of their perspectives about what constitutes effective expanded school mental health services will provide insight to the knowledge and skills that educators need to improve their confidence and self-efficacy related to the delivery of appropriate mental health services to students.

Chapter 3: Methodology

The purpose of this research study was to explore elementary school administrators' beliefs about what constitutes effective Expanded School Mental Health programs and services. This study sought to gain administrators' perspectives on critical elements that lead to the successful development, implementation, and sustainability of effective school-based mental health systems. Additionally, administrators were asked to provide input on the training necessary for teachers to support students within an effective Expanded School Mental Health system. In the context of this study, Expanded School Mental Health was defined as a framework of school mental health services that provide a full range of mental health services to youth through partnerships between schools and mental health agencies and programs in the community. This framework offers a variety of services that include prevention, assessment, treatment, and case management (Weist, M.D., Goldstein, A., Morris, L., & Bryant, T., 2003).

Participants in the Study

The target population of study participants included elementary school administrators currently employed at a public school setting at a metropolitan school district in the state of Nebraska. Participants were asked to complete a demographic questionnaire to gain an understanding of the background of each participant. These questions included gender, age, ethnicity, and years of administrative experience. There were a total of five elementary school administrators who participated in the study. Participants consisted of three males and two females between the ages of 38 to 55 years old. All participants were caucasian. Two of the administrators led non-Title, and three led Title school buildings. All participants had experience working as elementary

classroom teachers before moving into administrative positions. All participants had worked as both assistant and head principals for a length of time ranging from 6 to 11 years. The two administrators that served non-Title buildings had only worked for one school district for the duration of their career. The three Title school administrators had worked in at least two school districts. Two of the three Title school administrators previously worked at elementary schools within sizable urban school districts in Western states with high levels of cultural and ethnic diversity.

The superintendent of the school district was contacted via an electronic letter that was sent to request permission for participation in this research study. The letter provided a description of the research proposal and the interview questions used during the semi-structured interviews with elementary administrators. After permission was granted by the Superintendent, an email invitation was sent out to elementary school administrators currently employed by that school district requesting their participation in the study.

Sampling

There were two phases in the sampling process for this study. In the instrumentation development phase, members of the PBIS administrative team at a Midwestern school district were invited to participate in an exploratory focus group session. The middle school focus group participants were employed in the same school district as the target population of elementary school administrators that participated in the research study. Their responses were used to inform the researcher about modifications necessary to the development of the semi-structured interview questions. In the data collection phase, elementary school administrators were selected using a

convenience sampling procedure known as snowball or network sampling. Using this sampling technique, the middle school focus group participants recruited elementary administrators to participate in the semi-structured interviews based upon their perceived ability to provide substantive information pertinent to the research questions.

The researcher targeted participants employed in this school district because they had been implementing both PBIS and an Expanded School Mental Health program for a minimum of one full school year in all elementary buildings and at their middle school. The rationale for selecting these participants was that the interview questions hinge upon a general understanding and experience with behavioral or mental health services and programs used in school districts. Therefore, participants needed to have knowledge and experience with mental health systems and frameworks to engage in meaningful dialogue related to the research topic.

Research Design

Research paradigm.

My background as a School Psychologist, Special Education Coordinator, and Department Head has led me into positions of advocacy for marginalized groups of individuals, including students with disabilities and families who have experienced social and economic circumstances that have made the learning process challenging for their children. Therefore, my philosophical stance aligns best with the Critical Social Theory. I hoped that my study would shed light on the educational reform necessary not only in our school systems but also in our educational training programs for teachers and other educational professionals serving children with mental health issues. My goal for

conducting this study was to engage in critical reflection and dialogue with administrators to obtain insight on current educational practices and shed light on the transformative changes necessary to improve behavioral and mental health systems in schools.

Phenomenon and research approach.

Qualitative research methodology is frequently used to seek a unique depth and breadth of understanding about participant perspectives and experiences. This approach allows the researcher to engage in a more thorough investigation and inquiry to get to the heart of a particular research question (Creswell, 2014; Savin-Baden & Major, 2013).

A pragmatic qualitative research approach was used to explore elementary administrator beliefs about what constitutes effective Expanded School Mental Health programs and services. Pragmatic qualitative research is an approach that seeks to gain an understanding of a specific phenomenon, process, or perspective of those individuals who are most closely involved in the terms of the event under investigation. In other words, this research method attempts to solve practical problems that occur in real-world contexts. Researchers will often use this approach when they are searching for descriptive accounts from those functioning within the specific setting related to the research topic. (Merriam, 1998; Sandelowski, 2000; Savin-Baden & Major, 2013). Elementary school administrators participated in semi-structured interviews to gain their perspectives on critical elements that lead to the successful development, implementation, and sustainability of effective school-based mental health systems. Additionally, these administrators were asked to provide their views about the training necessary for teachers to support students within an effective Expanded School Mental Health system.

School administrators are most often the individuals directly leading and facilitating and the development and implementation of school-based systems. Therefore, by soliciting information from the school administrators, we may gain valuable information about the knowledge, skills, and resources needed to better prepare educators to implement systems of support to students with mental health needs. Researchers must seek out administrators' perspectives about what practices are in use and what works or does not work to create impactful and transformative changes in schools. Using the pragmatic qualitative research methodology, I went directly to the source by interviewing elementary school administrators about their experiences and subsequently gained the profound depth of information that was used to help bridge the research to practice gap in school-based mental health services.

Instrumentation development.

Exploratory focus group interviews.

In qualitative research, Creswell (2014) explains that the researcher is the main instrument through which information is gathered. A protocol may be used for collecting data, but researchers do not typically use or rely on questionnaires or instruments developed by other researchers (Creswell, 2014). For instrumentation development, a focus group interview was conducted with the PBIS administrative team at a Midwestern middle school. The middle school focus group participants were employed in the same school district as the target population of elementary school administrators participating in the research study. The middle school focus group comprised of two members of the PBIS building administrative team. Participants were asked questions about their

perceptions of the mental health services available to students in their building, the effectiveness of the systems through which these services are made available, and the training needed for school personnel to improve these systems. The goal of the focus group interviews was to identify themes from the middle school participants' responses. These themes provided feedback about the ability of the interview questions to elicit responses that answer the primary research questions of this study. Furthermore, the responses provided guidance for the instrumentation development of semi-structured interview questions that were presented to the elementary school administrators in the data collection phase of this study.

Focus groups are intended to gather a group of similar individuals together to engage in a conversation about the specific topic in question and provide information through interactions back to the researcher to be used to help answer the research question (Morgan, 2019, Savin-Baden & Major, 2013). In simplified terms, it is a carefully planned and moderated interview.

As stated by Creswell:

A focus group interview can help a researcher to gather information about participants' perceptions related to a specific research area of interest. The general purpose of a focus group interview, then, is to provide a researcher with information about how a group thinks about a topic, to document the range of ideas and opinions held by members of a group and to highlight inconsistencies of beliefs among members in a particular community (Creswell, 1998, pp. 124).

When generating the interview question guide, the funnel-shaped interview structure (as illustrated in Figure 3) was selected where the beginning questions are generally less structured, participant-oriented items to more-structured, researcher-oriented questions (Morgan, 2019). Roller & Lavrakas (2015) described this approach as consisting of four stages listed below:

- Stage 1: Introductions - The moderator introduces him/herself, describes the nature and purpose of the research study, discusses informed consent and procedures to maintain confidentiality.
- Stage 2: General information about the topic - Background information related to the research topic is defined, and the context from which the interview questions were developed is discussed.
- Stage 3: Awareness, attitudes, and behaviors related to issues - At this stage, the primary focus of the study emerges and the interview questions and discussion more specific to target the research objective.
- Stage 4: Attitudes toward the research objective and suggestions for improvement - The interview questions dive directly into the ultimate objective of the study, and the moderator seeks constructive recommendations for making improvements related to the research.

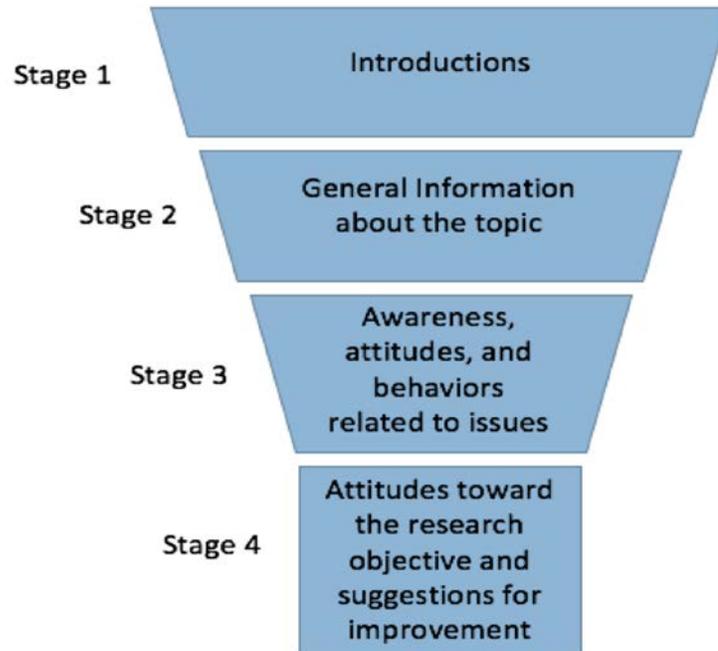


Figure 3. A funnel approach to interview guide development. Adapted from M. R. Roller and P. J. Lavrakas, 2015, *Applied qualitative research design: A total quality framework approach*. Copyright 2015 by the Guilford Press.

In the focus group session, participants were asked the following questions included in the official focus group interview question protocol (Appendix C):

1. When thinking about your leadership experiences working at _____ Middle School, what do you believe are the most concerning behavioral or mental health issues observed in students within the school environment?
2. What are the most common resources and services used to address the mental health needs of students with externalizing and internalizing behaviors in your building?
3. What components of the school behavioral and mental health programs in your building do you believe are being successful in meeting the needs of students with externalizing and internalizing behaviors? What could be improved?

4. How would you define an effective school-based mental health system in your building?
5. What are some core elements fundamental to the development, implementation, and sustainability of an effective school-based mental health system?
6. How can school leaders, educators, school mental health professionals, and community mental health professionals work in collaboration to create an effective school-based mental health system?
7. What student outcomes would be important to examine to help determine the effectiveness of a school-based mental health system in your building?
8. What specific training do teachers need to better support the prevention and early identification of students with mental health issues?
9. In considering the ideas and suggestions discussed today, what district and building-level policies and procedures do you believe would be needed to facilitate the development of an effective school-based mental health system at _____ Middle School?

The focus group interview took approximately 60-minutes to complete. The session was audio-recorded using a digital audio recording device and computer-based recording device. Sessions were then transcribed using a transcription software program for analysis purposes.

Semi-structured interviews.

After the exploratory focus group was completed, a sample of five elementary school administrators were purposefully selected and invited to participate in a semi-

structured interview. These individuals were chosen using a convenience sampling procedure known as snowball or network sampling. The middle school focus group participants recruited elementary administrators to participate in the semi-structured interviews based upon their perceived ability to provide substantive information pertinent to the research questions.

A funnel-shaped interview structure was also used in developing interview questions for this phase of the study. According to Savin-Badin (2013), semi-structured interview questions are intended for deeper investigation about each individual's perspective and the questions can be open-ended enough to express the participant's ideas on the topic. Additionally, data can be collected to compare across respondents.

Data Analysis

Semi-structured interviews were conducted, transcribed, and the resulting data was coded using thematic analysis. Thematic analysis is beneficial to identify and organize the most common and recurring themes that are communicated by the participants and to uncover patterns in the data (Morgan, 2019; Savin-Baden & Major, 2013). The following actions should be completed when conducting qualitative thematic analysis:

- Familiarize yourself with the data - Transcribe data, read and re-read the data, and note initial ideas
- Generate initial codes for categorizing data - Code interesting features of the data in a systematic fashion across the entire data set, and collate data relevant to each code

- Identify meaningful themes - Collate codes into potential themes and gather all data relevant to each potential theme
- Review themes - Check if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), and then generate a thematic 'map' of the analysis
- Define and name themes - Perform ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, and generate clear definitions and names for each theme
- Generate the written report - Select vivid, compelling extract examples, final analysis of selected extracts, relate back the analysis to the research questions and literature, and produce a scholarly report of the analysis (Braun and Clarke, 2006, pp. 87).

Confidentiality and Ethical Protection of Research Participants

Engaging in ethical practices and conduct is critical to the protection of participants in research studies (Creswell, 2014). Ethical considerations and practices were achieved by first explaining to participants that their involvement in this study was voluntary and they could revoke consent to participate at any time. Potential risks and benefits of their participation in this study were explained. Participants were required to sign a formal written or electronic consent form prior to participation (Morgan, 2019; Savin-Badin & Major, 2013).

Confidentiality.

The following steps were taken to ensure confidentiality among research participants:

- The recorded interviews were erased once transcription was completed.
- Pseudonyms were used during the data analysis phase and within the written report to conceal the identities of participants. For example, pseudonyms were stated as research participant #1, research participant #2, etc.
- Interview transcripts and the written report were stored on a password-protected site, with the researcher being the only individual with knowledge of the password.

Potential risks.

Elementary school administrators shared their experience of working in a school building that had been implementing both PBIS and an Expanded School Mental Health framework to address the mental health issues exhibited by students in the schools. It was emphasized that their participation was voluntary. They could discontinue their participation at any time if they felt uncomfortable. Given the nature of this study, participants may have emotional responses when remembering specific situations involving challenging mental health episodes displayed by students or that they themselves have experienced. Participants were offered materials and resources related to mental health and wellness services available to students and the educational professionals who serve students. The proper approval was granted by the Institutional Review Board (IRB). IRB Protocol #409-19-EX.

Trustworthiness, credibility, and internal integrity.

Creswell (2014) explained that when conducting qualitative research, the principal instrument used in the examination of documents, observations of behavior, and

interviewing of participants is the researcher performing the study. Researchers are the ones who collect the data, rather than relying upon previously developed surveys and questionnaires. The role of the researcher as the primary instrument for data collection requires an acknowledgment of potential biases, assumptions, and personal positionality as it relates to the topic of inquiry examined in the research study (Creswell, 2014; Savin-Baden & Major, 2013).

During my work as a School Psychologist in both elementary and secondary public schools, I observed firsthand the frustrations of teachers and administrators who tried to intervene with students experiencing significant mental health issues and behavioral problems. These issues often prevented the students from being able to function successfully in the academic setting. Early in my professional career, I assumed that this frustration came from educators simply not wanting to deal with the complexity of or the amount of time and effort needed to put appropriate interventions in place in the classroom to help these students to be successful. I also thought that perhaps teachers and administrators held a belief that schools should not be obligated to provide mental health services in the schools, and that these types of services should be provided by community-based mental health professionals, not educators. I assumed that educators had received similar training as I had as a school psychologist and could not understand why there was such a disparity in our attitudes about addressing mental and behavioral issues. I believed that we shared the same goals and had the best intentions of wanting to support the academic, social, and emotional development of all students. Yet, it was

as though we were trying to get to the same destination by using two completely different roadmaps.

However, over the years I have come to understand that it is not necessarily that educators do not want to provide these services, but rather that many of them have had limited training in the areas of mental health knowledge, preventative classroom management strategies, and evidence-based practices to support students with mental and behavioral issues. These are all areas in which I have been trained extensively as a school psychologist; however, I have not participated in a teacher preparation training program and, therefore, lack the perspective of a classroom teacher in this important way. With my background as a mental health professional working in the school setting, I may potentially be biased in my opinions about the importance of the type and extent of training that teachers need to be provided through their pre-service training programs. Furthermore, I may be biased in my beliefs about the critical elements that make for an effective school-based mental health system.

It is imperative that researchers understand educators' attitudes and perspectives surrounding the most common mental health concerns in students and systems-level barriers for appropriately addressing mental health issues. Likewise, we must gain input about the knowledge and training necessary for teachers to implement school-based mental health programs and practices if we are to better understand the research to practice gap in school-based mental health practices. By conducting this study, my goal was to gain a broader and more holistic understanding about the changes in design,

implementation, and training that are necessary to create school-based mental health services. I hoped to accomplish this by engaging in dialogue with elementary school administrators, as they are integral to the design, infrastructure, and implementation of the educational systems within their school building.

To minimize the potential influence of my personal stance and biases and maintain objectivity, I incorporated strategies to establish trustworthiness, credibility, and integrity in this study. First, after the transcripts from the semi-structured interviews were coded for thematic analysis, peer examination was used to cross-check for inter-coder agreement of the themes identified.

Second, after the content analysis was performed on the semi-structured interviews, participants were asked to read through their interview transcripts. The member checking strategy was used for verification of the data interpretation. This approach gave participants the opportunity to clarify any misinterpretations made on behalf of the researcher and provide feedback as necessary (Savin-Baden & Major, 2013).

Finally, the peer examination technique was used again, but this time it was used to enhance the validity of the participant accounts collected from the semi-structured interview data. In this manner, the peer examination procedure involved a peer debriefer who reviewed, asked questions about the study, and who offered an objective evaluation of the data to check that the researcher's interpretations and findings were supported by the data throughout the analysis process (Savin-Baden & Major, 2013).

Chapter 4: Results

The purpose of this study was to explore elementary school administrators' perspectives of the most concerning mental health issues currently being observed in schools and the specific features that make up effective Expanded School Mental Health programs and services. Furthermore, administrators were asked to provide insight regarding the training that they believed teachers need to support the mental health needs of students in the schools. The goals of this research study included the following:

- Gain a deeper understanding of administrators' perspectives as they relate to the effectiveness of current practices used by schools to support the mental health needs of students
- Seek suggestions about the changes necessary to promote and facilitate the development and implementation of collaborative, interconnected systems that foster effective Expanded School Mental Health programs
- Obtain recommendations for changes to training practices that are necessary to enhance the mental health services students receive in the school setting

Results of the Data Analysis

Thematic analysis was used throughout the data analysis process to identify, analyze, categorize, and report patterns in the data collected in the study. It is a unique process in that it “acknowledges that analysis happens at an intuitive level. It is through the process of immersion in data and considering connections and interconnections between codes, concepts, and themes that an ‘aha’ moment happens” (Savin-Baden & Major, 2013, pp. 440). A total of ten interview questions were presented to the five elementary principals that participated in this study. Interview questions aligned with one

of the three overarching research questions listed above. Appendix C provides a list of the semi-structured interview questions.

Data was labeled as a theme if at least three of the five research participants discussed the topic in their responses to the interview questions. The themes identified under each of the three main research questions and two sub-questions are discussed below. Several figures are included to show the disaggregated data collected, topics mentioned in response to the interview questions, and the number of participants who provided common responses.

Research question #1: Most concerning mental health issues.

The common themes that emerged from interviews with the five elementary principals indicated that the most concerning mental health issues observed in their schools are physical aggression, inability to use coping strategies to self-regulate emotions, and self-harm. All five participants reported that physical aggression (i.e., hitting/kicking others, throwing objects, destroying property) was problematic, and additional externalizing behaviors were reported as most concerning in the school setting. These included making threats towards others, bringing weapons to school, anger and frustration, defiance and noncompliance, distractibility.

Three out of the five participants reported that self-harm was of particular concern. Four out of five participants stated additional internalizing behaviors (e.g., trauma, anxiety, depression, and withdrawal) were also issues at their school. Three administrators indicated significant concerns about students who lack appropriate coping strategies to manage their emotions. All three worked in Title schools, while the two

administrators serving at Non-Title buildings did not report this as a major concern. Also, the Title building principals discussed the following as problematic behavioral or mental health issues: elopement from the classroom and/or school building, students experiencing the effects of Autism Spectrum Disorders, the negative impact of electronic usage on students, and when students do not receive the mental health services they need.

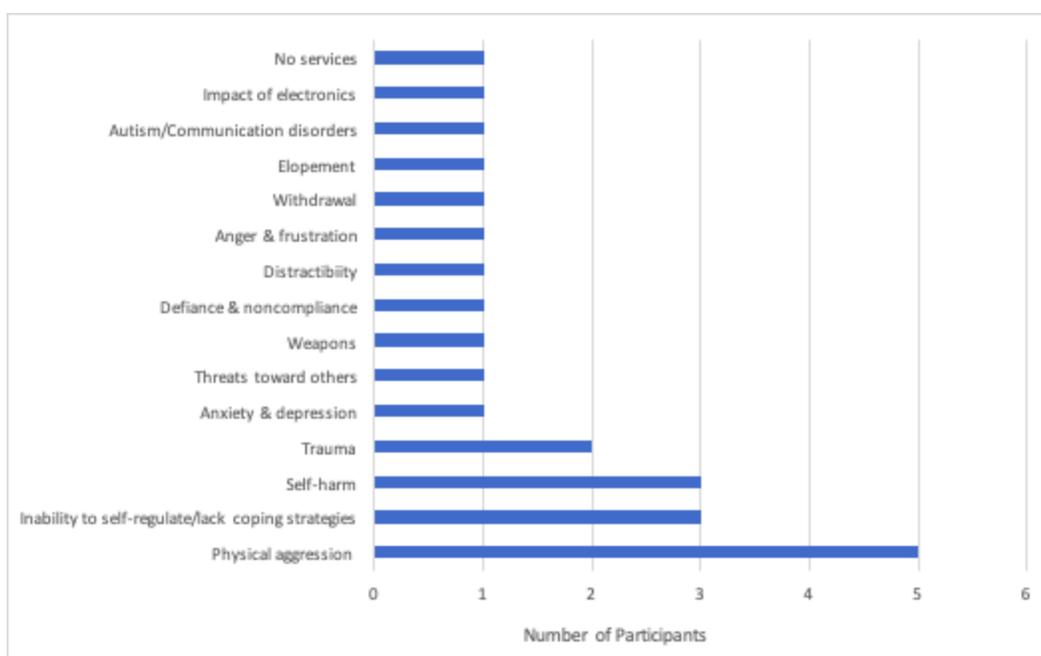


Figure 4. Most concerning mental health issues reported by elementary administrators.

Research question #2: Perspectives on school mental health services.

A series of structured and focused questions aimed to target research question #2 and sub-questions #2a and #2b to gain a deeper understanding of administrators' perspectives as they related to the effectiveness of current practices used by schools to support the mental health needs of students. These questions expanded upon one another to 1) discover how elementary administrators define effective school-based mental health

services and explain the components of existing programs that they believe are working in their buildings to meet the needs of students, 2) provide ideas for how to improve services and maximize effectiveness and, 3) obtain insight into the core elements that administrators believe to be fundamental to the development, implementation, and sustainability of effective school-based mental health systems.

The main themes identified as components that administrators would include in the definition of an effective school-based mental health system were tiered levels of intervention and training for teachers. These two themes, and all the other responses mentioned by the participants, are components identified as key features of the Interconnected Systems Framework (Barrett, Eber, & Weist, 2013) and MTSS (Batsche et al., 2005; Lewis & Mitchell, 2016).

Participant #1.

Participant #1 stated that the definition of an effective school-based mental health system would mean having an identification process in place that used a screening tool that school staff could use to find those students in need of mental health support. This screener would be especially helpful in identifying those students who are challenging to find because they essentially fly under the radar. It would then be necessary to have a menu of interventions that could be used to match up the students to the support that they need. Schools also need to know if these interventions are successful in addressing the needs of the students. So, it would be important to administer assessments to measure the effectiveness of the services provided to students.

The components of the current school-based mental health programs and services that are believed to be effective were highlighted by Participant #1. These included the preventative process and procedures embedded within the PBIS framework to identify students early who may be starting to show signs of social, emotional, or behavioral issues. Also, once students are identified as possibly needing assistance, Participant #1 stated that the building Student Assistance Team had been effective in initiating intervention plans that can be used to support students in the school setting.

Participant #2.

Participant #2 defined an effective school-based mental health system as one that uses “systematic coordination and has an organizational structure that facilitates the development of positive relationships and trust among staff where their roles are clearly defined, these roles are consistent, and staff are accountable to those roles”. He further explained that:

Mental health programs need to be instructionally responsive in the same way that an academic program needs to be in that there are clearly defined processes and roles for staff, that they have strong relationships both with students as well as between staff members, and the staff provide critical feedback rather than criticism.

Participant #2 further stated that school-based teams are important in evaluating the fidelity of the implementation of programs, having dialogue about how the programs and processes are working, and if adjustments are needed. There should also be some

type of methodology to evaluate students' overall sense of wellbeing and emotional and academic engagement.

Features of the current mental health system that Participant #2 reported as being successful are that their responsiveness to teacher concerns about students has improved greatly after they designated certain members of the building Student Assistance Team to respond and connect with teachers within 48 hours of contacting the team with a student concern. Through the PBIS framework and ongoing training, these designated staff are provided professional development to give them the skills needed to problem-solve with teachers. PBIS has also given the entire staff a common language through which they can better communicate and ensure that Tier 1 supports are in place for students.

Participant #3.

According to Participant #3, effective school-based mental health systems would be defined as one that possessed a strong core that decreases the number of students referred for Tier 2 intervention. He indicated that it is important that “school staff know the students inside and out, what makes them tick, they know the families, and are able to communicate effectively with those families to draw them in as partners.” Participant #3 mentioned that another critical feature is professional development that is focused and aligned with improving student outcomes. Professional development should train teachers about effective classroom management strategies that decrease problematic behavior and increase student engagement.

Participant #3 explained that the PBIS framework and social and emotional learning are being implemented as a result of the training teachers have received through

PBIS. Through the MTSS framework, the building also now has Tier 1 and Tier 2 instructional coaches who work with classroom teachers to problem solve academic and behavioral issues, implement effective interventions with fidelity, and collect student data. The School Counselor and School Psychologist also work with students to deliver Tier 2 interventions.

Participant #4.

Participant #4 stated that she would define an effective school-based mental health system as having resources available on-site within the school setting. These services would help the school to know if the student is indeed receiving mental health services. Currently, the School Social Worker is relied on heavily to reach out to families and community mental health providers to find out what services students are receiving. According to Participant #4, on-site services would help improve not only communication but also access to services, especially for families who do not have reliable transportation to and from appointments. Additionally, Participant #4 discussed the need for a more systematic process for students to receive instruction of appropriate social skills, emotional regulation, and coping strategies. She further explained that behavioral and mental health supports and services are “just as important as the structure of the academic instruction they are receiving...unless we teach it to them, they are not going to get it.”

Some of the services that Participant 4 believes are effective in her building include the services provided through the school-based mental health professionals such as the School Counselor and School Social Worker. These professionals are crucial to

establishing communication with families and connecting parents to resources to support their children. The school district also has a contract with a community-based mental health clinic, and Participant #4 stated that it has been helpful to have this resource to refer parents to for services.

Participant #5.

Participant #5 defined a successful school-based mental health system as one that provides support to teachers, administrators, and students with all issues that can be presented to them in the school environment. The system needs to be flexible, and the staff working within the system must have a shared understanding that every student's needs look a little different. It needs to foster an environment that encourages students "to participate, to open their mind, to learn and understand, to ask questions, to be curious, and to find ways to engage." She gave the example of a student in her school who struggled significantly with impulse control and would blurt out inappropriate statements and comments. This student also became belligerent and violent at times. The building problem-solving team worked together with the teacher to create structures in the classroom and clear expectations where he could earn rewards for demonstrating successful behaviors and allowing him access to breaks throughout the day. The team consulted with the teacher to get feedback on the support that she needed so that both she and the student could have a more positive experience in the classroom.

Providing support to teachers was also mentioned as a critical element of effective school-based mental health systems. Participant #5 stated that schools must have well-trained teachers who have opportunities to expand upon their knowledge and expertise so

that they feel more comfortable managing challenging situations. And, this also includes supporting the classroom teacher through coaching and teams of professionals that can be mobile and offer their assistance in the classroom.

Participant #5 reported that the most effective services already in place in her building to support the mental health needs of students are the building-level teams. These teams include the PBIS school team and grade-level problem-solving teams. The grade-level teams have specially trained representatives, called Unit Representatives. These individuals can be contacted by teachers on their team to help address any concerns that may come up. This resource provides more immediate assistance to teachers and access to other professionals in the building who have a wide span of knowledge and expertise to offer through the problem-solving process.

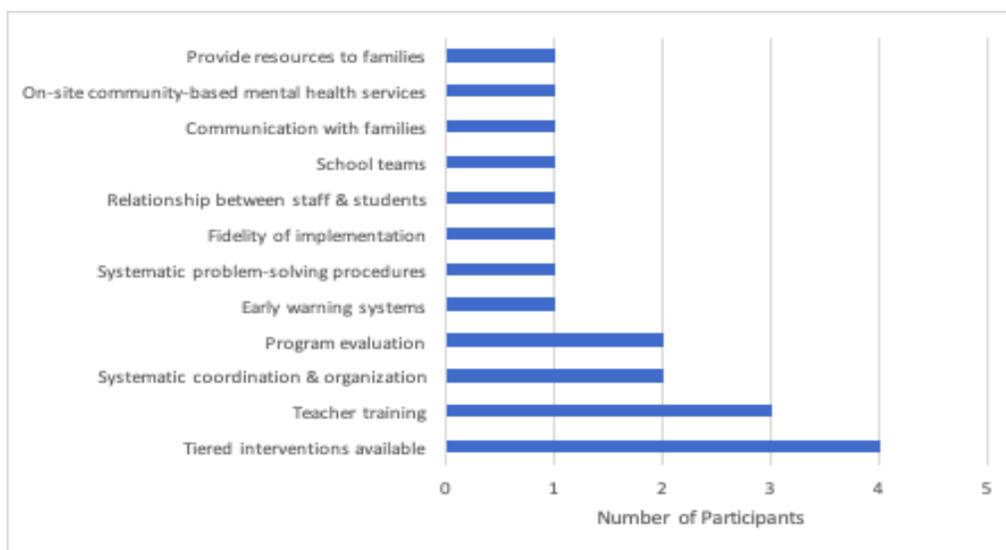


Figure 5. Key components that define effective school mental health systems.

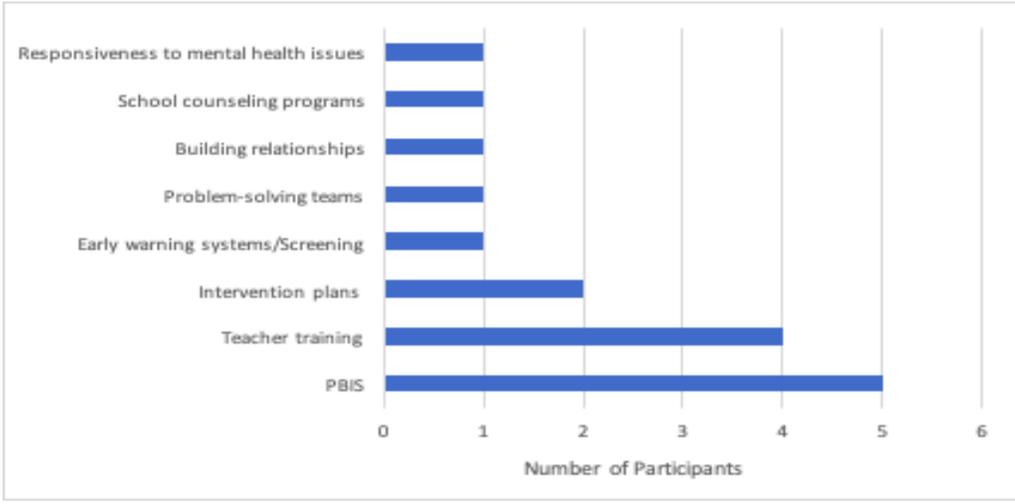


Figure 6. Effective components of existing mental health systems.

Subquestion 2a: Improvements to meet student needs.

As a follow-up question, participants were asked about areas of the current programs and services that could be improved. There was one theme that emerged, and it happened that all three Title school administrators provided the same response. This single theme was to increase teacher training to better prepare teachers and improve teacher retention rates.

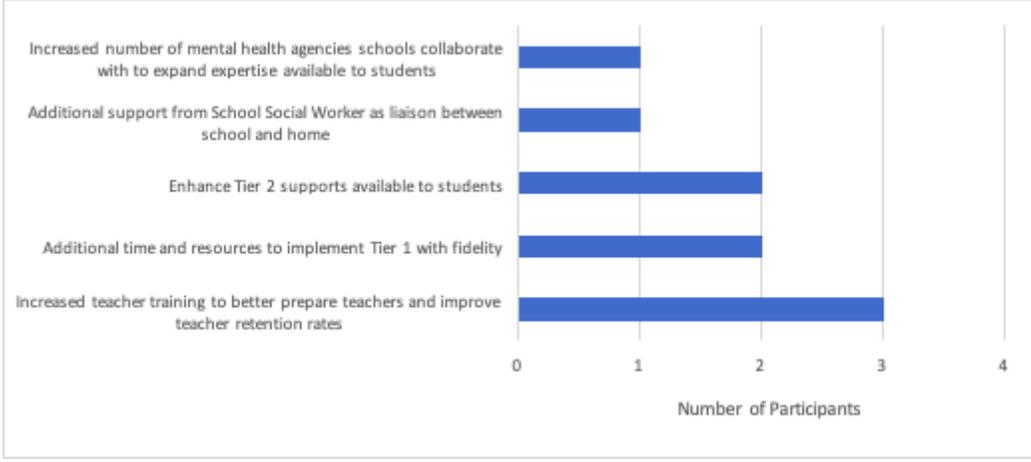


Figure 7. Recommended improvements to current mental health systems.

Further discussion aimed to gain a deeper understanding of elementary administrators' perceptions about how to maximize the effectiveness of how school leaders, educators, school mental health professionals, and community-based mental health professionals collaborate with each other to enhance the mental health systems in schools. One theme emerged from this question, which was the development of a mental health coordinating council to strengthen communication and collaboration. The following is a list of other recommendations the participants provided as suggestions for improving collaboration between schools and community-based mental health professionals to enhance school-based mental health services:

- Develop a mental health coordinating council to bridge communication between community, schools, and families.
- Provide training for school staff and parents by community-based mental health experts.
- Increase the number of agencies schools collaborate with to expand expertise available to students.
- Offer on-site community-based mental health services and wrap-around services.
- Create a comprehensive directory of mental health resources for schools to reference.
- Focus on building stronger relationships and trust with families.
- Enhance communication between district-level and building-level administration about the needs and resource allocation in individual school

buildings.

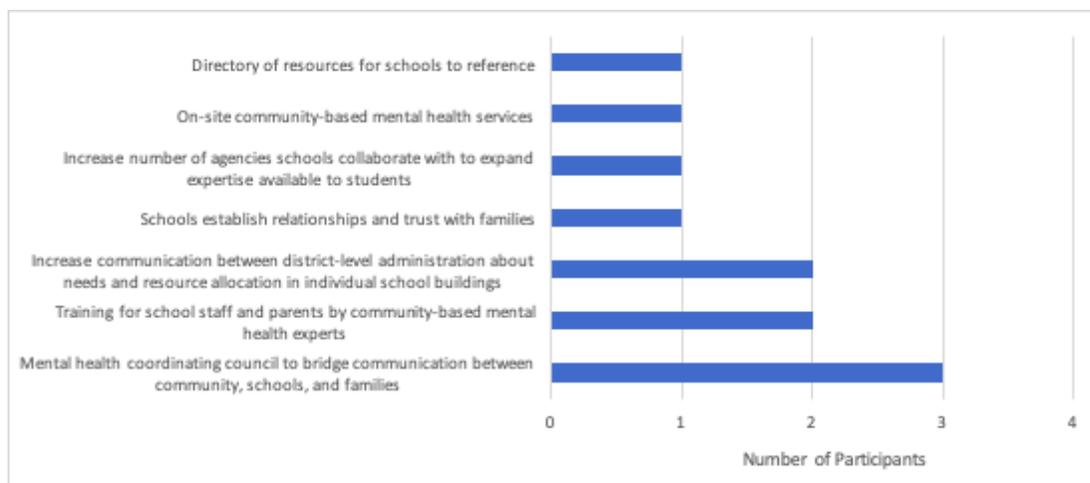


Figure 8. Recommendations to enhance collaboration between school and community-based mental health agencies.

Subquestion 2b: Core elements of effective school mental health systems.

Participants responded in a similarly when asked to define an effective school-based mental health system as when they were asked to provide a description of the core elements fundamental to the development, implementation, and sustainability of effective school-based mental health systems. However, there was only one shared common theme for both research questions: training for teachers. An additional theme emerged, which was different, and interestingly, it was reported by all three Title school administrators but neither of the Non-Title administrators. This theme was the integration of the school-based mental health system into the climate and culture of the building. Participant #3 explained this as “making it part of our identity... the way we do business day in and day out and being a part of who we are and what we do.”

Additionally, two responses emerged that were unique to the question of what is needed for the development, implementation, and sustainability of school-based mental health systems. These included having a budget and resources available and appropriately allocated to support the longevity of the system. While this response was not surprising, the second response of teacher wellness was less expected. Participant #5 offered this explanation to support her point of view as an elementary principal in a Title school building:

The mental health of the adults in the building is perhaps the most important thing we do in a school. And I think sometimes it's very overlooked. I don't care who you are, I don't care who you talk to. Working in a Title building is a different animal from being on the other side of town. It doesn't make one better or worse. There are stressors that come with teaching on the other side of town, but it ain't trauma usually. At least not for the most part. So, knowing that, I thought what would I have wanted or when was my experience the best as a teacher? When was I the happiest as a teacher in a stressful environment? It was always when I had a leader who emphasized our development as people and our development as a staff. It was always when I felt abandoned and adrift that I didn't want to be there.

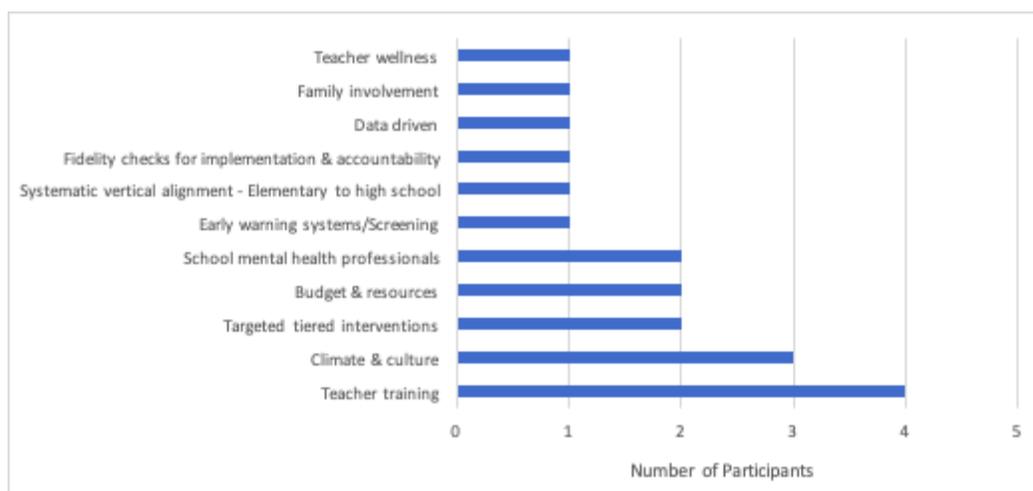


Figure 9. Core elements fundamental to development, implementation, & sustainability of effective school-based mental health systems.

Research question #3: Recommended training to support student needs.

Thematic analysis for all interview questions related to research question #2b found that there was one consistent theme across four out of five responses by the participants. This theme was training for teachers. The data was disaggregated and some differences across the Title and Non-Title school principals were discovered. Title and Non-Title school administrators both indicated that professional development was necessary to enhance the mental health needs of students. They further identified teacher training as a fundamental component for the development, implementation, and sustainability of effective school-based mental health systems. Yet, when administrators were asked to provide suggestions for ways to improve the existing school-mental health systems, all three Title school administrators replied with increased teacher training while none of the Non-Title school administrators included this as a response. Furthermore, all

the Title school administrators included teacher training in their responses to how they would define an effective school-based mental health system, but again, none of the Non-Title administrators stated teacher training in their answer.

To answer research question #3, participants were asked two interview questions to gain an understanding of the type of teacher training administrators believed that teachers need to better support the prevention and early identification of students with mental health issues. As a follow-up to this question, administrators were asked what training methods would be most effective for staff to facilitate and reinforce the effective implementation of mental health support for students. Four out of the five participants mentioned that teachers need more training on the identification and understanding of the characteristics of significant mental health disorders in childhood. Participant #4 said “in terms of early identification, I think teachers have to know more about what are the signs and symptoms. We don’t train too much on that but we do a lot of training on what to do if you have kids that are doing x, y, or z. But, not necessarily the signs of specific types of mental illness.” This response was similar as what was reported by Participant #1 who made this statement:

We used to have a lot of trainings and just information about children with anxiety, kids with ADHD. You know, I don’t think we do that anymore. I think the last training we had last year was more about generic strategies to use in your classroom to help with classroom management. ...But I do think more specific trainings on different diagnoses and different strategies to help because we have more kids coming in with these needs and you can’t just say, all right School

Psychologist, you deal with it. Teachers have to be able to handle that... and work with kids that have those issues, but having a few more tools in their tool belt would be helpful...to support the prevention of students with mental health issues.

The most effective training methodology identified as a theme by the research participants was coaching. All the elementary administrators indicated that teacher training on school-based mental health services needed to involve either coaching or in-person training, rather than independent learning opportunities such as online training. Although these methods can be more convenient for teachers and time-efficient, Participant #1 and #4 stated that most teachers would likely not follow through because other teaching responsibilities and priorities rise to the top of the list of things that must be done. Furthermore, when teachers can be trained in-person, they have the opportunity to have a dialogue with other teachers. And, from these conversations often come problem-solving and the generation of creative ways to support students. These ideas would not likely emerge from the absence of the interactions between educators.

Participant #5 offered this perspective in support of using coaching as a training methodology to enhance the effectiveness of the implementation of school-based mental health systems:

It's almost like Driver's Ed. You can't just tell somebody how to drive the car. You've got to sit in the front seat and talk them through it as they're driving... There's only so much theoretical stuff you can get when you see it in real life and you don't know what you don't know. It's really helpful to have a professional

who knows more and has more experience ... And if you could give a teacher three or four days with a professional with several hours alongside them with a tough case, I think you get a lot more bang for your buck. So, the coaching model for sure, and I mean intensive coaching... is super important because they don't learn unless they try it and either it fails or it succeeds and then you know that's how it works...let them make mistakes and then talk through that.

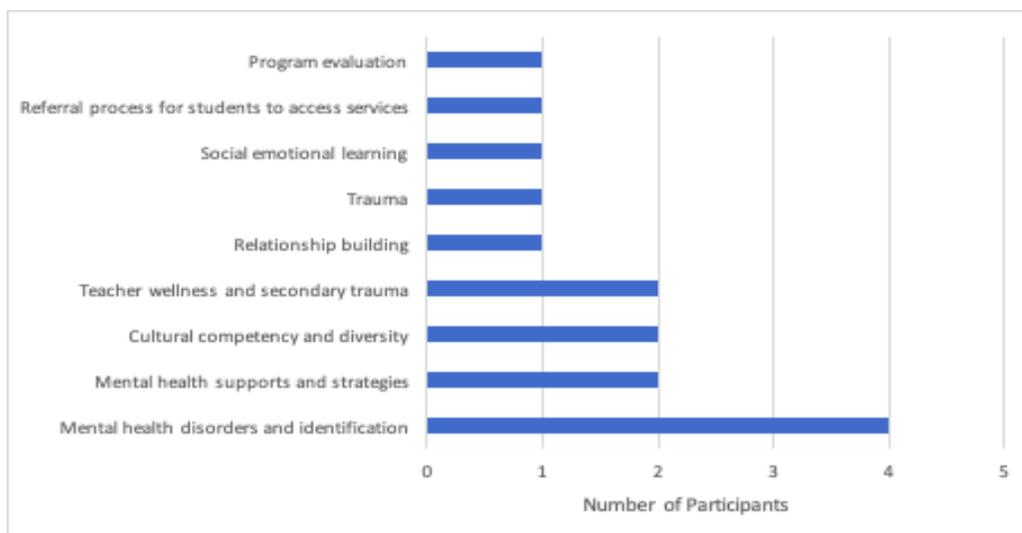


Figure 10. Training areas needed for school staff.

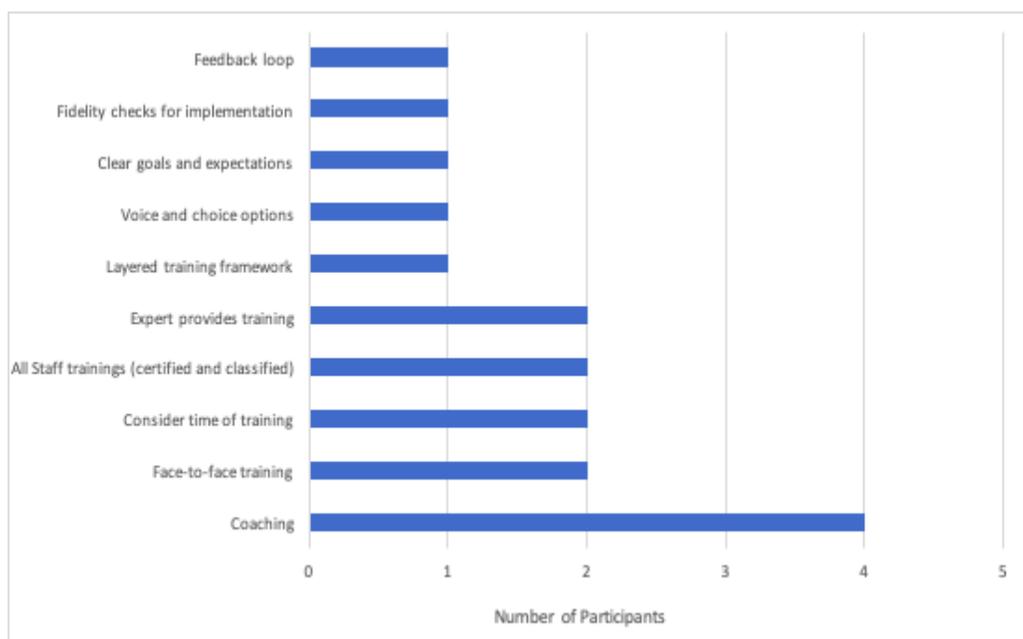


Figure 11. Effective training methods to implement mental health supports.

Conclusion

The results from this research study produced rich conversation and more profound understanding of elementary school administrators' perspectives than what has previously been captured from the existing literature in the field of school-based mental health systems. The use of semi-structured interviews and qualitative methodology allowed for the retrieval of a more in-depth explanation of administrators' perspectives on this topic. To summarize the findings, themes were identified and analyzed through the lens of the three main research questions and two research sub-questions. The themes related to each research question are as follow:

1. What do elementary school administrators believe to be the most concerning behavioral, emotional, and mental health issues observed in students in the school environment?

- Physical aggression
- Lack of coping and self-regulation strategies
- Self-harm thoughts and behaviors

It is important to note that all five participants indicated that physical aggression is one of the most concerning behaviors seen in their schools. All three Title school administrators reported that a lack of coping and self-regulation strategies are areas of significant concern. Self-harm was identified as a significant issue across both Title and Non-Title schools.

2. What are administrators' perceptions about what constitutes and defines effective Expanded School Mental Health services and programs?

- Includes multi-tiered levels of intervention
- Provides teacher training and ongoing professional development opportunities

2a. How could Expanded School Mental Health services and programs better meet the needs of students?

- Offer quality teacher training opportunities to improve preparation and increase teacher retention rates
- Develop a mental health coordinating council to bridge communication between community, schools, and families

2b. What are the core elements that administrators believe are fundamental to the development, implementation, and sustainability of effective Expanded School Mental Health systems?

- Quality teacher training
- Integrating school-based mental health systems and services into the climate and culture of the school building

Collectively, the participants in this study described essential elements consistent with MTSS and ISF as necessary to the effectiveness of school-based mental health systems and services. Multiple participants mentioned the importance of having an organized, systematic structure of processes and procedures with embedded preventive Tier 1 instructional practices and strategies to serve the needs of all students. This system would utilize an identification process with an early warning system and screening tool for finding students in need of mental health support. School teams would work to administer, review, and analyze the results from the screener. Once students are identified as at-risk or in high need of support, the school team would reference a menu of evidence-based interventions and select an appropriate intervention that aligns with the student's needs. The school team would also be responsible for collecting student data to determine the effectiveness of these interventions and evaluate the fidelity of the implementation of the mental health services provided.

Professional development and ongoing coaching would be critical to the effectiveness of the development, implementation, and sustainability of the mental health system and the services made available to students. Furthermore, building positive relationships with families and community-based mental health providers would enhance services by increasing the communication, trust between families, schools, and mental health providers, as well as improve treatment integrity and follow-through. And finally,

for school-based mental health systems and services to be effective, supporting the mental health of the students and school staff must become a priority, accepted as part of the school identity, and integrated into the culture and climate of the building.

3. What training do administrators believe are necessary for school personnel to better support students within an effective Expanded School Mental Health system?

- Identification and understanding of the characteristics of mental health disorders in children

As a follow-up to this question, elementary administrators reported that coaching and in-person training methodologies are more effective in providing quality professional development to teachers. Additionally, when given the opportunity to interact, problem solve, and engage in dialogue with their colleagues, teachers are more likely to formulate meaningful and creative ways to support the mental health needs of students in the classroom.

Chapter 5: Discussion and Conclusions

The purpose of this pragmatic qualitative research study was to explore elementary school administrators' perspectives on the types of mental health issues that are most concerning within the school environment. Furthermore, this study sought to uncover administrators' beliefs about what constitutes effective Expanded School Mental Health services and gain their perspectives on critical elements that lead to the successful development, implementation, and sustainability of effective school-based mental health systems. Finally, the results of this study attempted to obtain recommendations for changes to teacher training that are necessary to improve mental health support and services students receive in the school setting.

This chapter includes a brief review of the research findings and explains how these findings connect with the existing literature, and implications for the field of expanded school-based mental health systems and teacher training to improve the development, implementation, and sustainability of these systems. This chapter concludes with a discussion of the limitations of the study, recommendations for future research, and a summary.

Findings and Connection to Existing Literature

Most concerning mental health issues in schools.

Participants in this study reported a wide range of mental health issues observed in the elementary school environment. These issues included both externalizing (e.g., physical aggression, threats toward others, bringing weapons to school, defiance and noncompliance, distractibility, anger, and frustration) and internalizing behaviors (e.g.,

threats and actions of self-harm, trauma, anxiety, depression, and withdrawal). Consistent with previous research studies, externalizing behaviors, and specifically, physical aggression was reported most frequently as one of the most concerning mental health issues observed by elementary school administrators (Durlak et al., 2011; Kutash, Duchnowski & Green, 2015; Pearrow, Amador & Dennery, 2016).

Most of the research participants reported internalizing behaviors as a significant issue in students attending both Title and Non-Title schools. While the research in the field suggests that internalizing behaviors oftentimes go overlooked (Weist et al., 2003), the participants in this study frequently used the term internalizing behaviors when describing students with anxiety, depression, distractibility and inattentiveness, and withdrawal. One participant mentioned that the staff in his building are noticing more students with internalizing behaviors, and he wasn't sure if this was caused by a greater awareness of the warning signs or if there is an actual increase in prevalence of mental health issues among the students in his building. Either way, he stated that he is hopeful that this was some evidence for increased societal acceptance and reduction of the stigma commonly associated with mental health conditions.

Administrators' perceptions on school-based mental health systems.

Elementary school administrators identified many of the essential elements of Positive Behavior Interventions and Support (PBIS), Interconnected Schools Framework (ISF), and Multi-Tiered Systems of Support (MTSS) as necessary to what defines and constitutes an effective Expanded School Mental Health system. Several participants indicated that using an organized and systematic structure with deliberate processes and

procedures was critical to foster the development, implementation, and sustainability of school-based mental health systems. The key elements that were identified by elementary administrators to define effective mental health systems included the following:

- School staff are focused and dedicated to developing positive relationships with students and families to build trust, encourage communication, provide resources, and foster a supportive school climate and culture
- The system utilizes a multi-tiered array of effective Tier 1 instructional practices and strategies to serve the mental health needs of all students and Tier 2 and Tier 3 interventions available for those students with more intensive and individualized needs
- Universal screening or early warning system is used to identify students in need of additional mental health supports and services
- School-based teams work to administer, review and analyze the results from the screener and then use the data to select interventions that align with the needs of students appropriately
- These school teams are also responsible for collecting and analyzing student progress monitoring data to determine the effectiveness of these interventions and evaluate the fidelity of the implementation of the mental health services provided
- School staff participate in professional development and ongoing coaching that is critical to the effectiveness of the development, implementation,

and sustainability of the mental health system and the services made available to students

- Students have access to on-site community-based mental health professionals who provide a variety of mental health services to meet the diverse needs of students in the school setting

When participants were asked to reflect upon the current mental health services and practices in their school buildings, they reported that components that have been effective in their existing systems are (a) PBIS, (b) training and professional development provided to teachers, (c) the implementation of intervention plans with students, (d) screening students for at-risk mental health needs, (e) problem-solving teams, (f) building relationships with students, (g) school counseling programs, and (h) increased responsiveness to mental health issues. When these are compared to the list of components participants reported that effective school mental health systems should possess, the following components were not mentioned by participants: (a) having an organized and systematic coordination of processes and procedures, (b) evaluation of the effectiveness of programs and services, (c) fidelity of implementation, (d) communication with families, and (e) providing on-site community-based mental health services in the school setting. This finding may suggest that more information is needed, as it could be possible that additional training is necessary if these components are not present or are not functioning effectively within the existing system.

Research participants provided insight about ways to improve upon the current mental health systems and services offered in their school. The single theme that emerged

from the responses was to increase teacher training to better prepare teachers for the challenging situations that mental health issues can present in the classroom. In addition, administrators stated that increasing quality professional development opportunities for teachers might improve teacher retention rates. These results support existing literature that suggests that without adequate preparation and professional development, teacher retention rates will continue to plummet due to the accumulation of stress on teachers, increased responsibilities and time constraints, and increased expectations to manage difficult student behaviors (Ball et al., 2016; Curry & O'Brien, 2012; Koller & Bertel, 2006).

Administrators provided their perspectives on the changes they believe are necessary to foster the development, implementation, and sustainability of school-based mental health systems. Their responses were similar as the essential elements they described for what constitutes effective mental health systems. This finding suggests that the participants in this study acknowledge not only that the core features of what makes PBIS, ISF, and MTSS effective can also be what facilitates the successful development, implementation, and sustainability of school-based mental health systems over time. Again, participants reported that training and professional development for teachers were critical to ensuring the successful longevity and sustainability of these systems. But, in addition to this theme, participants indicated that the climate and culture of the school building plays a vital role in whether systematic changes are embraced or rejected. Furthermore, albeit that only one participant offered this response, Participant #5 provided insight that may open a door to a deeper understanding about how to promote

the successful development, implementation, and sustainability of school-based mental health systems. She shared that from her own experience as a former teacher, when she worked in one of the largest school districts in the country with a student population with significantly high rates of poverty, violence, and exposure to traumatic events, she was happiest in this stressful environment when she felt valued and supported as an educator and when the building leadership invested in the development and wellness of the staff.

These responses have one thing in common that is critically important. Teacher training, climate and culture of a school, and teacher wellness are all associated primarily with the types of supports that are beneficial to the teacher rather than what is given or provided directly to the student. This finding suggests that for school-based mental health systems to positively impact student outcomes and to be most effectively developed, implemented, and sustainable over time, school administrators must focus on the emotional and mental health needs of the teachers first and foremost. And, finally, they must be willing to put supports and structures in place to foster and promote the wellness of the adults who make these school-based mental health systems work for the students.

Teacher training to improve mental health systems in schools.

Previous research has shown that a large number of teachers do not feel confident in their ability to meet the mental health needs of the students in their classrooms and that most of these teachers agreed that further training was necessary to enhance their knowledge and skill set for addressing these issues (Carr, Wei, Kutcher & Heffernan, 2017; Koller & Bertel, 2006; Moon, Williford & Mendenhall, 2017; Phillippo & Kelly,

2013; Reinke et al., 2011; Rothi, Leavey & Best, 2008; Weston, Anderson-Butcher & Burke, 2008).

The findings from this study indicate that elementary school administrators recognize that teacher training and ongoing professional development is critical to sufficiently prepare teachers to work with the diverse mental health needs of students. Results further indicated that all the participants stated that teacher training was a fundamental component for the development, implementation, and sustainability of effective school-based mental health systems. Administrators in the Title school buildings reported that more teacher training was needed to increase the effectiveness of the mental health systems available to students, while the Non-Title school administrators did not report this as a need. It is possible that the greater diversity of factors impacting students who attend Title schools (e.g., poverty, stressors in the home, barriers to receiving appropriate medical care, etc.), higher numbers of students in need of mental health services, and the range and intensity of mental health needs of students lends to a more profound need for teacher training related to these issues.

Implications for the Field

The primary role of the educational system in our country has historically been to provide children with the academic instruction and skills to gain employment and behave in morally and socially acceptable ways within our society. When children were not obedient and did not conform to the school expectations of the traditional educational model, they were typically punished or potentially removed from the school environment. Through various phases of educational reform, schools have had to adapt to the changing

needs of families and children. Schools are now in a position where they are challenged to consider nontraditional ways to serve the needs of students who present a wider diversity of backgrounds and educational and behavioral needs than in previous generations.

One of the greatest obstacles that schools face today is meeting the individual and oftentimes competing needs of all students in the schools. Of significant concern over the past two decades has been the rise in acute mental health issues such as physical aggression, violent threats toward others, anxiety, depression, bullying, substance abuse, self-injurious behavior, and suicide. The mental health crisis in the United States continues to grow as tragic acts of violence plague our society, and suicide rates increase and become more pervasive within our youth populations. Poverty, the negative impact of stressors on the family unit, and other barriers that prevent children from receiving the proper medical and mental health care are ongoing problems that contribute to this crisis. When the mental health needs of our youth go unmet, this creates serious consequences that impact the long-term success of these students not only in school but in their lives outside of the classroom.

The literature has shown that school administrators and teachers are not provided with adequate training through their teacher preparation programs to support the mental health needs of students. Unfortunately, teachers also do not receive the ongoing professional development necessary once they have entered the workforce (Caparelli, 2012; Carr, Wei, Kutcher & Heffernan, 2017; Koller & Bertel, 2006; Koller & Svoboda, 2002; Reinke et al., 2011; Ringeisen, Henderson & Hoagwood, 2003; Roncs &

Hoagwood, 2000). And yet, the literature points out that a majority of the mental health services that students receive occur within the school environment rather than traditional community-based settings (Bradshaw, Buckley & Ialongo, 2008; Duchnowski, 2013; Kutash, Duchnowski & Green, 2015; Pearrow et al., 2016; Weist, 2003; Weist et al., 2003; Weist, et al., 2012).

To respond to these issues, school administrators and teachers need to gain the knowledge and skills to facilitate the development and implementation of effective school-based mental health systems and services. To address these issues, this study sought to gain a deeper understanding of elementary school administrators' perspectives on what features make up an effective school-based mental health system and the training that teachers need to support the development, implementation, and sustainability of these systems and services for our youth.

The participants in this study were quite knowledgeable about the different components and features previously identified in the literature as contributing to effective Expanded School Mental Health services. And, they reported that many of those features found to be most effective in their school buildings were those defined as fundamental components within the PBIS, ISF, and MTSS frameworks (e.g., problem solving teams, utilization of universal screeners to identify students in need of support, implementation of tiered intervention plans with students, social-emotional learning programs, and building relationships with students). However, when the components that participants listed as actually being effective within their schools were compared to the list of components they identified as being critical to the effectiveness of an Expanded School

Mental Health system, the following were not mentioned: (a) organized and systematic coordination of processes and procedures, (b) evaluation of the effectiveness of programs and services, (c) fidelity of implementation, (d) communication with families, and (e) providing on-site community-based mental health services in the school setting. This finding does not necessarily imply that these unmentioned components have been unsuccessful in leading to positive student outcomes, but rather more information is needed to determine why these were not mentioned as effective in the first place. These areas could represent gaps in the knowledge and skills required to implement these components into the system. Further investigation may help clarify if these are topics necessary for additional training and professional development needed by school staff.

The notion that teachers need access to a wider breadth and depth of content offered through their teacher preparation programs was supported by the findings of this study. The most common theme reported by elementary administrators who participated in this study was that teachers need increased training in mental health literacy, strategies to support students, and services available to meet the needs of students. The research participants offered these topics as recommendations for the teacher training that would be beneficial to improve the effectiveness of school-based mental health services.

Perhaps one of the most compelling insights uncovered by listening to the perspectives of the administrators was the importance of supporting the wellness of teachers and investing in teacher training and professional development. Administrators also emphasized the importance of creating a climate and culture in which the adults and students that make up the school community can feel welcome, accepted, and safe. These

are vital features that are fundamental to the development of an effective mental health system.

Limitations of the Study

While the results of this study revealed valuable information about the perspectives of elementary school administrators regarding the effectiveness of school-based mental health systems and the training that teachers need to improve the mental health services students receive in schools, there were some limitations to the study. The sample of participants included only five elementary administrators employed within the same urban school district. More research is needed that examines an expanded diversity and increased number of participants that are more representative of the general population of school administrators in the United States.

Additionally, the administrators who participated in this study had common training experiences over the past several years as part of a district-wide initiative to implement PBIS throughout all elementary buildings in the school district. Furthermore, the expanded mental health services available as resources to the elementary schools in this study were also comparable due to the district's philosophy and resource allocation practices. Examining the perspectives of administrators working in schools with different demographics and geographic regions may yield additional information.

Finally, this study focused on obtaining the perspective of the elementary school administrators who may have limited training in mental health conditions, types of evidence-based strategies to support the mental health needs of students, and the resources and services that are available to students. Information from professionals with

specific training and expertise in school-based mental health practices, such as school psychologists, school counselors, or school social workers, may provide a further insight into how schools can improve upon the mental health services they offer to students and families. These professionals may also be valuable resources to offer recommendations on how to build collaborative, interconnected mental health systems between the schools, community-based mental health services, and families.

Recommendations for Future Research

Future research in school-based mental health systems and services may consider exploring areas identified as limitations to this study. Subsequent studies may seek to examine more diverse populations and perspectives of secondary administrators to identify any consistencies or differences in what is perceived as effective features of mental health systems, what components of the existing systems are successful, and what improvements are needed.

Gaining the perspectives of both elementary and secondary teachers is crucial to the improvement of mental health services provided to students. Given that teachers are the professionals who work most closely with students, seeking their input about the research questions examined in this study could broaden the understanding of the successful development and implementation of effective mental health systems.

Teachers are critical to the success of any systematic change and district initiative. Further studies may consider exploring the relationship between the implementation of teacher wellness programs and student outcomes related to the social, emotional, and behavioral well-being and development.

Conclusions

The findings of this study support the recommendations in the literature regarding effective systems of implementation for school-based mental health services and programs. The development of a comprehensive continuum of school mental health services and the implementation of a multi-tiered ISF approach embedded within an overarching MTSS framework may indeed be a successful platform that educators would support to promote positive academic, emotional, and behavioral outcomes for all students and their families. This framework integrates the fundamental components of PBIS and MTSS with school mental health services to provide a full continuum of preventative programs to all students, early identification of problem behaviors, evidence-based intervention to improve student academic performance and reduces the barriers associated with mental health that can negatively impact student outcomes.

Furthermore, the results also found that elementary school administrators identified that teachers need more training to appropriately support and provide intervention to students with mental health needs. Particularly, administrators reported that teachers need more information regarding mental health literacy - identifying the characteristics of different mental health conditions, strategies for how to effectively intervene with students displaying mental health issues, and understanding ways to support students in gaining access to mental health services. Administrators stated that the most effective means for teachers to receive this training would be through face-to-face instructional coaching by experts in the field who can provide consultation, modeling, and feedback needed to increase teacher understanding of the techniques,

rationale for using different types of strategies, and for more effective and sustainable implementation of mental health supports in the classroom.

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Appendix A



Research Consent Form

Title of this research study

ELEMENTARY SCHOOL ADMINISTRATORS' PERSPECTIVES OF EXPANDED SCHOOL MENTAL HEALTH SYSTEMS AND IMPLICATIONS FOR FURTHER TRAINING

You are invited to take part in a research study that will be conducted by Melissa Petersen as partial completion of the doctorate program in Educational Leadership at the University of Nebraska at Omaha. The information in this form is intended to help you decide whether or not to take part in this study.

You are being asked to participate in this research study based on your experience working as an administrator in a school building that has implemented a Positive Behavioral Interventions and Support (PBIS) framework and an Expanded School Mental Health (ESMH) program.

The goal of this study is to learn more about administrators' perspectives about the effectiveness of school-based mental health services and training teachers need to better support students exhibiting mental health issues in the school setting.

You are being selected through a convenience sampling procedure known as snowball or network sampling. If you decide to be part of this study, you will be asked to participate in a semi-structured interview which will take about one hour to complete. Interviews will be conducted to gain a deeper understanding about his/her individual experiences, perspectives, and suggestions about the improvement of school-based mental health systems and the necessary changes in teacher preparation in order to positively impact the mental health services that students receive in public schools.

Given the nature of this study, participants may have emotional responses when remembering specific situations involving challenging mental health episodes displayed by students or that they themselves have experienced. Participants will be provided with materials and resources related to mental health and wellness services available to students and the educational professionals who serve students.

The results of this study may benefit society by providing implications for potential changes in policy and practice that may be necessary to develop effective Expanded School Mental Health systems. Obtaining this knowledge is essential for educational

professionals to be adequately prepared to address the alarming increase in the mental health needs of students across the country.

If you have a problem as a direct result of being in this study, you should contact one of the people listed at the end of this consent form.

Reasonable steps will be taken to protect your privacy and confidentiality of your study data. The only persons who will have access to your research records are the study personnel, the Institutional Review Board (IRB), and any other person or agency required by law. The information from this study may be published in scientific journals or presented at scientific meetings but your identity will be kept strictly confidential.

Any information that is obtained in connection with this study will be kept confidential by the researcher, and any identifying information will be removed. Specifically, any printed use of this information will require the removal of the following information:

- Your name and any other information that would make it possible to identify you.
- The name and any other information that would make it possible to identify any other person or organization that you mention during the interview.

You have rights as a research participant. If you have any questions concerning your rights or complaints about the research, talk to the research investigator or contact the Institutional Review Board (IRB) at (402) 559-6463.

You can decide not to be in this research study, or you can withdraw from this research study at any time. Deciding not to be in this research study or deciding to withdraw will not affect your relationship with the investigator, or with the University of Nebraska at Omaha.

You are freely making a decision about whether to be in this research study. Signing this form means that (1) you have read and understood this consent form, (2) you have had the consent form explained to you, (3) you have had your questions answered, and (4) you have decided to participate in the research study.

If you have any questions during the study, you should talk to one of the investigators listed below. You will be given a copy of this consent form to keep.

Signature of Participant: _____ Date: _____

My signature certifies that all the elements of informed consent described on this consent form have been explained fully to the participant. In my judgment, the participant possesses the legal capacity to give informed consent to participate in this research and is voluntarily and knowingly giving informed consent to participate.

Signature of Investigator: _____ Date: _____

Authorized Study Personnel

Principal Investigator

Melissa Petersen

(402) 215-5585

mwilliams01@unomaha.edu

Faculty Advisor

Dr. Jeanne Surface

(402) 554-4014

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Appendix B

Focus Group Interview Guide



Title of this research study

ELEMENTARY SCHOOL ADMINISTRATORS' PERSPECTIVES OF EXPANDED SCHOOL MENTAL HEALTH SYSTEMS AND IMPLICATIONS FOR FURTHER TRAINING

Introduction

I want to thank you for coming out today. I know how busy all of you are, and I really appreciate your willingness to help me out with this focus group.

How many of you have been in a focus group before? Well, the main reason why we bring a whole group of people together is so that we can hear all your different ideas and experiences. I've invited you here because I want to hear about your perspectives about the effectiveness of school-based mental health services that you have currently available to students in the school in which you work. I am also interested in hearing your ideas about the training teachers need to better support students exhibiting mental health issues.

Moderator/Participant Roles

The basic way this works is that you should feel like this is your group - that you will be the talkers, and I will be the listener. Even if you are a little shy, I want you to find the "talker" in you so we can hear what you have to say.

In fact, most of the time you'll be talking to each other. I have some questions that I'll need to ask, for you to talk over with others in this group. My basic job is to make sure that the topics get covered and to make sure that we hear all your different points of view.

Ground Rules

We do have a few basic ground rules, but these really are things about talking in groups that we all "learned in kindergarten."

The first thing is to participate. Again, the reason that I've invited all of you here today is so we can hear your different points of view. So, I need everybody's help to have a good conversation.

The second thing is to take turns. I know that some people like to talk more than others, but you may have to hold on to some of the things you'd like to say so that everyone in the group has a chance to talk.

Finally, it's all right to disagree with each other, but please be polite when you do - no put-downs. Everyone wants other people to listen when they talk and to show respect. So, please do so for others.

Recording Procedures

I will be recording your discussion so that I can have an accurate record of what you say.

Confidentiality

Any comments you make here today, I will be kept confidential. Your names or any other identifying information will not be included in my report. I am interested in what you as a group have to say, not in who says what. So I want you to feel like you can speak freely.

In addition, I ask that you respect each other's privacy. Whatever you say here today is just for this group. I know you don't want other people repeating anything that would violate your privacy, so we all basically have to respect each other's privacy.

Still, [as mentioned in the statement of informed consent], there is no way that I can guarantee that other participants will maintain your confidentiality, so please do not share anything that you wish to keep private.

Introductions

Ok, that's enough from me. Let's get started by going around the table and having you introduce yourselves to each other.

Appendix C



1. When thinking about your leadership experiences working at _____ Middle School, what do you believe are the most concerning behavioral or mental health issues observed in students within the school environment?
2. What are the most common resources and services used to address the mental health needs of students with externalizing and internalizing behaviors in your building?
3. What components of the school behavioral and mental health programs in your building do you believe are being successful in meeting the needs of students with externalizing and internalizing behaviors? What could be improved?
4. How would you define an effective school-based mental health system in your building?
5. What are some core elements fundamental to the development, implementation, and sustainability of an effective school-based mental health system?
6. How can school leaders, educators, school mental health professionals, and community mental health professionals work in collaboration to create an effective school-based mental health system?
7. What student outcomes would be important to examine to help determine the effectiveness of a school-based mental health system in your building?
8. What specific training do teachers need to better support the prevention and early identification of students with mental health issues?

9. In considering the ideas and suggestions discussed today, what district and building-level policies and procedures do you believe would be needed to facilitate the development of an effective school-based mental health system at _____ Middle School?

Appendix D

Introductory Email



ELEMENTARY SCHOOL ADMINISTRATORS' PERSPECTIVES OF EXPANDED SCHOOL MENTAL HEALTH SYSTEMS AND IMPLICATIONS FOR FURTHER TRAINING

IRB #: 409-19-EX

Dear _____,

My name is Melissa Petersen and I am a doctoral candidate in the Educational Leadership program at the University of Nebraska at Omaha. I will be conducting a research study with the purpose of exploring elementary school administrators' perspectives about what specific features make up effective Expanded School Mental Health programs and services. I am interested in gaining perspectives on crucial elements that lead to successful development, implementation, and sustainability of effective school-based mental health systems. The goals of my research study include the following:

- Gain a deeper understanding of administrators' perspectives as they relate to the effectiveness of current practices used by schools to support the mental health needs of students
- Seek suggestions about the changes necessary to promote and facilitate the development and implementation of collaborative, interconnected systems that foster effective expanded school mental health programs
- Obtain recommendations for changes to training practices that are necessary to increase teacher efficacy and confidence in their ability to deliver mental health supports

Please know that confidentiality throughout the study will be a focus. Your identity will not be shared in the discussion of findings. Should you choose to participate in this study, you will be asked to participate in a semi-structured interview. The interview will take approximately 60-minutes to complete. Interviews will be conducted to gain a deeper understanding of your individual experiences, perspectives, and suggestions about the improvement of school-based mental health systems. The information gathered will benefit the field of education by identifying potential changes in teacher training necessary to positively impact the mental health services that students receive in public schools.

I will have guiding questions for the interview. With that said, the conversation is the focus of the interview and the questions remain flexible. The conversations will be recorded, transcribed, and analyzed. The recordings will be reviewed by myself only and destroyed following transcription.

Please do not hesitate to contact me with questions. I truly appreciate your consideration in participating in this research study.

Sincerely,

Melissa Petersen
Doctoral Candidate
University of Nebraska at Omaha
(402) 215-5585
mwilliams01@unomaha.edu

Appendix E

Semi-Structured Interview Questions



1. When thinking about your experiences as an elementary school administrator, what do you believe are the most concerning behavioral or mental health issues observed in students within the school environment?
2. What are the most common resources and services used to address the mental health needs of students with externalizing and internalizing behaviors in your building?
3. What components of the school behavioral and mental health programs (e.g., PBIS, Student Assistance Program) in your building do you believe are being successful in meeting the needs of students with externalizing and internalizing behaviors? What could be improved?
4. How would you define an effective school-based mental health system in your building? What student outcomes would be important to examine to help determine the effectiveness of a school-based mental health system in your building?
5. What are some core elements fundamental to the development, implementation, and sustainability of an effective school-based mental health system?
6. To maximize effectiveness, how can school leaders, educators, school mental health professionals and community mental health professionals work in collaboration to enhance the school-based mental health system in your building?
7. What district-level supports, policies, and/or procedures do you believe are needed from upper leadership to enhance the school-based mental health system in

your building and throughout the district?

8. What specific types of training and information do teachers need to better support the prevention and early identification of students with mental health issues?

9. What training methods would be most effective for your staff to facilitate and reinforce

the implementation of mental health supports to students?

10. Do you have any additional suggestions/recommendations for how school districts can go about developing and supporting the implementation of mental health systems to serve the students and support teachers in their efforts to meet the needs of these students?

Appendix F

IRB Approval Letter



NEBRASKA'S HEALTH SCIENCE CENTER

Office of Regulatory Affairs (ORA)
Institutional Review Board (IRB)

June 6, 2019

Melissa Williams, Ed.S.
Education
UNO - VIA COURIER

IRB # 409-19-EX

TITLE OF PROPOSAL: Elementary School Administrators' Perspectives of Expanded School Mental Health Systems and Implications for Further Training in the Schools

The Office of Regulatory Affairs (ORA) has reviewed your application for *Exempt Educational, Behavioral, and Social Science Research* on the above-titled research project. According to the information provided, this project is exempt under 45 CFR 46:104(d), category 2. You are therefore authorized to begin the research.

It is understood this project will be conducted in full accordance with all applicable HRPP Policies. It is also understood that the ORA will be immediately notified of any proposed changes for your research project that

- A. affect the risk-benefit relationship of the research
- B. pose new risks which are greater than minimal
- C. constitute a new risk to privacy or confidentiality
- D. involve sensitive topics (including but not limited to personal aspects of the subject's behavior, life experiences or attitudes)
- E. involve deception
- F. target a vulnerable population
- G. include prisoners or children
- H. otherwise suggest loss of the exempt status of the research.

You are encouraged to contact the ORA to discuss whether changes to exempt research requires review by ORA.

Please be advised you will be asked to update the status of your research yearly by responding to an email from the Office of Regulatory Affairs. If you do not respond, your project will be considered completed.

Sincerely,

Signed on: 2019-06-06 10:28:00.000

Gail Kotulak, BS, CIP
IRB Administrator III
Office of Regulatory Affairs