

Marshall University

Marshall Digital Scholar

Theses, Dissertations and Capstones

2020

School administrator perceptions and actions toward reducing mental health factors to learning

Andrew Charles Teti

andrewcharlesteti@gmail.com

Follow this and additional works at: <https://mds.marshall.edu/etd>



Part of the [Child Psychology Commons](#), [Disability and Equity in Education Commons](#), [Educational Leadership Commons](#), [Educational Psychology Commons](#), [Elementary and Middle and Secondary Education Administration Commons](#), and the [School Psychology Commons](#)

Recommended Citation

Teti, Andrew Charles, "School administrator perceptions and actions toward reducing mental health factors to learning" (2020). *Theses, Dissertations and Capstones*. 1320.
<https://mds.marshall.edu/etd/1320>

This Dissertation is brought to you for free and open access by Marshall Digital Scholar. It has been accepted for inclusion in Theses, Dissertations and Capstones by an authorized administrator of Marshall Digital Scholar. For more information, please contact zhangj@marshall.edu, beachgr@marshall.edu.

**SCHOOL ADMINISTRATOR PERCEPTIONS AND ACTIONS TOWARD REDUCING
MENTAL HEALTH FACTORS TO LEARNING**

A dissertation submitted to
the Graduate College of
Marshall University
In partial fulfillment of
the requirements for the degree of
Doctor of Education

In

Educational Leadership

by

Andrew Charles Teti

Approved by

Dr. Thomas Hisiro, Committee Chairperson

Dr. Ronald Childress

Dr. Paula Potter

Marshall University
December 2020

APPROVAL OF DISSERTATION

We, the faculty supervising the work of Andrew Teti, affirm that the dissertation, School Administrator Perceptions and Actions Toward Reducing Mental Health Factors to Learning meets the high academic standards for original scholarship and creative work established by the EdD Program in **Leadership Studies** and the College of Education and Professional Development. This work also conforms to the editorial standards of our discipline and the Graduate College of Marshall University. With our signatures, we approve the manuscript for publication.

Tom Hisiro

Leadership Studies



Tom Hisiro (Nov 4, 2020 15:13 EST)
Committee Chairperson
Major

11/4/2020

Date

Ron Childress

Leadership Studies


Ronald Childress (Nov 4, 2020 20:36 EST)

Committee Member
Major

11/4/2020

Date

Paula Potter


Paula A Potter (Nov 5, 2020 06:06 EST)

Committee Member
External

11/4/2020

Date

©2020
Andrew Charles Teti
ALL RIGHTS RESERVED

ACKNOWLEDGMENTS

Over the last five years, I have had the privilege of learning from an incredible group of professors in the College of Education and Professional Development at Marshall University. I began this process thinking I would learn the content, write a dissertation, and be finished. Along the way, however, I realized the professors in the program became life-long advisors and individuals I could reach out to when needing advice. Without the entire department in the leadership studies program, I would not have been prepared for this research study, nor would I be in an educational leadership position.

To my committee chair Dr. Thomas Hisiro: I have been lucky enough to call you my master's degree advisor and my dissertation committee chair. You have guided me through eight years of education, and your advice has always proven correct. I appreciate your thoughtfulness and support throughout each of these programs. You were the logical choice for guidance with my dissertation because of your knowledge and experience in Pennsylvania schools and background as a school leader. I cannot thank you enough for your leadership.

To Dr. Ronald Childress: My very first doctoral level course was with you as my professor. I realized in that course the difficulty and magnitude of the program, but likewise met an individual whom I knew would be willing to help me. I cannot tell you enough how thankful I am that you are on my committee. You have assisted me in different classes and with different projects over the last five years, and I am eternally grateful. Your guidance has always helped me.

To Dr. Paula Potter: I first met you in my first year as a teacher at East Bank Middle School nearly a decade ago. You have provided countless opportunities for me to demonstrate leadership and taught me how to effectively lead a school. Your ability to lead by example

played a significant role in my desire to become a school administrator. Thank you for your guidance and words of encouragement.

To the friends and current and former colleagues who have helped with assignments, edited papers, and genuinely cheered me on throughout this process, thank you for being there. This has not been an easy journey, but it could not have occurred without each of your support. Since I have worked in three different positions in the last five years, many current educators and leaders have helped me, and I am eternally grateful to everyone who had a role in my success.

In addition to the countless faculty members, friends, and colleagues who have supported me throughout my doctoral studies, my family is a constant pillar. To my late grandmother and great aunt: you were both my inspiration for becoming a teacher. You were my cheerleaders early in my career, and I continue to think, “What would Gam and Aunt Marge do?” in key situations. I miss you both. To my parents, Thomas and Elizabeth Teti: You taught me the value of both education and hard work. Thank you for your constant support. To my sister, Julia: I appreciate your constant support and am glad to have someone to talk through sticky situations. To my children, Eleanor and Charles: You were both born during my time in this program. My degree and this research study will one day provide an example to you that hard work and a strong commitment pays off in the end. Finally, to my wife, Clare: You have been a rock throughout this endeavor, and I could not have done it without you. Your love, sacrifices, and encouragement have allowed me to persevere, even when I was struggling. Thank you for everything.

TABLE OF CONTENTS

Approval of Dissertation.....	ii
Acknowledgments.....	iv
List of Tables	xi
Abstract.....	xiv
Chapter 1: Introduction.....	1
Statement of the Problem	3
Purpose of the Study	4
Research Questions	4
Operational Definitions	5
Significance of the Study	6
Method	7
Summary	8
Chapter 2: Literature Review.....	9
How school counseling and different models affect student mental health	10
The impact of school nurses on mental health	13
The role of teachers	14
The role of school psychologists	18
Different policies concerning the mental health of students	20
Resources to support mental health.....	22
The role of poverty on the mental health of students	26
The general mental health of students	26
Administrators' roles in impacting mental health procedures.....	29

Summary	31
Chapter 3: Method	32
Introduction	32
Research Design	32
Population and Sample	32
Instrumentation.....	33
Data Collection.....	34
Data Analysis	34
Permissions.....	35
Chapter 4: Findings.....	36
Data Collection and Analysis	36
Respondent Attributes and Demographics	37
Personnel Available to Support Mental Health	38
Administrator Actions Addressing Mental Health Factors	41
Mental Health Resources Available to Administrators	44
Administrator Perceptions by School Grade Levels	46
Administrator Perceptions by Years of Experience	54
Administrator Perceptions based on the Number of Counselors.....	61
Administrator Perceptions based on School Size	67
Administrator Perceptions based on School Demographics	74
Open-Ended Survey Responses	79
Thematic Analysis.....	79
Definition of “Mental Health Barrier to Learning”	80

Impact of Mental Health on Respondents’ Thoughts on Educating Students.....	82
Impact of Mental Health Barriers to Learning on the Respondents’ Schools.....	84
Interview Findings.....	86
Thematic Analysis.....	87
Pressures to Address Mental Health.....	88
Relationships Improve Mental Health Factors	95
The School Counselor’s Role.....	102
Mental Health has Personally Impacted Schools and Administrators.....	106
Summary	113
Chapter 5: Conclusions, Implications, and Recommendations	115
Problem Statement	115
Research Questions	115
Summary of Methods	116
Summary of Findings	117
Conclusions	117
Research Question 1: Which persons or positions working within the school’s confines support mental health at the direction of the school administration?.....	117
Research Question 2: Which programs or models have yielded the best results in supporting the whole child approach to educating children?	118
Research Question 3: Which resources and outside agencies support mental health issues throughout the school settings?	120
Research Question 4: What are the differences based on selected demographic/attribute variables in administrator perceptions and actions regarding student mental health?	121

School Age Group	121
Years of Administrator Experience	122
Number of School Counselors.....	123
School Size	124
School Location.....	125
Discussion and Implications.....	125
Administrative Implications	127
Recommendations for Future Research	129
Summary	131
References.....	132
APPENDIX A: IRB APPROVAL	142
APPENDIX B: IRB AMENDMENT APPROVAL	143
APPENDIX C: ANONYMOUS SURVEY CONSENT.....	144
APPENDIX D: CONSENT TO PARTICIPATE IN THE INTERVIEW	145
APPENDIX E: SURVEY	146
APPENDIX F: INTERVIEW PROTOCOL	150
APPENDIX G: IMPORTANCE OF SCHOOL ACTIONS WHEN FOCUSING ON STUDENT MENTAL HEALTH ISSUES BY GRADE LEVELS	152
APPENDIX H: IMPORTANCE OF SCHOOL ACTIONS WHEN FOCUSING ON STUDENT MENTAL HEALTH ISSUES BY ADMINISTRATOR.....	154
APPENDIX I: IMPORTANCE OF SCHOOL ACTIONS WHEN FOCUSING ON STUDENT MENTAL HEALTH ISSUES BY THE NUMBER OF COUNSELORS IN THE SCHOOL...	156

APPENDIX J: IMPORTANCE OF SCHOOL ACTIONS WHEN FOCUSING ON STUDENT
MENTAL HEALTH ISSUES BY SCHOOL POPULATION SIZE 158

APPENDIX K: IMPORTANCE OF SCHOOL ACTIONS WHEN FOCUSING ON STUDENT
MENTAL HEALTH ISSUES BY SCHOOL LOCATION..... 160

APPENDIX L: VITA..... 162

LIST OF TABLES

Table 1	Respondent Demographics and Attributes.....	38
Table 2	Personnel to Best Address Mental Health within the School.....	39
Table 3	Importance of Addressing Mental Health Issues.....	40
Table 4	Teacher and Administrator Reactions and Frequency of Addressing Mental Health Barriers.....	41
Table 5	Administrative Actions Taken to Address Student Mental Health Factors to Learning.....	42
Table 6	Importance of Selected Actions when Focusing on Student Mental Health Issues.....	44
Table 7	Personnel to which Daily/Weekly Access is Available.....	45
Table 8	Sources of Pressure to Address Mental Health Concerns.....	46
Table 9	Teacher Reactions and Frequency of Addressing Mental Health Barriers by Grade Levels.....	47
Table 10	Importance of Addressing Mental Health Issues by Grade Levels.....	49
Table 11	Sources of Pressure to Address Mental Health Concerns by Grade Levels.....	52
Table 12	Importance of School Actions when Focusing on Student Mental Health Issues by Grade Levels.....	153
Table 13	Teacher Reactions and Frequency of Addressing Mental Health Barriers by Administrator Experience.....	55
Table 14	Importance of Addressing Mental Health Issues by Administrator Experience.....	56
Table 15	Sources of Pressure to Address Mental Health Concerns by Administrator Experience.....	58

Table 16	Importance of School Actions when Focusing on Student Mental Health Issues by Administrator Experience.....	154
Table 17	Teacher Reactions and Frequency of Addressing Mental Health Barriers by the Number of Counselors in the School.....	61
Table 18	Importance of Addressing Mental Health Issues by the Number of Counselors in the School.....	62
Table 19	Sources of Pressure to Address Mental Health Concerns by the Number of Counselors in the School.....	65
Table 20	Importance of School Actions when Focusing on Student Mental Health Issues by the Number of Counselors in the School.....	156
Table 21	Teacher Reactions in Addressing Mental Health Barriers by School Size.....	68
Table 22	Importance of Addressing Mental Health Issues by School Population Size.....	69
Table 23	Sources of Pressure to Address Mental Health Concerns by School Population Size.....	71
Table 24	Importance of School Actions when Focusing on Student Mental Health Issues by School Population Size.....	158
Table 25	Teacher Reactions and Frequency of Addressing Mental Health Barriers by School Location.....	74
Table 26	Importance of Addressing Mental Health Issues by School Location.....	75
Table 27	Sources of Pressure to Address Mental Health Concerns by School Location.....	77
Table 28	Importance of School Actions when Focusing on Student Mental Health Issues by School Location.....	160
Table 29	Open-Ended Survey Response Themes.....	80

Table 30 Survey Themes.....88

ABSTRACT

Approximately one in five children have a mental health need that impacts their academic functioning (World Health Organization, 2004). This study investigated what actions school administrators who oversee kindergarten through eighth grade, and how their perceptions of mental health have impacted those decisions. Both a survey and an interview were conducted with current school administrators in three counties in Western Pennsylvania. Findings suggested that administrators take mental health factors to learning very seriously and place a significant amount of pressure on themselves to address this barrier. Additionally, school administrators utilize a team approach to focus on mental health in the school setting, often incorporating outside agencies and therapists. Administrators reported a significant increase in time spent addressing mental health, particularly in early grade levels. Further implications were discussed, and future research ideas were recommended.

CHAPTER 1: INTRODUCTION

Schools across the country are seeing an increase in mental health disorders and students who experience significantly difficult personal situations. According to the Centers for Disease Control and Prevention (2015), a study of children between the ages of three and 17 from 2005 through 2011 showed 16.7% of children were diagnosed with a mental health disorder. This number relates to the World Health Organization (2004) report 20% of children younger than 18 years old have mental health concerns. Numerous other studies support these statistics while finding very similar results (Reinke, Stormont, Herman, Puri, & Goel, 2011; Knopf, Park, & Mulye, 2008; Cuellar, 2015; Bains & Diallo, 2016; Froese-Germain & Riel, 2012; Hurwitz & Weston, 2010; Mellin, 2009; DeKruyf, Auger, & Trice-Black, 2013; Perfect & Morris, 2011; Splett, Fowler, Weist, McDaniel, & Dvorsky 2013; Stagman & Cooper, 2010). As the number of children with mental health concerns continues to increase, educators must consider how to support all students in their development as individuals. Overall, the current education situation suggests an imbalance of counselors, social workers, and school psychologists exists in schools (Skalski & Smith, 2006). A significant amount of data have been compiled regarding the mental health concerns facing students. To meet the needs of the whole child, educational leaders must reflect on how services are provided for students and whether current practices are effectively meeting student needs.

Reback (2010) discusses how mental health severely impacts not only a child's success within the classroom but also their classmates' successes. Research indicates a strong positive correlation between student mental health and student success (Lewallen, Hunt, Potts-Datema, Zaza, & Giles, 2015; McLaughlin & Clarke, 2010; Rooney, Videto, & Birch, 2015; Forness, Kim, & Walker, 2012; Hunt, Barrios, Telljohann, & Mazyck, 2015; Langley, Nadeem, Nataoka, Stein, & Jaycox, 2010; Reinke et al., 2011; Murray, Hurley, & Ahmed, 2015; Basch, 2011). In

looking at the factors that influence children daily, educators are tasked with teaching children with varying experiences, health concerns, and from different socio-economic backgrounds. School administrators must oversee teachers, counselors, school psychologists, social workers, and outside mental health agencies who work daily with students.

School administrators possess a significant responsibility when it comes to ensuring children receive an appropriate education while under their supervision. How an administrator feels about children (Wood, Evans, & Spandagou, 2014, p. 14) can influence the education provided. To work collaboratively with teachers and other professionals who support children, school principals must recognize the vital position they hold to impact, influence, and change children's lives. Knowing the impact, a school administrator can have on children should influence how decisions are made at the school-level.

A school principal's role has shifted throughout the last few decades, from manager to instructional leader (Hemmen, Edmonson, & Slate, 2009, p. 6). This role change enables administrators to assist in developing the *whole child*, a term that has increased in popularity in the last decade (Lewallen et al., 2015, p. 729). To educate the whole child, according to Lewallen et al., educators must work in collaboration with those (e.g., school nurses, school counselors, school psychologists, social workers, and outside services) who provide other essential services to children. One of the most vital responsibilities of a principal is the facilitation of these individuals working collaboratively.

Recently, the school counselor's role shifted from simply providing academic and career guidance to concern for the whole child (Perkins, Oescher, & Ballard, 2010, p. 3). This change in a counselor's responsibility cannot possibly happen without the support of the school principal. In looking specifically at what the American School Counselors Association (ASCA)

recommends school counselors do daily, a school principal must allow for certain historical responsibilities (i.e., standardized testing responsibilities, scheduling, etc.) to be diverted from counselors to other individuals. This role change can be difficult for administrators and counselors alike to accept. To educate the whole child, however, administrators should strongly consider the adaptation of the counselor's function within the school.

The literature review reveals a few recommendations for what school administrators can do to support the mental health of their students in a consistent manner. Whitely (2010) suggests school administrators maintain consistent expectations by developing a clear organizational shift in thinking, working closely with community members and entities, educating teachers and other personnel, and utilizing data when making decisions to support the whole school. To effectively prepare children for the future, these recommendations regarding mental health concerns can help administrators address these concerns appropriately.

School-age children's mental health struggles are well documented, and a substantial amount of data exist on the challenges students can face while in school. In working collaboratively with other educators, administrators play an enormous role in ensuring children are healthy and well-adjusted while under their supervision. Administrators must facilitate learning opportunities between different disciplines and personnel to ensure students' needs are being reached and met. To assist with how school principals can proceed, more data must be compiled to determine current administrator practices to support students with mental health struggles.

Statement of the Problem

Children spend most of their time in schools (Reinke et al., 2011, p. 1). Consequently, educators bear a significant responsibility to care for a child's mental health. Approximately one

in five children have a mental health need that will impact their education. School administrators, particularly principals, can impose significant change within a school while focusing on student mental health issues. Administrators must also work collaboratively with other school-based professionals to support students. Research is currently limited to what school administrators do to improve the mental health outlook of students. Therefore, this study will provide more information to current school principals on what currently works, and should be implemented, to help focus on the *whole child* and ensure all aspects of a child's development and well-being are met within the school setting.

Purpose of the Study

The significant mental health struggles of students continue to disrupt academics and the learning of many students. Schools with students from pre-kindergarten through 12th grade continue to face situations that previously did not interfere with the academics in the classroom. In response to students' significant mental health needs, school leaders need to consider multiple resources to support and improve the educational outcomes within schools. School administrators and support personnel consistently look for ways to assist in addressing the needs of children. In the school setting, mental health services are often considered secondary compared to academic services provided to students. School districts that demonstrate an ability to provide mental health services to educate the whole child will continue to see academic results improve.

Research Questions

The following specific questions will guide the study:

1. Which persons or positions working within the school's confines support mental health at the direction of the school administration?

2. Which programs or models have yielded the best results in supporting the whole child approach to educating children?
3. Which resources and outside agencies provide support to mental health issues throughout the school settings?
4. What are the differences based on selected demographic/attribute variables in administrator perceptions and actions regarding student mental health?

Operational Definitions

1. **Outside Agencies:** An agency that provides mental health and counseling services to students while they are at school.
2. **School Counselor:** A counselor who works for the school district and can provide mental health services to students while also performing other duties as assigned by the school principal.
3. **Administrator Perceptions of Mental Health:** How a school administrator views mental health barriers to learning.
4. **School Actions:** Actions taken by the school or district to address mental health barriers to learning.
5. **Mental Health Barrier to Learning:** When a student's emotional well-being and other psychological conditions prevent the student from learning.
6. **Whole Child Approach:** An approach in education that focuses on ensuring the student's well-being is addressed in addition to their academics.
7. **School-Model to Address Mental Health:** A research-based approach toward addressing mental health on a school-wide basis such as the American School Counselor's Association (ASCA) Model.

8. **Professional Development:** Any formalized education that administrators utilize to further their understanding of mental health in schools.

Significance of the Study

The purpose of this study seeks to increase the knowledge of current building administrators in elementary and middle schools regarding successful practices of school principals in supporting and addressing students with mental health concerns. The study will contribute to administrators' capability to assist professionals within the school to increase academic achievement by focusing on mental health concerns and the *whole child* approach. Also, the study will provide a springboard for discussion among current, practicing administrators, and will help increase knowledge and awareness of the impact of mental health on academics.

Many recommendations are available for how schools and districts should approach mental health challenges, yet little data exists on what school administrators do to support this initiative. Since students with mental health concerns face significant challenges in their lives (Tan, Chen, Xia, & Hu, 2018; Kato, Yanagawa, Fujiwara, & Morawska, 2015; Evans-Lacko et al., 2017; Basch, 2011; Hurwitz & Weston, 2010; Froese-Germain & Riel, 2012), it is imperative that schools, particularly in the early years of a child's academic career, focus efforts to address these concerns. As many initiatives, responsibilities, and financial obstacles face school administrators, therefore this topic is extremely important. As a lack of research exists, this study can add to the knowledge base as it relates to focusing on mental health in elementary and middle schools and how this impacts academics.

A few examples of research on school administrators' dealings with the mental health topics in elementary and middle schools exist. The data and information gained from this study

will add to the research on mental health and how it impacts academics for students.

Additionally, findings from this study will assist in further research relating to mental health issues with students. Other school professionals who will benefit from this study include school counselors, teachers, school psychologists, school nurses, and social workers.

This study is significant because the mental health struggles of students can interfere with their academics. Therefore, it is necessary to identify what administrators are doing in schools successfully implementing multiple mental health services. Principals in schools struggling to face mental health challenges can use this information to assist in their methods and efforts to improve these issues. A large amount of research exists for recommendations of what schools can do to support student mental health, but limited research exists on what school administrators have done to successfully address our student's mental health struggles.

Method

This survey will be comprised of multiple Likert Scale questions to analyze administrators' thoughts and actions regarding steps taken to address mental health concerns in their schools. A Convergent Parallel Mixed Methods Design will analyze these perceptions and attitudes, as well as the actions taken by the administrators. The data will be analyzed utilizing an Analysis of Variance to determine what correlations exist between administrators' school-level and their perceptions and actions regarding mental health. The study will also look at any correlations between the demographics of schools and what methods to combat mental health have worked. The quantitative data will then be compared and analyzed with the qualitative to reinforce administrators' perceptions of mental health and how those perceptions have influenced any decisions they may have made to combat this particular barrier to learning. An

interview will be conducted with school principals to determine themes regarding mental health barriers to learning. These administrators will be from the same population who take the survey.

Summary

This chapter introduces the problem of children struggling with mental health concerns and how it impacts their academics. This chapter likewise introduces the concern for determining what decisions current school administrators make to improve students' mental health in school. Chapter Two reviews the impact of school nurses on mental health, the role of teachers, how school counseling, and different models, affect student mental health, how mental health affects the academics of students, different policies concerning the mental health of students, the role of school psychologists, mental health programs in schools, the general mental health of students, and administrators' roles in impacting mental health procedures. Chapter Three describes the research method conducted in this study. Chapter Four presents the data and results of the research. Chapter Five summarizes this study, presents implications based on the data obtained, and offers interpretations of the findings and suggestions for future research.

CHAPTER 2: LITERATURE REVIEW

According to Frauenholtz, Mendenhall, and Moon (2017), schools possess a significant opportunity to support students with mental health struggles (p. 71). Many options exist for school administrators when attempting to improve academics by focusing on students' mental health. Since schools have such a diverse group of individuals working with students, this review focuses on the research surrounding each group and how mental health impacts their work within the schools. These groups include school nurses, teachers, counselors, school psychologists, and administrators. Additionally, this review looks specifically at how mental health impacts student academics, the policies that impact mental health programs in schools, and students' general mental health. Each of these components will impact how the research from this paper will assist school administrators when focusing on students' mental health.

According to Froese-Germain and Riel (2012), a significant social stigma exists regarding mental health. The stigma of mental health can play a role in how educators and school professionals potentially help students with mental health needs. Students and families have shown reluctance to turn to schools for assistance (Froese-Germain & Riel, 2012, p. 2), just as professionals have had varying degrees of responses when students do come forward (Hurwitz & Weston, 2010, pp. 5-6). When considering how best to help students with mental health struggles, schools should consider incorporating all individuals with the abilities students need. These professionals include school psychologists, counselors, teachers, nurses, and administrators. Unfortunately, not all groups feel comfortable working through mental health challenges for students (Froese-Germain & Riel, 2012). Administrators should discuss how they can assist these groups to collaborate while meeting the needs of students effectively.

As students' mental health needs continue to impact academics, school administrators must realize their important role in increasing awareness and collaboration among school

professionals to focus on this barrier (Whitely, 2010). As a school principal's role has evolved from a managerial style to that of an instructional leader, a focus on the *whole child* has come forward. Atkins, Hoagwood, Kutash, and Seidman (2010) discuss and recommend schools integrate a focus on mental health directly into the academics students learn. Essentially, mental health should be a focus of schools in order to effectively and successfully educate children. The American School Counselor Association (ASCA) puts forth a model for school counselors to focus on educating students on mental health and working directly with students through small groups and whole class lessons (DeKruyf et al., 2013). With the numerous professionals in a school responsible for student learning, administrators have the unique role of providing direction; therefore, administrators can shift the focus of merely teaching in a traditional model toward educating the *whole child*.

How school counseling and different models affect student mental health

The model for school counselors evolved from strictly focusing on mental health to concentrating on how they can impact all students' academic achievement (Perkins et al., 2010). This change occurred as a result of new models presented by the ASCA. Schools can be designated as a Recognized ASCA Model Program (RAMP). According to the ASCA website (www.schoolcounselor.org), becoming a RAMP designated school demonstrates a commitment to providing a "comprehensive, data-driven school counseling program" and is the culmination of a year of data collection on the school counseling program (2019). DeKruyf et al. (2013) suggest a school counselor's primary role is to help "students overcome barriers to learning" (p. 271). The authors' suggestion demonstrates students' mental health barriers should be a focus of school counselors in their daily practices.

When considering school counselors' current practices, Carey and Dimmitt (2012) looked deeply at six different studies of statewide counselors' practices. The authors found that with a lower counselor to student ratio, it significantly decreased negative student behavior and increased attendance (p. 148). The authors also discussed how the schools that demonstrated a robust ASCA-aligned model showed increases in academic achievement and college and career readiness (p. 147). This study demonstrates the importance of school counselors on students' academic and overall successes at various school levels. Astramovich, Hoskins, & Bartlett (2010) echo this theme by suggesting schools develop counseling centers to assist students with mental health needs and other barriers to learning students possess. These studies provide essential dialogue on how school counselors can significantly and positively impact students who struggle academically and behaviorally.

Astramovich et al. (2010) also suggest, with counselors focusing on so much more in schools today, the counselor's role is moving away from assisting students with significant mental health concerns. Mason and McMahon (2009) counter that school counselors should take a leadership role in their schools and advocate for assisting students with significant learning barriers continually. The authors suggest more experienced counselors typically take a leadership role in schools, while those who recently entered the profession find difficulty taking a stance with school and district administrators (p. 113). The researchers stress to administrators to allow and encourage less experienced school counselors to express their thoughts and expertise to the needs of the students (p. 114). Mellin (2009) concurs, suggesting that school counselors advocate and take leadership roles within the schools. She also suggests counselors should continue to gain knowledge in psychotropic medications students may take and how they can affect students (p.

504). These recommendations demonstrate a need for counselors to take a leadership role within their schools and districts and that administrators should allow and encourage this to take place.

School counselors have a unique and challenging position within schools. Dykeman (1994) suggests “children basically liked themselves, but did not feel they were handling their interpersonal concerns well” (p. 8). To help support this assumption, Van Velsor (2009) suggests counselors should educate students through social and emotional learning (SEL). The educational emphasis on SEL ultimately helps students understand their emotional intelligence (EI) (p. 51). The author states that “through SEL, children develop EI as they learn to identify and manage emotions” (p. 51). Van Velsor discusses how children will likewise learn how to care for themselves and others, make appropriate decisions, and develop positive relationships. According to the author, this knowledge plays a significant role in decreasing learning barriers, ultimately helping students academically (p. 52). Dahir and Stone (2009) reinforce these factors by adding school counselors should serve as “social justice advocates” (p. 12) and promote achievement for all students, particularly those underserved in schools. As previously indicated, the research suggests counselors should work closely with students to understand what barriers exist in their academics in school.

School counselors often struggle to keep pace with the needs of the students in high-need areas. Carrell and Carrell (2006) remind us ASCA recommends a ratio of 250 students to every school counselor; however, the national average in 2003 was nearly double, as 478 students were served for every school counselor (p. 1). Mellin (2009) reminds us one in five students have a diagnosable mental health need, meaning the average counselor has nearly 100 students diagnosed with a need. Carrell and Carrell (2006) focus on disciplinary problems in their study and find lower student to counselor ratios play a significant role in decreasing students who

receive discipline and the probability of disciplinary occurrences (p. 14). This finding, in addition to the other research previously discussed, strongly suggests a lower ratio would also play a role in increasing academics in schools, as well. Gruman and Hoelzen (2011) suggest counselors should be able to demonstrate their impact within schools to validate the profession (p. 188). Due to the large number of students previously diagnosed with mental health concerns and those who struggle with academics and behaviors, school counselors should show their impact on school-wide initiatives and practices through data-driven decisions and interventions.

The impact of school nurses on mental health

With the number of individuals in schools that can positively impact students consistently, school nurses cannot be overlooked. According to Skalski and Smith (2006), students who struggle with mental health often find it difficult to “attend school, have difficulty completing assignments and have more frequent conflicts with peers and adults” (p. 12). A school nurse can often build positive relationships with students who struggle to be in class. These students often will visit the nurse’s office or location because of their struggles. Puskar and Bernardo (2007) demonstrate this by stating that school nurses spend a third of their time working with students with mental health concerns (p. 217). This data demonstrates the impact nurses can have on students who struggle with mental health.

Hurwitz and Weston (2010) argue “physical health and mental health are inextricably connected” (p. 3). Nurses can work closely with other professionals within the building to help build understanding and acceptance of mental health concerns within the student population. Foti, Balaji, and Shanklin (2011) discuss the “mental health stigma” (p. 350) and how it affects students. This stigma can easily extend to teachers, even in unconscious ways, therefore making the actions of administrators, counselors, and nurses extremely impressionable for how

struggling students are viewed. Puskar and Bernardo (2007) discuss how nurses should become involved in collaborating with other professionals in the building to aid in the screening of students who are negatively impacted by mental health (p. 217). The authors suggest nurses can help assess student appearance and behavior in terms of mental health through observation and conversations (p. 218).

School nurses often can identify mental health struggles in students who are exhibiting certain behaviors. For example, Perkinson-Gloor, Lemola, and Grob (2013) discuss the impact of poor sleep duration on academic achievement. Nurses can often identify when students are not feeling well due to poor sleep habits. These types of symptoms can be a warning sign for more severe conditions, including a precursor for suicide ideation and depression (p. 311). A school nurse's responsibility simply is not that of helping a student with a skinned knee or a sore throat, but that of a person who can advocate for students who deal with difficult situations. One way nurses can focus on this larger responsibility is to create community education programs to help inform the public of significant barriers to student learning (Puskar & Bernardo, 2007, p. 221). This awareness can be done in collaboration and consultation with the school and district. The research on this topic demonstrates the critical role school nurses can play with students and families who struggle with mental health concerns. Limited information exists, however, on what administrators do to support school nurses with this particular initiative.

The role of teachers

Teachers play an essential role in helping students succeed in school. Specifically, according to Tillery, Varjas, Meyers, and Collins (2010), teachers view themselves as “strong influences on students’ behavior at school” (p. 99). According to the authors, this extends to how teachers praise their students, ultimately leading to an impact on their overall well-being

and self-esteem. Teachers' knowledge gained by building positive relationships with students can be a significant step in identifying students with mental health struggles. Froese-Germain and Riel (2012) demonstrate this through the following statistics gained in a study on teacher perspectives on mental health:

- Nine out of ten teachers surveyed agreed that attention deficit disorders (ADD) and attention hyperactivity disorders (ADHD), and learning disabilities such as autism spectrum disorder and dyslexia, were pressing concerns in their school.
- Seventy-nine percent of teachers agreed that stress (i.e., students feeling over-stressed) was a pressing concern, including one-third who "strongly" agreed.
- Seventy-three percent of teachers agreed that anxiety disorders were a pressing concern, including 24% who "strongly" agreed.
- Also, a majority of teachers (59%) agreed that depression disorders were a pressing concern, including 16% who strongly agreed.

These statistics demonstrate the majority of teachers see significant needs within their schools and classrooms. The teachers are likewise and often cognizant of the struggles schools face to address these concerns. The authors state most of the teachers interviewed (87%) feel inadequately trained to deal with mental health, and 85% of teachers agree that a lack of funding exists for mental health. Additionally, teachers identify a lack of community-based professionals and a lack of coordination between schools and community providers (p. 12). With the number of barriers being identified by teachers, more information needs gathered on how schools overcome these barriers, starting with the administrators' decisions.

Teachers often initially address mental health in the classroom with specific students. As these incidents can lead to inappropriate behaviors, teachers typically are the first intervention

for students. Durlak, Weissberg, Dymnicki, Taylor, and Schellinger (2011) found teachers who successfully included SEL into their classrooms had improved academic performance due to students being able to address their emotions (p. 13). The authors likewise suggest research demonstrates “students who are more self-aware and confident about their learning capacities try harder and persist” (p. 13-14). Teachers cognizant of students struggling through different situations and who respond positively can see significant positive impacts. Ford and Kea (2009) discuss this in looking at students’ cultures and culturally sensitive classrooms. These authors state “when teachers are culturally responsive, they are student-centered; they break down barriers to learning and, hence, provide keys that open doors to students’ success” (p. 1). The idea of culturally responsive and student-centered teachers can impact students’ mental health and behaviors. To support this, Frauenholtz et al. (2017) suggest many teachers have difficulty identifying these struggles; therefore, they should receive more formal and informal training. The authors suggest, without administrative support to help educate teachers, “efforts to increase mental health knowledge and reduce stigma may not achieve their desired results” (p. 77).

In studying how teachers and other school professionals should support students within the classroom, research suggests numerous methods. For example, Robert Trussell (2008) looks at *classroom universals* when considering students’ behavior (p. 179). Some of Trussell’s suggestions include having established procedures, having posted rules, and accessible materials. These suggestions lead to students feeling secure and in a structured environment, causing less anxiety and stress while in the classroom. These situations all fall under the umbrella of positive behavior supports, which create a positive learning environment for students (p. 184). Brigman, Webb, and Campbell (2007) discuss utilizing the Student Success Skills program to help students

learn self-management and social skills (p. 279). These skills are designed to help students be successful in the classroom. The authors state the following:

These skills include (a) cognitive and metacognitive skills such as goal setting, progress monitoring, and memory skills; (b) social skills such as interpersonal skills, social problem solving, listening, and teamwork skills; and (c) self-management skills such as managing attention, motivation, and anger (p. 280).

The ideas discussed in the Student Success Skills program allow students to learn how to function well within the classroom. Another intervention program, *Up*, is a “whole-school approach aimed at promoting mental health by strengthening social and emotional competence among school children” (Nielsen, Meilstrup, Nelausen, Koushede, & Holstein, 2015, p. 339). The program has four focus areas: education for students, professional development, parental involvement, and ideas for implementation throughout the school day. The authors discuss how well the program works and, specifically, the impact on students from lower-income families (p. 350). McCormick, Cappella, O’Connor, and McClowry (2015) look at other SEL interventions. They found the program *INSIGHTS* positively impacted students and teachers, allowing for more instruction in the classroom and learning by the students (p. 13). Essentially, *INSIGHTS* is a program “designed to enhance the development of low-income primary grade students at-risk for academic and behavioral difficulties” (p. 3).

Many of these programs exist for teachers and schools to utilize. Jones, Hoglund, Brown, and Aber (2010) looked at integrating SEL into literacy interventions for students and found a positive correlation (p. 840), particularly in helping students cope with and self-report depression (p. 837). This research can be utilized by schools and teachers using different interventions. For example, if using the Schoolwide Enrichment Model-Reading (SEM-R), teachers can expect to

see students' attitudes towards reading improve (Shaunessy-Dedrick, Evans, Ferron, & Lindo, 2015, p. 103). Helping students with their overall well-being can significantly assist them academically. Reivich (2010) discusses how to help children believe they can succeed and the role self-efficacy plays in students persevering in school. He defines self-efficacy as "the belief that you have skills that you can rely on to help you navigate life and reach your goals" (p. 1). This critical concept should be focused on by teachers and schools to help students gain confidence in their abilities and encourage students to make and learn from mistakes. Reivich (2010) provides steps schools and parents can take to help students learn these skills. Administrators should learn from the different programs and concepts available to help determine how best to help all students learn and grow as individuals. In doing so, students will potentially possess a more positive outlook on school and their abilities.

The role of school psychologists

School psychologists play a pivotal role in helping students with mental health struggles. With school psychologists having significant responsibilities in schools, according to Perfect and Morris (2011), including "cognitive, academic, and social-emotional assessment; consultation; in-service education; crisis intervention; counseling/therapy; and program evaluation/research" (p. 1051), administrators and psychologists must determine the prominent role for psychologists in the schools. The authors suggest school psychologists should work with other mental health professionals to determine how best to provide "school-based mental health services" (p. 1052). As Skalski and Smith (2006) recommended, schools should "promote a continuum of services that includes school-wide mental health prevention programming and intensive interventions" (p. 14). This prevention utilizes the unique training and expertise of school psychologists.

Splett et al. (2013) continue the discussion by looking at what, specifically, the school psychologist's role should be in schools. The authors discuss how, historically, school psychologists worked primarily on psychological assessments in schools. Recently, however, evidence suggests mental health services are being provided at a greater consistency than before (p. 246). Schools that typically focus strictly on academics and achievement are less likely to utilize school psychologists in a mental health capacity (p. 250). Conversely, with support from building administration and teachers, school psychologists who are inclined to provide school-based mental health services are more likely to diversify their services (p. 251). Atkins et al. (2010) provide a stark reminder that "there is little consensus on the optimal ways to package or integrate supports within schools" (p. 41). Administrators should, therefore, guide professionals in determining how mental health barriers to learning should be addressed.

One recommendation researchers provide for schools is implementing a Multi-Tiered System of Support (MTSS) model. Eagle, Dowd-Eagle, Snyder, and Holtzman (2015) look specifically at this subject and how school psychologists and administrators can collaborate to achieve a model that supports both academic and behavioral concerns. The authors state that "there is a growing body of evidence suggesting that integrated approaches are associated with greater improvements in both academic and behavioral outcomes" (p. 161). The authors also cite Fixsen, Blase, Naoom, Metz, Louison, and Ward (2015), and their Implementation Drivers figure to help identify how best to implement a major change (p. 162). The Implementation Drivers can be connected to employing a more substantial mental health component for schools as administrators.

Fixsen et al. (2015) define the three implementation drivers:

1. Competency Drivers—are mechanisms to develop, improve, and sustain one’s ability to implement an intervention intended to benefit children, families, and communities.
2. Organization Drivers—are mechanisms to create and sustain hospitable organizational and system environments for effective services.
3. Leadership Driver—focuses on providing the right leadership strategies for the types of leadership challenges. These leadership challenges often emerge as part of the change management process needed to make decisions, provide guidance, and support organization functioning (p. 2).

Administrators utilize this model when making systemic changes, such as moving toward an MTSS model. Eagle et al. (2015) suggest this allows for school psychologists to utilize their “expertise in the core components of MTSS, including data-based decision making, curricular and instructional methodology, evidence-based interventions, and systemic problem-solving procedures” (p. 163). This research best exemplifies a reform a school can go through and successful reform changes must possess a strong “collaborative culture” and well-established leaders with specific skills (p. 164).

Different policies concerning the mental health of students

When considering policies and regulations for schools and how to handle mental health in children, Stagman and Cooper (2010) outline statistics regarding why mental health should be taken seriously by politicians. Some of the authors’ statistics include that 67 to 70 percent of children in the juvenile justice system have a mental health disorder (p. 3) and preschool children are expelled three times as often as students in grades kindergarten through twelfth (p. 4).

Stagman and Cooper (2010) make multiple recommendations for policymakers, including “develop systems to identify at-risk children” and “engage families and youth in their own treatment planning and decisions” (p. 7). These recommendations, and the others they provide, allow policymakers to understand the importance of addressing students’ needs. The National Association of Secondary School Principals, specifically the Policy and Advocacy Center, concurs, stating school leaders’ responsibility is to create “a safe and nurturing school environment” (p. 1). The statement continues, asserting school administrators play a prominent role in leading their schools to help each student who struggles with mental health (p. 3). The statement also provides recommendations for both federal and state policymakers, including following the schools’ ASCA model (p. 3). These recommendations should be followed by policymakers to ensure students’ needs are met.

One area educators and policymakers should focus on are the impacts of outside situations on students’ educations. Finkelhor, Turner, Shattuck, and Hamby (2013) focus on the frequency of abuse, violence, and crime. The researchers found children and youth are often exposed to difficult situations throughout their early lives (p. 619). This exposure can detrimentally impact a child’s development (p. 614) and, therefore, should be focused on by multiple entities. They cite that more research needs to be conducted on these trends moving forward (p. 620). Rothstein and Jacobsen (2006) surmise policies traditionally focused on academics and not allowed for schools to address students’ other needs, such as their emotional health. An example of this is the No Child Left Behind (NCLB) act, which focused almost entirely on academics (p. 9). School administrators and politicians should look at current and past policies to find areas of emphasis moving forward.

The NCLB had some significant flaws, particularly in school mental health (Daly et al., 2006; Lagana-Riordan and Aguilar, 2009). Daly et al. (2006) research consider multiple areas of deficiencies within the NCLB. The authors focus on providing opportunities to expand on policy by furthering teacher education, increasing professional collaboration, and changing perspectives regarding mental health. Lagana-Riordan and Aguilar (2009) state the NCLB “largely relies on high standards and testing to ‘fix’ the achievement gap” (p. 138). Interestingly, the Every Student Succeeds Act (ESSA) does provide a focus for the health of all students, including focusing on a “well-rounded education” for all students (Fobbs, Mays, and Rayburn, 2016, p. 2). Also, ESSA’s Title II states funds can be utilized to help train staff to address behavioral and mental health concerns (p. 1). As policy moves in the appropriate direction, it is apparent that more can be done to address mental health at the school level. Administrators can work with policymakers to address this moving forward.

Resources to support mental health

To fully meet the needs of all students, school administrators should consider different programming options for how to address mental health barriers to student learning. Reinke et al. (2011) suggest that “school-based prevention and intervention practices have become essential for reducing the incidence of mental health problems that interfere with learning” (p. 1). The authors state that schools are the best place for targeting the connection between mental health and academics (p. 1). This important statement should be continuously considered by administrators. The authors mention few studies exist in looking specifically at how teachers feel about their programming role for students (p. 3). McLaughlin and Clarke (2010) argue schools should play a large part in developing the emotional well-being of students (p. 92). The

authors add that students struggling with making connections at school run a much higher risk of engaging in detrimental behavior and developing anxiety or depression (p. 94).

As schools work to overcome barriers to learning regarding mental health, the prevalence of students with emotional and behavioral disorders is causing special educators to “collaborate much more closely with psychiatrists and other mental health professionals” (Forness et al., 2012, p. 3). This collaboration ultimately leads to more understanding of situations in the schools when working with these students. When working with these specialists, school officials and teachers can also understand some of the resources available to students and families beyond the school walls. Woodbridge, Yu, Goldweber, Golan, and Stein (2015) highlight that “collaboration among agencies can build cross-system partnerships, improve referral processes and effective use of resources, increase access to services, enhance professional development and the quality of service provision, and ultimately improve child and family outcomes” (p. 1). The study states the advantages of building these relationships between schools and agencies far outweigh the disadvantages (p. 5). One such partnership that has been researched in recent years is school-based health centers. In the research Bains and Diallo (2016) conducted, they specify that 30% of health visits to the centers were for mental health reasons (p. 16). These centers can provide services schools typically cannot. They also offer a unique partnership with schools that allows for students and administrators to target mental health barriers to learning.

Laura Elliot (2018) discusses how schools that successfully look into mental health encourage the entire staff to learn all of the challenges students and their families face (p. 48). She goes on to discuss that schools with community partnerships see substantial benefits. These partnerships can provide professional development for teachers and school staff. One such program, the Community Resiliency Model, uses mindfulness to improve students’ behavior and

academics (p. 49). There are, Langley et al. (2010) suggest significant obstacles to creating and maintaining partnerships. They suggest that teacher buy-in, concerns about students missing academic instruction, and parental support were the most significant hurdles to creating community-based partnerships (p. 111). Administrators should work to address these concerns so students can access these resources.

Schools and administrators considering ways to support children with mental health concerns must determine how best to support all attributes of the students. Murray et al. (2015) state that the “Whole School, Whole Community, Whole Child (WSCC) model provides a framework for promoting greater alignment, integration, and collaboration between health and education across the school setting” (p. 795). This model allows for children’s health, including well-being, to be integrated into their education. Hunt et al. (2015) add that the WSCC program and other school health programs had significant positive effects on the school’s academics and behaviors (p. 803). This can be seen in the WSCC model and others that support the *whole child* approach to education.

In looking at the *whole child* approach to educating students, Lewallen et al. (2015) state there are five points the approach follows:

- Each student enters school healthy and learns about and practices a healthy lifestyle.
- Each student learns in an environment that is physically and emotionally safe for students and adults.
- Each student is actively engaged in learning and is connected to the school and broader community.

- Each student has access to personalized learning and is supported by qualified, caring adults.
- Each student is challenged academically and prepared for success in college or further study and employment and participation in a global environment (p. 730).

Rooney et al. (2015) add that WSCC has the ability and potential to focus on different community resources, involve parents in the school, assist in connecting students to their schools and communities, and improve the school environment through professional development for administrators and teachers (p. 823). The positive correlation between health and education can significantly impact students and their families; conversely, the negative impacts of home-life, economic situations, and social interactions can play just as significant an impact on the school and a student's health (Basch, 2011, p. 593). Basch discusses the importance of having a coordinated approach between teachers and health service professionals to ensure students are being treated appropriately.

With many recommendations for schools' partnerships and programs to follow regarding mental health, the importance of having strong leadership must be realized. Murray et al. (2015) discuss this specifically by stating strong leadership has proven to be necessary for the implementation of programs at the school level (p. 797). The authors also discuss the responsibilities of a school leader in implementing a WSCC or similar model, including ensuring professional development is coordinated appropriately, supervision of the health program, data analysis and evaluation, technical assistance, and facilitation of collaboration between professionals (p. 797). Essentially, without strong leadership, a program will not be successful.

The role of poverty on the mental health of students

Many different elements can play a significant role in a child's mental status. McKinney (2014) weighs in on the role of childhood poverty and how it can be a substantial barrier to learning for students. While this does not lead directly to mental health troubles, McKinney's suggestion to have schools create "culturally responsive educational environments" and to focus on four areas in working with students with this particular barrier: "social competence, problem-solving skills, autonomy, and a sense of purpose and future" (p. 211). These suggestions support rectifying what Alegria, Atkins, Farmer, Slaton, and Stelk (2010) report on how diversity and culture affect students. The authors report that "the current mental health system is failing in the provision of quality mental health care for diverse children and families" (p. 48). The authors discuss how individuals' socio-economic status strongly correlates with suicide rates and other violent tendencies (p. 50). Extreme poverty impacts students and schools on multiple levels. Buckner (2008) looks specifically at how homelessness affects children. The author states homeless children suffer from a range of health and mental health problems and that those children will face more academic struggles when compared to other children (p. 722). These significant situations should be addressed by individuals in schools to best help students and their families.

The general mental health of students

Mental health struggles can impact students for their entire lifetime if not addressed early in their lives. Cuellar (2015) attests that "mental health problems have long-term negative effects, including lower educational attainment, lower wages, lower likelihood of employment, and more crime" (p. 112). Alegria et al. (2010) concur, adding individuals will struggle to improve their social status throughout their lives (p. 4). The authors suggest a way to overcome

these barriers is to create a positive school culture, increase parent involvement, improve peer-to-peer relations, and have strong social support (p. 9). Kato, Yanagawa, Fujiwara, and Morawska (2015) add that earlier mental health struggles can be addressed in the individuals' increased effectiveness and decreased costs (p. 507). The authors add that parenting programs, especially those that target ways to improve mental health and family relationships, benefits students greatly (p. 508).

A study that looks specifically at behaviors that can impact mental health discusses the role bullying plays in children as they grow. Evans-Lacko et al. (2017) find childhood bullying can lead to mental health struggles both early in life and later in life, and has recently been considered a “public health concern” (p. 128). The authors add that bullying victimization can lead to anxiety and depression, tendencies to self-harm, suicidal thoughts, and psychotic behaviors and become at-risk for future abuses later in life (p. 133): suicide tendencies and ideation increase when mental health struggles are present. Tan, Chen, Xia, and Hu (2018) report approximately a third of the more than 6000 students in their study had suicidal ideation, mental health status, and how they perceived their lives having a significant correlation. Due to their findings, which include that transitions from one stage in life to another can lead to stress and anxiety (p. 227), the authors suggest strongly mental health be a focus for schools at all levels (p. 228). Clearly, behaviors and barriers that can potentially lead to mental health struggles should be a focus of school professionals, particularly administrators, to ensure the present and future safety of all students.

As school professionals continue to see mental health barriers in the school, one must consider all the different disorders addressing these concerns. Knopf et al. (2008) mention common disorders include anxiety, depression, oppositional defiant disorder, and attention-

deficit/hyperactivity disorder (ADHD). However, not to be overlooked are disorders such as autism, eating, and addictive disorders such as obsessive-compulsive disorder (OCD) (p. 2). Unfortunately, Blau, Huang, and Mallery (2010) estimate fewer than a quarter of students needing mental health services are treated (p. 140). Knopf et al. (2008) have a slightly more optimistic estimation, placing students receiving mental health services at approximately 40% (p. 9). These polarizing figures signify the importance of utilizing services in schools to support these children.

Knopf et al. (2008) advise that “many youths may not meet criteria for serious mental disorders, but are insignificant enough emotional distress to seek and need services” (p. 9). Simpson, Cohen, Pastor, and Reuben (2008) share that 15% of parents talked to either a healthcare provider or school staff about their child’s mental well-being or behaviors (p. 1). The authors add that approximately 10% of students either took medication or received treatment for their concerning behaviors or tendencies (p. 2). Approximately 40% of students receiving treatment worked with professionals within the school setting (p. 3). These statistics are deeply troubling and should be considered carefully by schools. Suldo and Shaffer (2008) report additional information based on a study looking at the overall relationship of wellness to mental health. They found 57% of the students they studied had complete mental health. Additionally, 13% of the students were potentially going to show signs of struggling, while another 13% showed symptoms but were performing fine. Unfortunately, 17% were listed as “troubled” (p. 52). An interesting statement from the authors regarding the impacts of others on their overall well-being demonstrates how students view relationships in their lives. While teachers generally were reported to possess positive relationships with each of these groups of students, a conclusion possibly drawn from this is other relationships in the students’ lives have a great

impact on their mental health (p. 64). In order to effectively educate and support students, these statistics must improve. In order to improve, the statistics must start with schools intervening and assisting students with mental health struggles, particularly those who are slipping through the cracks and not being supported.

Administrators' roles in impacting mental health procedures

As previously discussed, little research has occurred on what, precisely, school administrators do to address the mental health barriers that are occurring in schools today. The Center for Mental Health in Schools at UCLA (2011) suggests principals should “fundamentally rethink student and learning supports, with the aim of developing a comprehensive and cohesive system” (p. 10). In essence, school principals must take the lead in rethinking and redeveloping what their schools and the professionals do within them to assist students with particular struggles, especially mental health. One way to begin this movement is to look specifically at administrators' attitudes toward students who exhibit behaviors brought on by mental health concerns. Wood et al. (2014) discuss that principals who have a more positive attitude toward these students and their struggles can influence the attitudes of the teachers and generate more detailed investigations into how to better help these students (p. 27). This mindset shift can assist administrators as they begin to look at a policy that “fully addresses factors that interfere with success at school” (Center for Mental Health in Schools at UCLA, 2011, p. 14).

When considering how school administrators are prepared for leading schools, Hemmen et al. (2009) suggest preparation programs should emphasize a broader balance between students' academic performance and concern for helping people (p. 6). Preparation programs that find a positive balance would likely help to improve the mindset of administrators before taking the helm within a school. Whitely (2010) reports administrators and teachers alike feel a

lack of confidence when addressing students with mental health struggles and express a need for more training (p. 63). Incorporating this training into administrative preparation programs would better assist administrators in determining how best to address these concerns. Whitely continues by adding the principal should lead the movement towards a model of “continuous learning” regarding how best to help students with mental health struggles. An administrator focusing on continual learning would lead to the topic becoming rooted in the school’s culture (p. 64).

It long has been observed students and schools both require more support when looking to increase positive outcomes for students with disabilities (Wood et al., 2014, p. 27). This leads to school administrators feeling that “greater levels of resources are needed to support” the achievement of many goals regarding mental health struggles and other disabilities (p. 29). Whitely (2010) adds partnering with the community and some of the resources of community agencies can alleviate some of these struggles (p. 64). Locating additional research in addition to making connections with community agencies must occur once the school administrators identify a need and realize the necessity to improve students’ overall mental health within the school.

In looking at research on administrators, Wood et al. (2014) found four leadership practices play a significant impact on students: “establishing goals and expectations; strategic resourcing, planning, coordinating and evaluating teaching and the curriculum; promoting and participating in teacher learning and development; and ensuring an orderly environment” (p. 6-7). School administrators should realize the importance of each of these components and how they can lead to a positive impact on students’ overall performance. As school administrators possess the ability and capacity to make a significant change for students and their lives, a focus

on mental health must continue to remain at the forefront of goals and expectations for principals.

Summary

This chapter discusses a survey of research on mental health related to administrators' responsibilities in the public-school setting. The chapter discusses explicitly school counselors and the different models of school counseling, the impact of school nurses, the role of teachers, the role of psychologists, mental health policies, different resources available to schools and students, how poverty can affect mental health, the general mental health of students, and how administrators can impact mental health procedures. Chapter Three discusses the research method and procedures used to explore what administrators currently do to combat mental health struggles. Chapter Four presents the data results and analysis of the research. Chapter Five summarizes this study and presents the implications based on the data, as well as an opportunity for the researcher to discuss the findings and make recommendations for future research.

CHAPTER 3: METHOD

Introduction

Chapter 3 includes a description of the research design and how the data collected were analyzed for this study. The chapter includes sections on Research Design, Data Analysis, Sample, Instrumentation, Data Collections, and Permissions.

Research Design

A Convergent Parallel Mixed Methods Design (Creswell, 2014) was used to study principals' perceptions and attitudes toward mental health and what they changed to support students with this barrier. This research design allows the researcher to concurrently review quantitative and qualitative data. Administrators were able to expand on how they view mental health in schools and how those perceptions affect their decisions in addressing mental health struggles for students and families.

Population and Sample

This study was designed to research elementary and middle school principals' impact on and perceptions regarding mental health services in multiple school districts in Western Pennsylvania served by Intermediate Unit 4. The Intermediate Unit serves 27 school districts. There are approximately 100 kindergarten through eighth-grade level school administrators in these 27 school districts. Pennsylvania's intermediate units supply professional development opportunities for schools and districts. This group of approximately 100 school administrators served as the population for this study. The entire population was included in the survey. Fifteen administrators constituted a convenience sample for the interview component of the survey. This study used two researcher-developed instruments. The first, *School Administrator Perceptions and Actions Toward Reducing Mental Health Factors to Learning in the K-8 Grade*

Levels, is a self-report survey. The second, *School Administrator Perceptions and Actions Toward Reducing Mental Health Factors to Learning*, is a semi-structured interview protocol.

Instrumentation

The survey instrument is a five-page, three-part, researcher-developed questionnaire. Part A requests participant perceptions regarding mental health in the schools. Part B requests respondents to identify individuals and steps utilized to address mental health concerns. Part C requests respondents to rate different factors administrators face in addressing mental health concerns. Part D asks participants to respond to three questions in their own words. Part E requests respondents to provide demographic data.

The survey was pilot-tested with two central office administrators. One of the administrators is currently in a doctoral program, while the other has previously completed a doctorate. These individuals were asked to review the survey to determine if the questions are appropriately written for practicing school principals and to ensure that mental health is properly addressed in the survey. Additionally, these individuals possess knowledge and experience with surveys and data analysis of education-related research.

These central office administrators suggested that some of the questions be changed to avoid bias and routinely asked which research question the survey item supported. Additionally, they suggested altering and removing some of the demographic data since these items did not support a research question or were unnecessary. This discussion also provided valuable feedback regarding how to conduct the survey and how to best approach the dissertation process's next steps. Based on the pilot test, the survey was amended by deleting some demographic data questions and rewording some of the mental health perception questions to clarify the meaning of mental health factors to learning.

The interview protocol consists of six explicit questions. These six questions were designed to supplement each of the data collected through the self-report survey. Each of the interview protocol questions was aligned with a specific research question.

Data Collection

Survey data were collected utilizing an online survey that allows for Likert Scale questions and open-ended responses to survey questions. Administrator email addresses and listservs provided contacts in each Intermediate Unit. Follow-up emails and reminders were sent weekly for three weeks following the initial survey email. A final reminder was sent one month from the initial email.

Field notes from the interview were cataloged in a spreadsheet, and themes were identified for each question. The themes were analyzed by the researcher to determine overarching topics and connections with the survey data.

Data Analysis

Research Questions One, Two, and Three were analyzed by individual survey items. Mean scores and standard deviations were calculated for each item to determine which positions, programs, resources, and outside agencies utilized in a school are deemed most important by administrators when considering mental health issues. An Analysis of Variance test was used to determine if there were any age group in administrators' perceptions and actions regarding student mental health. Qualitative data were analyzed to demonstrate principals' attitudes and perceptions and to share their insights on past experiences with mental health barriers in their schools. Emerging themes were identified to determine the impact on students of selected resources and strategies.

Interviews were analyzed by searching for key themes. These themes were cross-referenced between the items and discussed in narrative form to determine commonalities between survey respondents and interviewees.

Permissions

This research project was reviewed and approved by the Marshall University Institutional Review Board (IRB), and each Intermediate Unit was contacted to gain permission to utilize their listservs for contacting the administrators.

CHAPTER 4: FINDINGS

Chapter four presents the survey and interview findings. This chapter is organized into sections on data collection and analysis and respondent attributes and demographics. These sections are followed by a section focused on survey findings for each of the four research questions. Interview findings are then presented, followed by a chapter summary.

Data Collection and Analysis

The survey was sent electronically to the Midwestern Intermediate Unit IV, in Grove City, Pennsylvania. The intermediate unit then forwarded the survey and the informed consent to 102 principals of the 27 school districts served by the unit. Reminder emails were sent weekly for three weeks. Twenty-nine (28.4%) administrators responded to the survey. Qualtrics survey software was utilized to generate the survey and record the responses. The responses were then downloaded and analyzed utilizing the Statistic Package for the Social Sciences (SPSS) software. The survey results were analyzed utilizing frequency counts and percentages.

Potential administrative interviewees were selected by visiting the school districts' websites and identifying an initial individual to contact. These school districts are the same districts the Midwestern Intermediate Unit IV serves. Thirty-three administrators from 24 different school districts were contacted about participating in the interview. Emails requesting participation were sent initially, followed by phone calls. If neither received a response, another administrator from the district was chosen. Fifteen administrators (45.5%) agreed to be interviewed. All interviews were conducted by phone, and extensive field notes were recorded to document the principals' responses. The interview data were analyzed by looking for and cataloging themes (Creswell, 2014). The interview field notes were coded and organized based on the identified themes.

Respondent Attributes and Demographics

The intermediate unit's 27 school districts are located in Butler, Lawrence, and Mercer Counties in Western Pennsylvania. Responding administrators reported a range of one to 37 years of administrative experience ($m=13.1$, $SD=8.18$). Twenty-two respondents (78.5%) have between five to 19 years of experience. Nine (32.1%) have between five and nine years of experience, seven (25.0%) have ten to 14 years of experience, and six (21.4%) have 15 to 19 years of experience. Two (7.1%) have been an administrator for zero to four years, and four have more than 20 years experience. Thirteen (44.8%) identified as a rural school district, and 16 (55.2%) identified as a suburban/urban school district. Fourteen (48.3%) schools contained kindergarten through third grade, while 15 (51.7%) contained grade levels above third. Twelve (41.4%) of the schools contained fewer than 500 students, nine (31.0%) schools contained between 500 and 749 students, and eight (27.6%) schools contained more than 750 students. Eighteen (62.1%) respondents have access to one school counselor, while 11 (37.9%) have access to two or more counselors. These data are provided in Table 1.

Table 1*Respondent Demographics and Attributes*

Demographic/Attribute		n	%
Years Experience:	0-4	2	7.1
	5-9	9	32.1
	10-14	7	25.0
	15-19	6	21.4
	20+	4	14.3
Grade Levels:	K-3	14	48.3
	4-12	15	51.7
Enrollment:	<499	12	41.4
	500-749	9	31.0
	>749	8	27.6
School Demographics:	Rural	13	44.8
	Suburban/Urban	16	55.2
Counselors	1	18	62.1
	≥2	11	37.9

N=29

Personnel Available to Support Mental Health

Respondents were asked which role groups could best address mental health concerns in their schools. The most frequently identified role groups were a team of school professionals and the student's parents/guardians (N=24; 16.2%), an outside agency (N=23; 15.5%), the school counselor (N=22; 14.9%), and a team of school professionals (not including parents) (N=21; 14.2%). School administration was selected by 18 (12.2%) respondents, and the student's teacher was chosen 16 (10.8%) times. The school nurse (N=13; 8.8%) and district administration (N=11; 7.4%) were the two role groups identified least often as being best able to address mental health issues. These data are provided in Table 2.

Table 2*Personnel to Best Address Mental Health within the School*

Personnel	n*	%
A team of school professionals and parents/guardians	24	16.2
An outside agency	23	15.5
The school counselor	22	14.9
A team of school professionals	21	14.2
School administration	18	12.2
The teacher	16	10.8
The school nurse	13	8.8
District administration	11	7.4

N=29 *n= 148 (Duplicated Count)

Respondents were asked to respond to a series of questions focused on the importance of addressing mental health issues. All 29 administrators indicated it was of high importance to focus on the whole child. Nine (89.7%) out of ten respondents felt combating mental health barriers in their school district was of high importance. Similarly, 89.7% felt it was of high importance for their teaching staff to be educated and skilled in handling student mental health concerns. These data are provided in Table 3.

Table 3*Importance of Addressing Mental Health Issues*

Focus Area	<u>Little Importance</u>		<u>Moderate Importance</u>		<u>High Importance</u>	
	n	%	n	%	n	%
How important is it to:						
1. Combat mental health barriers in your district?	-	-	3	10.3	26	89.7
2. Focus on educating the whole child?	-	-	-	-	29	100.0
3. That your teaching staff is educated/skilled in handling student mental health concerns?	-	-	3	10.3	26	89.7

N=29

Respondents were asked about the manner with which teachers address mental health concerns. Twenty (69.0%) reported that teachers occasionally react positively to managing mental barriers. Three (10.3%) indicated that teachers rarely react positively, while six (20.7%) feel that teachers often react positively to managing mental health concerns. In terms of their practice, respondents were asked how often they must address mental health barriers to learning. Twenty-five (86.2%) reported they often address mental health barriers, while four (13.8%) indicated they occasionally address mental health. None of the administrators reported rarely addressing mental health barriers to learning. These data are provided in Table 4.

Table 4*Teacher and Administrator Reactions and Frequency of Addressing Mental Health Barriers*

Question	<u>Rarely</u>		<u>Occasionally</u>		<u>Often</u>	
	n	%	n	%	n	%
1. Have your teachers reacted positively to managing mental health concerns?	3	10.3	20	69.0	6	20.7
2. How often are you addressing mental health barriers to learning?	-	-	4	13.8	25	86.2

N=29

Administrator Actions Addressing Mental Health Factors

Survey respondents were asked to identify administrative actions they took to address student mental health factors to learning. All respondents reported they had worked with an outside agency to provide therapy to students during school hours. Additionally, 26 (14.1%) administrators indicated they had invited outside agencies to provide professional development to staff. In comparison, 23 (12.5%) reported they had worked with central office administrators to determine the next steps in addressing mental health struggles. Nineteen (10.3%) respondents indicated they implemented mindfulness activities for students, while 19 (10.3%) reported researching best practices in combatting mental health barriers to learning. Other actions reported included working with the school nurse to identify physical symptoms associated with mental health (n=17; 9.2%), providing opportunities for parents to learn more about mental health barriers from outside experts (n=15; 8.2%), and working with the school counselor to implement the ASCA model (n=15; 8.2%). Three (1.6%) indicated they were a RAMP school. In comparison, nine (4.9%) reported working to decrease the counselor to student ratio in the

school, five (2.7%) partnered with a social worker, and four (2.2%) provided a therapy animal for students and staff (2.2%). These data are provided in Table 5.

Table 5

Administrative Actions Taken to Address Student Mental Health Factors to Learning

Actions	n*	%
1. Partnered with an outside agency to provide therapy to students during school hours	29	15.8
2. Invited outside agencies to provide professional development to staff	26	14.1
3. Worked with central office administration to identify next steps in addressing mental health	23	12.5
4. Implemented mindfulness activities	19	10.3
5. Researched best practices in combating mental health barriers to learning	19	10.3
6. Worked with school nurses to identify how physical symptoms may impact mental health	17	9.2
7. Provided outside experts for parents to learn more about mental health struggles	15	8.2
8. Worked with the school counselor(s) to implement an (ASCA) model	15	8.2
9. Worked toward decreasing the student to school counselor ratio in your school/district	9	4.9
10. Partnered with/work with a social worker	5	2.7
11. Provided therapy animal(s) for students/staff	4	2.2
12. Became a Recognized ASCA Model School	3	1.6
N=29	*n=184 (Duplicated Count)	

Respondents were provided with a list of possible actions when focusing on student mental health and asked to rate their importance. Two actions were viewed as extremely

important by more than 75% of the respondents: educating staff (75.9%) and identifying mental health barriers early (79.3%). Three additional actions were found to be extremely important by greater than 60% of respondents: educating parents on mental health barriers (62.1%), partnering with outside agencies (69.0%), and creating a school team to address students in crisis (62.1%). More than half of respondents indicated having a school and district plan for focusing on mental health barriers (51.7%) was extremely important. More than 40% of respondents indicated students working with the school counselor (41.4%), students working with an outside therapist (41.4%), the identification of other factors that can affect student mental health (41.4%), and that administrators increasing their knowledge of mental health barriers through ongoing professional development (44.8%) were significant actions. Two actions were viewed as extremely important by less than a third of administrators: the identification of a school-model (such as ASCA) to address mental health barriers (20.7%) and to focus on teacher mental health (31.0%). These data are provided in Table 6.

Table 6*Importance of Selected Actions when Focusing on Student Mental Health Issues*

Actions	<u>Slightly</u>		<u>Somewhat</u>		<u>Moderately</u>		<u>Extremely</u>	
	n	%	n	%	n	%	n	%
Identification of barrier early	-	-	-	-	6	20.7	23	79.3
Students working with a counselor	-	-	2	6.9	15	51.7	12	41.4
Students working with a therapist	-	-	1	3.4	16	55.2	12	41.4
Educating parents	-	-	1	3.4	10	34.5	18	62.1
Educating staff	-	-	-	-	7	24.1	22	75.9
Identification of a school model	1	3.4	7	24.1	15	51.7	6	20.7
Identification of other factors that affect student mental health	-	-	3	10.3	14	48.3	12	41.4
Having a school and district plan	-	-	1	3.4	13	44.8	15	51.7
Focusing on teacher mental health	-	-	4	13.8	16	55.2	9	31.0
Partnering with outside agencies	-	-	2	6.9	7	24.1	20	69.0
Administration increasing knowledge through PD	-	-	1	3.4	15	51.7	13	44.8
Creating a school team	-	-	1	3.4	10	34.5	18	62.1

N=29

Mental Health Resources Available to Administrators

Responding administrators were asked to identify the personnel resources to which they had daily/weekly access. All respondents indicated they have access to a school counselor, while all but one indicated a permanent school nurse exists. Seventeen of the administrators indicated they work with an outside therapist; likewise, seventeen indicated they have access to an outside agency that focuses on mental health. Nine of the administrators work in a district with a mental health specialist. Itinerant school counselors and school nurses were available to three and one

administrators, respectively. None of the administrators surveyed reported they have access to a social worker. These data are available in Table 7.

Table 7

Personnel to which Daily/Weekly Access is Available

Personnel	%	n*
School counselor	27.9%	29
Permanent school nurse	26.9%	28
Outside therapist	16.3%	17
Outside agency focusing on mental health	16.3%	17
District mental health specialist	8.7%	9
Itinerant school nurse	2.9%	3
Itinerant school counselor	1%	1
Social worker	-	-

N=29 *n=104 (Duplicated Count)

Respondents were asked to indicate the extent to which they felt pressured by a selected list of entities/individuals to address student mental health concerns. Twenty (69.0%) of the respondents indicated they place an extreme amount of pressure on themselves. Twenty-six administrators reported they feel a moderate amount (55.2%) or an extreme amount (34.5%) of pressure from school counselors. Twelve (41.4%) respondents indicated teachers place an extreme amount of pressure on them to address mental health issues. Likewise, 12 (41.4%) administrators felt that teachers levy a moderate amount of pressure. The superintendents of districts also appear to place pressure on administrators, as five (17.2%) respondents reported feeling extreme pressure, and 18 (62.1%) felt moderate pressure to address mental health. Eighteen (62.0%) administrators indicated feeling somewhat (n=9; 31.0%) or moderate (n=9;

31.0%) pressure from the community. Respondents indicated feeling pressure from students, as seven (24.1%) indicated feeling extreme pressure, eight (27.6%) indicated feeling moderate pressure, and ten (34.5%) indicated feeling somewhat pressured. Administrators indicated feeling pressure from the school board as 14 reported somewhat (n=7; 24.1%) or moderately (n=7; 24.1%) pressured. Twenty-three (79.3%) indicated feeling somewhat (n=9; 31.0%) or moderately (n=14; 48.3%) pressured from parents. These data are provided in Table 8.

Table 8

Sources of Pressure to Address Mental Health Concerns

Source	<u>NA</u>		<u>Slightly</u>		<u>Somewhat</u>		<u>Moderately</u>		<u>Extremely</u>	
	n	%	n	%	n	%	n	%	n	%
Community	1	3.4	9	31.0	9	31.0	9	31.0	1	3.4
School Counselor	-	-	-	-	3	10.3	16	55.2	10	34.5
Students	-	-	4	13.8	10	34.5	8	27.6	7	24.1
Teachers	-	-	-	-	5	17.2	12	41.4	12	41.4
Superintendent	-	-	2	6.9	4	13.8	18	62.1	5	17.2
School Board	4	13.8	9	31.0	7	24.1	7	24.1	2	6.9
Parents	-	-	4	13.8	9	31.0	14	48.3	2	6.9
Self	-	-	-	-	1	3.4	8	27.6	20	69.0

N=29

Administrator Perceptions by School Grade Levels

Data from the survey was broken down by school grade levels. Schools were organized into two groups; those that contain grades kindergarten through third (K-3) were grouped, and those that do not contain grades K-3. Survey respondents were asked to address how teachers reacted to managing student mental health concerns and determine how often they addressed

mental health barriers to learning in their schools. When considering what grade levels the participants administer, 100.0% (n=14) of respondents of students with grade levels kindergarten through third said the teachers often respond positively to addressing these concerns.

Administrators without the primary grade-levels shared that 26.7% (n=4) felt that teachers occasionally reacted positively, while the remaining respondents (n=11; 73.3%) felt teachers often reacted positively. Approximately 20% of all respondents felt that they were addressing mental health barriers to learning often. More administrators without kindergarten through third grade (n=11; 73.3%) than those with the primary grade levels (n=9; 64.3%) felt they occasionally had to address mental health barriers to learning. Contrarily, those with the primary grades (n=2; 14.3%) felt that they rarely had to address mental health barriers compared to administrators without kindergarten through third grade (n=1; 6.7%). These data are provided in Table 9.

Table 9

Teacher Reactions and Frequency of Addressing Mental Health Barriers by Grade Levels

Question/Grade Levels	<u>Rarely</u>		<u>Occasionally</u>		<u>Often</u>	
	n	%	n	%	n	%
1. Have your teachers reacted positively to managing student mental health concerns?						
w/o K-3	-	-	4	26.7	11	73.3
w K-3	-	-	-	-	14	100.0
2. How often are you addressing mental health barriers to learning?						
w/o K-3	1	6.7	11	73.3	3	20.0
w K-3	2	14.3	9	64.3	3	21.4

N=29 w/o K-3=Did not include grade K-3. w K-3=Includes grades K-3

Responding administrators were also asked to describe how important it is to combat mental health barriers to learning, focus on educating the whole child, and the importance of

teaching staff is skilled in addressing mental health concerns. None of the respondents indicated any of these areas were of little importance. Two (13.3%) administrators without grades K-3 indicated moderate importance to combatting mental health barriers to learning in their school or district, while only one (7.1%) administrator with grade K-3 agreed. The remaining 13 (86.7%) administrators without K-3 and the remaining 13 (92.9%) administrators with K-3 identified this as high importance. All respondents who do not oversee grades K-3 (n=15; 100.0%) and those who do oversee grades K-3 (n=14; 100.0%) agreed it is of high importance to focus on educating the whole child. Some respondents (n=3; 20.0%) who do not work in schools with grades K-3 indicated it is moderately important that the teaching staff is skilled in handling student mental health concerns, while 12 (80.0%) indicated this was of high importance. All (n=14; 100.0%) of respondents who have students in grades K-3 indicated this was of high importance. These data are provided in Table 10.

Table 10*Importance of Addressing Mental Health Issues by Grade Levels*

Focus Area/Grade Levels	<u>Little Importance</u>		<u>Moderate Importance</u>		<u>High Importance</u>	
	n	%	n	%	n	%
How important is it:						
1. to combat mental health barriers to learning in your school/district?						
w/o K-3	-	-	2	13.3	13	86.7
w K-3	-	-	1	7.1	13	92.9
2. to focus on educating the whole child?						
w/o K-3	-	-	-	-	15	100.0
w K-3	-	-	-	-	14	100.0
3. that your teaching staff is skilled in handling student mental health concerns?						
w/o K-3	-	-	3	20.0	12	80.0
w K-3	-	-	-	-	14	100.0

N=29 w/o K-3=Did not include grade K-3. w K-3=Includes grades K-3

The data were broken down by the school's grade levels for the topic of the extent to which administrators felt pressure by a selected list of entities/individuals to address mental health concerns. Six (40.0%) administrators of schools that do not include grade K-3 indicated feeling a moderate amount of pressure from the community, while nine reported they are somewhat (26.7%) or slightly (33.3%) pressured by the community. In contrast, four administrators who oversee grades K-3 indicated they feel extreme (7.1%) or moderate (21.4%) pressure from the community, while nine indicated they feel somewhat (35.7%) or slight (28.6%) pressure from the community. One (7.1%) administrator indicated that this source of pressure did not apply to their school. Respondents overall reported feeling pressure from the school counselors. Fourteen administrators without K-3 indicated extreme (6.7%) or moderate (86.7%) pressure, while one (6.7%) indicated feeling somewhat pressured. Respondents who oversee

grades K-3 felt an extreme pressure (n=9; 64.3%) from counselors. Three (21.4%) indicated feeling a moderate amount of pressure, while two (14.3%) indicated feeling somewhat pressured. Respondents reported feeling pressure from students; however, the responses were similarly divided. Eight administrators who do not oversee grades K-3 indicated slightly (13.3%) or somewhat (40.0%) pressured while seven indicated moderate (26.7%) or extreme pressure (20.0%). Six respondents who oversee K-3 reported feeling slightly (14.3%) or somewhat (28.6%) pressured by students, while eight felt moderate (28.6%) or extreme (28.6%) pressure. Eleven administrators without K-3 reported teachers provide extreme (26.7%) or moderate (46.7%) pressure while four (26.7%) felt somewhat pressured. Conversely, only one (7.1%) respondent who oversees K-3 felt somewhat pressured by teachers, while 13 indicated feeling moderate (35.7%) or extreme (57.1%) pressure. These data are provided in Table 11.

Respondents who do not oversee grades K-3 indicated feeling less pressure from the superintendent than those who do. None of the respondents who do not oversee K-3 indicated feeling extreme pressure, while 12 (80%) indicated feeling moderate pressure. Conversely, five (35.7%) administrators who work with grades K-3 felt extreme pressure from the superintendent, and six (42.9%) felt moderate pressure. Administrators felt a wide range of pressure from the school board. Ten administrators without grades K-3 in their schools reported feeling slight (40.0%) or somewhat (26.7%) pressure, while three (20.0%) felt a moderate amount of pressure. None of these respondents indicated feeling extreme pressure, and two (13.3%) indicated that the school board was not applicable. Two (14.3%) administrators who oversee grades K-3 likewise indicated the school board did not apply, while six indicated slight (21.4%) or somewhat (21.4%) pressure from their school board. Six indicated feeling moderate (28.6%) or extreme (14.3%) pressure from their school boards. Parents appear to apply less pressure on administrators who

oversee schools without grades K-3. Seven of these respondents reported slight (20.0%) or somewhat (26.7%) feelings of pressure compared to school administrators who oversee K-3, as six reported slight (7.1%) or somewhat (35.7%) feelings of pressure. Eight (53.5%) administrators without K-3 students felt moderate pressure from parents, while six (42.9%) administrators with K-3 students felt this amount of pressure. Additionally, two (14.3%) respondents with K-3 students felt an extreme amount of pressure from parents. Finally, more administrators of schools with students in grades K-3 apply an extreme amount of pressure on themselves. Twelve (85.7%) respondents with K-3 identified placing extreme pressure on themselves compared to eight (53.3%) without grades K-3. These data are also available in Table 11.

Table 11*Sources of Pressure to Address Mental Health Concerns by Grade Levels*

Source	Gr. Lev.	<u>NA</u>		<u>SL</u>		<u>SW</u>		<u>MO</u>		<u>EX</u>	
		n	%	n	%	n	%	n	%	n	%
1. Community	w/o K-3	-	-	5	33.3	4	26.7	6	40.0	-	-
	w K-3	1	7.1	4	28.6	5	35.7	3	21.4	1	7.1
2. School Counselor	w/o K-3	-	-	-	-	1	6.7	13	86.7	1	6.7
	w K-3	-	-	-	-	2	14.3	3	21.4	9	64.3
3. Students	w/o K-3	-	-	2	13.3	6	40.0	4	26.7	3	20.0
	w K-3	-	-	2	14.3	4	28.6	4	28.6	4	28.6
4. Teachers	w/o K-3	-	-	-	-	4	26.7	7	46.7	4	26.7
	w K-3	-	-	-	-	1	7.1	5	35.7	8	57.1
5. Superintendent	w/o K-3	-	-	1	6.7	2	13.3	12	80.0	-	-
	w K-3	-	-	1	7.1	2	14.3	6	42.9	5	35.7
6. School Board	w/o K-3	2	13.3	6	40.0	4	26.7	3	20.0	-	-
	w K-3	2	14.3	3	21.4	3	21.4	4	28.6	2	14.3
7. Parents	w/o K-3	-	-	3	20.0	4	26.7	8	53.5	-	-
	w K-3	-	-	1	7.1	5	35.7	6	42.9	2	14.3
8. Self	w/o K-3	-	-	-	-	1	6.7	6	40.0	8	53.3
	w K-3	-	-	-	-	-	-	2	14.3	12	85.7

N=29 Scale: NA=Not Applicable; SL=Slightly; SW=Somewhat; MO=Moderately; EX=Extremely

Grade Levels: w/o K-3=Did not include K-3; w K-3=includes grades K-3

The data were broken down by the school's grade levels for the importance of the school's actions when focusing on student mental health. While all respondents to the survey felt the identification of mental health barriers early was either moderately or extremely important, respondents who oversee grades K-3 felt this was important 92.9% (n=13) of the time compared to 66.7% (n=10) if the school did not have grades K-3. Eight (57.1%) administrators of schools with K-3 felt it was extremely important for students to work with the school counselor, compared to four (26.7%) without grades K-3. Interestingly, two (14.3%)

administrators who oversee grades K-3 felt it was only somewhat important for students to work with the school counselor. All administrators who do not oversee grades K-3 felt working with an outside therapist is either moderately (66.7%) or extremely (33.3%) important. Thirteen administrators who oversee grades K-3 indicated an outside therapist is moderately (42.9%) or extremely (50.0%) important, while one (7.1%) felt this is somewhat important. Thirteen administrators overseeing grades K-3 felt educating parents is either moderately (42.9%) or extremely (50.0%) important, while one (7.1%) indicated it is somewhat important. All 15 administrators who do not have grades K-3 agreed educating parents is moderately (40.0%) or extremely (60.0%) important. All administrators felt educating staff on handling mental health issues is moderately or extremely important. Eleven (78.6%) who oversee K-3, and 11 who do not oversee K-3 (73.3%) felt educating staff is extremely important. These data are available in Table 12, located in Appendix G.

Ten administrators who oversee grades K-3 felt identifying a school-model to address mental health is either moderately (35.7%) or extremely (35.7%) important, while four felt it is slightly (7.1%) or somewhat (21.4%) important. Comparatively, 11 administrators who do not oversee grades K-3 felt identifying a school-model is either moderately (66.7%) or extremely (6.7%) important, while four (26.7%) felt it is somewhat important. Thirteen administrators who oversee grades K-3 felt identifying other factors that affect mental health are moderately (42.9%) or extremely (50.0%) important. Similarly, 13 administrators who do not oversee grades K-3 indicated identifying other factors is moderately (53.5%) or extremely (33.3%) important. All 14 administrators who oversee grades K-3 felt having a school or district plan is either moderately (35.7%) or extremely (64.3%) important, while fourteen administrators who do not oversee

grades K-3 felt that this is either moderately (53.3%) or extremely (40.0%) important. Table 12, located in Appendix G, displays these data.

Twelve respondents who work with grades K-3 felt that focusing on teacher mental health is either moderately (50.0%) or extremely (35.7%) important, compared to respondents who do not oversee grades K-3 who reported this is moderately (60.0%) or extremely (26.7%) important. Twelve (85.7%) administrators who oversee grades K-3 felt that partnering with outside agencies is extremely important compared to 53.3% of administrators who do not oversee grades K-3. All fourteen administrators who oversee grades K-3 believed it is moderately (42.9%) or extremely (57.1%) important to increase knowledge of mental health through ongoing professional development, while 14 administrators who do not oversee grades K-3 agreed it is either moderately (60.0%) or extremely (33.3%) important. Thirteen respondents who work with grades K-3 believed creating a school team to address students in crisis is either moderately (28.6%) or extremely (64.3%) important. In comparison, all 15 respondents agreed this is either moderately (40.0%) or extremely (60.0%) important. These data are also displayed in table 12.

Administrator Perceptions by Years of Experience

Data were disaggregated by years of respondent administrative experience. The median amount of experience was 10.5 years, with a range of one to 37 years of experience. For the purpose of analysis, the respondent years of experience was grouped by either one to ten years or 11 to 37 years.

Respondents were asked whether teachers reacted positively to managing student mental health concerns. Of those that responded, two (14.3%) of the administrators with 11 or more years of experience indicated teachers rarely responded positively to addressing mental health,

while the other respondents reported occasionally (64.3%) or often (21.4%). All fourteen respondents with one to ten years of experience felt that teachers either occasionally (78.6%) or often (21.4%) responded positively. Administrators with one to ten years of experience indicated addressing mental health often (92.9%) or occasionally (7.1%), while those with greater experience also responded they are addressing mental health often (78.6%) or occasionally (21.4%). These data are displayed in Table 13.

Table 13

Teacher Reactions and Frequency of Addressing Mental Health Barriers by Administrator Experience

Question/Experience	<u>Rarely</u>		<u>Occasionally</u>		<u>Often</u>	
	n	%	n	%	n	%
1. Have your teachers reacted positively to managing student mental health concerns?						
1-10 years	-	-	11	78.6	3	21.4
11-37 years	2	14.3	9	64.3	3	21.4
2. How often are you addressing mental health barriers to learning?						
1-10 years	-	-	1	7.1	13	92.9
11-37 years	-	-	3	21.4	11	78.6
N=29						

Respondents were also asked about the importance of addressing mental health issues. One hundred percent (n=14) of administrators with one to ten years of experience felt it is extremely important to combat mental health in their school or district. Eleven (78.6%) of those with greater than ten years of experience agreed; however three (21.4%) shared that this is moderately important. All administrators, regardless of experience, indicated it is of high importance to educate the whole child. Administrators with one to ten years of experience felt it is highly (85.7%) or moderately (14.3%) important that their teaching staff is skilled in handling

student mental health issues. Administrators with greater than ten years of experience agreed, with all indicating high (92.9%) or moderate (7.1%) importance. These data are displayed in table 14.

Table 14

Importance of Addressing Mental Health Issues by Administrator Experience

Focus Area/Experience	<u>Little Importance</u>		<u>Moderate Importance</u>		<u>High Importance</u>	
	n	%	n	%	n	%
How important is it:						
1. to combat mental health barriers to learning in your school/district?						
1-10 years	-	-	-	-	14	100.0
11-37 years	-	-	3	21.4	11	78.6
2. to focus on educating the whole child?						
1-10 years	-	-	-	-	14	100.0
11-37 years	-	-	-	-	14	100.0
3. that your teaching staff is skilled in handling student mental health concerns?						
1-10 years	-	-	2	14.3	12	85.7
11-37 years	-	-	1	7.1	13	92.9
N=29						

Administrators were asked to rate the sources of pressure to address mental health concerns. Ten administrators with one to ten years of experience indicated feeling slightly (42.9%) or somewhat (28.6%) pressured by the community, while four (28.6%) indicated feeling moderately pressured. Eight administrators with greater than ten years of experience indicated feeling slightly (21.4%) or somewhat pressured, while five indicated feeling moderately (28.6%) or extremely (7.1%) pressured. Fourteen respondents with one to ten years of experience identified feeling moderately (71.4%) or extremely (28.6%) pressured by counselors, while 11 administrators with greater than ten years of experience indicated feeling moderately (42.9%) or

extremely (35.7%), three (21.4%) indicated feeling somewhat pressured. Administrators were more divided in their responses when it came to how they viewed the pressure from students, though the numbers were similar between experience levels. Six administrators with one to ten years of experience felt moderate (21.4%) or extreme (21.4%) pressure from students compared to eight administrators with greater than ten years of experience. Of those eight, five (35.7%) indicated feeling moderate pressure, while three (21.4%) feel extreme pressure. Conversely, eight respondents with one to ten years of experience felt slight (14.3%) or somewhat (42.9%) pressured by students, while six administrators with greater than ten years felt slight (14.3%) or somewhat (28.6%) pressured. Administrators with less experience appeared to feel more pressure from teachers, as seven (50.0%) indicated feeling an extreme amount of pressure. In comparison, four (28.6%) administrators with greater than ten years of experience indicated this. Additionally, only one (7.1%) administrator with ten or fewer years of experience indicated feeling somewhat pressured by teachers, compared to four (28.6%) respondents with greater than ten years of experience. These data are displayed in Table 15.

Responses were identical for how much pressure administrators felt from the superintendent: administrators felt slightly (7.1%), somewhat (14.3%), moderately (64.3%), and extremely (14.3%) pressured. Slight differences exist between experience levels in regards to the pressure felt from the school board. Administrators with ten or fewer years of experience felt slightly (42.9%) or somewhat (14.3%) pressured compared to administrators with more than ten years of experience who felt slightly (21.4%) or somewhat (35.7%) pressured. Eleven administrators from each group of experience level indicated that they feel somewhat or moderately pressured by parents. Seven (50.0%) administrators with ten or less years of experience indicated feeling somewhat pressured, compared to two (14.3%) with more than ten

years of experience. Four (28.6%) administrators with ten or fewer years of experience felt moderately pressured by parents compared to nine (64.3%) with more than ten years of experience. Twelve (85.7%) respondents with ten or less years of experience place extreme pressure on themselves, while the rest place somewhat (7.1%) or moderate (7.1%) pressure on themselves. Comparatively, administrators with more experience place moderate (50.0%) or extreme (50.0%) pressure on themselves. These data are displayed in Table 15.

Table 15

Sources of Pressure to Address Mental Health Concerns by Administrator Experience

Source	Experience	<u>NA</u>		<u>SL</u>		<u>SW</u>		<u>MO</u>		<u>EX</u>	
		n	%	n	%	n	%	n	%	n	%
1. Community	1-10 years	-	-	6	42.9	4	28.6	4	28.6	-	-
	11-37 yrs.	1	7.1	3	21.4	5	35.7	4	28.6	1	7.1
2. School Counselor	1-10 years	-	-	-	-	-	-	10	71.4	4	28.6
	11-37 yrs.	-	-	-	-	3	21.4	6	42.9	5	35.7
3. Students	1-10 years	-	-	2	14.3	6	42.9	3	21.4	3	21.4
	11-37 yrs.	-	-	2	14.3	4	28.6	5	35.7	3	21.4
4. Teachers	1-10 years	-	-	-	-	1	7.1	6	42.9	7	50.0
	11-37 yrs.	-	-	-	-	4	28.6	6	42.9	4	28.6
5. Superintendent	1-10 years	-	-	1	7.1	2	14.3	9	64.3	2	14.3
	11-37 yrs.	-	-	1	7.1	2	14.3	9	64.3	2	14.3
6. School Board	1-10 years	2	14.3	6	42.9	2	14.3	3	21.4	1	7.1
	11-37 yrs.	2	14.3	3	21.4	5	35.7	3	21.4	1	7.1
7. Parents	1-10 years	-	-	2	14.3	7	50.0	4	28.6	1	7.1
	11-37 yrs.	-	-	2	14.3	2	14.3	9	64.3	1	7.1
8. Self	1-10 years	-	-	-	-	1	7.1	1	7.1	12	85.7
	11-37 yrs.	-	-	-	-	-	-	7	50.0	7	50.0

N=29 Scale: NA=Not Applicable; SL=Slightly; SW=Somewhat; MO=Moderately; EX=Extremely

Administrators were tasked with determining the importance of school actions when focusing on student mental health. Fourteen administrators with ten or less years of experience indicated early identification of a mental health barrier is either moderately (28.6%) or extremely (71.4%) important. Fourteen administrators with more than ten years of experience agreed, indicating early identification is moderately (14.3%) or extremely (85.7%) important. Thirteen administrators with less than ten years of experience identified students working with the school counselor as moderately (42.9%) or extremely (50.0%) important, while 13 respondents with greater experience indicated this is either moderately (64.3%) or extremely (28.6%) important. One (7.1%) administrator from each group indicated students working with the counselor is somewhat important.

Fourteen administrators with ten or less years of experience indicated that students working with an outside agency is moderately (64.3%) or extremely (35.7%) important, while 13 respondents with greater experience indicated this is moderately (50.0%) or extremely (42.9%) important. Fourteen administrators with ten or less years of experience indicated educating parents is either moderately (28.6%) or extremely (71.4%) important, while 13 with greater than ten years of experience agreed educating parents is moderately (35.7%) or extremely (57.1%) important. Similarly, fourteen administrators with less than 11 years of experience indicated educating staff is moderately (14.3%) or extremely (85.7%) important, while administrators with greater experience indicated this is moderately (35.7%) or extremely (64.3%) important, as well. These data are displayed in Table 16, located in Appendix H.

Administrators with more experience indicated identifying a school-model to address mental health is more important, as 11 indicated this is either moderately (50.0%) or extremely (28.6%) important, compared to nine with less experience indicated this is either moderately

(57.1%) or extremely (7.1%) important. One (7.1%) administrator with less experience indicated a school-model is only slightly important. All 14 administrators with ten or less years of experience indicated identifying other factors that could affect mental health is moderately (50.0%) or extremely (50.0%) important compared to 11 administrators with greater than ten years of experience. These respondents indicated that focusing on other factors that could affect mental health is moderately (42.9%) or extremely (35.7%) important. Fourteen administrators with less than 11 years of experience indicated having a school or district plan is either moderately (50.0%) or extremely (50.0%) important. Thirteen more experienced administrators agreed a plan is either moderately (42.9%) or extremely (50.0%) important.

Fourteen administrators with ten or less years of experience indicated that focusing on teacher mental health is either moderately (78.6%) or extremely (21.4%) important compared to ten administrators with greater experience, as five (35.7%) each agreed this is moderately or extremely important. Each administrator with less experience indicated that partnering with outside agencies is moderately (28.6%) or extremely (71.4%) important, compared to 12 administrators with greater experience. Three (21.4%) indicated a partnership is moderately important, while nine (64.3%) reported extremely important. Fourteen administrators with less than 11 years of experience indicated increasing their knowledge through professional development is moderately (57.1%) or extremely (42.9%) important. These numbers were similar to administrators who possess more experience, though one (7.1%) indicated that PD is somewhat important. Eight (57.1%) administrators with ten or fewer years of experience reported creating a school-based team to address mental health is extremely important, while six (42.9%) shared this is moderately important. Comparatively, administrators with greater

experience indicated a school-based team is extremely (64.3%), moderately (28.6%), or somewhat (7.1%) important. These data are likewise displayed in Table 16.

Administrator Perceptions based on the Number of Counselors

Data from the survey were broken down by the number of counselors administrators have on their staff. Eighteen respondents indicated having one counselor, while 11 indicated having two or more. Administrators who have one counselor indicated that their teachers react positively either occasionally (66.7%) or often (27.8%), while those with two or more counselors reported their teachers respond positively either occasionally (72.7%) or often (9.1%). Of the three administrators who indicated that teachers rarely react positively to managing mental health concerns, two (18.2%) have more than once counselor on their staff. Sixteen (88.9%) administrators with only one counselor reported addressing mental health barriers to learning often, compared to nine (81.8%) administrators with two or more counselors. These data are presented in Table 17.

Table 17

Teacher Reactions and Frequency of Addressing Mental Health Barriers by the Number of Counselors in the School

Question/Counselors	<u>Rarely</u>		<u>Occasionally</u>		<u>Often</u>	
	n	%	n	%	n	%
1. Have your teachers reacted positively to managing student mental health concerns?						
=1	1	5.6	12	66.7	5	27.8
≥2	2	18.2	8	72.7	1	9.1
2. How often are you addressing mental health barriers to learning?						
=1	-	-	2	11.1	16	88.9
≥2	-	-	2	18.2	9	81.8

N=29 =1=the school has one counselor. ≥2=the school has two or more counselors

Three (16.7%) administrators with only one counselor indicated it is moderately important to combat mental health barriers in their school or district, while all 11 (100.0%) administrators with two or more counselors indicated this is of high importance in their school or district. All administrators indicated it is of high importance to focus on educating the whole child. Three (27.3%) administrators with two or more counselors indicated having a skilled teaching staff in handling mental health concerns is moderately important, while all 18 (100.0%) administrators with only one counselor indicated that a skilled teaching staff is of high importance. These data are displayed in Table 18.

Table 18

Importance of Addressing Mental Health Issues by the Number of Counselors in the School

Focus Area/Counselors	Little Importance		Moderate Importance		High Importance	
	n	%	n	%	n	%
How important is it:						
1. To combat mental health barriers to learning in your school/district?						
=1	-	-	3	16.7	15	83.38
≥2	-	-	-	-	11	100.0
2. To focus on educating the whole child?						
=1	-	-	-	-	18	100.0
≥2	-	-	-	-	11	100.0
3. That your teaching staff is skilled in handling student mental health concerns?						
=1	-	-	-	-	18	100.0
≥2	-	-	3	27.3	8	72.7

N=29 =1=the school has one counselor. ≥2=the school has two or more counselors

The respondents were asked to identify the amount of pressure they feel from different sources. Twelve administrators with one counselor found the community slightly (33.3%) or somewhat (33.3%) provides pressure to the administration, while administrators with two or

more counselors indicated the community slightly (27.3%) or somewhat (27.3%) provides pressure. Five (27.8%) administrators with one counselor indicated they feel moderate pressure from the community, while five with two or more counselors indicated they feel moderate (36.4%) or extreme (9.1%) pressure from the community. Three (16.7%) administrators with only one counselor feel somewhat pressured by their counselor, while all other responses indicated they feel moderately (=1: n=8, 44.4%; ≥2, n=8, 72.7%) or extremely (=1: n=7, 38.9%; ≥2: n=3, 27.3%) pressured by their counselors. Nine administrators with one counselor indicated students provide a moderate (22.2%) or extreme (27.8%) amount of pressure, while nine indicated they feel somewhat (38.9%) or slightly (11.1%) pressured by students. Comparatively, six administrators with more than one counselor indicated they feel moderate (36.3%) or extreme pressure (27.8%) from students, while five indicated they feel somewhat (27.3%) or slight (18.2%) pressure from students. Seventeen administrators with one counselor indicated feeling a moderate (44.4%) or extreme (50.0%) amount of pressure from teachers, while seven administrators with more than one counselor indicated feeling a moderate (36.4%) or extreme (27.3%) amount of pressure from teachers. One (5.6%) administrator with one counselor on their staff indicated feeling somewhat pressured by teachers, while four (36.4%) administrators with two or more counselors indicated this. These data are displayed in Table 19.

Administrators with only one counselor indicated feeling less pressure from the superintendent than those who have more than one counselor, as five with one counselor indicated they feel slightly (11.1%) or somewhat (16.7%) pressured compared to one (9.1%) administrator with more than one counselor. Comparatively, 13 administrators with one counselor felt moderately (50.0%) or extremely (22.2%) pressured by their superintendent, while ten administrators with two or more counselors felt moderately (81.8%) or extremely (9.1%)

pressured by their superintendent. Seven (38.9%) administrators with one counselor feel slight pressure from the school board, five (27.8%) feel somewhat pressured, three (16.7%) feel moderately pressured, and one (5.6%) feels extremely pressured. Similarly, two (18.2%) administrators with more than one counselor feel slight pressure from their school board, while two (18.2%) feel somewhat pressured, four (36.4%) feel moderate pressure, and one (9.1%) feels extremely pressured. Eight administrators with one counselor feel slightly (16.7%) or somewhat (27.8%) pressured by parents, while ten feel moderate (50.0%) or extremely (5.6%) pressured. Similarly, five administrators with two or more counselors feel slightly (9.1%) or somewhat (36.4%) pressured by parents, while six feel moderately (45.5%) or extremely (9.1%) pressured. Eighteen administrators with one counselor place moderate (27.8%) or extreme (72.2%) pressure on themselves, while ten administrators with two or more counselors place moderate (27.3%) or extreme (63.6%) pressure on themselves. These data can be found in Table 19.

Table 19

Sources of Pressure to Address Mental Health Concerns by the Number of Counselors in the School

Source	Counselors	<u>NA</u>		<u>SL</u>		<u>SW</u>		<u>MO</u>		<u>EX</u>	
		n	%	n	%	n	%	n	%	n	%
1. Community	=1	1	5.6	6	33.3	6	33.3	5	27.8	-	-
	≥2	-	-	3	27.3	3	27.3	4	36.4	1	9.1
2. School Counselor	=1	-	-	-	-	3	16.7	8	44.4	7	38.9
	≥2	--	-	-	-	-	-	8	72.7	3	27.3
3. Students	=1	-	-	2	11.1	7	38.9	4	22.2	5	27.8
	≥2	-	-	2	18.2	3	27.3	4	36.3	2	18.2
4. Teachers	=1	-	-	-	-	1	5.6	8	44.4	9	50.0
	≥2	-	-	-	-	4	36.4	4	36.4	3	27.3
5. Superintendent	=1	-	-	2	11.1	3	16.7	9	50.0	4	22.2
	≥2	-	-	-	-	1	9.1	9	81.8	1	9.1
6. School Board	=1	2	11.1	7	38.9	5	27.8	3	16.7	1	5.6
	≥2	2	18.2	2	18.2	2	18.2	4	36.4	1	9.1
7. Parents	=1	-	-	3	16.7	5	27.8	9	50.0	1	5.6
	≥2	-	-	1	9.1	4	36.4	5	45.5	1	9.1
8. Self	=1	-	-	-	-	-	-	5	27.8	13	72.2
	≥2	-	-	-	-	1	9.1	3	27.3	7	63.6

N=29 Scale: NA=Not Applicable; SL=Slightly; SW=Somewhat; MO=Moderately; EX=Extremely
 =1=the school has one counselor. ≥2=the school has two or more counselors

The administrators were asked to determine the importance of school actions when focusing on student mental health. Fifteen (83.3%) respondents with one counselor on their staff indicated it is extremely important to identify mental health barriers early compared to eight (72.7%) respondents who have two or more counselors on their staff. Two (11.1%) administrators with one counselor felt it is somewhat important for the students to work with the school counselor. In comparison, 16 felt it is either moderately (44.4%) or extremely (44.4%)

important. Comparatively, all 11 administrators with two or more counselors felt it is moderately (63.6%) or extremely (36.4%) important for students to work with the school counselor. Seventeen administrators with one counselor felt it is moderately (44.4%) or extremely (50.0%) important for students to work with an outside therapist compared to all 11 with two or more counselors who indicated it is moderately (63.6%) or extremely (36.4%) important. Interestingly, ten (55.6%) administrators with one counselor felt it is extremely important to educate parents, while eight (72.7%) with two or more counselors agreed. In comparison, 12 (66.7%) administrators with one counselor felt it is extremely important to educate staff, while ten (90.9%) administrators with two or more counselors agreed. Six administrators with only one counselor indicated it was slightly (5.6%) or somewhat (27.8%) important to identify a school-model to address mental health issues. In comparison, only two (18.2%) administrators with two or more counselors indicated this is somewhat important. These data are displayed in Table 20, located in Appendix I.

Sixteen administrators with one counselor indicated that the identification of other factors that affect mental health is either moderately (55.6%) or extremely (33.3%) important. In comparison, ten administrators with two or more counselors agreed it is either moderately (36.4%) or extremely (54.5%) important. One administrator with one school counselor on their staff indicated having a school and district plan for focusing on mental health barriers to learning indicated it is somewhat (5.6%) important. All other respondents indicated having a plan is moderately or extremely important. Three (16.7%) administrators with one counselor indicated focusing on teacher mental health is somewhat important compared to one (9.1%) administrator with two or more counselors. Seventeen respondents with one counselor identified partnering with outside agencies as either moderately (22.2%) or extremely (72.2%) important. In

comparison, ten respondents with two or more counselors agreed this is either moderately (27.3%) or extremely (63.6%) important. Eighteen administrators with one counselor indicated they believe ongoing professional development to increase their knowledge of mental health is moderately (55.6%) or extremely (44.4%) important compared to ten administrators with two or more counselors who agreed that professional development is either moderately (45.5%) or extremely (45.5%) important. Seventeen administrators with one counselor responded that they feel that creating a school team to address students in crisis is either moderately (38.9%) or extremely (55.6%) important compared to eleven administrators with two or more counselors who agreed this is either moderately (27.3%) or extremely (72.7%) important. These data are also available in Table 20.

Administrator Perceptions based on School Size

Survey data were disaggregated by student enrollment. Schools were broken down into three categories: those with less than 500 students, those with 500 to 749 students, and those with greater than 750 students.

Schools with fewer students appear to be comprised of teachers that respond positively more often to managing student mental health concerns, as twelve administrators with less than 500 students reported teachers responding positively occasionally (58.3%) or often (41.7%). Administrators with 500 to 749 students indicated teachers react positively to addressing student mental health concerns rarely (11.1%), occasionally (77.8%), and often (11.1%), while respondents with greater than 750 students indicated teachers rarely respond (25.0%) or occasionally (75.0%). Schools with more students appear to require administrators to address mental health barriers more often. All eight (100.0%) respondents with 750 or more students indicated they are addressing mental health barriers often. Eight respondents with 500 to 749

students responded they are addressing mental health barriers occasionally (11.1%) or often (88.8%), while respondents with less than 500 students reported addressing mental health occasionally (25.0%) or often (75.0%). These data are presented in Table 21.

Table 21

Teacher Reactions in Addressing Mental Health Barriers by School Size

Question/School Size	<u>Rarely</u>		<u>Occasionally</u>		<u>Often</u>	
	n	%	n	%	n	%
1. Have your teachers reacted positively to managing student mental health concerns?						
<499 students	-	-	7	58.3	5	41.7
500-749 students	1	11.1	7	77.8	1	11.1
750+ students	2	25.0	6	75.0	-	-
2. How often are you addressing mental health barriers to learning?						
<499 students	-	-	3	25.0	9	75.0
500-749 students	-	-	1	11.1	8	88.8
750+ students	-	-	-	-	8	100.0
N=29						

The data on the importance of addressing mental health issues were analyzed by the school size. Ten (83.3%) respondents with less than 500 students indicated combatting mental health barriers to learning is moderately (16.7%) or extremely (83.3%) important. In comparison, all nine (100.0%) administrators with 500 to 749 students responded this is extremely important. One (12.5%) administrator with greater than 750 students indicated combatting mental health barriers is moderately important, while seven indicated extreme importance (87.5%). All respondents to the survey indicated it is extremely important that their teaching staff is skilled in handling mental health concerns except for two (22.2%) administrators with 500 to 749 students and one (12.5%) administrator with more than 750 students, who indicated this is of moderate importance. These data are displayed in Table 22.

Table 22*Importance of Addressing Mental Health Issues by School Population Size*

Focus Area/School Size	<u>Little Importance</u>		<u>Moderate Importance</u>		<u>High Importance</u>	
	n	%	n	%	n	%
How important is it:						
1. to combat mental health barriers to learning in your school/district?						
<499 students	-	-	2	16.7	10	83.3
500-749 students	-	-	-	-	9	100.0
750+ students	-	-	1	12.5	7	87.5
2. to focus on educating the whole child?						
<499 students	-	-	-	-	12	100.0
500-749 students	-	-	-	-	9	100.0
750+ students	-	-	-	-	8	100.0
3. that your teaching staff is skilled in handling student mental health concerns?						
<499 students	-	-	-	-	12	100.0
500-749 students	-	-	2	22.2	7	77.8
750+ students	-	-	1	12.5	7	87.5
N=29						

The data on sources of pressure to address mental health concerns were analyzed by school size. Eight respondents with less than 500 students indicated that the community slightly (41.7%) or somewhat (25.0%) pressure the administrator, four (44.4%) respondents with 500 to 749 students indicated they feel somewhat pressured. Six respondents with more than 750 students indicated they feel slightly (50.0%) or somewhat (25.0%) pressured. Eleven administrators with less than 500 students indicated feeling moderately (66.7%) or extremely (25.0%) pressured by counselors. Eight respondents with 500 to 749 students indicated that they feel moderate (55.6%) or extremely (33.3%) pressured by counselors, while seven respondents with more than 750 students indicated feeling moderate (37.5%) or extremely (50.0%) pressured. Six administrators with less than 500 students indicated feeling slightly (8.3%) or somewhat

(41.7%) pressured by students, while three (33.3%) administrators with 500 to 749 students indicated feeling somewhat pressured. Five administrators with greater than 750 students indicated feeling slightly (37.5%) or somewhat (25.0%) pressured by students. One (8.3%) administrator with less than 500 students felt somewhat pressured by teachers, while four administrators with greater than 750 students felt somewhat pressured; all other respondents indicated feeling moderately or extremely pressured. These data can be found in Table 23.

Nine respondents with fewer than 500 students indicated feeling moderately (66.7%) or extremely (8.3%) pressured by their superintendents. Seven respondents with 500 to 749 students indicated feeling moderately (66.7%) or extremely (11.1%) pressured, and seven administrators with greater than 750 students indicated feeling moderately (50.0%) or extremely (37.5%) pressured. Nine respondents with less than 500 students indicated that the school board slightly (58.3%) or somewhat (16.7%) pressured the administrator. In comparison, four respondents with 500 to 749 students indicated feeling slightly (11.1%) or somewhat (33.3%) pressured, and three administrators with greater than 750 students shared they feel slightly (12.5%) or somewhat (25.0%) pressured. Eight administrators with less than 500 students indicated feeling somewhat (25.0%) or moderately (41.7%) pressured by parents. In contrast, all nine respondents with 500 to 749 students feel somewhat (33.3%) or moderately (66.7%) pressured, and four administrators with greater than 750 students feel somewhat (25.0%) or moderately (25.0%) pressured. All 12 administrators with less than 500 students acknowledged they moderately (33.3%) or extremely (66.7%) pressure themselves to address mental health issues. In contrast, eight respondents with 500 to 749 students acknowledged they place a moderate (22.2%) or extreme (66.7%) amount of pressure on themselves, and all eight

administrators with 750 or more students place moderate (25.0%) or extreme (75.0%) pressure on themselves. These data are displayed in Table 23.

Table 23

Sources of Pressure to Address Mental Health Concerns by School Population Size

Source	School Size	NA		SL		SW		MO		EX	
		n	%	n	%	n	%	n	%	n	%
1. Community	<499	1	8.3	5	41.7	3	25.0	3	25.0	-	-
	500-750	-	-	-	-	4	44.4	5	55.6	-	-
	750+	-	-	4	50.0	2	25.0	1	12.5	1	12.5
2. School Counselor	<499	-	-	-	-	1	8.3	8	66.7	3	25.0
	500-750	-	-	-	-	1	11.1	5	55.6	3	33.3
	750+	-	-	-	-	1	12.5	3	37.5	4	50.0
3. Students	<499	-	-	1	8.3	5	41.7	3	25.0	3	25.0
	500-750	-	-	-	-	3	33.3	3	33.3	3	33.3
	750+	-	-	3	37.5	2	25.0	2	25.0	1	12.5
4. Teachers	<499	-	-	-	-	1	8.3	5	41.7	6	50.0
	500-750	-	-	-	-	-	-	4	44.4	5	55.6
	750+	-	-	-	-	4	50.0	2	25.0	2	25.0
5. Superintendent	<499	-	-	2	16.7	1	8.3	8	66.7	1	8.3
	500-750	-	-	-	-	2	22.2	6	66.7	1	11.1
	750+	-	-	-	-	1	12.5	4	50.0	3	37.5
6. School Board	<499	2	16.7	7	58.3	2	16.7	1	8.3	-	-
	500-750	1	11.1	1	11.1	3	33.3	4	44.4	-	-
	750+	1	12.5	1	12.5	2	25.0	2	25.0	2	25.0
7. Parents	<499	-	-	3	25.0	3	25.0	5	41.7	1	8.3
	500-750	-	-	-	-	3	33.3	6	66.7	-	-
	750+	-	-	1	12.5	3	37.5	3	37.5	1	12.5
8. Self	<499	-	-	-	-	-	-	4	33.3	8	66.7
	500-750	-	-	-	-	1	11.1	2	22.2	6	66.7
	750+	-	-	-	-	-	-	2	25.0	6	75.0

N=29 Scale: NA=Not Applicable; SL=Slightly; SW=Somewhat; MO=Moderately; EX=Extremely

The data on the respondent's perception of the importance of the school's actions when focusing on student mental health was analyzed by school size. All respondents agreed that the identification of mental health barriers early is either moderately or extremely important. Two (16.7%) administrators with less than 500 students identified that students working with the school counselor is somewhat important, while all other respondents agreed this is either moderately or extremely important. One (12.5%) administrator with 750 students or more indicated that students working with an outside therapist is somewhat important, while all other respondents indicated this is either moderately or extremely important. One (8.3%) administrator with less than 500 students identified that educating parents is somewhat important, while five (41.7%) indicated this is moderately important, and six (50.0%) indicated this is extremely important. Nine administrators with 500 to 749 students responded that educating parents is either moderately (33.3%) or extremely (66.77%) important, while eight respondents with 750 or more students indicated this is moderately (25.0%) or extremely (75.0%) important.

While all respondents indicated that educating staff is either moderately or extremely important, five (41.7%) administrators with less than 500 students indicated this is moderately important. Two (22.2%) administrators with 500 to 749 students agreed this is moderately important. Schools with more students seem to indicate that identifying a school-model to address mental health is significantly important. Seven administrators with 750 or more students identified a school-model as either moderately (50.0%) or extremely (37.5%) important. In comparison, seven administrators with 500 to 749 students agreed this is either moderately (44.4%) or extremely (33.3%) important. Seven administrators with less than 500 students indicated that a school-model is moderately (58.3%) important, as compared to four (33.3%)

who felt this is somewhat important and one (8.3%) who indicated this is slightly important. These data can be found in Table 24, located in Appendix J.

Eleven administrators with less than 500 students indicated that identifying other factors that could affect student mental health is either moderately (58.3%) or extremely (33.3%) important. Eight administrators with 500 to 749 students agreed the early identification is either moderately (44.4%) or extremely (44.4%) important, while seven administrators with 750 or more students agreed this is either moderately (37.5%) or extremely (50.0%) important. Only one (8.3%) administrator, who oversees a school with less than 500 students, felt having a school and district plan for focusing on mental health barriers is somewhat important. All other administrators felt having a plan is either moderately or extremely important. Four administrators agreed that focusing on teacher mental health is somewhat important: three (25.0%) with less than 500 students and one (12.5%) with greater than 750 students. The rest of the respondents agreed that focusing on teacher mental health is either moderately or extremely important.

Two (25.0%) respondents indicated partnering with outside agencies is somewhat important, while all other respondents indicated this is either moderately or extremely important. One (12.5%) administrator, who oversees a school with more than 750 students, indicated focusing on personal, professional development is somewhat important. In contrast, the rest of the respondents indicated this is either moderately or extremely important. Additionally, one (8.3%) administrator with less than 500 students indicated that creating a school team to address mental health concerns is somewhat important. In contrast, the other respondents indicated this is either moderately or extremely important. These data are also presented in Table 24.

Administrator Perceptions based on School Demographics

Survey responses were disaggregated by the demographic area served by the school. Thirteen schools were identified as being rural, while 16 schools were identified as suburban or urban.

Twelve administrators from rural schools indicated that teachers respond positively to managing mental health concerns either occasionally (61.5%) or often (30.8%). In contrast, respondents from suburban or urban areas indicated that teachers occasionally respond (75.0%) or often (12.5%). One (7.7%) administrator from a rural school and two (12.5%) from suburban or urban schools responded that teachers rarely respond positively to addressing mental health concerns. Thirteen respondents from rural schools indicated they are addressing mental health barriers occasionally (15.4%) or often (84.6%). In contrast, all 16 administrators from suburban or urban schools agreed they are addressing mental health occasionally (12.5%) or often (87.5%). These data can be found in Table 25.

Table 25

Teacher Reactions and Frequency of Addressing Mental Health Barriers by School Location

Question/Location of School	Rarely		Occasionally		Often	
	n	%	n	%	n	%
1. Have your teachers reacted positively to managing student mental health concerns?						
Rural	1	7.7	8	61.5	4	30.8
Suburban/Urban	2	12.5	12	75.0	2	12.5
2. How often are you addressing mental health barriers to learning?						
Rural	-	-	2	15.4	11	84.6
Suburban/Urban	-	-	2	12.5	14	87.5
N=29						

Two (15.4%) administrators from rural schools indicated that combatting mental health is of moderate importance, while one (6.3%) administrator from suburban or urban schools agreed. The remaining respondents indicated that combatting mental health barriers to learning is of high importance. All 13 (100.0%) administrators from rural schools indicated it is of high importance to them that their teaching staff is skilled in handling student mental health concerns. Comparatively, 13 (81.3%) administrators from suburban or urban schools indicated that a skilled teaching staff is of high importance, while three (18.8%) indicated this is moderately important. These data are displayed in Table 26.

Table 26

Importance of Addressing Mental Health Issues by School Location

Focus Area/Grade Levels	Little Importance		Moderate Importance		High Importance	
	n	%	n	%	n	%
How important is it:						
1. to combat mental health barriers to learning in your school/district?						
Rural	-	-	2	15.4	11	84.6
Suburban/Urban	-	-	1	6.3	15	93.6
2. to focus on educating the whole child?						
Rural	-	-	-	-	13	100.0
Suburban/Urban	-	-	-	-	16	100.0
3. that your teaching staff is skilled in handling student mental health concerns?						
Rural	-	-	-	-	13	100.0
Suburban/Urban	-	-	3	18.8	13	81.3
N=29						

Three (23.1%) administrators from rural schools indicated feeling moderate pressure from the community they serve, while seven administrators from suburban or rural schools indicated feeling moderate (37.5%) or extreme (6.3%) pressure. Comparatively, nine rural

administrators indicated feeling slightly (30.8%) or somewhat (38.5%) pressured by the community, while nine suburban or urban administrators indicated feeling slightly (31.3%) or somewhat (25.0%) pressured. Eleven rural administrators reported feeling moderately (53.8%) or extremely (30.8%) pressured by school counselors to address mental health, while 15 suburban or urban administrators agreed that they feel moderate (56.3%) or extremely (37.5%) pressured. Six rural administrators indicated feeling slightly (15.4%) or somewhat (30.8%) pressured by students, while seven indicated feeling moderate (23.1%) or extremely (30.8%) pressured. Similarly, eight suburban or urban administrators reported feeling slightly (12.5%) or somewhat (37.5%) pressured by students, while eight indicated feeling moderately (31.3%) or extremely (18.8%) pressured. One (7.7%) rural administrator feels somewhat pressured by teachers, compared to four (25.0%) suburban or urban administrators. Twelve rural administrators reported feeling a moderate (61.5%) or extreme (30.8%) amount of pressure from teachers compared to 12 suburban or urban administrators, who agreed that they feel moderate (25.0%) or extreme (50.0%) pressure from teachers. These data are presented in Table 27.

Ten administrators from rural schools indicated feeling a moderate (53.8%) or extreme (23.1%) amount of pressure from the superintendent, compared to 13 from suburban or urban schools, who agreed they feel moderate (68.8%) or extreme pressure (12.5%). Three administrators from rural schools indicated feeling either moderately (15.4%) or extremely (7.7%) pressured by the school board compared to six suburban or urban administrators, who indicated feeling moderately (31.3%) or extremely (12.5%) pressured. Six (46.2%) administrators from rural schools feel moderately pressured by parents, while ten administrators from suburban or urban schools feel either moderately (50.0%) or extremely (12.5%) pressured by parents. All respondents from rural schools agreed they moderately (30.8%) or extremely

(69.2%) pressure themselves to address mental health, while one (6.3%) administrator from a suburban or urban school somewhat places pressure on themselves. These data are displayed in Table 27.

Table 27

Sources of Pressure to Address Mental Health Concerns by School Location

Source	Location	<u>NA</u>		<u>SL</u>		<u>SW</u>		<u>MO</u>		<u>EX</u>	
		n	%	n	%	n	%	n	%	n	%
1. Community	Rural	1	7.7	4	30.8	5	38.5	3	23.1	-	-
	Sub./Urb.	-	-	5	31.3	4	25.0	6	37.5	1	6.3
2. School Counselor	Rural	-	-	-	-	2	15.4	7	53.8	4	30.8
	Sub./Urb.	-	-	-	-	1	6.3	9	56.3	6	37.5
3. Students	Rural	-	-	2	15.4	4	30.8	3	23.1	4	30.8
	Sub./Urb.	-	-	2	12.5	6	37.5	5	31.3	3	18.8
4. Teachers	Rural	-	-	-	-	1	7.7	8	61.5	4	30.8
	Sub./Urb.	-	-	-	-	4	25.0	4	25.0	8	50.0
5. Superintendent	Rural	-	-	1	7.7	2	15.4	7	53.8	3	23.1
	Sub./Urb.	-	-	1	6.3	2	12.5	11	68.8	2	12.5
6. School Board	Rural	2	15.4	5	38.5	3	23.1	2	15.4	1	7.7
	Sub./Urb.	2	12.5	4	25.0	4	25.0	5	31.3	1	6.3
7. Parents	Rural	-	-	2	15.4	5	38.5	6	46.2	-	-
	Sub./Urb.	-	-	2	12.5	4	25.0	8	50.0	2	12.5
8. Self	Rural	-	-	-	-	-	-	4	30.8	9	69.2
	Sub./Urb.	-	-	-	-	1	6.3	4	25.0	11	68.8

N=29 Locations: Sub./Urb.=Suburban/Urban

Twelve (92.3%) rural administrators indicated that early identification of mental health concerns is extremely important, while 11 (68.8%) suburban or urban administrators agreed.

Twelve rural administrators indicated students working with the school counselor is moderately (46.2%) or extremely (46.2%) important. Similarly, 15 suburban or urban administrators agreed

that students working with the counselor is either moderately (56.3%) or extremely (37.5%) important. Eight (61.5%) rural administrators identified students working with an outside therapist is extremely important, while four (25.0%) administrators from suburban or urban schools agreed. Seven (53.8%) rural administrators identified educating parents on mental health as extremely important to learning, and 11 (68.8%) suburban or urban administrators agreed. Nine (69.2%) rural administrators identified educating staff on mental health as extremely important, compared to 13 (81.3%) suburban or urban administrators. Six rural administrators felt identifying a school-model to address mental health is either slightly (7.7%) or somewhat (38.5%) important, while seven indicated this is either moderately (38.5%) or extremely (15.4%) important. These data are displayed in Table 28, located in Appendix K.

Eleven administrators from rural schools indicated that the identification of other factors that affect student mental health is either moderately (46.2%) or extremely (38.5%) important. In comparison, 15 administrators from suburban or urban schools agreed this is moderately (50.0%) or extremely (43.8%) important. One (7.7%) administrator from a rural school indicated having a school or district plan to focus on mental health is somewhat important. In contrast, the remainder of the respondents indicated this is moderately or extremely important. Eleven administrators from rural schools responded that focusing on teacher mental health is either moderately (46.2%) or extremely (38.5%) important, compared to those from suburban or urban schools who indicated teacher mental health is either moderately (62.5%) or extremely (25.0%) important. All respondents from rural schools indicated that partnering with an outside agency is either moderately (23.1%) or extremely (76.1%) important, while 14 administrators from suburban or urban schools agreed this is either moderately (25.0%) or extremely (62.5%) important. All respondents from rural schools identified personal, professional development in

the topic of mental health as either moderately (46.2%) or extremely (53.8%) important. At the same time, 15 suburban or urban administrators agreed this is either moderately (56.3%) or extremely (37.5%) important. Additionally, all rural respondents indicated that creating a school team to address students in crisis is either moderately (46.2%) or extremely (53.8%) important. At the same time, 15 suburban or urban administrators agreed this is either moderately (25.0%) or extremely (68.8%) important. These data can also be found in Table 28.

Open-Ended Survey Responses

The survey provided three open-ended questions for respondents to discuss how they define mental health barriers to learning, how students with mental health struggles altered their thoughts on educating students, and how mental health has impacted student learning in their school. With the majority of the survey being Likert Scale and multiple-choice questions, these three questions allowed the participants to elaborate on some of their thoughts regarding mental health barriers to learning. Of the 29 respondents to the survey, 22 (75.9%) responded to the questions. The responses varied in length; however, several themes emerged from the responses.

Thematic Analysis

Open-ended responses were analyzed for each question asked. These included 1) how the respondent defines “mental health barrier to learning”; 2) how students with mental health struggles altered the respondents’ thoughts on educating students; and 3) how mental health has impacted student learning in the respondents’ schools. The participants’ responses were analyzed and coded to reflect a phenomenological study (Creswell, 2014). The following table demonstrates the different themes that emerged through the analysis.

Table 29

Open-Ended Survey Response Themes

Definition of “Mental Health Barrier to Learning”	Impact of Mental Health on Respondents’ Thoughts on Educating Students	Impact of Mental Health Barriers to Learning on the Respondents’ Schools
Any internal factor that inhibits a student’s ability to learn academics to their fullest potential	Students must be both mentally and physically well in order to learn academics	Mental Health has impacted academics for both specific students and their peers
Mental health barriers look different from student to student	Focusing on the <i>whole child</i> is especially important to school administrators	School leaders realize the lack of services for families in the community they serve
Students who have experienced traumatic events	Schools need to do more for students who struggle with mental health	Administrators realize the importance of focusing on mental health within the classroom Mental health barriers stem from and create additional obstacles for students

Definition of “Mental Health Barrier to Learning”

Mental health barriers to learning can be defined as any internal factor that inhibits students’ abilities to learn academics to their fullest potential. Administrators had varying definitions for “mental health barrier to learning,” however a central theme was related to the definition of respondent two: “A mental health barrier to learning is anything students exhibit that impedes their learning—*anxiety, depression.*” Nineteen (86.3%) of those who completed the open-ended questions responded with a similar definition. Respondent four agreed, stating that “a mental health concern or condition that prevents a student from achieving his or her full academic potential.” As the responses were similar in content, administrators agree mental health barriers to learning impact the students in their schools. The definition of respondent nine is “anything that distracts a child’s mental balance and keeps him/her from focusing and having

positive school experiences.” These definitions correspond and relate to each other in that the administrators discuss how mental health barriers stem from internal factors that negatively impact students.

Mental health barriers look different from student to student. According to respondent three, “a mental health barrier to learning, in my mind, would be barriers to a student’s overall success in school. This can look very different in each child. Students often come to school exhibiting symptoms of serious mental health issues that prevent them from working to their full potential if not addressed correctly.” Respondent five provided a similar definition: “an emotional and/or social variable that doesn’t allow a student to focus on academic work.” These variables would look different from one student to another. As the one respondent noted, these barriers must be addressed correctly to help each student. Respondent 21 stated that “we are unable to educate children that struggle with various forms of mental health barriers.” Schools, therefore, need to address the mental health concerns within students and recognize schools may need additional support to help students and families when particular issues arise.

Students who may have mental health barriers to learning may have experienced trauma in their lives. The responses largely centered on an internal factor in students that may impact their ability to learn that they can learn to their fullest ability. Respondent 21 agreed, stating that “a barrier to learning can be the exposure to trauma. Brain development is changed when children are exposed to trauma, and this can create a barrier to being ready to learn.” Another observation from respondent 13 centered on the background of the administrator. This principal stated that “mental health barriers can be defined in many ways. I am a former school counselor, and I feel that any feeling, emotion, traumatic event, chemical/biological imbalances can disrupt cognition and a student’s ability to function and meet the demands of the school

setting.” This unique perspective of experience as a school counselor before becoming an administrator was not replicated elsewhere in the study. Respondent 19 stated that “trauma and mental health issues often block or impede learning for a growing number of children.” In comparison, respondent 20 agreed, adding that their definition of mental health barriers is “trauma or mental illness that impacts a student’s ability to focus and learn.” The relationship between trauma and mental health is likewise demonstrated by what respondent six addressed, as they “have engaged in professional development related to ACES (adverse childhood experiences).” These traumatic experiences are becoming more common in students, causing administrators and schools to need to address the experiences their students faced for the student to learn the academics.

Impact of Mental Health on Respondents’ Thoughts on Educating Students

Students must be both mentally and physically well in order to learn academics.

Respondent four stated, “I have come to the realization that students must be mentally and physically well in order to be able to focus on learning.” Another administrator agreed as respondent two added that “students with mental health struggles need to first stabilize before we move forward with their instruction.” In contrast, respondent seven added that “students are not going to learn well if mental health needs are not met. This barrier to learning will not only impact the current academic success but will impact success beyond the current grade level or age.” As current administrators realize and understand that students will not learn the academics to the best of their abilities if mental health barriers exist, they will understand steps must be taken to assist their staff in determining how best to help the students. As respondent 22 stated, one must come to this realization in order to help their student. They shared that “I have realized

that students who have mental health struggles may have barriers that affect their education but act it out differently [than other students].”

Administrators find it particularly important to focus on the *whole child*.

Respondent 16 stated, “It has become apparent that we need a better understanding of how to educate when these barriers are present and look at the whole child when designing lessons and activities.” This administrator referenced that even when designing lessons and activities for students, their mental health and other individual factors must be considered by the teacher or administrator. Respondent seven added students with mental health struggles have “reiterated the importance of educating the whole child.” Respondent 18 stated that “students with these struggles have shown me how important it is to educate the whole child and focus on their most basic needs.” This idea that students must have their basic needs met to succeed in school demonstrates an area schools should focus on when considering the whole child. Respondent 19 stated that “we have to address the mental health needs before we can expect a child to access their ultimate learning.” If basic needs are not met for a child, they likely will struggle mentally in school when attempting to focus on academics.

Administrators believe that schools should do more for students and families who struggle with mental health. Respondent one stated that “some students show no signs of mental health during the school day. When they arrive home, they are exhausted and not able to complete [homework] assignments. This is not a school [versus] home problem. The school needs to acknowledge and support a student that is struggling in the home environment to complete assignments.” The connection between home and school, and the trust that needs to exist, became a recurring theme throughout this study. Respondent 17 realized that “periodic breaks in teaching [are] needed to give students time to let off steam. It has helped me as an

administrator to become more compassionate to what students deal with on a daily basis once they leave school.” Respondent three echoed this, stating that “we need to do more for these students [with mental health struggles], which are becoming more prevalent.” The connection between the home and school when mental health struggles arise in students, whether outside or inside the school, can significantly help how well the student will perform academically once the mental health barriers are addressed.

Impact of Mental Health Barriers to Learning on the Respondents’ Schools

Mental Health has affected academics for both specific students and their peers. As mental health affects both students and their families, it likewise impacts the student’s schoolmates. According to respondent four, mental health “has inhibited student learning both for individuals and their peer groups.” Another administrator, respondent 12, shared mental health “has an impact on all students.” Respondent 18 states, “It has had a negative impact on not only the students struggling mental health themselves but also those peers who do not yet have the skills and strategies to understand what is going on with their peers.” What students are seeing, according to respondent 17, are “student outbursts, [and] students not being able to cope with day to day learning as other students do.” To combat this perception, administrators, school counselors, and teachers need to provide skills to all the students to utilize when their peers are exhibiting negative behaviors associated with mental health.

School leaders realize the lack of services for families in the community they serve. Respondent two stated, “Mental health and the lack of services in our community has caused some students to [not] be able to function in the regular school setting.” Respondent 15 echoed this, adding that “student learning [has been] impacted by a lack of connectivity to community resources.” The lack of community resources has compelled school leaders to think creatively

and bring services for students into the school. This lack of community resources often causes the parents and families of students struggling with their mental health to reach out to the school looking for assistance. Respondent 22 added that “we try to work in collaboration with parents. We try to overcome the negative stigma associated [with mental health].” Working with families to assist them with situations that arise due to mental health concerns in students and making connections with mental health professions, either in the school setting or out, represents a way for administrators to help students overcome mental health barriers to learning.

Administrators realize the importance of focusing on mental health within the classroom. Respondent three stated mental health “has completely shifted the focus within the classrooms. If we do not address the impact of mental health in the classrooms, we are doing a disservice to those students.” To accurately address mental health, respondent ten added that “it has led to more professional development to equip teachers and to [increase] parent engagement to build capacity.” Professional development to address mental health is necessary for both teachers and administrators. “I have engaged in professional development related to ACES (adverse childhood experiences) [and learned] strategies to help students, school personnel, and families.” As administrators realize the need to further their personal and their staff’s understanding of how to best address mental health barriers to learning, securing professional development becomes increasingly important.

Mental health barriers stem from and create additional obstacles for students. Respondent 20 stated, “We are seeing huge increases in mental health issues with our students. Many young students are coming in at five and six years old with severe mental health issues and having experienced extreme trauma in their young lives.” Respondent 21 added, “The struggles that students come to school with now are very different from the past. Educators must be

prepared to support alternative ways due to mental health struggles presented by our students. Instructional practices need to be changed often, and instruction delivery needs to be more creative and student individually centered. Define success; it is different for each student.” This astute synopsis of how mental health impacts schools summarizes that students are coming to school having faced different situations outside of school than educators had to address in the past. Respondent nine said, “My students come to school very upset and emotionally on edge. They are tired and unfocused and cannot concentrate on school. Short term memory is a concern. Higher-level thinking is a struggle. Social skills groups are bursting!” Also, respondent seven added that a significant impact of mental health had been student “absences, [and] time out of class.” Administrators must be prepared to address mental health before school starts each year and need to work to help students as much as possible to focus on academics.

Interview Findings

The next section in this chapter addresses the findings from 15 interviews conducted with current, practicing school principals of schools that contain a range of grades from kindergarten through eighth. Extensive field notes were taken during each interview to determine consistent themes and beliefs among the administrators regarding mental health in students. Those surveyed identified different pressures they feel toward addressing mental health in their school, their specific actions, thoughts, and beliefs regarding how mental health has impacted their school and themselves as principals in their careers. This section discusses the themes that emerged and presents how the administrators’ beliefs impacted their actions taken toward addressing mental health in their school(s).

Thematic Analysis

Interview questions were divided into specific categories related to mental health in schools; these included 1) pressures to address mental health factors in school; 2) administrator actions toward addressing mental health in the schools; 3) the role of the school counselor; and 4) specific school and individual concerns. The participants' responses were analyzed and coded to reflect a phenomenological study (Creswell, 2014). The following themes emerged based upon the analysis of the responses: pressures to address mental health, relationships improve mental health factors, the counselor's role in addressing mental health, and how mental health has personally impacted schools and the administrator's career.

To effectively conduct the interview, at the beginning of each, mental health was discussed in how it should be defined and considered from an educational perspective. "Mental health" encompasses a significant number of areas, including, but not limited to anxiety, eating disorders, depression, and post-traumatic stress disorder. During this interview, mental health factors to learning were described to the participants as anything they perceived to impact a student's mental health and their ability to learn at their fullest capability. Participants were encouraged to discuss the topic from their own experiences and how they perceive mental health within their schools and during their careers. This discussion helped administrators determine how they answered the questions, allowing them to consider mental health from their individual perspective and experiences, rather than worry about the strict definition of the topic.

Table 30 demonstrates the thematic breakdown of the mental health factors to learning as viewed by acting school administrators:

Table 30*Survey Themes*

Pressures to Address Mental Health	Relationships	Counselor's Role in Addressing Mental Health	School and Career Impacts of Mental Health
Administrators put pressure on themselves.	Who addresses mental health?	Counselors are involved in multiple committees.	Administrators are counseling more than disciplining.
Prominent voices apply pressure on administrators.	Creating awareness with staff.	Counselors should be proactive instead of reactive.	External factors exist that impact students' mental health.
Other voices apply pressure on administrators.	Relationships between stakeholder groups need to be positive.	Counselors should focus on putting students first.	How has the role of the administrator shifted?
Administrators take action to address mental health.		Counselors manage significant caseloads in their schools. Many schools have a desire to increase counselors.	The impact of the administrator extends beyond school.

Pressures to Address Mental Health

Analysis of the interview data provided multiple themes demonstrating how mental health factors affect learning and schools. The first theme introduced relates to the pressures to address mental health. Subtopics that encompass this theme include:

1. Administrators put pressure on themselves.
2. Prominent voices apply pressure on administrators.
3. Other voices apply pressure on administrators.
4. Administrators take action to address mental health.

Administrators place significant pressure on themselves. Each administrator discussed the extent to which they place pressure on themselves. Twelve of the 15 administrators reported they place pressure on themselves. As participant 11 stated, “I find that I place pressure on myself to learn the mental health needs and address them within the school rather than get outside help.” Participant ten stated, “Pressure to ensure that those who can address mental health can do so.” This theme was discussed by many of the administrators: they feel they need to be the steward that ensures their school has the pieces in place to address mental health. Participant 12 suggested that “most teachers are not trained or equipped to deal with the mental health issues that are now coming to light.” Principals feel, while teachers need to address mental health concerns when they arise, teachers also need to access more resources outside of the classroom.

Another central theme that arose while administrators discussed the pressures they place on themselves was that the students need to know they are cared for in their school, and that starts with the leader of the building. Participant two stated, “Students don’t care what you know; they know if you care.” Participant six added that “my role is to create an environment and a culture in order to create a school where they can feel safe, happy, and able to learn.” Participant 14 added when “basic [mental health] needs aren’t met, academics won’t be focused on.” The resounding message from these interviews demonstrates administrators realize they must lead the effort to address mental health for the teachers to focus on academics.

In addressing these self-imposed pressures, administrators discussed how they participated in professional development or other opportunities to learn more about focusing on mental health in the schools. One administrator discussed how they focused their dissertation study on relationships within the school and how the time put into a student or family will

benefit them for years to come. Participant one specifically discussed how they attended professional development opportunities with the Teacher's College of Columbia University that focused on mental health. Participant 12 stated, "I wish the administrator preparatory programs had more of a counseling or psychology approach...I felt unprepared for some of the things I was seeing." A desire for more education on mental health was echoed by participant five when he stated that "our role [as administrators] has shifted a lot." As administrators continue to place pressure on themselves, they need to continue to look for resources that can assist their school and their students.

Prominent voices apply pressure on administrators. During the interviews, administrators discussed who else they felt placed pressure on them to address mental health issues. Aside from identifying self-pressure as the most significant pressure, the administrators consistently stated teachers placed considerable pressure on the principal to address mental health concerns. Administrators felt this pressure was in response to a change in the student population in recent years. Participant five stated that "veteran teachers have seen a big change over the last few years as the population has shifted. Free and reduced lunch numbers have gone way up in the last ten years." Participant 11 added the amount of families qualifying for free or reduced lunch has increased in the last five to seven years. The principal shared that "there are many more services in the school to [address mental health] than ten years ago." Participant 14 added that they had seen a significant increase in the last five years. Participant 15 noted that "even you asking these questions, ten years ago, we would not be talking about this." Since teachers see the mental health needs in the classroom, they are looking for help in dealing with situations they may not have seen before.

Another group of professionals that appears to express their concerns often over students' mental health issues is the school counselors. Eight of the 15 administrators interviewed mentioned the school counselor relatively early in the conversation. Participant four stated that "the most pressure comes from inside the school: the teachers and counselor." Participant 11 suggested that "whoever identifies it first" tends to place pressure on the administration. Often, the school counselor may be the first to identify when a student faces mental health struggles.

Like counselors, eight of the 15 administrators identified parents as a group that often places pressure on the school to assist with mental health concerns. Parents often are seeing the challenges their children face before anyone at the school would. Participant 13 felt that "parents look for help with behavioral issues." Virtually, mental health can manifest itself as behavior parents see but are unsure of where to turn for assistance. Participant five discussed how parents share about many "high-intensity situations" that students go through outside of school impact their behaviors and attitudes while in school. Participant six echoed this, suggesting parents reached out for help because they simply do not know where to turn when situations arise.

Administrators identified others who routinely place pressure on them to address mental health issues. Other administrators, such as the superintendent and director of special education or pupil services, were mentioned by five interviewees. Participant 12 stated the central office administration attempts to "try to equip us with strategies because they recognize the issue. They come at it from the supportive approach." Participant 11 added that the central office, including school psychologists, "provides a team approach" to address mental health. Due to the size differences in districts the administrators serve, some school principals work more closely with central office administrators, giving them additional daily support in individual situations. Other groups identified placing pressure on administrators include school nurses and other student

support staff members. Participant one shared they feel pressure from “the school counselor, nurse, teachers, administrators, attendance officer, and title one teacher.” Participant four added that “support staff place pressure because they see how mental health is impacting kids on a daily basis.” In essence, those who work closely with the students see the students’ needs and reach out to the administrators for support.

School administrators take specific actions to address mental health concerns in their schools. Fourteen out of 15 administrators interviewed called mental health a priority on which they and their schools should focus. Only participant nine did not specify this as a priority saying, “If this is what is interfering in their life, then we should address it,” but said it had minimal impact on their school during the administrator’s tenure. Since all of the administrators clearly identify mental health is an important focus, many took significant strides to assist teachers and staff in recognizing mental health factors important to learning and helping students and families identify and address mental health concerns when they arise. Participant eight stated that this is a “high priority level” for their school. Some themes that resonated with what administrators specifically accomplished include working with outside mental health agencies, building strong positive behavioral interventions and supports (PBIS), student assistance programs (SAP), and/or incorporating multi-tiered systems of support (MTSS), and focusing on teacher and staff mental health in the future.

Mental health factors to learning, or a barrier that affects a student’s overall well-being, have become a priority of school administrators. As more administrators realize this, more schools partner with external mental health agencies. As participant two explained, students are then able to “receive the same services in school that they could have outside of the school.” This theme was repeated throughout the interviews by eight administrators who had initiated

partnerships with external mental health agencies. Participant 11 stated that it was necessary to “integrate those therapists into the school intentionally and not allow them to work in isolation, but to work collaboratively and utilize the services to maximize their skills.” One administrator had to find an interesting way to provide these services to students. Participant five stated only one school in his district could have services within the school. His solution creatively solved the problem: “we ended up vanning the students over to the high school to meet with the counselor there...we worked around a lot of scheduling issues to get the students there.” This participant stated that “these kids really needed that because their parents couldn’t provide this outside of school.”

Another theme that resonated with the administrators was creating strong teams within the school to support mental health. Those teams include PBIS, SAP, and MTSS teams, depending on the school. Elementary schools in Pennsylvania are required to have a student assistance program team, and many also have PBIS and/or MTSS teams. School administrators typically lead or at least participate on these teams. Participant two stated they try to “surround themselves with the right people” to address mental health. Participant number six stated mental health should “definitely be a focus of everyone in the school, particularly the SAP team.” Participant 15 added that “administrators need to lead this [effort] and show that [focusing on mental health] is a belief” in the school. Participant five added that they implemented a school-wide positive behavior and intervention support team to support students and positivity throughout the school. Participant six added their PBIS team is comprised of the same individuals as the SAP team, so their discussions often overlap. This administrator went on to state, “I can’t do it all myself” and has instituted these teams to “create a positive experience for the students and to make the culture even better.” Participant seven added that the SAP team has

“a lot of good connections already in partnerships with agencies in the area, and we rely on them for mental health assistance.”

These teams include members from throughout the school. Those members can include the school counselor, school nurse, specific teachers, interventionists, and administrators. When the team focuses on one student, the parent often is considered a team member. The teams focus on assisting students when concerns arise, demonstrating why administrators find them so valuable when focusing on mental health.

A significant aspect of the interviews conducted revolved around focusing on teacher mental health. Six of the administrators interviewed explicitly discussed how they intend to put a greater emphasis on teacher mental health in the coming school year, mainly due to the school closures that occurred because of the CoVID19 pandemic. Participant two stated that a “focus on teacher mental health is going to be up and coming. This will be a need as we move through this school year, and I will be worrying about this in the future.” One participant, who previously worked in a large, urban school district, stated that they “had two teachers leave the field because of their mental health struggles and constant stresses. There were resources that they could have reached out to through the central office.” The administrator, however, did not realize how much they were struggling until it was too late. This individual stated that since then, teachers’ mental health has been a consideration on a yearly basis. Participant 11 added, “Education is under more pressure than ever, and there is not enough being done to address teacher mental health. There is less respect for a position with such high demand.”

Administrators specifically stated they check in on their teachers to ensure they are taking care of themselves. Additionally, a third of the principals stated their district had created a wellness

committee that focuses on teacher health and mental well-being. As schools return in an uncertain time due to the pandemic, this should focus on administrators moving forward.

Relationships Improve Mental Health Factors

The second theme introduced focuses on how relationships factor into improving mental health for students. Subtopics that encompass this theme include:

1. Administrators rely significantly on relationships developed in the school and community to assist with mental health factors to learning.
2. Administrators need to understand the power of delegation.
3. Specific relationships exist within the school that can impact student mental health.

The administrators discussed these topics, as they all acknowledged the importance of mental health and the individuals who should focus on it within their schools. Additionally, they felt relationships within the school play a primary role in addressing mental health factors to learning or barriers created when a student has struggled with mental health.

Administrators rely on relationships developed in the school and community to assist with mental health factors to learning. Numerous individuals are necessary to assist students, parents, and teachers when mental health concerns arise. A central theme that emerged was we often overlook some of the essential individuals in the school who could informally address mental health. Relationships are particularly important when looking at student mental health. If a student does not feel comfortable at school, if they do not know someone in the school they trust, they are more likely to struggle while in the classroom. Interviewees demonstrated that principals are acutely aware of this fact. Also, administrators who felt more successful in addressing mental health issues discussed how delegating tasks have assisted. Those interviewed also discussed the awareness levels of teachers regarding mental health

concerns in the classroom and specific relationships within the school and community that can benefit students in being proactive in addressing mental health on an ongoing basis.

A consistent theme throughout both the survey and the interviews revolved around the importance of focusing on mental health in the school. Twenty-six of the 29 survey responses indicated that mental health is “highly important” to focus on, while 14 out of 15 interview participants echoed that sentiment. The administrators interviewed overwhelmingly stated that mental health should focus on multiple individuals in the school, with eight specifically stating that mental health should be a focus for everyone. Specific groups or individuals mentioned by the principals interviewed included teachers, the school counselor, the school nurse, support staff, parents, the board, and mental health professionals. Some unexpected responses were also shared. Participant two stated they rely on their secretary when focusing on mental health: “The secretary knows the families, the students, and what is going on in the community.” Participant five added that “the number one biggest person that kids want to talk to is our custodian. We need to look beyond the classroom and try to bring these people to connect with the kids.” Interviewees also noted the importance of the school resource as they connect with students both in the school and in the community.

Administrators need to understand the power of delegation. Some participants spoke more broadly about who should be addressing mental health issues. Participant ten stated that “everyone needs to have a role: school counselors, school psychologists, administration...teachers because they can spot the problem early on. I am focusing on how we can empower the teachers to find the kids that are slipping through the cracks.” Participant six elaborated that he “tried to tackle this all by myself at first, however as I grew and became a better leader I realized the importance of delegation and empowering other people.” Participant

five added that “we need to empower the staff” and added that if mental health is “not [addressed] at the school, then where?” This theme was mentioned more frequently by rural school leaders as their families do not have the community options to seek help and noted the school became a default location for assisting students when struggles arose. Teachers and staff members must be aware of the issues that can affect their students and know how best to assist those in need. Eight of the participants stated the mental health professionals in their school were their primary resource when addressing mental health and that the connections between this individual and the staff in the school are increasing.

Administrators realize their leadership in addressing mental health can significantly impact how teachers react in the classroom. Participant six verified this, stating that, while mental health is the “responsibility of everyone. The staff looks to [the leadership] for answers.” This statement relates to the fact that the majority of participants felt mental health should be the primary focus of school leaders. Participant eight added that, because of this responsibility, “administrators and teachers need some basic understanding of mental health and how it can affect children and their families.” In contrast, “Parents and guardians need to understand that we are here to offer support.” Participant eight added families often do not know where to turn for assistance when mental health concerns arise, leading them to the school to seek assistance. As schools progress toward being more equipped to assist students and families when mental health concerns arise, those individuals within the school must become more knowledgeable of mental health and the resources available to students and families.

Specific relationships exist within the school that can impact student mental health.

The administrators routinely brought up how different relationships between groups of individuals within the school can greatly benefit students when mental health concerns arise.

These relationships often occur organically, but mental health concerns demonstrate the necessity of positive, productive relationships when concerns arise. The individuals and groups who were mentioned most often by administrators as having the most impact on student mental health are teachers, the principal, the school counselor, other administrators within the school and district, and parents. Therefore, the relationships that can have significant impacts on students' well-being are between staff and students, parents and the staff of the school, school administration and the staff, and the relationship between different staff members.

The relationships between the staff in the school, including administrators, teachers, counselors, the secretaries, and custodians, can have an immensely positive impact on the well-being of students. As participant one asked during the interview, "Who is the student connecting with?" Participant two added this is particularly important because "the school may be the only place that [the student] feels safe." Participant five looked at the whole picture of the connections students make in schools: "there are people that are often overlooked in terms of who is interacting with the kids...including coaches, paraprofessionals, and other kids' parents." This interesting truth that many individuals build relationships with the students demonstrates that students will make connections with many individuals in the school. Participant ten added, "You never know whom the students are going to be comfortable with," and that is "one of the best ways that we can address mental health is to be personal with the kids." One interviewee discussed the importance of finding the students who slip through the cracks. Administrators need to find "someone who can relate to the students." This key aspect of a principal's position, to ensure all students' needs are met, ensures students with mental health concerns can build positive relationships within the school setting.

For parents to feel completely comfortable with how their child's mental health is being addressed in school, they must trust the adults in their child's life and have confidence in the school to do what is best for the child. Participant three stated that this starts at home, as "people are struggling to realize the impact of mental health caused by home environments and the mental health of their parents." Participant eight added, "Parents and guardians need to understand that we are here to offer support. We have tried to get families outside supports because they did not know how, and the school needed to support them with that." Participant ten went on to add he would like to have access to a social worker because "it wouldn't hurt to have someone walk parents through what they can do to support their kids better." These discussions stem from the administrators realizing that to help students with their mental health, parents need to be involved and actively participate in realizing the challenges their children face.

Parental involvement may become even more of a focus if the mental health struggles stem from the child's home life, or the parents also struggle with mental health. Often, particularly in more rural areas, the families look to the school for support. As participant five stated, "if this is not the place, then where? If not at the school, then where? The school is still the unifying place for students and the community." Administrators understand their role in the community and how this can affect students and their families concerning their mental health. As participant one confirmed, "parents have to have that trust with someone in the school...parents will come to us when something arises in their home setting." Parents and families who need support need to trust the school and the school staff to provide help when they need it.

The relationship between the administration and their staff represents another important dynamic that can impact students' mental health. How the administration has worked with the staff to educate those who must address mental health issues when they arise can alter how students respond.

Those interviewed were asked about professional development for teachers. Responses were varied. For example, participant two discussed that they have "talked a lot with teachers about the importance of building relationships." Participant 12 added that "more and more teachers have been asking for training, particularly for mental health first aid training from years ago." Participant 11 added that teachers with professional development offerings from the behavior specialist in the district focused on the signs teachers can look for if mental health concerns are arising. The principal stated, "What is the root cause of the behavior? How does it change as they develop? Underlying mental health issues can be exhibited in a variety of behaviors. Teachers need to be able to read changes in behaviors. I think that this is a skill set that some teachers need to be taught."

Principal 11 discussed how they had organized professional development offerings from emotional support teachers and their school counselors to assist teachers. Participant 13 stated that they "gave the teachers strategies and articles to review" and "focused on Mazlow's Hierarchy. I put it where teachers could see it but did not talk about it [with them]. I was fascinated with how they grabbed hold of it. It has infiltrated itself into what they do." Finally, participant 15 added that "we need to continue to work on this as a society, district, school: what mental health is and what it isn't...I want to start breaking down that barrier so that teachers can identify and address mental health as it appears." This relationship between the administrators and the staff demonstrates principals are taking the concerns seriously. By providing teachers

and staff opportunities to grow in identifying and addressing mental health factors to learning, administrators demonstrate how important addressing mental health is in their schools.

A key component of teachers and other staff members being able to fully understand and identify mental health issues lies in the relationships these individuals have with other school staff members. Participant two stated, “Secretaries know the families, students, and what is going on in the community.” If a secretary realizes a student might be going through something outside of school, their relationship with that student’s teacher(s) factors into whether the secretary will share that information with the teacher. Likewise, as participant five added, the students created an excellent relationship with the school’s custodian. This participant added school nurses and bus drivers likewise tend to have positive relationships with the students. These relationships with the students are excellent; however, if these individuals do not feel comfortable reaching out to the administrator or the teacher, that information may not assist the student moving forward. Participant six added these individuals “might have information that would be critical to help the student ensure the child is successful. I get a message out to everyone that we are here to help.” This principal added that “working as a team is critical” and that the student assistance program team “continues to grow and evolve...they give me a lot of feedback on how we can do better” and they have “allowed others to become involved in the program.” The fact that the majority (eight) of those interviewed stated specifically everyone in the school should address mental health, the relationships between those who support the student are particularly important.

The relationships that occur in the school can provide significant support to students and families as they navigate mental health barriers. School administrators discussed at length how focusing on relationships can benefit everyone in the schools. As participant one stated, “The

focus is on relationships first.” This sentiment was echoed throughout the interviews, as principals recognize school culture affects all individuals within the school community. To develop a positive school culture that supports students and families, parents must feel welcome in the school, students need to trust someone in the school, the staff need to trust and work with each other, and the administrators need to provide guidance and direction to all involved.

The School Counselor’s Role

The third theme introduced relates to how administrators view the school counselor’s ideal role as compared to how they can utilize their school counselor. Subtopics that encompass this theme include:

1. The school counselor leads or participates in multiple teams or committees.
2. Administrators expect counselors to be proactive instead of reactive.
3. School counselors should focus on students’ needs first.
4. Administrators agree that school counselors are stretched too thinly and that more school counselors are needed.

The school counselor leads or participates in multiple teams or committees. More than half of the administrators interviewed stated that their counselor either leads or participates in their student assistance program team, multi-tiered systems of support (MTSS) team, and their positive behavioral interventions and supports (PBIS) team. Participant one stated their counselor’s time is “consumed by this.” Participant five added this is partly because “SAP referrals are pretty alarming at the elementary level” in the district. Participant six stated this also is likely because they “always believe that the counselor is quasi-administration. They work closely with the administration but are still part of the contract staff. The counselor recognizes and sees this and balances it well.” Participant 12 added that the counselor participates as a

member of the SAP team to “help make decisions” that best benefit the student and their families. Participant 13 shared the counselor is “very good at taking the information and finding the outlets kids need in order to perform in the classroom and utilizes the same strategy for teachers.” Participation in these teams enables the counselors to share valuable information with other professionals to help the student best. Administrators surveyed value a team approach in addressing mental health concerns, and the counselor assisting teachers and others in this area dramatically benefits the students.

Administrators expect counselors to be proactive instead of reactive. A goal of many of the administrators interviewed revolves around having their counselors be proactive instead of reactive. Participant one stated that, by having the counselor “do weekly classroom lessons that focus on different areas, as well as small groups with students, and creating a student leadership team within the school to help make decisions, she is preventative” in addressing student mental health situations that may arise. Participant three added that their counselor “does social skills lessons with the librarian for the students” to proactively address the students and give them the skills they could utilize in the future. Participant four stated that the counselor should “focus on how to be a good person, a good citizen. I make sure the counselor is not doing discipline because this is a conflict of interest. You don’t want the counselor to be someone the kids are afraid of.” The counselor’s focus on the positives relates directly to being proactive instead of reactive as consequences stem from a reaction to what has occurred.

Participant seven insists that they “conference every week about the students to be proactive as a team. We also do a lesson in the classroom [together] every nine weeks on respect and bullying.” Participant eight added that they “sit down at the beginning of the year and set three very specific goals that connect to helping free up her time” in order to focus on being

more proactive since “I wish we were able to work on prevention instead of triaging situations...we are reactive a lot of the time.” This principal outlined a plan for this in the coming year, as they were relatively new to their position. The realization from an inexperienced administrator demonstrates the need to proactively address mental health.

Participant 11 discussed that they “believe in the American School Counselor Association model (the 80%, 15%, 5% model) and the positive role that has played.” In this model, 80% of the counselor’s time is allocated for teaching lessons, 15% is spent with small groups, and 5% is devoted to individualized situations. They added they “focused counselors on being a teacher of social-emotional learning, not being therapists or clerical administrators.” An interesting perspective came from participant two, who stated they do not have a counselor in their school. “I find myself filling this role often. Students will come to see me because I am available. Many, many days that I counsel students.” This administrator’s perspective, “I feel like the issues keep mounting and mounting,” and the fact that they do not have a counselor demonstrates why a proactive counselor dramatically benefits students.

School counselors should focus on students’ needs first. This theme relates closely to the previously discussed theme of counselors being proactive. As participant six referenced, “[counselors] wear a lot of hats.” Ensuring counselors put students’ needs first is a priority. Participant ten added that “her goal is to be working with kids...going out to the classrooms and doing lessons with the whole group.” This principal added that “if you have an administrator who doesn’t understand mental health, they give them things to the counselor that aren’t focusing on mental health.” Participant 13 stated that their counselor “is highly in tune with the mental health component and is very good at taking the information and finding the outlets kids need in order to perform in the classroom.” Almost all the administrators interviewed shared

these sentiments, including participant nine, who had the least amount of experience managing mental health in their school. This principal stated, “We are a team, and the counselor will drop anything if a child is in any kind of crisis.”

Administrators agree that school counselors are stretched too thinly and that more school counselors are needed. This thought was shared by nearly all the administrators interviewed. The term used by seven principals, “stretched too thin” or an appropriate substitute dominated much of the conversation during this portion of the interviews. Participant one stated her counselor is “consumed with career readiness guidelines,” while participant two does not have a counselor. Participant three utilizes their school counselor “to get PSSA (Pennsylvania State Standardized Assessments) tests ready and schedules those...she handles the clerical aspect of that, making March through May very busy for her.” The counselor also “has to focus on the career readiness that has pulled her away from counseling the kids.” Participant five only has a counselor for 75% of the typical school week and acts as their testing coordinator. This principal stated, “She is stretched too thin.” Participant six stated, “It would be nice if they could focus more on the mental health issue.” Participant eight added their counselor is only there three days of the week as they split their time between two buildings and added, “I wish she were here every day because trauma and mental health needs are high.” The next administrator, principal nine, stated their counselor is a “pseudo-vice principal. I was looking for someone who could be a badass but who also loves kids. I didn’t need a counselor who would spend two hours talking to a kid.” While this principal’s perspectives of a school counselor were in the minority, it demonstrates another way that counselors are spread too thinly: acting as an administrator, mainly when the principal is not in the building. Participant ten asked, “What are we asking the counselors to do on top of just counseling?” Participants 14 and 15 noted that their counselors

are simply overwhelmed because of the number of students in their buildings. Participant 14 has 615 students, while participant 15 added that they have close to 850 students. Each principal has only one counselor.

The resounding theme of counselors being spread too thinly relates closely to the American School Counselor Association, recommending that for every 250 students, one counselor should be on the staff (Carrell and Carrell, 2006). Three of the administrators interviewed did not have a full-time counselor, while others have a significantly high student-to-counselor ratio. Additionally, with so many other responsibilities, such as serving on multiple teams or committees, teaching career readiness lessons, and serving as testing coordinators, being spread thinly demonstrates a problematic task for counselors.

Unfortunately, as some administrators pointed out, counselors are being too reactive instead of proactive and struggle to focus solely on student needs. Participant 12 demonstrates the only administrator with more than one counselor and has a student-to-counselor ratio near the ASCA recommendation. This principal stated that the school “added a second counselor, which has helped them to be able to focus on students more. This is a great step in the right direction.” Participant 11 summed up what a counselor should be for the kids: “the counselor helps educate parents and students on social and emotional learning...that person creates a safe haven for the students.”

Mental Health has Personally Impacted Schools and Administrators

The fourth and final theme relates to how mental health factors impacted administrators and their schools. The subtopics included in this theme:

1. Administrators spend significantly more time counseling than disciplining students.
2. The evolving role of the administrator.

3. Students' home lives have changed, causing administrators to think differently about what students experience outside of school.
4. Administrators have a significant influence on students' lives beyond what occurs in the school setting.

Administrators spend significantly more time counseling than disciplining students.

"I find myself filling that role often. There are many, many days that I counsel students," stated participant two. Participant three concurred, adding "I find myself counseling more than disciplining." The theme of principals finding themselves counseling students only recently occurred. In the past, administrators would have traditionally been disciplining students more often. Participant three went on to add that "I don't really believe in suspensions anymore," demonstrating what participant five went on to describe: "So many issues are stemming from [mental health], but teachers are struggling to see this." Participant 11 added, "Underlying mental health issues can be exhibited in a variety of behaviors, and teachers need to be able to read changes in behaviors." This theme demonstrates that school principals now realize that school and classroom behaviors can often stem from mental health concerns in the student or other external factors impacting them. Participant 15 added that we want to "help them learn from it. What are the barriers that caused the behaviors or actions, and how can they learn from that?" If school administrators and teachers can address what caused the student's behaviors, hopefully, this will cause fewer behaviors from the student and focus on their academics.

As administrators focus more on working with students when behaviors arise, a key component of this revolves around working with the parents to realize what their child needs to succeed. According to participant 12: "A lot of time parents haven't always been open to support and help...they don't want to recognize it as an issue, which strains the relationship

between the school and home.” Participant 15 addressed this, as well, stating that they “talk a lot with families and are very open about it. We let parents see that we are trying to break down that stigma.”

Two of the principals interviewed discussed how being a parent has impacted how they view mental health in the school. Participant seven specifically stated that “this is very worrisome as both an administrator and a parent. I wear both hats when I am at work. What some of these kids go through remind me of my children.” Another participant specifically stated that they “try to be a good, solid mom for these kids.” Participant six added that “I think about my own children. How would I want them supported and cared for?” This viewpoint can assist administrators, particularly when speaking with parents, as parents may be more comfortable speaking with someone they can relate to.

Mental health factors in students have caused the role of the administrator to evolve. Interview findings suggest the administrator’s role continues to evolve, as mental health incidents increase in the schools. Ten of the principals stated they see a specific increase in students’ mental health needs on a yearly basis. A previous theme found that administrators spend more time counseling students, rather than disciplining. Counseling students can be a time-consuming endeavor. Participant five specified they “navigate the waters as a go-between between the teachers and the students. I feel like a lot of mediation is required.” Having to counsel students is due, in part, to what participant ten discussed: “One of the most challenging times that a kid has growing up used to be middle school. When we were growing up, that is when we grew up, and now it occurs in second to third grade. The difference is truly shocking.” This administrator has realized that the struggles current adults began to face in the middle

school ages now occur in the second and third grades, causing elementary school teachers to manage different situations that they had not previously managed.

The administrators who were interviewed also went into detail about how their professional development considerations have evolved. Participant one discussed how they had attended professional development learning to assist students in “addressing mental health through different literature and in their writing.” Another participant discussed how their “dissertation process focused on relationships and showed how important what we do is; the time we put into a student or family might save them in the future. The research in the dissertation process showed how much relationships can prevent negative situations for students and families in the future.” Participant 12 discussed they “felt unprepared for some of the things we were seeing. I wish through administrator preparation programs that I had more of a counseling or psychology background.”

Only one interviewee leads a Recognized ASCA Model Program (RAMP) school. This participant said, “I believe in the ASCA model and the positive role that has played. Eighty percent of the time, the counselor is teaching lessons, 15 percent of the time she is running small groups, and five percent of the time focusing on individual concerns. The counselor focuses on social-emotional learning and helps educate parents through educating the kids.” A few years ago, this principal did not have a full-time counselor. “I advocated for a full-time counselor and worked very closely to establish a school counseling program based on the ASCA model.” This administrator knew the value of focusing on mental health. “I was the assistant principal trying to connect one family to multiple mental health agencies and help parents navigate the systems outside of mental health.” This example demonstrates an administrator recognizing a specific, glaring area that students and families struggle with, and one who took action to address it. This

principal's actions to advocate for a full-time counselor validates the idea that school administrators can create a significant impact on students and the schools when focusing on mental health factors to learning.

Student's home lives have changed, causing administrators to think differently about what students experience outside of school. The interviewed principals shared a common theme that factors outside of the school walls have impacted students' achievement and abilities. One of the topics that surfaced revolved around drug usage in the home. Participant two shared that "there is a lot of drug usage, which has created a generational shift in students causing challenges that we aren't used to. Mental health [concerns can] stem from moms being on drugs, or drugs [that] are in the home. The baggage that students carry and the mind games that are played are extensive." This was echoed by participant one, who stated that "families are struggling. Opioid addiction in our area is the highest in the state." Another participant added that "kindergarten kids are coming in already with a counselor and have genuine mental health concerns even when other issues are non-existent." Participant five visited students' homes after schools closed due to the pandemic. This principal shared that "even with all of this, going to visit kids, just stopping by their houses. Seeing what they are living in and experiencing is even more eye opening. I wish that the staff would have experienced some of that. It is so different to see it and experience it. I wish I could bring more people along with me on some of these trips." Realizing what students deal with outside of school allows teachers and administrators to understand that they may not be mentally prepared to learn when students enter the school.

The viewpoint of realizing where kids come from has been magnified in recent years. Participant five added that this has "definitely changed my thinking." Participant four, who has held numerous administrative positions in different districts, acknowledged that the "amount of

mental health is increasing and is prevalent much more than it has been in the past. Teachers are starting to see this and are concerned. They want to know what we are going to do about this.” Often, as participant seven said, “family mental health has increased, and there is often more to the story than what the child is telling us. Parents’ loss of a job, drugs, abuse, or divorce causes anxiety in the students.” When teachers do need assistance, participant nine added, “They have come looking for advice and have gone to the counselor.” Realizing these outside factors, and truly knowing the students, demonstrates an important theme that resonated throughout the interviews. Teachers and administrators who are best equipped to assist students with difficult situations take the time to get to know them. As participant one affirmed, “focus on relationships first and meet the children where they are coming from.”

Other themes and topics emerged throughout the interviews. A middle school administrator, participant 12, spoke of significant issues they have dealt with in the fifth and sixth grades. “We have been specifically impacted by students who have lashed out at others because of their mental health. A lot of self-harm in the fifth and sixth grades. Also, very tragic things because of students struggling. I have seen more gender confusion and suicidal ideation.” Participant 14 added they have experienced students being born addicted and, with everything that teachers and staff members now address in the schools, they are concerned about “compassion fatigue. I truly believe this is a component that is alive in our teachers throughout the year.” With so many significant issues coming into the schools that staff members, teachers, and administrators need to address, these professionals need support to reflect administrators’ worries about their staff. Participant 14 continued that we “want to make sure that we support our teachers as much as we support our students.” This area of concern resonates with many administrators; teachers must feel supported to meet the students’ needs.

Administrators have a significant influence on students' lives beyond what occurs in the school setting. “You don’t know where your influence on a child stops...it is very rewarding when you are able to help a student, especially those that come back for advice,” shared participant two. Participant three added that “I want my reputation to be, in the district, that safety is of utmost importance to me. Some staff may say I am soft because I do not suspend as much as my teachers believe I should. I believe in what I am doing and how to reach the kids.” These administrators realize their significant impact on students. As participant three discussed, suspending a student for behavior without addressing the cause, especially when that cause could be mental health, does nothing to help the student moving forward.

As participant five pointed out, “My experience from what I was used to as a kid just isn’t normal anymore. I had a nuclear family that stayed together and was close-knit.” This principal acknowledges that today’s students face challenges that many school administrators did not experience when they were children. Participant six added that addressing mental health in their school has “strengthened my position that I am here to help these kids. Our roles are more critical now than ever. They may not have those people in their lives.” This understanding relates to the fact that many administrators look at the students and treat them how they would want their children treated. Participant 15 went on to describe how they handle discipline in their school, “When determining why a student has made a choice, I want to help them learn from it. What are the barriers that caused the behavior or actions? How can they learn from that?” Educating students and families about why students make decisions, and how they can learn from those decisions moving forward, was discussed by the administrators interviewed. This evolution from discipline to education will only help students grow and move from one grade to the next.

A final point to be made from the administrators interviewed revolves around realizing that schools play an essential role in addressing mental health factors to learning. Participant five stated that “I find that this has changed my role. If not me, then who?” This principal asked this question when discussing their concern for students who need mental health assistance but do not have an opportunity to receive services outside of the school. The principals’ role was echoed by participant six: “This job is about the kids: caring, loving, and supporting them. If we do not do it, who is going to? I may complain or gripe a little about the kids, but I hope they meet their goals. I strive to create a school that helps support kids and helps them grow.” The principals interviewed discussed a variety of individuals play an important role in building relationships with students. This realization of administrators demonstrates many people in schools can impact students positively. Surrounding students with these individuals is a significantly important responsibility of administrators.

Summary

This chapter provided insight into how administrators view mental health factors in learning that have impacted them personally and their schools. The information provided through the survey and the interviews demonstrate how impactful mental health is on students and their families. The impact of mental health on students and their families can significantly hinder academic performance. As mental health factors to learning have increased in recent years, administrators have considered the pressures to address mental health in schools. Also, principals have considered how relationships can impact students’ well-being, the counselor’s role in addressing mental health, and how both the principal’s school and their career have been impacted by the mental health concerns in their students. Consideration of these themes and the subthemes discussed demonstrated that many administrators understand the importance of

addressing mental health in the schools to ensure academics can be taught at a high level. The information gained by reviewing the survey and the 15 interviews conducted with practicing school principals can significantly benefit current school administrators moving forward. The information can generate ideas to assist students' mental health concerns and provide ideas on how administrators can proactively and creatively assist students, families, and teachers when concerns arise.

CHAPTER 5: CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

This chapter summarizes this research study and presents the conclusions and implications based on the data and discussion presented in the previous chapter. This chapter also allows the researcher to interpret and explain the findings and interview results to make future research suggestions. This chapter includes the problem statement, research questions, a summary of methods, a summary of findings, conclusions, discussion and implications, administrative implications, recommendations for future research, and a summary.

Problem Statement

Schools play a vital role in the health of children. Reinke et al. (2011) state that students spend a significant amount of time in schools. As students traditionally attend school five days a week for approximately nine to ten months, schools are responsible for addressing students' health concerns when they arise. Approximately one in five children have a mental health need that impacts their academic functioning (World Health Organization, 2004). As this alarming number demonstrates, students are vulnerable to lose instructional time if they cannot focus on the teacher due to their mental health or, in more extreme situations, miss class or school altogether. As leaders of schools, principals and other school administrators can make significant changes within a school when addressing student mental health. Limited research on the specific adjustments and actions by school administrators in improving the students' mental health outlook exists. Therefore, this study specifically attempted to provide additional information to practicing school administrators on what their peers found to currently work and what has been implemented to address mental health in the schools.

Research Questions

The following research questions guided this study:

1. Which persons or positions working within the school's confines support mental health at the direction of the school administration?
2. Which programs or models have yielded the best results in supporting the whole child approach to educating children?
3. Which resources and outside agencies provide support to mental health issues throughout the school settings?
4. What are the differences based on selected demographic/attribute variables in administrator perceptions and actions regarding student mental health?

Summary of Methods

This study was designed utilizing a survey of administrators to determine how their perceptions of mental health affect their decisions to address mental health barriers to learning. The study includes an interview of current, school-based administrators allowing the researcher to gain more knowledge and insight beyond the survey responses. The population identified for the survey were 103 administrators served by the Intermediate Unit IV in Western Pennsylvania. Twenty-nine of the administrators responded to the survey. Additionally, 15 administrators from the population were chosen at random for the interview.

The survey was provided to the administrators via email and utilized Qualtrics survey software. The data from the survey were analyzed by comparing the total number of respondents for each item. The interview was conducted over the phone by the researcher. Extensive field notes were taken and analyzed to determine common themes among the principals. The data from the survey and the interview were then analyzed and compared to determine similarities and common themes.

Summary of Findings

A total of 29 administrators responded to the survey, and an additional 15 were interviewed. Overall, the administrators realize the importance of focusing on mental health within the schools. Additionally, administrators saw a significant increase in mental health and the amount of time needed to address this learning barrier. All respondents to the survey and those interviewed believe educating the whole child is extremely important. School principals likewise realize educating the staff and parents is an important undertaking to assist students with mental health struggles.

Conclusions

Research Question 1: Which persons or positions working within the school's confines support mental health at the direction of the school administration?

Participant responses in both the survey and the interviews demonstrated that various individuals should focus on students' mental health. Administrators often look at themselves, first, in addressing mental health. Beyond identifying themselves, administrators most often mentioned school counselors and teachers, who work closely with students, carry a significant responsibility in addressing mental health to help students achieve their academic goals. Administrators also often rely on outside agencies to support students. Principals and districts have gone to great lengths to ensure students' nonacademic needs are also met. The actions taken by principals and districts were highlighted by participant five, who organized the transportation of students from the elementary school to the high school for therapy sessions with an outside counselor.

Administrators also believe that a team of individuals must address student needs. These teams can have different titles and serve multiple functions but are often comprised of

administrators, a teacher, a school psychologist, school counselor, school nurse, and specialists. These teams will also often involve the parent, especially at lower grade levels. Utilizing these teams will require administrators to often delegate responsibilities in general and, specifically, as it relates to student assistance. Realizing others need to address a student mental health concern is essential for administrators. It is imperative principals surround themselves with individuals who can adequately address student mental health concerns.

A school's primary focus for students has traditionally been on academics. However, in recent years, school administrators have realized the importance of focusing on the whole child. Factors in students' lives can influence how well they perform academically. These individual circumstances students face relate to Reinke et al. (2011), stating that mental health significantly interferes with student achievement. Essentially, if educating children is the ultimate goal of schools, the school should address mental health barriers to learning. Administrators appear to be astutely aware of the negative role mental health can have on students' learning and demonstrate a desire to address this barrier in their school by empowering those who can do so.

Research Question 2: Which programs or models have yielded the best results in supporting the whole child approach to educating children?

The administrators who responded to the survey and those interviewed shared similar beliefs that a team of school professionals, often including parents and outside agencies, was the most effective approach to help with counseling students in the school setting. Bains and Diallo (2016) discuss the importance of students receiving mental health services because they often cannot receive services elsewhere. Their findings demonstrate an increase in the successes of school-based mental health services (p. 16). All administrators who responded to the survey

reported partnering with outside agencies to provide therapy to students while in school. The survey results were supported by what the principals discussed during their interviews.

Interestingly, only about half of the administrators surveyed identified they have worked with the school counselor to implement the ASCA model, while only around 10% had accomplished this feat. The survey results aligned with the data from the survey. Since very few administrators have followed through on the implementation of the ASCA or a similar model, a conclusion can be drawn that a school-model is not important to administrators. However, the administrator who leads a RAMP school spoke at length about this model and the value they saw in its implementation.

Overall, the importance of focusing on mental health in the school was discussed more than having a specific school model. Reinke et al. (2011) confirmed that “teachers are often the individuals in the school asked to implement school-based universal interventions, as well as to refer students in need of additional supports” (p. 2). The amount of time teachers take to address mental health demonstrates why school administrators need to educate teachers and other staff members on the signs of mental health struggles when they arise. Administrators generally believe in a team approach to addressing mental health and bringing in outside individuals to assist students and families with counseling. Teachers, the school counselor, outside therapists, administrators, and parents were routinely identified as those who should focus on student mental health. The survey and interview findings were consistent.

Principals felt strongly that they need to address mental health in their schools. Interviewees felt that they had made progress addressing mental health; however, few themes emerged on the best ways to do so. The data allowed the researcher to conclude that administrators are still struggling with specific situations and the topic of mental health. Overall,

principals believe it takes a team approach, primarily the professionals in their buildings, to address mental health in the elementary and middle grades.

Research Question 3: Which resources and outside agencies support mental health issues throughout the school settings?

Administrators identified partnering with outside agencies to address mental health concerns in their schools, providing a service to students and families they may otherwise be unable to access. These services were more frequently found in rural school districts. As many schools grapple with less than ideal school counselor to student ratios, they turn to other counselors to assist their students. One administrator discussed busing students from their elementary school to the high school because of the demand for meeting with counselors from an outside agency. Principals are finding ways to ensure students receive the supports they require in their schools, especially as the mental health needs become greater.

School administrators struggle with not always having the individuals they need to address mental health barriers to learning. The majority indicated they wish they had more counselors or access to a social worker. One administrator, who previously had experience in a large urban district with a social worker in each school, echoed what many administrators stated, “Access to a social worker can significantly assist families in need when mental health concerns arise in students.”

Finally, administrators acknowledged having a school or district plan to address mental health that includes a team-based approach is very important. Being organized when a situation arises provides clarity in responding to a student with mental health concerns. Administrators reported having extremely supportive central office administrators who help guide them through difficult situations. Additionally, interviewees reported their districts’ central office

administrators want to be involved in serious situations that arise with the students, as mental health concerns have increased in the lower grade levels. Creating a plan from the central office and the schools that include a team of professionals benefits administrators and those working in the school when student mental health concerns arise.

Research Question 4: What are the differences based on selected demographic/attribute variables in administrator perceptions and actions regarding student mental health?

School Age Group

There were some notable differences between administrators who oversee kindergarten through third grades and those who do not. Administrators reported that teachers of younger grade levels react appropriately more often than teachers of middle grades to addressing mental health concerns. Teachers who responded positively align with the finding that administrators with kindergarten through third grades realize that it is extremely important for teachers to address health concerns. Additionally, administrators with grades kindergarten through third are feeling more pressure from school counselors and teachers to address mental health in the schools than those who do not oversee schools with kindergarten through grade three. Overall, principals of schools with the primary grades feel more pressure to address mental health from the different stakeholders, including themselves.

More administrators with kindergarten through third grade than those without recognize that students working with the school counselor or an outside therapist are extremely important strategies. Overall, administrators of primary grades indicated a school's actions could address mental health as extremely important more often than those without primary grades. Principals of the primary grades are observing more difficult situations related to mental health than they

have before. The realization of more difficult situations at younger levels became a theme echoed throughout the interviews.

Administrators of the primary grade levels observe more severe situations related to mental health concerns in their schools than principals without primary grades. As the concerns grow in the primary grades, principals of these students realize the importance of having trained staff who can respond to mental health barriers to learning. They likewise are placing more pressure on themselves and feeling more pressure from stakeholders to address mental health. In contrast, administrators of the intermediate and middle-level grades have observed mental health concerns over an extended period of time and address those situations differently.

Years of Administrator Experience

Some notable differences were identified between administrators with one to ten years of experience and those with 11 to 37. Administrators with less than 11 years of experience reported that their teachers reacted positively to addressing student mental health concerns more often than administrators with more than 11 years of experience. Similarly, administrators with one to ten years of experience find that it is more important to combat mental health barriers to learning in their district than those with 11 to 37 years of experience. Principals with less than 11 years of experience indicated that they feel more pressure from both teachers and the school counselor than administrators with 11 or more years of experience. Likewise, administrators with one to ten years of experience indicated that they place more pressure on themselves to address mental health than those with more experience.

More administrators with one to ten years of experience find that educating parents on mental health barriers to learning is extremely important than those with 11 to 37 years of experience. Additionally, administrators with less than 11 years of experience indicated that it is

more important to identify other factors that affect mental health than those with more experience. Principals with less experience also reported that focusing on teacher mental health is more important than principals with 11 to 37 years of experience. In contrast, administrators with 11 to 37 years of experience indicated that the identification of a school-model to address mental health is more important than administrators with one to ten years of experience.

Administrators with less than 11 years of experience reported feeling more pressure to address mental health than those with greater years of experience. Based on the interviews, administrators with more experience felt more comfortable addressing mental health barriers to learning, leading to a feeling of calm when managing these concerns. As administrators with less experience are still determining how to manage all of the responsibilities of school administration, mental health takes precedence over other tasks due to the immediacy of the problem.

Number of School Counselors

Administrators with only one counselor reported that teachers respond more positively to managing mental health concerns than those with two or more counselors. Additionally, administrators with one counselor indicated that it is more important that teachers are skilled in handling student mental health concerns compared to administrators with two or more counselors. In contrast, administrators with two or more counselors reported that it is more important to combat mental health barriers to learning in their district than those with one school counselor.

Administrators with two or more counselors feel more pressure from the community, the school counselor, the school board, and the superintendent than administrators with one counselor. In contrast, administrators with one counselor feel more pressure from their teachers

than principals with two or more counselors. Principals with two or more counselors reported that it is more important to educate staff on mental health barriers to learning than those with only one counselor. Administrators with two or more counselors are expected to have the ability to address mental health in their schools more effectively, as they have greater resources. The interview data demonstrate that all administrators with only one counselor wish that they had additional counselors to address the concerns in their schools.

School Size

Administrators with less than 500 students indicated that their teachers react positively to managing mental health concerns significantly more often than either administrators with 500 to 749 students or administrators with greater than 750 students. In contrast, administrators with more than 750 students reported that they address mental health more often than schools with less than 750 students. All principals with less than 500 students indicated that it is extremely important that their teaching staff is skilled in addressing mental health concerns in students, while some with greater than 500 students indicated that this skillset is not as important.

Principals with more than 750 students indicated feeling more pressure from the school counselor, the superintendent, and the school board than their peers with less than 750 students. Likewise, administrators with more than 750 students reported that it is more important to identify the mental health barrier early and educate their staff than administrators with less than 750 students. Administrators with more students, overall, recognized the need to address mental health within their schools on a more global scale by working with their staff to manage this barrier to learning.

School Location

Administrators in rural areas indicated that teachers react positively more than administrators in suburban or urban settings. Likewise, administrators in rural schools reported that teachers are more skilled in addressing mental health concerns in students than teachers in suburban or urban schools. In contrast, administrators in suburban or urban locations indicated feeling more pressure from the community and parents than those in rural schools. Principals in rural schools, however, reported feeling more pressure from teachers than those in suburban or urban schools.

Principals of rural schools reported that the identification of mental health barriers to learning early in a child's life is more important than their peers in suburban or urban schools. Similarly, administrators in rural schools indicated that students working with an outside therapist are more important than those in suburban or urban schools. As parents in rural areas have limited access to resources outside of the school, they often turn to educators for assistance when concerns arise in their children. Administrators interviewed who oversee rural schools reported that parents often reach out to them directly for help with their children when mental health concerns arise. The responsibility of assisting families has led administrators of rural schools to find ways to address the mental health of students with outside therapists in their schools.

Discussion and Implications

School principals, particularly those in grades kindergarten through eighth, see an increase in mental health barriers to learning. Throughout the interviews and the surveys, administrators reported that mental health struggles have increased in the children they oversee in their schools over the last number of years. Administrators are supporting staff members in

addressing mental health concerns when they arise in their classrooms. According to Tillery et al. (2010), teachers have a strong influence on students in schools (p. 99). This provides a unique opportunity for administrators to educate teachers on the mental health of students. Teachers, therefore, can be the first team member to assist students when mental health concerns arise.

While teachers are mostly responding well to addressing these concerns, some administrators are concerned that this focus on mental health adds to the stress levels of teachers and other staff members who have previously not had to address this concern. According to multiple school principals, students at younger ages experience significant mental health concerns that schools have previously not witnessed. Mental health concerns in younger students will likely continue to increase, only adding that schools must address these concerns when they arise.

A significant amount of discussion in the interviews centered on outside agencies supporting students, particularly in rural school districts. As one participant stated, “if this is not the place, then where? If not at the school, then where? The school is still the unifying place for students and the community.” The survey data reinforces this, as outside agencies and counselors are reported as being significantly important by the respondents. As Reinke et al. (2011) discussed, mental health should be addressed by the schools, and one way to accomplish this is through partnerships with outside agencies (p. 1). Schools that form these partnerships are seeing positive results from the supports they provide in the school. Likewise, parents can agree to the services in the school since they may not have opportunities outside of the school to provide therapy for their children. Schools that provide this opportunity are seeing the benefits of the outside therapists coming into the school. An interesting aspect of outside therapists is

that many schools have had to find creative ways to provide these services to students, by busing students to other locations or working in cooperation with agencies to determine schedules. School principals should realize a partnership with outside agencies as a practical approach to assisting students with mental health struggles.

The principals who participated in the interview were extremely passionate about addressing mental health. All but one interviewee expressed placing a significant amount of pressure on themselves to address mental health in their schools. These participants also worry about their teachers' and staffs' morale and mental health, particularly as more concerns arise in students. When staff struggle with their mental health, administrators must address more concerns, both in students and adults. The administrators interviewed were keenly aware of this implication.

The key to a school's success in addressing mental health, according to Murray et al. (2015), is the leadership of the school and the steps they put in place (p. 797). One of the steps most often indicated by both the survey and interview results is implementing a team to address mental health concerns in their schools. These teams should include a range of individuals, including the teacher, administrators, nurse, psychologist, school counselor, and parents. While the administrator can be the leader of the team, they need to delegate key responsibilities to those on the team in order to effectively address mental health.

Administrative Implications

Mental health concerns in students, especially in the younger grade levels, are increasing in frequency. The increased frequency has caused administrators to focus on mental health to best meet the students' needs on a continual basis. School principals report working with other professionals to address these concerns when they arise. Administrators often indicated that

creating a school-based team to address mental health barriers to learning was extraordinarily beneficial. Also, those in smaller districts discussed having a district team, as well. School principals can lead the effort to address mental health barriers to learning in their schools and districts. One interviewee reminded the researcher that mental health “had changed my role. If not me, then who?” School principals should realize the impact they can have on learning barriers in their schools, especially mental health. With the development of an effective team, professionals quickly address mental health concerns when they arise in students. As an organizer of the team, a school principal can work together to determine who is best to assist when these situations arise.

As the primary grades see an increase in mental health concerns, teachers’ comfort levels have increased in addressing mental health. This increased comfort likely comes from the administrators’ realization of mental health’s seriousness and the support they provide to the teachers and staff. Principals who support their staff and students when mental health concerns arise will likely see more positivity from the adults involved. Additionally, finding ways to focus on student mental health from the school counselor, whether through the curriculum and counselor lessons or through group or individual counseling sessions from the school counselor, should also be a priority. As many of the administrators indicated, RAMP certification is not a priority, but it is essential to follow a school-model like ASCA. These models help guide how best to address mental health concerns when they arise in the school setting. School principals should likewise continue to consult with their peers and find ways to best address students with mental health concerns. Continual collaboration can be a daunting task, but with the appropriate individuals working towards combatting mental health, students, parents, school personnel, and administrators will feel more comfortable when these concerns arise.

The survey's open-ended responses provided additional insight for the researcher to analyze to determine administrator perceptions on mental health. Also, the open-ended responses demonstrated how mental health barriers to learning are defined, how mental health has impacted administrators' thoughts on education, and how mental health has impacted their schools. Moving forward, administrators should continue the conversation regarding the mental health of their peers and staff to determine how best to help students when barriers arise. Additionally, making connections within the community is necessary, particularly in areas that the families lack resources outside of school to address mental health. According to the administrators' responses, current administrators understand that a focus on mental health barriers is necessary if schools teach students to their fullest abilities.

As Wood et al. (2014) discuss, principals who have a more positive outlook on students with mental health concerns tend to react more positively than their peers who do not (p. 27). This study demonstrates that administrators have a positive outlook on assisting students and families with mental health concerns and are placing significant pressure on themselves to do so. Administrators demonstrated through their responses that mental health plays a significant role in their schools, and those who are struggling to address mental health have key resources, such as outside agencies, that they can turn to.

Recommendations for Future Research

This research paper's initial intent was to determine what school administrators of grades kindergarten through eighth grade have done to support student mental health in schools. The data from this study indicate that school principals acknowledge that mental health barriers to learning are increasing in the primary and middle-grade levels. Additionally, school principals are spending more time implementing strategies to help students and staff address these

concerns. As this study concluded, administrators partner with outside agencies, implement school-based teams, and utilize school-models' components to address mental health.

In the time that this research study took to complete, the educational landscape of schools was altered due to the CoVID19 pandemic. Schools were forced to close their buildings and opt for remote learning strategies for months. This study's survey was conducted before the school closures, while the interviews were conducted after. As such, some administrators were concerned about both students' and staff's mental health during and after the pandemic. This study did not address these concerns. Therefore, a comparison between what administrators were faced with before, during, and following the pandemic, related to mental health concerns, would be an appropriate follow-up study.

Another result of the study was that districts in the same area have vastly different access to outside resources, particularly in more rural areas. An exploration of the differences in access to outside agencies to address mental health in schools would provide further data for what administrators can support mental health. As some districts have limited access to outside agencies, this can limit the actions taken by school administrators. Additionally, determining how parents react to mental health concerns in their children, particularly when the school first learns of the concern, would add to the research on what administrators can accomplish.

As schools continue to manage more significant mental health concerns at the elementary and middle levels, further research should be conducted to determine the effectiveness of the actions administrators take to address mental health. Research on administrator action's effectiveness would provide current principals with additional ideas that could be implemented in their schools to address mental health.

Summary

The research conducted in this study determined that school administrators manage mental health barriers to learning at a greater frequency than expected. School principals are, therefore, feeling significant pressure from many stakeholders. In turn, administrators are placing significant pressure on themselves to ensure students' needs are met. To meet those needs, principals lead their district and school-based teams, working with the school counselor, utilizing outside agencies' services, and utilizing school-model components to address mental health. As mental health concerns continue to grow in the elementary and middle-grade levels, this research can contribute to what initial steps school administrators can take to address this barrier to learning.

REFERENCES

- Alegria, M., Atkins, M., Farmer, E., Slaton, E., & Stelk, W. (2010). One size does not fit all: Taking diversity, culture and context seriously. *Administration and Policy in Mental Health and Mental Health Services Research, 37*(1-2), 48-60.
- Astramovich, R. L., Hoskins, W. J., & Bartlett, K. A. (2010). *Rethinking the organization and delivery of counseling in schools*.
https://www.counseling.org/resources/library/VISTAS/2010-V-Online/Article_78.pdf
- Atkins, M. S., Hoagwood, K. E., Kutash, K., & Seidman, E. (2010). Toward the integration of education and mental health in schools. *Administration and Policy in Mental Health and Mental Health Services Research, 37*(1-2), 40-47.
- Bains, R. M., & Diallo, A. F. (2016). Mental health services in school-based health centers: Systematic review. *Journal of School Nursing, 32*(1), 8–19. Retrieved from
<http://search.ebscohost.com.marshall.idm.oclc.org/login.aspx?direct=true&db=eric&AN=EJ1087360&site=ehost-live>
- Basch, C. E. (2011). Healthier students are better learners: A missing link in school reforms to close the achievement gap. *The Journal of School Health, 81*(10), 593-598.
- Blau, G. M., Huang, L. N., & Mallery, C. J. (2010). Advancing efforts to improve children's mental health in America: A commentary. *Administration and Policy in Mental Health and Mental Health Services Research, 37*(1-2), 140-144.
- Brigman, G. A., Webb, L. D., & Campbell, C. (2007). Building skills for school success: Improving the academic and social competence of students. *Professional School Counseling, 10*(3), 279-288.
[doi:http://dx.doi.org.marshall.idm.oclc.org/10.5330/prsc.10.3.v850256191627227](http://dx.doi.org.marshall.idm.oclc.org/10.5330/prsc.10.3.v850256191627227)

- Buckner, J. C. (2008). Understanding the impact of homelessness on children. *American Behavioral Scientist*, 51(6), 721-736.
- Carey, J., & Dimmitt, C. (2012). School counseling and student outcomes: Summary of six statewide studies. *Professional School Counseling*, 16(2), 146-153.
- Carrell, S. E., & Carrell, S. A. (2006). Do lower student to counselor ratios reduce school disciplinary problems? *Journal of Economic Analysis and Policy: Contributions to Economic Analysis and Policy*, 5(1), 1-24.
- Center for Mental Health in Schools at UCLA, University of California, Los Angeles. (2011). *What do principals say about their work? Implications for addressing barriers to learning and school improvement*. Retrieved from <http://smhp.psych.ucla.edu/pdfdocs/principalessay.pdf>
- Centers for Disease Control and Prevention (CDC). (2015). Results from the school health policies and practices study 2014. Atlanta. GA. Retrieved from <https://www-cdc-gov.marshall.idm.oclc.org/healthyouth/data/shpps/results.htm>
- Creswell, J.W. 2014. *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed). Thousand Oaks, CA: Sage Publications.
- Cuellar, A. (2015). Preventing and treating child mental health problems. *Future of Children*, 25(1). Retrieved from <https://search-proquest-com.marshall.idm.oclc.org/docview/1732569035?accountid=12281>
- Dahir, C. A., & Stone, C. B. (2009). School counselor accountability: The path to social justice and systemic change. *Journal of Counseling & Development*, 87(1), 12-20.

- Daly, B. P., Burke, R., Hare, I., Mills, C., Owens, C., Moore, E., & Weist, M. D. (2006). Enhancing no child left behind-school mental health connections. *The Journal of School Health, 76*(9), 446-51. Retrieved from <https://search-proquest-com.marshall.idm.oclc.org/docview/215674996?accountid=12281>
- DeKruyf, L., Auger, R. W., & Trice-Black, S. (2013). The role of school counselors in meeting students' mental health needs: Examining issues of professional identity. *Professional School Counseling, 16*(5), 271-282.
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, T. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development, 82*(1), 405-432.
- Dykeman, C. (1994). *Elementary School Student Mental Health Needs Assessment: Implications for School Counseling Research and Practice*. Retrieved from <http://search.ebscohost.com.marshall.idm.oclc.org/login.aspx?direct=true&db=eric&AN=ED378488&site=ehost-live>
- Eagle, J. W., Dowd-Eagle, S. E., Snyder, A., & Holtzman, E. G. (2015). Implementing a multi-tiered system of support (MTSS): Collaboration between school psychologists and administrators to promote systems-level change. *Journal of Educational and Psychological Consultation, 25*(2), 160-177.
- Elliot, L. (2018). District partners support students' mental health. *Phi Delta Kappan, 99*(5), 47-50.

- Evans-Lacko, S., Takizawa, R., Brimblecombe, N., King, D., Knapp, M., Maughan, B., & Arseneault, L. (2017). Childhood bullying victimization is associated with use of mental health services over five decades: A longitudinal nationally representative cohort study. *Psychological Medicine, 47*(1), 127-135.
doi:<http://dx.doi.org.marshall.idm.oclc.org/10.1017/S0033291716001719>
- Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2013). Violence, crime, and abuse exposure in a national sample of children and youth: An update. *JAMA Pediatrics, 167*(7), 614-621.
- Fixsen, D. L., Blase, K., Naoom, S., Metz, A., Louison, L., & Ward, C. (2015). *Implementation Drivers: Assessing Best Practices*. Chapel Hill, NC: National Implementation Research Network, University of North Carolina at Chapel Hill.
- Fobbs, E., Mays, A., & Rayburn, J. (2016). New opportunities to support student health under ESSA. *National Association of State Boards of Education Policy Update, 23*(15), 1-2.
- Ford, D. Y., & Kea, C. D. (2009). Creating culturally responsive instruction: For students' and teachers' sakes. *Focus on Exceptional Children, 41*(9), 1-16
- Forness, R. S., Kim, J., & Walker, M. H. (2012). Prevalence of students with EBD: Impact on general education. *Beyond Behavior, 21*(2), 3-10. Retrieved from <https://search-proquest-com.marshall.idm.oclc.org/docview/1037909271?accountid=12281>
- Foti, K. E., Balaji, A. B., & Shanklin, S. L. (2011). Uses of youth risk behavior survey and school health profiles data: Applications for improving adolescent and school health. *Journal of School Health, 81*(6), 345-354.

- Frauenholtz, S., Mendenhall, A. N., & Moon, J. (2017). Role of school employees' mental health knowledge in interdisciplinary collaborations to support the academic success of students experiencing mental health distress. *Children & Schools, 39*(2), 71-79.
- Froese-Germain, B., & Riel, R. (2012). Understanding teachers' perspectives on student mental health: Findings from a national survey. *Canadian Teachers' Federation*. Retrieved from <http://search.ebscohost.com.marshall.idm.oclc.org/login.aspx?direct=true&db=eric&AN=ED544259&site=ehost-live>
- Gruman, D. H., & Hoelzen, B. (2011). Determining responsiveness to school counseling interventions using behavioral observations. *Professional School Counseling 14*(3), 183-190.
- Hemmen, J., Edmonson, S., & Slate, J. R. (2009). Standards for school leadership programs: A conceptual analysis. *International Journal of Educational Leadership Preparation, 4*(2), 12. Retrieved from <https://search-proquest-com.marshall.idm.oclc.org/docview/1720063323?accountid=12281>
- Home | American School Counselor Association (ASCA). (n.d.). Retrieved March 03, 2019, from <https://www.schoolcounselor.org/>
- Hunt, P., Barrios, L., Telljohann, S. K., & Mazyck, D. (2015). A whole school approach: Collaborative development of school health policies, processes, and practices. *Journal of School Health, 85*(11), 802-809.
- Hurwitz, L. H. , & Weston, L. (2010). Using coordinated school health to promote mental health for all students. *National Assembly on School-Based Health Care*. Retrieved from cshca-wpengine.netdna-ssl.com/wp-content/uploads/2011/07/NASBHC.CSH-Mental-Health.pdf.

- Jones, S. M., Hoglund, W. L. G., Brown, J. L., & Aber, J. L. (2010). A school-randomized clinical trial of an integrated social-emotional learning and literacy intervention: Impacts after 1 school year. *Journal of consulting and clinical psychology, 78*(6), 829-842.
- Kato, N., Yanagawa, T., Fujiwara, T., & Morawska, A. (2015). Prevalence of children's mental health problems and the effectiveness of population-level family interventions. *Journal of Epidemiology, 25*(8), 507-516.
doi:<http://dx.doi.org.marshall.idm.oclc.org/10.2188/jea.JE20140198>
- Knopf, D., Park, M. J., & Mulye, T. P. (2008). The mental health of adolescents: A national profile. National Adolescent Health Information Center, University of California, San Francisco.
- Lagana-Riordan, C., & Aguilar, J. P. (2009). What's missing from no child left behind? A policy analysis from a social work perspective. *Children & Schools, 31*(3), 135-144.
doi:<http://dx.doi.org.marshall.idm.oclc.org/10.1093/cs/31.3.135>
- Langley, A. K., Nadeem, E., Kataoka, S. H., Stein, B. D., & Jaycox, L. H. (2010). Evidence-based mental health programs in schools: Barriers and facilitators of successful implementation. *School Mental Health, 2*(3), 105-113.
doi:<http://dx.doi.org.marshall.idm.oclc.org/10.1007/s12310-010-9038-1>
- Lewallen, T. C., Hunt, H., Potts-Datema, W., Zaza, S., & Giles, W. (2015). The whole school, whole community, whole child model: A new approach for improving educational attainment and healthy development for students. *Journal of School Health, 85*(11), 729-739.
- Mason, C. E., & McMahon, G. H. (2009). Leadership practices of school counselors. *Professional School Counseling, 13*(2), 107-115.

- McCormick, M. P., Cappella, E., O'Connor, E. E., & McClowry, S. G. (2015). Social-emotional learning and academic achievement: Using causal methods to explore classroom-level mechanisms. *AERA Open*, *1*(3), 1-26. Retrieved from <http://doi.org.marshall.idm.oclc.org/10.1177/2332858415603959>
- McKinney, S. (2014). The Relationship of Child Poverty to School Education. *Improving Schools*, *17*(3), 203-216.
- McLaughlin, C., & Clarke, B. (2010). Relational matters: A review of the impact of school experience on mental health in early adolescence. *Educational and Child Psychology*, *27*(1), 91-103.
- Mellin, E. A. (2009). Responding to the crisis in children's mental health: Potential roles for the counseling profession. *Journal of Counseling & Development*, *87*(4), 501-506.
- Murray, S. D., Hurley, J., & Ahmed, S. R. (2015). Supporting the whole child through coordinated policies, processes, and practices. *Journal of School Health*, *85*(11), 795-801.
- National Association of Secondary School Principals. (2018). Mental health in middle level and high schools [Position statement]. https://www.nassp.org/wordpress/wp-content/uploads/2019/01/NASSP18ADV-0005_PositionStatements_MentalHealth_P1a-1.pdf
- Nielsen, L., Meilstrup, C., Nelausen, M. K., Koushede, V., & Holstein, B. E. (2015). Promotion of social and emotional competence: Experiences from a mental health intervention applying a whole school approach. *Health Education*, *115*(3), 339-356.
- Perfect, M. M., & Morris, R. J. (2011). Delivering school-based mental health services by school psychologists: education, training, and ethical issues. *Psychology in the Schools*, *48*(10), 1049-1063.

- Perkins, G., Oescher, J., & Ballard, M. B. (2010). The evolving identity of school counselors as defined by the stakeholders. *Journal of School Counseling, 8*(31).
- Perkinson-Gloor, N., Lemola, S., & Grob, A. (2013). Sleep duration, positive attitude toward life, and academic achievement: The role of daytime tiredness, behavioral persistence, and school start times. *Journal of adolescence, 36*(2), 311-318.
- Puskar, K. R., & Bernardo, L. M. (2007). Mental health and academic achievement: Role of school nurses. *Journal for Specialists in Pediatric Nursing, 12*(4), 215-223. Retrieved from <https://search-proquest-com.marshall.idm.oclc.org/docview/68427286?accountid=12281>
- Reback, R. (2010). Schools' mental health services and young children's emotions, behavior, and learning. *Journal of Policy Analysis and Management, 29*(4), 698-725.
- Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly, 26*(1), 1-13. Retrieved from <https://search-proquest-com.marshall.idm.oclc.org/docview/864939414?accountid=12281>
- Reivich, K. (2010). Self-Efficacy: Helping children believe they can succeed. *Communique Handout, 39*(3), 1-4.
- Rooney, L. E., Videto, D. M., & Birch, D. A. (2015). Using the whole school, whole community, whole child model: Implications for practice. *Journal of School Health, 85*(11), 817-823.
- Rothstein, R., & Jacobsen, R. (2006). The goals of education. *Phi Delta Kappan, 88*(4), 264-272. Retrieved from <https://search-proquest-com.marshall.idm.oclc.org/docview/62033710?accountid=12281>

- Shaunessy-Dedrick, E., Evans, L., Ferron, J., & Lindo, M. (2015). Effects of Differentiated Reading on Elementary Students' Reading Comprehension and Attitudes toward Reading. *Gifted Child Quarterly*, 59(2), 91-107.
- Simpson, G. A., Cohen, R. A., Pastor, P. N., & Reuben, C. A. (2008). Use of mental health services in the past 12 months by children aged 4-17 years: United states, 2005-2006. *NCHS Data Brief*, (8), 1-8. Retrieved from <https://search-proquest-com.marshall.idm.oclc.org/docview/66711937?accountid=12281>
- Skalski, A. K., & Smith, M. J. (2006). Responding to the mental health needs of students. *Principal Leadership*, 7(1), 12-15.
- Splett, J. W., Fowler, J., Weist, M. D., McDaniel, H., & Dvorsky, M. (2013). The critical role of school psychology in the school mental health movement. *Psychology in the Schools*, 50(3), 245-258.
- Stagman, S., & Cooper, J. L. (2010). Children's mental health: What every policy maker should know. National Center for Children in Poverty. Retrieved from: http://www.nccp.org/publications/pdf/text_929.pdf
- Suldo, S. M., & Shaffer, E. J. (2008). Looking beyond psychopathology: The dual-factor model of mental health in youth. *School Psychology Review*, 37(1), 52-68. Retrieved from <https://search-proquest-com.marshall.idm.oclc.org/docview/622251776?accountid=12281>
- Tan, L., Chen, J., Xia, T., & Hu, J. (2018). Predictors of suicidal ideation among children and adolescents: Roles of mental health status and meaning in life. *Child & Youth Care Forum*, 47(2), 219-231.

- Tillery, A. D., Varjas, K., Meyers, J., & Collins, A. S. (2010). General education teachers' perceptions of behavior management and intervention strategies. *Journal of Positive Behavior Interventions, 12*(2), 86-102.
- Trussell, R. P. (2008). Classroom universals to prevent problem behaviors. *Intervention in School and Clinic, 43*(3), 179-185.
- Van Velsor, P. (2009). School counselors as social-emotional learning consultants: Where do we begin? *Professional School Counseling, 13*(1), 50-58.
- Whitely, J. (2010). The Role of Educational Leaders in Supporting the Mental Health of All Students. *Exceptionality Education International, 20*(2), 55-69.
- Wood, P., Evans, D., & Spandagou, I. (2014). Attitudes of principals towards students with disruptive behaviour: An Australian perspective. *Australasian Journal of Special Education, 38*(1), 14-33.
- Woodbridge, M. W., Yu, J., Goldweber, A., Golan, S., & Stein, B. (2015). California K-12 school and community collaborations: Facilitators, challenges, and impact on student mental health. Rand Corporation. Retrieved from:
<http://search.ebscohost.com.marshall.idm.oclc.org/login.aspx?direct=true&db=eric&AN=ED561186&site=ehost-live>
- World Health Organization. (2004). Prevention of mental disorders: Effective interventions and policy options. Summary Report. Geneva: Author.

APPENDIX A: IRB APPROVAL



www.marshall.edu

Office of Research Integrity Institutional Review Board One John
Marshall Drive Huntington, WV 25755

February 12, 2020

Thomas Hisiro, Ed.D
College of Education and Professional Development

RE: IRBNet ID# 1547815-1

At: Marshall University Institutional Review Board #2 (Social/Behavioral) Dear Dr. Hisiro:

FWA 00002704

IRB1 #00002205

IRB2 #00003206

Protocol Title: [1547815-1] School Administrator Perceptions and Actions Toward Eliminating
Mental Health Factors to Learning in the K-8 Grade Levels

Site Location: MU

Submission Type: New Project APPROVED

Review Type: Exempt Review

In accordance with 45CFR46.104(d)(2), the above study was granted Exempted approval today by the Marshall University Institutional Review Board #2 (Social/ Behavioral) Chair/Designee. No further submission (or closure) is required for an Exempt study unless there is an amendment to the study. All amendments must be submitted and approved by the IRB Chair/Designee.

This study is for student Andrew C. Teti.

If you have any questions, please contact the Marshall University Institutional Review Board #2 (Social/ Behavioral) Coordinator Anna Robinson at (304) 696-2477 or robinsonn1@marshall.edu. Please include your study title and reference number in all correspondence with this office.

Sincerely,

A handwritten signature in blue ink that reads 'Bruce F. Day'.

Bruce F. Day, ThD, CIP
Director, Office of Research Integrity

APPENDIX B: IRB AMENDMENT APPROVAL



www.marshall.edu

Office of Research Integrity Institutional Review Board One John
Marshall Drive Huntington, WV 25755

May 12, 2020

Thomas Hisiro, Ed.D
College of Education and Professional Development

RE: IRBNet ID# 1547815-2

At: Marshall University Institutional Review Board #2 (Social/Behavioral) Dear Dr. Hisiro:

FWA 00002704

IRB1 #00002205

IRB2 #00003206

Protocol Title: [1547815-2] School Administrator Perceptions and Actions Toward Eliminating
Mental Health Factors to Learning in the K-8 Grade Levels

Site Location: MU

Submission Type: Amendment/Modification APPROVED

Review Type: Exempt Review

The amendment to the above listed study was approved today by the Marshall University
Institutional Review Board #2 (Social/Behavioral) Designee. This amendment is to add a phone
interview to the study.

This study is for student Andrew C. Teti.

If you have any questions, please contact the Marshall University Institutional Review Board #2
(Social/ Behavioral) Coordinator Anna Robinson at (304) 696-2477 or robinsonn1@marshall.edu.
Please include your study title and reference number in all correspondence with this office.

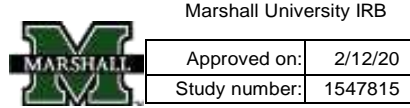
Sincerely,

A handwritten signature in blue ink that reads 'Bruce F. Day'.

Bruce F. Day, ThD, CIP
Director, Office of Research Integrity

APPENDIX C: ANONYMOUS SURVEY CONSENT

Anonymous Survey Consent



You are invited to participate in a research project entitled “School Administrator Perceptions and Actions Toward Eliminating Mental Health Factors to Learning in the K- 8 Grade Levels” designed to analyze administrator perceptions regarding mental health factors that affect student learning and how those perceptions impact administrator strategies toward combatting this particular barrier to learning. The study is being conducted by Dr. Thomas Hisiro and Andrew Teti from Marshall University and has been approved by the Marshall University Institutional Review Board (IRB). This research is being conducted as part of the dissertation requirement for Andrew Teti.

This survey is comprised of multiple choice, Likert Scale, and three open ended questions. Your replies will be anonymous, so do not type your name anywhere on the form. There are no known risks involved with this study. Participation is completely voluntary and there will be no penalty or loss of benefits if you choose to not participate in this research study or to withdraw. If you choose not to participate you can leave the survey site. You may choose to not answer any question by simply leaving it blank.

Once you complete the survey you can delete your browsing history for added security. Completing the on-line survey indicates your consent for use of the answers you supply. If you have any questions about the study you may contact Dr. Thomas Hisiro at (304) 746-2516, or Andrew Teti at (412) 498-2653.

If you have any questions concerning your rights as a research participant you may contact the Marshall University Office of Research Integrity at (304) 696-4303.

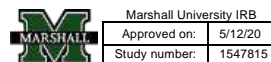
By completing this survey you are also confirming that you are **18** years of age or older.

Please print this page for your records.

If you choose to participate in the study you will find the survey at www.xxxxxxx.com

APPENDIX D: CONSENT TO PARTICIPATE IN THE INTERVIEW

Consent to Participate in Research – Verbal Presentation



Hello, my name is Andrew Teti. You have been chosen at random to be in a study about how public-school principals who administer grades kindergarten through eighth grade, or any variation of those grade levels, view mental health barriers to learning and what actions they have taken to assist students struggling with mental health. This study involves research. The purpose of this research study is to understand the steps administrators have taken to assist students with mental health concerns in grades kindergarten through eighth. This will take approximately 30 to 45 minutes of your time. If you choose to be in the study, I will ask interview questions to gain an understanding of your perceptions of and actions toward mental health and you will be expected to answer honestly.

There are no foreseeable risks or benefits to you for participating in this study. There is no cost or payment to you. If you have questions while taking part, please stop me and ask. Your responses will remain confidential. I will not record the interview but will take notes.

If you have questions about this research study, you may call Dr. Tom Hisiro at 304-746-2516 and they will answer your questions. If you feel as if you were not treated well during this study, or have questions concerning your rights as a research participant call the Marshall University Office of Research Integrity (ORI) at (304) 696-4303.

Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop. May I continue?

APPENDIX E: SURVEY

School Administrator Perceptions and Actions Toward Reducing Mental Health Factors to Learning in the K-8 Grade Levels

Part A: Demographic Data

1. Please indicate the number of years you have been an administrator overall:
2. Please indicate the grade levels in your school:
 - 2.1. K
 - 2.2. 1
 - 2.3. 2
 - 2.4. 3
 - 2.5. 4
 - 2.6. 5
 - 2.7. 6
 - 2.8. 7
 - 2.9. 8
3. How many students were enrolled in your school at the beginning of the 2019-2020 school year?
 - 3.1. <249
 - 3.2. 250-499
 - 3.3. 500-749
 - 3.4. 750-999
 - 3.5. 1000-1249
 - 3.6. 1250-1499
 - 3.7. 1500+
4. Please indicate the number of full-time school counselors in your building:
 - 4.1. 0
 - 4.2. 1
 - 4.3. 2
 - 4.4. 3
 - 4.5. 4
 - 4.6. 5
 - 4.7. 6+
5. Please indicate the type of demographic area(s) your school serves:
 - 5.1. Suburban
 - 5.2. Rural
 - 5.3. Urban

Part B: Directions: Answer the following questions using the multiple-choice options.

6. How often are you addressing mental health barriers to learning?
 - 6.1. Never
 - 6.2. Rarely
 - 6.3. Occasionally
 - 6.4. Often
7. How important is it to combat mental health barriers to learning in your school and/or district?
 - 7.1. Not Important
 - 7.2. Little Importance
 - 7.3. Moderately Important
 - 7.4. High Importance
8. How important is it to focus on educating the whole child?
 - 8.1. Not Important
 - 8.2. Little Importance
 - 8.3. Moderately Important
 - 8.4. High Importance
9. How important is it to you that your teaching staff is educated and skilled in handling student mental health concerns?
 - 9.1. Not Important
 - 9.2. Little Importance
 - 9.3. Moderately Important
 - 9.4. High Importance
10. Have your teachers reacted positively to managing student mental health concerns?
 - 10.1. Never
 - 10.2. Rarely
 - 10.3. Occasionally
 - 10.4. Often

Part C: Directions: Please respond to each of the following questions.

11. To what extent have you felt pressure to address student mental health concerns from each of the entities/individuals listed below?

11.1.	Community Extremely	NA	Slightly	Somewhat	Moderately
11.2.	School Counselor Extremely	NA	Slightly	Somewhat	Moderately
11.3.	Students Extremely	NA	Slightly	Somewhat	Moderately
11.4.	Teachers Extremely	NA	Slightly	Somewhat	Moderately
11.5.	Superintendent Extremely	NA	Slightly	Somewhat	Moderately
11.6.	School Board Extremely	NA	Slightly	Somewhat	Moderately
11.7.	Parents Extremely	NA	Slightly	Somewhat	Moderately
11.8.	Self Extremely	NA	Slightly	Somewhat	Moderately
11.9.	If you have felt pressure from any other entities/individuals, please elaborate: _____				

12. Mental health concerns are best addressed by... (choose all that apply)

- 12.1. the teacher
- 12.2. the school counselor
- 12.3. a team of school professionals
- 12.4. a team of school professionals and the student's parents/guardians
- 12.5. an outside agency
- 12.6. school nurse
- 12.7. district administration
- 12.8. school administration
- 12.9. other: _____

13. What steps have you taken individually or with district administration to address student mental health factors to learning? (check all that apply)

- 13.1. Worked with the school counselor(s) to implement an American School Counselor Association (ASCA) model
- 13.2. Became a Recognized ASCA Model Program (RAMP) School
- 13.3. Worked with school nurses to identify how physical symptoms may impact mental health
- 13.4. Invited outside agencies to provide professional development to staff
- 13.5. Implemented mindfulness activities for students
- 13.6. Provided opportunities for parents to learn more about mental health struggles in students through speaking engagements from outside experts

- 13.7. Partnered with an outside agency to provide therapy to students during school hours
- 13.8. Partnered with/work with a social worker
- 13.9. Worked toward decreasing the student to school counselor ratio in your school/district
- 13.10. Worked with central office administration to determine next steps in addressing mental health struggles in students
- 13.11. Researched best practices in combatting mental health barrier to learning
- 13.12. Provided therapy animal(s) for students and staff

Part D: Directions: Please complete each table below based upon the statement provided.

14. Using the scale provided, indicate the importance of each of the following steps when focusing on student mental health

- | | Not at all | Slightly | Somewhat | Moderately | Extremely |
|--------|------------|----------|----------|------------|-----------|
| 14.1. | | | | | |
| 14.2. | | | | | |
| 14.3. | | | | | |
| 14.4. | | | | | |
| 14.5. | | | | | |
| 14.6. | | | | | |
| 14.7. | | | | | |
| 14.8. | | | | | |
| 14.9. | | | | | |
| 14.10. | | | | | |
| 14.11. | | | | | |
| 14.12. | | | | | |

15. Please mark to include each of the following that you have access to on a daily/weekly basis:

- 15.1. School Counselor
- 15.2. Itinerant School Counselor
- 15.3. Social Worker
- 15.4. Outside Therapist
- 15.5. Permanent School Nurse
- 15.6. Itinerant School Nurse
- 15.7. District Mental Health Specialist
- 15.8. Outside Agency Focusing on Mental Health
- 15.9. Who do you not have access to that you feel you need access to?

Part E: Please respond to each question in one to three sentences:

- 16. In your own words, please define “mental health barrier to learning.”
- 17. How have students with mental health struggles altered your thoughts on educating students?
- 18. In what ways has mental health impacted student learning in your school?

APPENDIX F: INTERVIEW PROTOCOL

INTERVIEW PROTOCOL

School Administrator Perceptions and Actions Toward Reducing Mental Health Factors to Learning

Name: _____ **Title:** _____
Date: _____

As a school administrator of students that fall in the kindergarten through eighth grade range, you are in a unique position to provide insight into some of the challenges you have faced in regards to addressing student mental health factors to learning. As mental health factors continue to rise in the academic setting, administrators are faced with focusing on a multitude of situations that can disrupt students; learning. As an doctoral candidate with Marshall University and a current elementary school administrator, my goal is to use interview results as a way to inform other administrators of how their peers' perceptions of mental health factors to learning influence the decisions made to address those concerns in the school setting. In other words, I am interested in determining how students can be assisted in the future when mental health concerns arise.

The information you provide in this interview will be integrated with that of other interviewees, as well as a recently conducted survey, and provide the basis for these recommendations. My interest is in learning from your experiences as an administrator and educator. I anticipate the interview will take 30-45 minutes.

PRESSURES TO ADDRESS MENTAL HEALTH FACTORS IN THE SCHOOL

1. To begin, I would like you to think about the stakeholders, individuals, and groups who are in your school and have influence on your school. Which individuals or groups have you felt pressure from to address mental health in the schools and why do you think they are the most vocal?
 - Community Members, School Counselor, Students, Teachers, District Administration, School Board, Parents
 - Do you place pressure on yourself?
 - How have you responded?

ADMINISTRATOR ACTIONS TOWARD ADDRESSING MENTAL HEALTH

2. School administrators are faced with extremely demanding and time-consuming schedules. With so many responsibilities and little time to address new initiatives and concerns, how have you found time to and what have you specifically done to address mental health?
 - Why?

- How was it received?
 - What were the next steps you took?
 - Any focus on Teacher mental health?
 - What do you feel you still need to do?
3. In relation to the last question, should mental health be a focus of school administrators?
- Which individuals or groups in the school should address mental health?
 - Teachers, SAP Team, School Counselor, School Psychologist, Outside Therapist, Parents, District administration
 - Who do you feel you still need access to in order to effectively address mental health in your school?

ROLE OF THE SCHOOL COUNSELOR

4. Talk about the ideal role of the school counselor. As the role of school counselors has changed over the last 20 or so years, expectations from administrators have varied. How is your counselor(s) utilized and is there anything you wish you could do to change that role?
- What is keeping you from making the change?
 - Do you feel the amount of counselor(s) you have can adequately meet the needs of the students?
 - How could the counselor better address the needs of students?

SPECIFIC SCHOOL/INDIVIDUAL CONCERNS

5. Schools are not immune to mental health concerns. Can you discuss how your school has been specifically impacted by mental health concerns in students?
- Professional Development
 - Staffing
 - Individual families that have needed additional supports
6. Specific situations and trends in education can dramatically affect how we feel about our roles as administrators. How has mental health change your thoughts on being an administrator and educating students?
- Personal PD
 - Changes in priorities

IN CONCLUSION

You have been most patient, thoughtful, and reflective in your responses. Do you have any other comments, observations, or suggestions that you would like to contribute?

THANK YOU SO MUCH FOR YOUR TIME AND WILLINGNESS TO BE A PART OF THIS STUDY.

**APPENDIX G: IMPORTANCE OF SCHOOL ACTIONS WHEN FOCUSING ON
STUDENT MENTAL HEALTH ISSUES BY GRADE LEVELS**

Table 12

Importance of School Actions when Focusing on Student Mental Health Issues by Grade Levels

	<u>Slightly</u>		<u>Somewhat</u>		<u>Moderately</u>		<u>Extremely</u>	
	n	%	n	%	n	%	n	%
1. Identification of mental health barrier early								
w K-3	-	-	-	-	1	7.1	13	92.9
w/o K-3	-	-	-	-	5	33.3	10	66.7
2. Students working with the school counselor(s)								
w K-3	-	-	2	14.3	4	28.9	8	57.1
w/o K-3	-	-	-	-	11	73.3	4	26.7
3. Students working with an outside therapist								
w K-3	-	-	1	7.1	6	42.9	7	50.0
w/o K-3	-	-	-	-	10	66.7	5	33.3
4. Educating parents								
w K-3	-	-	1	7.1	4	28.6	9	64.3
w/o K-3	-	-	-	-	6	40.0	9	60.0
5. Educating staff								
w K-3	-	-	-	-	3	21.4	11	78.6
w/o K-3	-	-	-	-	4	26.7	11	73.3
6. Identification of a school-model (such as ASCA) to address mental health								
w K-3	1	7.1	3	21.4	5	35.7	5	35.7
w/o K-3	-	-	4	26.7	10	66.7	1	6.7
7. Identification of other factors that affect student mental health								
w K-3	-	-	1	7.1	6	42.9	7	50.0
w/o K-3	-	-	2	13.3	8	53.3	5	33.3
8. Having a school and district plan for focusing on								

mental health barriers								
w K-3	-	-	-	-	5	35.7	9	64.3
w/o K-3	-	-	1	6.7	8	53.3	6	40.0
9. Focusing on teacher mental health								
w K-3	-	-	2	14.3	7	50.0	5	35.7
w/o K-3	-	-	2	13.3	9	60.0	4	26.7
10. Partnering with outside agencies								
w K-3	-	-	1	7.1	1	7.1	12	85.7
w/o K-3	-	-	1	6.7	6	40.0	8	53.3
11. Administration increasing knowledge through ongoing professional development								
w K-3	-	-	-	-	6	42.9	8	57.1
w/o K-3	-	-	1	6.7	9	60.0	5	33.3
12. Creating a school team to address students in crisis								
w K-3	-	-	1	7.1	4	28.6	9	64.3
w/o K-3	-	-	-	-	6	40.0	9	60.0

N=29 w/o K-3=Did not include grade K-3. w K-3=Includes grades K-3

**APPENDIX H: IMPORTANCE OF SCHOOL ACTIONS WHEN FOCUSING ON
STUDENT MENTAL HEALTH ISSUES BY ADMINISTRATOR**

Table 16

Importance of School Actions when Focusing on Student Mental Health Issues by Administrator Experience

Action/Experience	<u>Slightly</u>		<u>Somewhat</u>		<u>Moderately</u>		<u>Extremely</u>	
	n	%	n	%	n	%	n	%
1. Identification of mental health barrier early								
1-10 years	-	-	-	-	4	28.6	10	71.4
11-37 years	-	-	-	-	2	14.3	12	85.7
2. Students working with the school counselor(s)								
1-10 years	-	-	1	7.1	6	42.9	7	50.0
11-37 years	-	-	1	7.1	9	64.3	4	28.6
3. Students working with an outside therapist								
1-10 years	-	-	-	-	9	64.3	5	35.7
11-37 years	-	-	1	7.1	7	50.0	6	42.9
4. Educating parents								
1-10 years	-	-	-	-	4	28.6	10	71.4
11-37 years	-	-	1	7.1	5	35.7	8	57.1
5. Educating staff								
1-10 years	-	-	-	-	2	14.3	12	85.7
11-37 years	-	-	-	-	5	35.7	9	64.3
6. Identification of a school-model (such as ASCA) to address mental health								
1-10 years	1	7.1	4	28.6	8	57.1	1	7.1
11-37 years	-	-	3	21.4	7	50.0	4	28.6
7. Identification of other factors that affect student mental health								
1-10 years	-	-	-	-	7	50.0	7	50.0
11-37 years	-	-	3	21.4	6	42.9	5	35.7
8. Having a school and district plan for focusing on								

mental health barriers								
1-10 years	-	-	-	-	7	50.0	7	50.0
11-37 years	-	-	1	7.1	6	42.9	7	50.0
9. Focusing on teacher mental health								
1-10 years	-	-	-	-	11	78.6	3	21.4
11-37 years	-	-	4	28.6	5	35.7	5	35.7
10. Partnering with outside agencies								
1-10 years	-	-	-	-	4	28.6	10	71.4
11-37 years	-	-	2	14.3	3	21.4	9	64.3
11. Administration increasing knowledge through ongoing professional development								
1-10 years	-	-	-	-	8	57.1	6	42.9
11-37 years	-	-	1	7.1	7	50.0	6	42.9
12. Creating a school team to address students in crisis								
1-10 years	-	-	-	-	6	42.9	8	57.1
11-37 years	-	-	1	7.1	4	28.6	9	64.3
<hr/>								
N=29								

APPENDIX I: IMPORTANCE OF SCHOOL ACTIONS WHEN FOCUSING ON STUDENT MENTAL HEALTH ISSUES BY THE NUMBER OF COUNSELORS IN THE SCHOOL

Table 20

Importance of School Actions when Focusing on Student Mental Health Issues by the Number of Counselors in the School

	<u>Slightly</u>		<u>Somewhat</u>		<u>Moderately</u>		<u>Extremely</u>	
	n	%	n	%	n	%	n	%
1. Identification of mental health barrier early								
=1	-	-	-	-	3	16.7	15	83.3
≥2	-	-	-	-	3	27.3	8	72.7
2. Students working with the school counselor(s)								
=1	-	-	2	11.1	8	44.4	8	44.4
≥2	-	-	-	-	7	63.6	4	36.4
3. Students working with an outside therapist								
=1	-	-	1	5.6	8	44.4	9	50.0
≥2	-	-	-	-	8	72.7	3	27.3
4. Educating parents								
=1	-	-	1	5.6	7	38.9	10	55.6
≥2	-	-	-	-	3	27.3	8	72.7
5. Educating staff								
=1	-	-	-	-	6	33.3	12	66.7
≥2	-	-	-	-	1	9.1	10	90.9
6. Identification of a school-model (such as ASCA) to address mental health								
=1	1	5.6	5	27.8	8	44.4	4	22.2
≥2	-	-	2	18.2	7	63.6	2	18.2
7. Identification of other factors that affect student mental health								
=1	-	-	2	11.1	10	55.6	6	33.3
≥2	-	-	1	9.1	4	36.4	6	54.5
8. Having a school and district plan								

for focusing on mental health barriers								
=1	-	-	1	5.6	7	38.9	10	55.6
≥2	-	-	-	-	6	54.5	5	45.5
9. Focusing on teacher mental health								
=1	-	-	3	16.7	10	55.6	5	27.8
≥2	-	-	1	9.1	6	54.5	4	36.4
10. Partnering with outside agencies								
=1	-	-	1	5.6	4	22.2	13	72.2
≥2	-	-	1	9.1	3	27.3	7	63.6
11. Administration increasing knowledge through ongoing professional development								
=1	-	-	-	-	10	55.6	8	44.4
≥2	-	-	1	9.1	5	45.5	5	45.5
12. Creating a school team to address students in crisis								
=1	-	-	1	5.6	7	38.9	10	55.6
≥2	-	-	-	-	3	27.3	8	72.7
<hr/>								
N=29 =1=the school has one counselor. ≥2=the school has two or more counselors								

**APPENDIX J: IMPORTANCE OF SCHOOL ACTIONS WHEN FOCUSING ON
STUDENT MENTAL HEALTH ISSUES BY SCHOOL POPULATION SIZE**

Table 24

Importance of School Actions when Focusing on Student Mental Health Issues by School Population Size

Action/School Size	<u>Slightly</u>		<u>Somewhat</u>		<u>Moderately</u>		<u>Extremely</u>	
	n	%	n	%	n	%	n	%
1. Identification of mental health barrier early								
<499	-	-	-	-	3	25.0	9	75.0
500-749	-	-	-	-	2	22.2	7	77.8
750+	-	-	-	-	1	12.5	7	87.5
2. Students working with the school counselor(s)								
<499	-	-	2	16.7	7	58.3	3	25.0
500-749	-	-	-	-	3	33.3	6	66.7
750+	-	-	-	-	5	62.5	3	37.5
3. Students working with an outside therapist								
<499	-	-	-	-	7	58.3	5	41.7
500-749	-	-	-	-	5	55.6	4	44.4
750+	-	-	1	12.5	4	50.0	3	37.5
4. Educating parents								
<499	-	-	1	8.3	5	41.7	6	50.0
500-749	-	-	-	-	3	33.3	6	66.7
750+	-	-	-	-	2	25.0	6	75.0
5. Educating staff								
<499	-	-	-	-	5	41.7	7	58.3
500-749	-	-	-	-	2	22.2	7	77.8
750+	-	-	-	-	-	-	8	100.0
6. Identification of a school-model (such as ASCA) to address mental health								
<499	1	8.3	4	33.3	7	58.3	-	-
500-749	-	-	2	22.2	4	44.4	3	33.3
750+	-	-	1	12.5	4	50.0	3	37.5
7. Identification of other factors that								

affect student mental health								
<499	-	-	1	8.3	7	58.3	4	33.3
500-749	-	-	1	11.1	4	44.4	4	44.4
750+	-	-	1	12.5	3	37.5	4	50.0
8. Having a school and district plan for focusing on mental health barriers								
<499	-	-	1	8.3	4	33.3	7	58.3
500-749	-	-	-	-	5	55.6	4	44.4
750+	-	-	-	-	4	50.0	5	50.0
9. Focusing on teacher mental health								
<499	-	-	3	25.0	6	50.0	3	25.0
500-749	-	-	-	-	5	55.6	4	44.4
750+	-	-	1	12.5	5	62.5	2	25.0
10. Partnering with outside agencies								
<499	-	-	-	-	3	25.0	9	75.0
500-749	-	-	-	-	3	33.3	6	66.7
750+	-	-	2	25.0	1	12.5	5	62.5
11. Administration increasing knowledge through ongoing professional development								
<499	-	-	-	-	8	66.7	4	33.3
500-749	-	-	-	-	3	33.3	6	66.7
750+	-	-	1	12.5	4	50.0	3	37.5
12. Creating a school team to address students in crisis								
<499	-	-	1	8.3	5	41.7	6	50.0
500-749	-	-	-	-	2	22.2	7	77.8
750+	-	-	-	-	3	37.5	5	62.5

N=29

**APPENDIX K: IMPORTANCE OF SCHOOL ACTIONS WHEN FOCUSING ON
STUDENT MENTAL HEALTH ISSUES BY SCHOOL LOCATION**

Table 28

Importance of School Actions when Focusing on Student Mental Health Issues by School Location

Action/Location	<u>Slightly</u>		<u>Somewhat</u>		<u>Moderately</u>		<u>Extremely</u>	
	n	%	n	%	n	%	n	%
1. Identification of mental health barrier early								
Rural	-	-	-	-	1	7.7	12	92.3
Suburban/Urban	-	-	-	-	5	31.3	11	68.8
2. Students working with the school counselor(s)								
Rural	-	-	1	7.7	6	46.2	6	46.2
Suburban/Urban	-	-	1	6.3	9	56.3	6	37.5
3. Students working with an outside therapist								
Rural	-	-	-	-	5	38.5	8	61.5
Suburban/Urban	-	-	1	6.3	11	68.8	4	25.0
4. Educating parents								
Rural	-	-	1	7.7	5	38.5	7	53.8
Suburban/Urban	-	-	-	-	5	31.3	11	68.8
5. Educating staff								
Rural	-	-	-	-	4	30.8	9	69.2
Suburban/Urban	-	-	-	-	3	18.8	13	81.3
6. Identification of a school-model (such as ASCA) to address mental health								
Rural	1	7.7	5	38.5	5	38.5	2	15.4
Suburban/Urban	-	-	2	12.5	10	62.5	4	25.0
7. Identification of other factors that affect student mental health								
Rural	-	-	2	15.4	6	46.2	5	38.5
Suburban/Urban	-	-	1	6.3	8	50.0	7	43.8
8. Having a school and district plan for focusing on								

mental health								
barriers								
Rural	-	-	1	7.7	4	30.8	8	61.5
Suburban/Urban	-	-	-	-	9	56.3	7	43.8
9. Focusing on								
teacher mental								
health								
Rural	-	-	2	15.4	6	46.2	5	38.5
Suburban/Urban	-	-	2	12.5	10	62.5	4	25.0
10. Partnering with								
outside agencies								
Rural	-	-	-	-	3	23.1	10	76.9
Suburban/Urban	-	-	2	12.5	4	25.0	10	62.5
11. Administration								
increasing								
knowledge								
through ongoing								
professional								
development								
Rural	-	-	-	-	6	46.2	7	53.8
Suburban/Urban	-	-	1	6.3	9	56.3	6	37.5
12. Creating a								
school team to								
address students								
in crisis								
Rural	-	-	-	-	6	46.2	7	53.8
Suburban/Urban	-	-	1	6.3	4	25.0	11	68.8
<hr/>								
N=29								

APPENDIX L: VITA

Education:

MARSHALL UNIVERSITY, Huntington, WV

Doctor of Education: Educational Leadership

Graduation: 2020

Admitted to Candidacy: 2018

Major: Public School Administration

Dissertation: School Administrator Perceptions and Actions Toward Reducing Mental Health Factors to Learning

Master of Education: Educational Leadership

Graduation: 2014

WESTMINSTER COLLEGE, New Wilmington, PA

Bachelor of Arts: Elementary Education

Graduation: 2010

Administrative Experience:

Elementary School Assistant Principal

2017-Present

Evans City Elementary School, Seneca Valley School District

Evans City, PA

Middle School Vice Principal

2014-2017

Dunbar Middle School, Kanawha County Schools

Dunbar, WV

Teaching Experience:

Fourth Grade Teacher

2017

Heritage Elementary School, Franklin Regional School District

Murrysville, PA

Eighth Grade Math Teacher

2011-2014

East Bank Middle School, Kanawha County Schools

East Bank, WV

ESY Teacher, High School Life Skills

2011-2012

Mt. Lebanon School District

Mt. Lebanon, PA

Co-Teaching Opportunities:

Marshall University Doctoral Program

2017: LS 675, Legal and Policy Issues, Dr. Eugenia Damron

2016: LS-660, Internship: School Management II, Dr. Barbara Nicholson

Research & Presentations:

Marshall University Doctoral Program

Damron, E., & Teti, A. (2016). How Pressure for Perfection Affects Decisions of Secondary School Administrators.

Paper presented at the Critical Questions in Education Symposium conference in Salt Lake City, UT.

Professional Leadership Positions:

2011-2014

East Bank Middle School

Charleston, WV

Mathematics Department Head

Faculty Senate Vice President

School Technology Facilitator/Computer Specialist

Professional Development:

LUMA Institute

Safety Care Training

Leader in Me

Student Assistance Program

Principal's Leadership Academy

Frank DeAngelis: Safe and Sound Schools

Master Schedule Building Workshop

Beginning Administrator Academy

Evaluation of Professional Personnel

Leadership Academy

Beginning Teacher Academy

Classroom Management Training

Ruby Payne: A Framework for Understanding Diversity