

# Closing the Gap: Principal Perspectives on an Innovative School-Based Mental Health Intervention

Kate F. Blackman<sup>1</sup> · Joelle D. Powers<sup>2</sup> ·  
Jeffrey D. Edwards<sup>3</sup> · Kate M. Wegmann<sup>4</sup> ·  
Ethan Lechner<sup>1</sup> · Danielle C. Swick<sup>5</sup>

Published online: 14 January 2016  
© Springer Science+Business Media New York 2016

**Abstract** Mental health needs among children in the United States have significant consequences for children and their families, as well as the schools that serve them. This qualitative study evaluated the second year of an innovative school-based mental health project that created a multi-system partnership between an urban school district, a public mental health agency, and a local university to better meet the mental health needs of youth. Through in-depth interviews with seven principals and assistant principals at the project schools, four major themes were identified: (1) connecting the dots, (2) strengths and successes, (3) project significance to school and community, and (4) challenges and future directions. Findings from this study may be useful to other schools and communities who are considering school-based interventions to support at-risk youth.

**Keywords** Schools · Mental health · Principals · Qualitative interviews · Collaboration

---

All authors' highest degrees were earned at the University of North Carolina at Chapel Hill.

---

✉ Joelle D. Powers  
joellepowers@boisestate.edu

<sup>1</sup> School of Social Work, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA

<sup>2</sup> School of Social Work, Boise State University, 1910 University Drive, Education Building, Boise, ID 83725-1940, USA

<sup>3</sup> Sociology and Anthropology Department, Clemson University, Clemson, SC, USA

<sup>4</sup> School of Social Work, University of Illinois at Urbana-Champaign, Urbana, IL, USA

<sup>5</sup> Department of Social Work, University of North Carolina at Greensboro, Greensboro, NC, USA

## Introduction

Mental health has a profound effect on children's developmental and learning trajectories. According to the World Health Organization (2014), mental health is defined as “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.” In a school setting, youth mental health can have myriad effects including safety, behavior, academic motivation, substance abuse, interpersonal relationships, and social-emotional functioning. Each of these issues can have significant consequences on the individual success and well-being of the student, the learning outcomes of other students, and the larger school climate.

It is estimated that approximately 20 % of youth between the ages of 6 and 18 have mental health needs (Merikangas et al. 2010a, b), while only a small percentage receive adequate mental health provisions (Merikangas et al. 2010a; Power et al. 2005). Because school-aged youth spend more time in the school during the academic year than in any other social-environmental setting (Powers et al. 2011), it makes sense to establish a system of care within schools to ensure children are getting the appropriate attention and support. Not only do schools provide unparalleled access to children, they can also alleviate barriers children and families face when trying to obtain mental health services. As Cappella et al. (2008) posit, the notion of providing services in schools may alleviate some of the problems experienced by families who lack financial or practical resources (i.e., transportation) to obtain services outside of their neighborhoods.

The substantial effects mental health has on a child's academic achievement underscores the importance of prevention, detection, and early intervention (Patel et al. 2007). In schools, youth come into contact with many different professionals on a daily basis. These daily contacts give the trained school staff a chance to interact with children, at which point they can make assessments, counsel, intervene, consult with other trained professionals, and make referrals and follow-up with the youth as needed. Most mental health problems can be detected at a young age and should be treated as early as possible in order to limit the negative consequences on future educational, employment, and family roles (Raines 2008). Ultimately, the interactions with trained professionals and the process of assessing children and providing needed resources is the foundation of school-based mental health (Bronfenbrenner 1979; Trickett and Rowe 2012). Ideally, school-based mental health services are integrated with community-based mental health services so that youth and their families receive appropriate support in a continuous, coordinated, and comprehensive system of care. The ecological framework used in school-based mental health is extremely important given the evidence that individual social, emotional, and behavioral change is difficult to sustain when supportive environmental change is absent (Bruns et al. 2010).

One integral part of the system of care within school-based mental health is the investment of time, leadership, effort, and money from stakeholders. Stakeholders in this context include the students and their families, teachers, school and district

staff and administration, and mental health staff and personnel. Perhaps some of the most significant stakeholder groups in this process are the principals and assistant principals. Gaining commitment from school leaders works toward thwarting numerous barriers that often arise and impede the implementation and success of school-based mental health initiatives (Stroul and Friedman 2011). Job responsibilities of principals and assistant principals include monitoring and mentoring; planning, envisioning, evaluating and implementing; making policies and serving as a public relations coordinator for their school; as well as hiring and firing most of the school's faculty and staff (Hallinger and Heck 2002). They are in constant contact with students, faculty, and staff at the school as well as district and county administrators and officials in the larger community. Support from this group of stakeholders is crucial to the livelihood of any project existing at the school (Trickett and Rowe 2012), if only to identify and secure resources that enable the project to continue (Bond and Carmola Hauf 2004). Principals and assistant principals have the power to promote or discourage almost any initiatives started at their respective schools.

As stated above, gaining commitment from principals and assistant principals is a critical way to overcome obstacles to any school-based initiative, including common barriers like limited budgets, time, physical space, and hiring appropriate personnel (Splett and Maras 2011). Principal and assistant principal buy-in may have other positive effects as well. As Rossen et al. (2008) point out, interdisciplinary collaboration is most effective when leaders have a vested interest in a common goal and make decisions that promote project sustainability. Faculty and staff are more likely to invest in initiatives that they perceive as long-term and good for the student body (Trickett 2009). Encouragement by principals and assistant principals to cooperate and share resources among school faculty and staff will also help alleviate some of the personal-level barriers including potential negative attitudes and lack of interest by staff (Weist et al. 2009). In short, the success of any project or initiative started in schools is strengthened considerably when school leadership has a vested interest coupled with the expectation and desire for a successful initiative.

### **A Multi-system Partnership for School-Based Mental Health**

One example of a multi-system partnership for school-based mental health was formed in North Carolina in 2010. A 1-year pilot project brought together an urban school district, a local management entity, which acts as the primary public mental health agency, and a local university. The goal of the pilot project was to increase the capacity of one elementary school to recognize and provide appropriate treatment and resources to students with mental health problems and their families. The school-based mental health pilot project included five main components—training, staffing, student assessment, implementation of services, and program evaluation. School staff was trained to recognize signs and symptoms of some of the most common childhood mental health problems. The pilot school was staffed with a full-time Program Manager who was a social worker and a half-time Parent Liaison. The two new staff worked together to assess student needs and provide

appropriate intervention and services. They also worked to connect families with additional community resources. The university partner assisted with evaluating program outcomes. Ultimately, more than 75 high-risk youth were served during the project's first year (2010–2011) and the families and staff involved reported positive differences in the students' behaviors and academics (Powers et al. 2014; Wegmann et al. 2012).

Prior to this pilot project, the school district had no formal way to address the mental health needs of students that fell outside the customary special education or exceptional children's programming. The insufficiency of this method of dealing with the mental health needs of youth in schools highlighted the need for this pilot project. Nine months into the pilot year, the school district made the decision to continue and expand the school-based mental health project into seven elementary schools for the next academic year. Additional description of the pilot project can be found elsewhere (Powers et al. 2013, 2014).

The purpose of this article is to present the results of interviews with principals and assistant principals after the first year of expansion of the school-based mental health project, called the School-Based Support (SBS) program. Although previous studies have explored principals' perspectives on the needs in their schools with regard to student mental health (e.g., Frabutt and Speech 2012; Iachini et al. 2015), we could not identify any previous studies that specifically explored principals' views on the actual implementation of a school-based mental health program. Better understanding leaders' perspectives of the SBS program, including successes and barriers, may prove valuable for other entities looking to forge a multi-system partnership focused on youth mental health in schools.

## Methods

As part of the larger program evaluation effort, school leaders' perspectives on the SBS program were sought through exploratory qualitative methods. One-on-one interviews were selected as the most appropriate method to best answer the research questions pertaining to principals' and assistant principals' personal experiences with the SBS program (Flick 2007). The semi-structured interviews covered topics such as the need for the project and its perceived value, the successes and challenges at the schools, and recommendations for improving the program.

## Setting

The SBS program is located in a large urban school district in North Carolina. The district is the 8th largest in the state. There are 55 public schools within the district, consisting of 30 elementary (K-5), 10 middle (6–8), two secondary (6–12), 12 high (9–12), and one hospital school. The racial/ethnic makeup of the student population during the 2010–2011 school year was 52.12 % African American, 21.13 % Caucasian, 20.97 % Hispanic, 2.44 % Asian, 0.29 % American Indian, and 3.05 % Multiracial with a total of 32,566 students (district website). In this district, 60.81 %

of the students qualified for free or reduced lunch, which serves as an indicator of the overall district poverty level.

A team of researchers at a local partner university was responsible for the ongoing program evaluation. Seven schools were selected by district administrators to participate in the SBS program expansion because of demonstrated need. The interviews were conducted at the end of first year of program implementation at the six new schools, with the pilot school being the only exception as it finished the second year.

Interviews were conducted at the participating schools in a location chosen by the interviewee; typically, an office or conference room. Due to the nature of the interviews, this effort was exempted as program evaluation by the university's Institutional Review Board.

## Sample

All seven of the school principals were invited to participate in the interviews. One of two graduate research assistants contacted all principals by phone and/or email. Many assistant principals were also invited to participate. In some cases, the research team reached out to assistant principals directly, and in other cases, the invitation was extended through the principal.

Of the seven SBS program schools, 10 leaders at six schools participated in the interviews. There were a total of seven interviews conducted. Three schools were represented by a principal and an assistant principal. In one case, the principal and assistant principal were interviewed together, and in another, they were interviewed together and joined by the exceptional children's program coordinator. At the other school, the principal and assistant principal were interviewed separately. The principal alone participated in interviews for three other schools. Despite repeated contacts and multiple scheduled meetings, one principal did not participate.

All but one of the school leaders were female. Their experience in principal and assistant principal roles ranged from 1 to 12 years, with a mean of 3.8 years. The majority of principals and assistant principals had been in leadership roles at their respective schools for less than 5 years.

## Data Collection and Analysis

All seven interviews were facilitated by one of two graduate research assistants using a semi-structured interview guide (“[Appendix](#)”). The guide was organized to gather the principals' unique perspectives on the SBS, in particular focusing on school-level changes or issues such as school climate, staff morale, and family involvement. Principals were also asked to share the successes and challenges they witnessed in the past school year, and any recommendations or suggestions for program improvements. The duration of interviews was between 20 and 90 min. Each interview was audiotaped and transcribed verbatim by one of two other graduate research assistants.

In keeping with the study's exploratory nature, the transcripts were inductively coded on a line-by-line basis to facilitate recognition of emergent concepts (Padgett

1998). Axial coding (Corbin and Strauss 2008) was used to identify relationships between codes and to organize codes into broader themes. Two graduate research assistants independently coded the seven transcripts using Atlas.ti (Scientific Software Development 2002–2011), and resolved differences in coding through mutual discussion and agreement. The principal investigator reviewed all coded transcripts for logical and consistent application of codes and themes.

## Results

Four primary themes emerged from the principal and assistant principal interviews: connecting the dots, strengths and successes, project significance to school and community, and challenges and future directions. All four themes had multiple subthemes that complemented each other. The major themes and subthemes are illustrated in Table 1.

### Connecting the Dots

Leaders discussed how the SBS helped forge connections between programs or people within the school and also provided a bridge to programs or people in the community in order to meet needs. For example, one principal described:

There are a lot of things out there that can help people... But most of the time, either the parents don't know where to start, or the community doesn't know the need. So you need to have someone in the middle to help bridge ... and the parents know who we can contact them to get to them. And then as a school, um, because we have to concentrate so much on the other things, and that

**Table 1** Frequency of themes and subthemes in principal interviews

Themes and subthemes	<i>n</i>
Connecting the dots	9
Collaboration	22
Connection to services and resources	25
Family support	29
Strengths and successes	36
Importance of team members	32
Relationships	25
Teacher education and support	25
School environment	26
Project significance to school and community	35
Student and family needs	17
Mental health impacts in schools	13
Challenges and future directions	19
Program implementation	13
Need to expand services	11

piece is just as important.... so I think in the larger scheme, [SBS] brings everyone together and working together for, to better the students and the school. I think the school benefits way more than you all probably realize.

Another principal said the program “just made everything more accessible. Connected the dots.”

Within the connecting the dots theme, leaders shared ideas that fell across multiple subthemes of collaboration, connection to services and resources, and family support.

### *Collaboration*

Principals and assistant principals shared specific examples of how the program staff brought together service providers, school staff, and families. One principal described the collaborative nature of the SBS program staff and other support staff within the school: “We met every Monday ... every single [meeting] lasted at least two hours. Hands down, just because there was so much to talk about and so much to coordinate to make sure that the needs of the students were met.” Another echoed similar thoughts, saying:

But, if we’re having these meetings with the teachers at the table, parents are at the table or on the phone during a conference, the administrator is at the table, [school] based support, we’re at the table, the counselor’s at the table. All these people are at the table, then we don’t have to repeat. You don’t have to worry about something getting lost in the message because this person wasn’t at the meeting and didn’t know.

Administrators also talked about how the SBS led to collaboration with people or agencies outside of the school:

We didn’t know all of our kids that had outside agencies. ... we can get a release form to talk to them.... We can find out what they treatment plans they have. We can find out, um, like the agency will sometimes come to us and say, ‘[student] is, you know, his mom did not uh, reapply for whatever services she needed.... Regardless of whether he stays with us or not, mom hasn’t filled out the paperwork so she isn’t going to get benefits from anybody.’ So, that gives us an opportunity to go to mom ... So then we can help, because [the SBS staff] know people downtown, they can kind of, you know, say, ‘Here, this is an urgent case, we need for you to take this. Can you put this at the top of your stack?’ So, that has been really, really helpful.

### *Connection to Services and Resources*

Collaboration led to helping children and families with connections to services and resources. Leaders talked about how the program staff offered specific services in the school or provided access to resources in the community. A principal listed some of these connections, saying, “[the program staff] are always trying to meet the needs of those particular students. They [are] always trying to get different

resources, trying to do different groups, therapy with them, or individual therapy or bringing the family, mom in.” Another described the connection with service providers and how it affected school and family relations:

They have more, the outside mental agencies coming in doing services than I’ve ever seen. And that’s kind of a unique situation because we see so many students that need that type of service. And... it forces the parent to come in and so we’re able to have those meetings that we need. And the parent really begins to see we’re not here to, you know, as a threat. We’re here to help you, we’re here to help the child...

An assistant principal echoed similar ideas: “parents may have dropped the ball or the ball has been dropped as far as delivering the services, but [SBS] can go and find exactly where it was dropped and pick it back up and get the services initiated again.”

### *Family Support*

The family support subtheme relates to the SBS program providing support or services directly to families, and in some cases, expanding family involvement with the school. A principal summed up this idea:

I think now [families] know they can ask for help. I think that’s what [the SBS program has] done. They know they can come here and say ‘listen, my child needs help and I don’t know what to do.’ ... now I can say ‘oh, well [name of SBS program manager] can help connect you to these services.’ So, they can go to a person and get the help they needed. They could learn all about the programs out there that they can get their child assistance.

Another principal spoke to the importance of family support and the influence of families in children’s well-being, saying, “And one of the things I like about the team here, not only are they interested in the child, they’re trying to help the family. Because the family has a direct impact on the mental stability of the child...”

Another leader discussed the parent liaison’s role in connecting families to the school by offering “a lot of programs for parents like... a parent involvement board, parent news boards so the parents kind of knew what was going on... [the liaison] was always... out at carpool so that she could network and talk with parents.” One administrator commented that the program “has given the children and the families a voice, that they know they are being heard now.”

### **Strengths and Successes**

School leaders shared broad and specific examples of strengths and successes of the SBS program. The strengths of the program were grouped into the subthemes of importance of team members, relationships, teacher education and support, and school environment. Leaders typically named successes related to student or family outcomes, such as:



I've seen a lot of students that were having issues, that they were getting in trouble at the beginning of the year...Has totally disappeared. Um, they were getting discipline referrals, that has gone away since SBS has gotten here. Um, communication with parents has gotten a whole lot better... even the communication and the relationship between the teachers and students has gotten better...also with the administrators, um, learning how to see what issues students have before it escalates into a bigger issue. Trying to de-escalate it, it's been a great help.

### *Importance of Team Members*

In discussing the strengths of the SBS program, administrators frequently cited the SBS team structure, team member roles, or the individuals themselves. One principal said:

But to have that team, and the team here functions well. They really are in the trenches of really communicating with administration. I mean we have the regular meetings, we have our files, we're looking at cases. I mean it's like, when I got here, I was like 'man, I'm glad that they're here.' Not only do they, um, try to understand the mental side, they try to learn more about the curriculum side so they can see how the pieces can help. And one of the things I like about the team here, not only are they interested in the child, they're trying to help the family.

Leaders talked about specific qualities or contributions of the team as well as the importance of team member fit with the school community. One principal commented on the SBS program manager importance, "If you don't have a great school-based support program manager, it falls apart. And we just happen, in my opinion, to have the best one," and then went on to say, "the team that they comprised was very well thought out and effective for us." Another administrator talked about the SBS staff:

[the program manager] has been a wonderful person to work with. She is very knowledgeable... she's all about the students first... And the same for [the parent liaison]... his mental health background, you know, lended him to come in and work with the type of kids that we have here. So he, and [name of program manager] have been uh, godsend, if I could use that term, as far as working with [the school] students and staff.

At the same school, another leader talked about fit, saying "...they were able to come in and actually fit in as a team, become a part of our team and not stand off. They just sort of fit right in with our staff." A principal at a different school shared a similar idea: "They have become a part of the whole school."

### *Relationships*

Administrators described relationships as important to the overall success of the project. One said the strengths of SBS were "the availability, again, the availability

of the staff, the visibility of the staff. Um, the resources. The relationships that they built with the teachers, the students, and with the parents.” The relationships subtheme related to the others within the theme of *strengths and successes* as well as other themes, for example, as principals discussed relationships that fostered collaboration or family support.

Multiple leaders discussed how the SBS team members formed relationships with students and teachers to better serve them. For example, one principal said,

...They not only give the resources, they also advocate for kids. You know, once they form relationships, they advocate for kids to get the correct services or giving the teachers strategies on how to deal with those particular kids, or going by and continuing to check on them.

One principal summed up the importance of relationships, especially in high-needs schools: “we really get at relationship-building. You have to at a school like this. You can’t build a relationship, it’s over. Your class is chaos and your school is chaos.”

### *Teacher Education and Support*

The SBS program provided education and tools to teachers regarding mental health issues. Leaders shared how teachers and administrators felt more supported by having the additional team members in the school with mental health training. One assistant principal said,

I think, um, teachers feel, um, supported and, um, and also as administrators, we feel supported. That if we can’t, um, solve a problem, that we have issues, um, getting in contact with someone, that they’ve been right there to help us and support us and give us feedback and things that we need to work on.

In addition to feeling more supported, leaders described how the SBS program provided teachers with greater awareness of mental health issues. One administrator shared the challenges for teachers and how SBS helped:

... I think [mental health is] just sort of confusing to teachers. Because when you go to school in major education, mental illness is rarely mentioned. It’s strictly academics. ... And also... when we think of mental illness, we think, ‘well I really don’t know about this’ and stuff that you don’t know about, you sort of have doubts or afraid to deal with a person. But having that [SBS] person here, they can explain now... They know they have someone they can send that child to now.

A principal discussed how the SBS team shared strategies or tools with teachers to work with students with mental health needs. She said:

...probably one of the biggest benefits, was that teachers really saw this as something that they could work with. Like ‘if you give me some strategies, I’ll do it’ and they did it... But when you bring that team together...where people

know exactly about that mental health, like that's their profession, it really helped teachers say 'okay, well let me try that', and they tried it.

### *School Environment*

Principals and assistant principals were asked to share their perspectives on changes in the school environment as a result of the SBS program. This subtheme included topics such as school safety and staff morale. Leaders discussed how environment could be challenging to change, but that the SBS program was part of the overall effort to improve school environments. As one principal shared:

We still have behavior issues... But the halls are calm, the school is calm. And [chaos] was the reputation of the school, even before we came. Honestly, I'd heard about the reputation of [this school]... It just has changed. And I think it was a combination of things. And [SBS] is a part of that.

Other leaders talked about how the support and relationships helped improve school environment. One said, "as they form those relationships and those bonds, I can begin to see the school becoming safer. We still have little incidences and everything, but I can see the change in the students and in the relationships they are building..."

### **Project Significance to School and Community**

The project significance theme described the SBS program's importance to the school and larger community. Within this theme, leaders often discussed the needs of the students and families served by the school, including the effects of mental health, which led to the subthemes of student and family needs and mental health impacts in schools.

The overall theme came from the leaders' broad discussion of the value and meaning of the program within the community. For example, a principal remarked that "I think [the program] means progress. I think it means a step in the right direction. I think it means hopefully, um, extinguishing some of those things that come along with generational poverty." Administrators also discussed how the program strengthened ties between the school and the community. One said:

I think [the community] sees that we're working with kids to make sure they're successful outside of school and in society. I think once they have that foundation from school that it carries over into the community. So that would be a big, positive impact on the community.

### *Student and Family Needs*

Leaders shared the mental health and other needs that students and families encountered. One talked about the need related to mental health and services:

...a lot of the students that we serve have mental health needs that, one, have not been diagnosed, two, may have been diagnosed but they are currently

receiving no treatment, or those that are diagnosed and are receiving treatment but are not taking advantage of that. [SBS] is definitely needed at [the school] because we provide that necessary cog in the wheel to ensure that the kids, even though they're receiving their academic instruction, that we are working on some of the social issues that they're dealing with.

Another highlighted “chronic absenteeism” among a certain population of students, saying, “when you look at the kids who miss school, they're missing ten days or more... We have kids who have missed thirty days and it's a significant number. And they all come from one neighborhood.”

Multiple administrators discussed the link between poverty, mental health, and student and family needs in their communities. For instance, one commented, “[mental health plays] a major role... especially with a high poverty school... And you know with poverty often times there's an association not just with mental illness but other family issues, that impact the student and their achievement in school.” Another principal stated that mental health “looks different in low-income neighborhoods... because often times they are dealing with not being able to pay the light bill, not being able to buy food, and so their mental health state tends to be [secondary].”

### *Mental Health Impacts in Schools*

The student and family needs and mental health impacts in schools subthemes were closely related. Principals described how mental health issues affected students' ability to succeed in school. They also shared how student mental health affected the functioning of the school overall. For instance, one principal tied it together:

Well, we definitely have children who have mental health concerns. Probably a significant portion unfortunately. So, I think it plays a large role and making sure we can educate them, fully ... we see it play out by them not being able to handle the academic rigor that we try to provide for them. So they need quite a few breaks, or they break down. They have high absenteeism, they crave adult attention, tantrums. It can be tough to educate the other children when I can tell you that there is at least one student in every single classroom in [the school] that clearly has a mental health issue going on.

Another principal talked about how mental health was significant and the school environment was improving with the SBS program “because we're getting at that mental health piece. That is so critical because if a child has mental health issues, [whether] it's diagnosed or undiagnosed and it's, they're not being treated, then it's going to [affect] their academics.”

### **Challenges and Future Directions**

School leaders shared the challenges of the program during inception and implementation over the previous year. The subthemes of program implementation and the need to expand services relate to challenges as well as areas for growth in

the future. The majority of challenges fell under these subthemes; however, a few leaders cited other issues for continuing or expanding the program such as funding and space. In a couple instances, administrators discussed challenges related to successes previously described. For example, a principal shared frustration about a poor fit between a team member and the school that was eventually resolved with a new hire. In another case, a principal said there was “No [increased parent] participation. Um, they’ll come to our meetings when we have them on their child, yea. But not coming here to our Math night. No, I did not see any increase in that.”

### *Program Implementation*

The program implementation challenges were primarily related to the delay in beginning the SBS program at the start of the school year in a couple of the schools due to hiring staff. Though some administrators felt it was a “very seamless transition,” as one said, others described “...one of the biggest challenges was that [the staff] started two months after school started. We were in a perpetual mode of trying to catch up.” As one principal said:

Our program did not get started at the very beginning. We had some people in place but we did not have a full staff in place. Therefore the program was not very effective. Um, we had the half-day uh, retreat... and my teachers were extremely excited about it. Um, and, they really lost some of that juice once they got back to school and, you know, we didn’t have all the components in place.

Once in place, school administrators discussed future challenges and directions for SBS implementation. One principal recommended ensuring administration support for program success: “Just to make sure that the process and policies are in place and that the administrator continues to support it because it’s only going to be, anything in your building is only going to be as good as the administration supports it.” In terms of ongoing program implementation, a few administrators shared preliminary thoughts on how to combine SBS with other student support programs. As one principal said, in reflecting on preparing for the second year of SBS:

I went through the [Response to Intervention] training... And we’re trying to figure out how all the, you know again, the [Student Assistance Program] program, the interventions, and the guidance, ... and the SBS, how all of that will fit, will fit together... Because a lot of times, the students that are struggling academically are also the students that, you know um, the SBS would serve.

### *Need to Expand Services*

School leaders described the need to expand services related to the SBS program as well as greater services in the community. Within the schools, some principals talked about enhancing the program through partnerships or other small changes. For example, one principal commented, “[I’d] love to see the parent person be a full-time position... Because I think there is an opportunity, um, you know to get

more involved with parents, um, full-time.” In terms of partnerships, one principal suggested:

It’s a good start, uh, but we need to expand... We got a good foundation but now in order to really, really effect change, we need to bring in more experts to work with our kids. We understand the program manager... is an expert in her field, [the parent liaison] is an expert in his field, but they can only do but so much. They are one person. So we could just build that link with a reputable mental health agency to come in and build on what we’re doing. Scaffold the services. I think that would be wonderful.

At least three administrators commented on the need in the community to expand the program outside their schools. They described it as a combination of a challenge and a recommendation. One said,

...the schools cannot do it alone. It has to be an effort. You have to have wraparound services for the families and the schools can’t do that. We can’t afford it and we don’t have the people and we don’t have the time. But if we want [the community] to get better, we have to. Or else what are we doing? Putting a band-aid on it. And we’re helping the kids while they are at [the school]. But what are we going to do when they go to [the middle school] next year? Where is their services? Who is going to connect it with them? No one. So it falls off. And that’s not fair... if it’s really about the kids, then we would follow the students. It wouldn’t matter if it’s at [my school]... my whole team would follow the students to make sure that we give them everything they need to give them the best possibility of getting out, getting to college... Because they need that support because they don’t have that support at home. So if we ever want to change anything, we don’t stick it in [this school]. We follow the students.

All leaders wanted to see the program continue at their respective schools and at other schools in the district. One leader said, “I wish there was a way that we could fund it for a lot of schools. A lot of schools.” Another principal said, “We would, um, riot if it didn’t [continue at our school]. We have to have it. Like, it’s a necessity.”

## Discussion

The school administrators’ perspectives on the SBS program were overwhelmingly positive. Principals and assistant principals articulated successes related to the goals of the program to “close the gap” and “connect the dots” between agencies and services to support student mental health needs. They described how the program provided wraparound support for students and families to access services through the school and coordinate with outside agencies. They also discussed how the team members fostered collaboration between school staff, teachers, administrators, outside agency staff, and families. Their comments about team member fit and relationships provide insight into some of the other things that made the program

successful. Administrators expressed the project's value to the school and the larger community because of the population's high needs and how that affects not only students' academics, but also the school environment and students' future trajectories.

School leaders also candidly described challenges and recommendations for the program in the future. The delay in staff hiring and subsequent program implementation was a significant challenge for some schools. It is notable that despite the challenge, the administrators still felt positively about the program and all wanted to see it continue. Principals offered important suggestions around increasing staff and coordinating the SBS with other student support programs offered in the schools. Nearly all leaders also made a strong argument for seeing the program expand outside of their school to other elementary schools and even throughout the district to ensure student needs are met throughout their school career.

## **Limitations**

The limitations of this study primarily relate to the generalizability and the study sample. The school leaders' perspectives can inform other similar projects seeking to support students and families, but are most relevant to the school district in which the study was conducted. It is this school district that is able to directly receive the feedback, report to its stakeholders, and implement any modifications if necessary.

The sample was missing representation from one of the seven schools. One principal did not participate in the study despite repeated contacts and scheduled meetings. It is unclear if this school's lack of participation is related to a negative experience with the project. In addition, in two interviews the principal and assistant principal were interviewed together. While it is positive that they shared similar perspectives, it is unknown if there was disagreement that was not expressed. There is also potential that due to a power differential, the assistant principals did not share a different perspective than their superiors.

## **Implications for Research and Practice**

### *Implications for Research*

School administrators, such as principals and assistant principals, are a critical element in the success of school-based mental health programs. The current study examined leaders' perspectives after the SBS program was implemented in their schools by district administrators; however, it does not address factors that would persuade administrators to support development and adoption of a new school-based mental health program. Given the essential role of administrator, teacher, and staff buy-in for the success of school-based mental health efforts, research investigating school personnel's reasons for supporting creation and implementation of school-based mental health programs would be valuable to those seeking to bring such services to their schools. Future research should also consider the impact of quantitative outcomes, such as student grades, on administrator support of school-

based mental health services. Demonstrating a link between school-based mental health services and academic outcomes may enhance school administrators' support of programs, especially in the current climate of educational accountability.

### *Implications for Practice*

Improving access to school-based mental health services is thus the most obvious, and perhaps important, practice implication to arise from the study. This study demonstrates that, according to school leaders, integrating these services into schools made positive contributions to the well-being of students, families, and school personnel. However, schools without formal school-based mental health services may still benefit from other implications derived from the study. The current study points to a need for greater education on student mental health for administrators and teachers. School social workers, as well as other mental health professionals who may be working in a school, are well-positioned to provide accurate, basic mental health information to school personnel through opportunities such as staff meetings, professional learning communities, and in-service trainings. Improving channels of communication and collaboration between school personnel, between the school and families, and between the school and the community (including service providers) allows schools to efficiently and effectively use available resources to assist students with mental health needs. Lastly, it is important that school-based mental health professionals and administrators carefully consider the sustainability and continuity of whatever services and programs may be available, as the administrators in the current study noted that interruption of SBS services or transitioning to schools without similar services in place may undo students' hard-earned progress.

### **Conclusion**

The number of youth with unmet mental health needs in the United States is a critical social problem. Schools are well positioned to better meet student needs. The school-based mental health project described here established an innovative multi-system partnership between an urban school district, a public mental health agency, and a local university to better meet the mental health needs of youth in one community. Results of this qualitative study with seven key school leaders highlight some of the most important factors that promoted the successful collaboration and expansion of the SBS program. Notably, results clearly show support and appreciation for the program from principals and assistant principals, which can be crucial to program success (Stroul and Friedman 2011). Findings from this study may be useful to other schools and communities who are considering school-based interventions to support at-risk youth.



## Appendix: Principal Questionnaire

1. How long have you been a Principal/Assistant Principal?
  - (a) At this school?
  - (b) If at a different school, did you have something like the SBSP in place?
  
2. From your perspective, what role does childhood mental health play at your school?
3. How effective do you feel the SBSP is in addressing referred students' needs?
4. Has the school climate changed?
  - (a) If yes, how so? If no, skip.
  
5. Since your school started participating in the SBSP, have you noticed...
  - (a) The school is more welcoming to families.
  - (b) Families attend meetings and/or are more involved in school activities.
  - (c) The school is a more positive environment for children.
  - (d) The school is a safer place for children to learn.
  - (e) Teacher and staff morale is higher.
  - (f) Teachers and staff are more accepting of students with mental health needs.
  
6. What does this project mean to the larger community?
7. What kind of feedback do you get from your teachers and staff concerning the SBSP?
8. What challenges have you faced since implementing the SBSP at your school?
9. What successes have you witnessed since implementing the SBSP at your school?
10. Would you like to see the SBSP continued in your school next year and beyond?
11. Other thoughts/recommendations?

## References

- Bond, L. A., & Carmola Hauf, A. M. (2004). Taking stock and putting stock in primary prevention: Characteristics of effective programs. *The Journal of Primary Prevention, 24*, 199–221.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Bruns, E. J., Walker, J. S., Zabel, M., Matarese, M., Estep, K., Harburger, D., et al. (2010). Intervening in the lives of youth with complex behavioral health challenges and their families: The role of the

- wraparound process. *The American Journal of Community Psychology*, 46, 314–331. doi:[10.1007/s10464-010-9346-5](https://doi.org/10.1007/s10464-010-9346-5).
- Cappella, E., Frazier, S. L., Atkins, M. S., Schoenwald, S. K., & Glisson, C. (2008). Enhancing schools' capacity to support children in poverty: An ecological model of school-based mental health services. *Administration and Policy in Mental Health and Mental Health Services Research*, 35, 395–409. doi:[10.1007/s10488-008-0182-y](https://doi.org/10.1007/s10488-008-0182-y).
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Thousand Oaks, CA: Sage.
- Flick, U. (Ed.). (2007). *Managing quality in qualitative research*. Los Angeles, CA: Sage.
- Frabutt, J. M., & Speech, G. (2012). Principals' perspective on school mental health and wellness in U.S. Catholic elementary schools. *School Mental Health*, 4, 155–169.
- Hallinger, P., & Heck, R. H. (2002). What do you call people with visions? The role of vision, mission and goals in school leadership and improvement. *The Second International Handbook of Educational Leadership and Administration*, 8, 9–40.
- Iachini, A. L., Pitner, R. O., Morgan, F., & Rhodes, K. (2015). Exploring the principal perspective: Implications for expanded school improvement and school mental health. *Children and Schools*. doi:[10.1093/cd/cdv038](https://doi.org/10.1093/cd/cdv038).
- Merikangas, K. R., He, J. P., Brody, D., Fisher, P. W., Bourdon, K., & Koretz, D. S. (2010a). Prevalence and treatment of mental disorders among U.S. children in the 2001–2004 NHANES. *Pediatrics*, 125, 75–81. doi:[10.1542/peds.2008-2598](https://doi.org/10.1542/peds.2008-2598).
- Merikangas, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., et al. (2010b). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Survey Replication—Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, 49, 980–989. doi:[10.1016/j.jaac.2010.05.017](https://doi.org/10.1016/j.jaac.2010.05.017).
- Padgett, D. K. (1998). *Qualitative methods in social work research: Challenges and rewards*. Thousand Oaks, CA: Sage.
- Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: A global public health challenge. *The Lancet*, 369, 1302–1313. doi:[10.1016/S01406736\(07\)60368-7](https://doi.org/10.1016/S01406736(07)60368-7).
- Power, T. J., Eraldi, R. B., Clarke, A. T., Mazzuca, L. B., & Krain, A. L. (2005). Improving mental health service utilization for children and adolescents. *School Psychology Quarterly*, 20(5), 187–205. doi:[10.1521/scpq.20.2.187.66510](https://doi.org/10.1521/scpq.20.2.187.66510).
- Powers, J. D., Bower, H. A., Webber, K. C., & Martinson, N. (2011). Promoting school-based mental health: Perspectives from school practitioners. *Social Work in Mental Health*, 9, 22–36. doi:[10.1080/15332985.2010.522929](https://doi.org/10.1080/15332985.2010.522929).
- Powers, J. D., Edwards, J. D., Blackman, K. F., & Wegmann, K. M. (2013). Key elements of a successful multi-system collaboration for school-based mental health: In-depth interviews with district and agency administrators. *Urban Review*, 45, 651–670. doi:[10.1007/s11256-013-0239-4](https://doi.org/10.1007/s11256-013-0239-4).
- Powers, J. D., Wegmann, K. M., Blackman, K. F., & Swick, D. C. (2014). Increasing access to mental health services in schools through community engaged research: Results from a one-year pilot project. *School Social Work Journal*, 1, 73–89.
- Raines, J. C. (2008). *Evidence-based practice in school mental health*. New York, NY: Oxford University Press.
- Rossen, E. K., Bartlett, R., & Herrick, C. A. (2008). Interdisciplinary collaboration: The need to revisit. *Issues in Mental Health Nursing*, 29, 387–396. doi:[10.1080/01612840801904449](https://doi.org/10.1080/01612840801904449).
- Scientific Software Development. (2002–2011). Atlas.ti v.6.2 [computer software]. <http://www.atlasti.com/index.html>.
- Splett, J. W., & Maras, M. A. (2011). Closing the gap in school mental health: A community centered model for school psychology. *Psychology in the Schools*, 48(4), 385–399. doi:[10.1002/pits.20561](https://doi.org/10.1002/pits.20561).
- Stroul, B. A., & Friedman, R. M. (2011). *Effective strategies for expanding the system of care approach: A report on the study of strategies for expanding systems of care*. Washington, DC: Substance Abuse and Mental Health Services Agency. <http://gucchdtacenter.georgetown.edu/publications/SOC%20Expansion%20Study%20Report%20Final.pdf>.
- Trickett, E. J. (2009). Multilevel community-based culturally situated interventions and community impact: An ecological perspective. *The American Journal of Community Psychology*, 43, 257–266. doi:[10.1007/s10464-009-9227-y](https://doi.org/10.1007/s10464-009-9227-y).
- Trickett, E. J., & Rowe, H. L. (2012). Emerging ecological approaches to prevention, health promotion, and public health in the school context: Next steps from a community psychology perspective.

- Journal of Educational and Psychological Consultation*, 22, 125–140. doi:[10.1080/10474412.2011.649651](https://doi.org/10.1080/10474412.2011.649651).
- Wegmann, K. M., Powers, J. D., & Blackman, K. F. (2012). Supporting vulnerable families through school-based mental health services: Results of caregiver and teacher focus groups. *Journal of Family Social Work*, 16, 297–313. doi:[10.1080/10522158.2013.794378](https://doi.org/10.1080/10522158.2013.794378).
- Weist, M., Lever, N., Stephan, S., Youngstrom, E., Moore, E., Harrison, B., et al. (2009). Formative evaluation of a framework for high quality, evidence-based services in school mental health. *School Mental Health*, 1, 196–211. doi:[10.1007/s12310-009-9018-5](https://doi.org/10.1007/s12310-009-9018-5).
- World Health Organization. (2014). *Mental health: Strengthening our response (Fact sheet No. 220)*. Geneva: World Health Organization. [http://www.who.int/features/factfiles/mental\\_health/en/](http://www.who.int/features/factfiles/mental_health/en/).