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Principals' Perspectives on School Mental Health and Wellness in U.S. Catholic Elementary Schools

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Abstract The current study examines principals' perspectives on school mental health needs, professional development in relation to school mental health, and areas of successful practice, and does so within a specified domain of education: private, Catholic, elementary schools in the United States. The study draws on survey data producing some of the first representative estimates of mental health services and staffing in private schools. Principals from 346 elementary schools shared their perspectives on three key areas: challenges in meeting student mental health needs, what types of professional development they desire, and the kinds of effective practice that are currently operative in their schools.

Keywords Private schools · School mental health · Principals · Educational leadership · Catholic education · Elementary schools

Introduction

Challenging, daunting, and at times overwhelming, the role of school principal is central to successful school operations and optimized student learning and development. Depending upon the situational demands and the particular stakeholders involved, at various times principals must be "educational visionaries and change agents, instructional leaders, curriculum and assessment experts, budget analysts, facility managers, special program administrators, and community builders" (Darling-Hammond, LaPointe, Meyerson, & Orr, 2007, p. 1; Shoho & Barnett, 2010). These contemporary school administrators are charged to be the instructional leader of the school, exerting their influence on student achievement through two primary pathways: supporting and developing effective teachers and implementing effective organizational processes (Davis, Darling-Hammond, LaPointe, & Meyerson, 2005).

The school improvement agendas driven forward by principals and district level administrators, however, are often exclusively focused on improving student academic achievement and student learning outcomes. There is much less attention to whole child development attuned to students' social, emotional, spiritual, and psychological growth. Though these areas of holistic child development may garner less attention in education circles, a growing body of research evidence testifies to the marked, positive impact of school-based mental health efforts on various domains of youth functioning. A recent large scale review-of-reviews by Weare and Nind (2011) examined 52 high-quality meta-analyses and reviews of mental health in schools. Cumulative results indicate that while effect sizes may be in the small to moderate range, there are important, nontrivial, real world impacts on positive mental health, violence and bullying, and prosocial behavior. Given the practical implications of these findings, Weare and Nind (2011) commented that mental health promotion and problem prevention efforts in schools must be endorsed and augmented.

School principals, however, are instrumental in determining whether and to what extent mental health promotion and prevention take root in school contexts (Gottfredson & Gottfredson, 2002; Kam, Greenberg, & Walls, 2003). Given the centrality of school administrators to school vision, goal setting, and day-to-day execution of

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the educational endeavor, a closer examination of their understanding of student socio-emotional and mental health needs—and schools' needs as they attempt to meet them—is warranted. Moreover, little is known about the views of school principals toward social and emotional development and mental health (Caparelli, 2011; Whitley, 2010). In fact, Adelman and Taylor (2011) recently noted that neglecting to address the role of the principal in regard to student and learning supports is yet another manifestation of the "tendency to marginalize this essential component of school improvement" (p. 8).

The current investigation sought to examine principals' perspectives on school mental health needs, professional development in relation to school mental health, and areas of successful practice, and to do so within a specified domain of education: private, Catholic, elementary schools in the United States. Little has been written on how the private school sector, enrolling just over 5 million children in the United States is meeting the nonacademic needs of students (Broughman, Swaim, & Keaton, 2009). Within the private school sector, there remains a paucity of available data concerning whether and to what extent students in Catholic schools receive mental health services and supports (Frabutt, Clark, & Speach, 2011). Thus, the primary research questions in this inquiry engaged principals of Catholic elementary schools (K-8) to define:

1. What are schools' greatest needs in regard to supporting students' socio-emotional wellness and mental health?
2. What are faculty and staffs' greatest training and professional development needs in regard to supporting students' socio-emotional wellness and mental health?
3. What do principals perceive as the most successful approach or strategy that their school has used to improve the mental health of students?

Literature Review

The point of departure for this literature review is that school mental health interventions have impacts on a wide array of student outcomes. As already noted, two decades of field building and development have revealed the quantifiable impacts of mental health initiatives in schools (Weare & Nind, 2011). A host of other inquires builds the same case. For example, focusing on school-based efforts to improve children's social and emotional learning, Durlak, Weissberg, Dymnicki, Taylor, and Schellinger (2011) described the significant, positive impact of such programming on students' social competencies, behavioral adjustment, and academic performance. A review by Farrington and Ttofi (2009) examined the impact of school-based anti-bullying programs, finding via a meta-analysis that the both bullying and victimization decreased (by 20–23 and 17–20 %, respectively). Likewise, a wide and deepening literature documents the efficacy of school-based interventions to address Attention Deficit Hyperactivity Disorder (e.g., see DuPaul, 2007 and subsequent articles in special series).

Left largely unaddressed is the role of the building principal in supporting, fostering, and institutionalizing school-based mental health interventions. The few studies that have honed in on the role of the principal, however, demonstrated that principal support is related to the quality of implementation (Gottfredson & Gottfredson, 2002) as well as implementation intensity (Payne, Gottfredson, & Gottfredson, 2006). Thus, principals are well positioned to articulate a vision for a school-wide focus on students' socio-emotional wellness and mental health. In addition, principals are uniquely situated to identify and then dedicate the resources to implement such efforts. Bencivenga and Elias (2003) highlighted the role of the principal in upholding the notion of the school as a community that fosters not only academics, but social, emotional, and character development as well. They noted that

> the superintendent and the principals have special roles in setting the agenda for leadership and serving as its catalysts. They must have a shared mission to be visionary forces in nurturing the school community. They must recognize and communicate the wisdom and needs of the children and listen carefully for the social-emotional health of the school culture. Although parents, teachers, other educational staff members, and stakeholders share responsibility, the superintendent and principals must take the lead in defining, articulating, and implementing a vision of a school community of sound character and academic excellence (Bencivenga & Elias, 2003).

Similarly, Whitley (2010) wrote that "success in terms of improving mental health outcomes for our students benefits all educational stakeholders both in the short and long term and should be a key focus for educational leaders" (p. 65). Another exhortation that principals must be on the leading edge of championing school mental health was issued by Skalski and Smith (2006, p. 13): "Responding to the need for comprehensive, coordinated mental health services begins with strong leadership. Principals and central school administrators should publicly acknowledge and promote school climates that support positive mental health and take steps to demonstrate support." Finally, Rowling (2009) cited that building and sustaining whole-school approaches to mental health promotion depends on leaders and the key role they exert in the school building. In fact, a professional

development module for Australian educational leaders focuses on principals' own health and well-being and how they can catalyze a strategic approach to mental health and well-being across the school environment.

Another strand of the literature pertaining to school leadership for school mental health consists of practitioner focused articles offering pragmatic advice and strategies. For example, Desrochers, Cowan, and Christner (2009) outlined an action plan for principals for meeting the social, emotional, and behavioral needs of students: (a) be there for your students; (b) determine basic needs; (c) free up and refocus support staff members; d) equip your staff members; (d) engage parents; (e) move to a prevention orientation; (f) incorporate social-emotional learning into the curriculum. Whelley, Cash, and Dixie (2002) explained that principals—in collaboration with school-based mental health professionals—can enact various strategies to support social-emotional wellness and positive behavior: (a) foster a sense of belonging; (b) help children adapt to change; (c) accentuate the positive; (d) strengthen children's resiliency. In addition, Whitley (2010) suggested four ways that educational leaders can comprehensively support the mental health of students: (a) establish an infrastructure, (b) build capacity, (c) partner with the community, and (d) develop evidence.

The aforementioned articles, while indeed inserting school mental health into the school improvement agenda, together comprise advice to principals rather than offering direct assessment of their perspectives, insights, and observations. Adelman and Taylor (2011) recently offered a concurring viewpoint, stating that scant attention has been paid to principals and their school leadership role in relation to student and learning supports. As their scholarship elsewhere makes clear (Adelman & Taylor, 2006, 2010), the reference to student and learning supports is inclusive of school mental health and all other efforts to address barriers to learning. Since identification and removal of such barriers must necessarily include the school leader, "there is much to learn about what principals think and do about their enabling or learning supports component" (2011, p. 8).

One ambitious attempt to assess principals' perceptions regarding student and staff emotional and mental health was recently executed via a partnership between the International Alliance for Child and Adolescent Mental Health in Schools and the International Confederation of Principals (Rowling, Vince Whitman, & Biewener, 2009a). The project was anchored by the central notion that attending to emotional and mental health in schools enhances overall human development. Moreover, the project espoused the holistic view that learning, academic performance, and emotional and mental well-being are intrinsically bound together. The project drew upon an international sample of over 1,200 principals from 27 countries, probing their beliefs across several areas: (a) the link between student emotional/mental health and well-being and academic achievement; (b) major emotional/mental health and well-being issues among students and among staff; (c) national policies toward student mental health and wellness; (d) the impact of poverty on student emotional/mental health and well-being; and (c) the most relevant and needed professional development and resources. Offering a first-ever global perspective of principals' attitudes and experiences related to emotional/mental health and well-being, the project is a significant milestone. Mining the same data set, more granular subsequent analyses have been possible through nation-specific reports focused on the survey data collected from principal respondents in Germany (Dadaczynski & Paulus, 2010), Canada (Vince Whitman, Wells, Rowling, & Biewener, 2009), and Australia (Rowling, Vince Whitman, & Biewener, 2009b).

The 2009 Catholic School Mental Health and Wellness Survey provided some of the first nationally representative estimates of mental health services and staffing in private schools (Frabutt, Clark, & Speach, 2010, 2011). The current inquiry utilizes the qualitative portion of that data set to examine how Catholic school principals describe both their greatest needs and most successful practices in regard to serving children's mental health needs. Given that the U.S. Catholic education sector operates over 7,000 schools and educates 2.1 million students (McDonald & Schultz, 2010), these qualitative data depict an important but heretofore understudied educational dynamic: Catholic schools' capacity to support children's mental health and well-being.

Method

Participants

Participants were a sample of 346 elementary school principals drawn from twelve dioceses (i.e., Catholic school districts) across the United States. In the Catholic sector, the typical convention is to classify schools containing grades K-8 as elementary (McDonald & Schultz, 2010). Principals reported that the average enrollment in the schools was 300 students (SD = 173), 22 % of whom were minority students (10 % Hispanic or Latino, 8 % Black or African American, 3 % Asian or Asian American, < 1 % Native American or American Indian). Student composition is further characterized via the following indices: across all schools, on average 14.4 % students were eligible for free and reduced price lunch (min–max: 0–97 %); 2.9 % of students were classified as limited

English proficient or ELL (min–max: 0–100 %); and 4.1 % had an Individualized Education Plan (min–max: 0–26 %). Thirty-five percent of schools were suburban, 31 % were urban but not inner city, 25 % were small town or rural, and 10 % were located in the inner city.

Instrument

Data for this investigation were drawn from the Catholic School Mental Health and Wellness Survey, which was adapted by the first author from the Survey of the Characteristics and Funding of School Mental Health Services used by Foster and colleagues (2005) in their national survey of mental health services in public schools. While the survey contained several major sections devoted to school characteristics, mental health staffing, mental health issues among students, specific services provided, and prevention and early intervention programs, findings from those sections have been detailed elsewhere (Frabutt et al., 2011). The current investigation focused on principals' open-ended, qualitative responses to three items at the conclusion of the survey: (a) What are your school's greatest needs in regard to supporting students' socio-emotional wellness and mental health?, (b) What are your faculty and staff's greatest training and professional development needs in regard to supporting students' socio-emotional wellness and mental health?, and (c) Please tell us what you think is the most successful approach or strategy that your school is using or has used to improve the mental health of students.

Procedure

After institutional review board approval for survey administration was obtained, an initial letter of inquiry was sent to a purposive sample of fifteen school superintendents representing a geographic cross-section of schools across the United States (i.e., California, Connecticut, Florida, Georgia, Illinois, Indiana, New York, and Ohio). The letter informed the superintendent of the purpose and rationale for the study and the parameters and time line for data collection. Eighty percent of the superintendents (i.e., 12 out of 15) agreed to participate in the study and confirmed their willingness to send the survey electronically to their principals.

When a school principal was forwarded the survey link from the superintendent, the introductory page contained an invitation to participate. This invitation contained all of the elements of voluntary, informed consent, including the purpose of the study, contact information, time required to participate, and disposition of data. Two follow-up reminders were sent to principals in order to encourage survey completion. The survey was active at each site for approximately 6 weeks. Across all twelve sites, survey response rates averaged 59 % (SD = 20.5).

Data Analysis

For the three open-ended survey items, verbatim responses from principals were downloaded from the survey software into a qualitative data analysis program (i.e., NVivo, QSR International, 2009). A systematic, multistage, qualitative analysis process was then applied to the data for each item. The NVivo software is invaluable to processes of data reduction and condensation, offering a platform to organize, sort, label, and abstract principals' qualitative comments. First, the entire set of principals' responses was read and reviewed multiple times—what qualitative analysts describe as previewing the data—to gain familiarity with the scope and depth of the entire data set. The process of reading and re-reading the responses assists in recognizing conceptual patterns in the data. Second, text segments—individual meaning units—from the principals' responses were selected one at a time and categorized into conceptual codes, which are "tags or labels for assigning meaning to the descriptive or inferential information compiled during a study" (Miles & Huberman, 1994, p. 56). Through the point-and-click capability of the analysis software, such codes can be applied to a word, a phrase, sentence, or paragraph that conveyed a single conceptual idea. Thus, if a principal wrote at length—or, conversely, provided a two-word response—about a particular thought or notion, it would be captured, coded, and counted as a single text segment. A purely open coding approach was utilized, meaning that no a priori codes were identified, but that codes (i.e., categories and meaning units) could emerge directly from the data. As categories began to form, each new text segment was evaluated by a constant comparative method, assessing whether it fit into an already existing code or formed a new code. Third, when viewing the emerging pattern of codes, if significant overlap occurred, codes could be collapsed. Codes were created until thematic saturation was achieved.

Findings

The line-by-line qualitative coding of principals' responses contributed to an overarching understanding of the primary research questions. Major thematic trends were derived for the three research questions, each corresponding to one of the open-ended survey items. Thus, the subsections below present the emergent themes, elucidated via overarching descriptions, representative quotations, and frequency of relevant coded references.

Greatest Needs for Supporting Students' Mental Health and Wellness

There were 342 separately coded text segments dealing with principals' ($n = 261$) responses to the survey prompt, "What are your school's greatest needs in regard to supporting students' socio-emotional wellness and mental health?" Table 1 depicts that these text segments were sorted into nine subcategories, listed here in descending frequency: Personnel (32 %); Finances (23 %); Specific Issue Area (17 %); General Resources (7.6 %); Training and Awareness (7.0 %); Time (5.6 %); No Problem or Issue (3.5 %); Referrals (2.6 %); and Miscellaneous (1.8 %). Since the top-three tier of most cited principal responses account for nearly two-thirds of all coded text segments, these are elaborated below.

Personnel

In describing their Catholic school's greatest need, there were 109 text segments that referenced personnel. Principals were clear that in order to respond comprehensively and efficiently to children's needs, securing appropriate personnel was their most important need. Direct, succinct responses in this category included "staffing," "support personnel," "professionals," and "qualified staff." Several principals wrote that they currently have no personnel on staff to address school mental health: "when a problem exists, we do not have someone who can step in immediately and offer intervention" and "we need access to someone with a mental health background." Several, while noting that they had no such staff, did articulate their immediate personnel needs: "an onsite counselor," "the services of a social worker," "an on-campus school psychologist," "full-time nurse," and "we need a guidance counselor who could help students deal with social, behavioral, and personal problems."

In contrast, a subset of principals explained that mental health personnel play a limited role in their schools, but the demand for their services greatly exceeds their present time commitment. Increasing the time on site and availability of mental health staff was prominent among these principals' listed concerns. For example, several detailed that we "need to have a qualified person available more than 1/2 day a week to support students" or "We would love to have the school psychologist full-time," and "A part-time social worker is not enough." In sum, principals seemed to rightly acknowledge the important contributions of

Table 1 Principals' report of their greatest needs in order to support students' mental health and wellness (342 total text segments, ranging from 1 to 92 words)

Theme	*f* and %	Description	Example statement
Personnel	109 31.9 %	Individual staff and other school support positions, including school nurses, psychologists, social workers, and counselors	On-site staff member who can provide services to our students to promote socio-emotional wellness and address mental health issues. On-site staff member who coordinates referrals and works with the principal to oversee the program
Finances	80 23.4 %	Funding and financial capital to support student mental health and wellness	The greatest need is locating financial resources to pay for professional services
Specific issue	57 16.7 %	Particular, specified issue within the realm of student socio-emotional and mental health	My school's greatest need is helping students feel safe and loved while parents put them in the middle of divorce cases and/or custody hearings
Resources	26 7.6 %	General reference to resources—human, fiscal, and physical	Having the resources to get the help to students early and continue care and assistance as needed
Training and awareness	24 7.0 %	Need for heightened professional training and more acute awareness of student mental health issues	We need to incorporate mental health awareness into our curriculum. The information needs to be disseminated to the faculty/staff, students and parents
Time	19 5.6 %	Time is a limiting factor in meeting students' needs	Time constraints of only one guidance counselor
No problem or issue	12 3.5 %	Little to no problems exists regarding student mental health	There is very little need for this in our school
Referrals	9 2.6 %	Effective, timely, and appropriate referrals are possible to meet students' need for service or support	Having information to be able to pass on to parents as to where to go for services
Miscellaneous	6 1.8 %	General commentary and idiosyncratic observations regarding student support	The willingness of the faculty and staff to do what needs to be done and to work with parents

whatever existing mental health staff that they had, but almost always with an accompanying plea for "more than just 1 day a week."

Financial

As 80 text segments attested, "money," "cost," "$$$$$$," and "financial needs" are at the root of securing and retaining staff to address children's mental health needs. First, one strand of comments, often clipped and brief in nature, generally mentioned financial constraints as a predominant need area. Representative comments in this vein were: "costs involved," "lack of finances," and "the funds!" Second, many Catholic school principals' responses illustrated the direct, explicit link between finances and personnel. One school leader explained:

> Finances to hire or share a mental health professional. The school has written grants to request financial support for a professional, but we did not receive the grants. We have brought in a mental health professional to work with two different classes. The students found the interactions helpful and supportive. If additional funds were available we would like to continue to offer that service.

Additional examples such as "we need funds to pay our counselor, who currently volunteers part-time," and "budgetary: more hours for school counselor" fit into this category. A third thematic strand within the financial domain was comprised of comments about funding as a means to effect or employ some other type of support for students' mental health—beyond staffing and personnel. Adequate financing could be utilized to support professional development sessions, instructional resources, or parent workshops and seminars. In a comment that seems summative of most of the principal commentary on student mental health services and supports, one respondent stated, "our only real barriers are financial."

Specific Issue

There were 57 text segments in which principals cited a particular issue or content area as the greatest area of need in their school. Three trends portray the nature of comments in this thematic area. First, in several cases, the respondents made no explicit mention of personnel, but instead would reference the activity or strategy that particular personnel might deliver. Example comments include: "we need access to more counseling," "social skills training for students," and "individual and group counseling." Second, principals noted a need for better and more immediate identification of student mental health and wellness needs. One principal wrote that we need to improve at "catching the early signs of a problem." "The greatest need is the process to identify these students' needs," another said. One school leader responded at more length about the host of challenges inherent in accessing assessment services from public schools:

> The testing process to assess psychological and cognitive problems is a barrier. It is free through the public school, but it takes over a year to go through the assessment process. Often the teachers are shooting in the dark because testing is so difficult to get so the problem can't be pinpointed right away.

Third, a cluster of comments centered on the antecedents and consequences of bullying as a key component of a healthy school climate. Respondents indicated the need for an "anti-bullying campaign," "programs to overcome bullying," or an "anti-bullying curriculum." A few principals were more focused in their problem identification, describing that we need "someone to work with students (mostly female) on forming positive relationships and not bullying." Another said that their school need is to address "teasing (harmful and harmless), exclusion, bullying type behaviors and addressing parent and student perceptions as to what constitutes bullying."

Most Prominent Professional Development Needs

Principals ($n = 245$) responded to a survey item asking them to identify the most important professional development needs of their faculty and staff in order to support children's mental health and wellness. There were 271 coded text segments in response to this survey item. These text segments were collapsed into nine thematic areas, depicted in Table 2. The most frequently mentioned thematic areas were Specific Training (34 % of all coded text segments); General Training (22 %); and Awareness and Identification of Mental Health Issues (12 %). Each of these areas, accounting for over two-thirds of all text segments, is outlined in more detail below.

Specific Training

In just over one-third of all coded text segments, 92 in total, principals mentioned a specific type of training or professional development need that was most apparent at their school or among their faculty. Citing the need for increased knowledge, direct training experiences, or exposure to new trends, Catholic school principals' comments spanned a wide range of areas. A topical compilation of their comments is presented in the left hand column of Table 3. Across the litany of topics named by principals, one commonality was how the identified need or area of concern impacted student learning. "As a principal, I

Table 2 Principals' report of their most prominent professional development needs to support students' mental health and wellness (271 total text segments, ranging from 1 to 132 words)

Theme	*f* and %	Description	Example
Training—specific	92 33.9 %	Specifically identified area/topic that would be the focus of professional development efforts	Greater understanding of learning differences (esp developmental issues related to slow processing, working memory and sensory integration) and how to accommodate for them so student self-esteem remains strong
Training—general	59 21.8 %	General expression of need for professional development	The teachers are not trained for dealing with mental health issues
Awareness/identification	33 12.2 %	Professional development should focus on building awareness and efficient student identification	My staff and I need professional development on identifying behaviors along with possible interventions until services can be provided by a professional
Finances	24 8.9 %	Lack of financial resources is the primary impediment to extensive professional development	We are pretty strong in awareness and recognition but lack the monetary and manpower resources to do much
Time	23 8.5 %	Professional development opportunities are limited by time constraints	Time constraints are the greatest area of concern
None or unsure	18 6.6 %	Principal articulates no professional development needs or is unable to identify specific needs	We have so few cases that it is hard for teachers to have training needed for a problem their students may not face
Miscellaneous	15 5.5 %	General comments on how to optimize professional development	There needs to be a diocesan effort to provide quality staff development in these areas. The staff development needs to be provided in several locations since our diocese is located over a large geographical area
Personnel	8 3.0 %	Professional development could be augmented or more effectively delivered if dedicated personnel were available	The need for social workers, counselors, psychiatrists on a 1 × week basis
Modifications	4 1.5 %	Professional development should focus on modifications and accommodations to increase student learning	Ways to differentiate instruction and make accommodations for students with these issues. Large class size makes it difficult to deal with individual needs

sometimes think staff do not understand or pay attention to the fact that students' social/emotional health impacts academic performance. I talk about it to them but am not always believable." Additional excerpts demonstrated this link: "Our staff needs additional training for students with attention deficient disorders and other behavioral disorders which affect learning" and "Understanding the different types of mental health issues and how they impact education." In sum, an intentional focus on professional growth opportunities centered on student mental health and wellness are important since, as one principal pointed out, "most teachers at the elementary level in a parochial school cannot afford to return to graduate school for a counseling degree, even if there was interest."

General Training

Even though the survey question inquired as to principals' perceptions of faculty and staff's greatest professional development needs, one major category of these comments centered on general statements reiterating the need for professional development. Ongoing professional development and training was cited in 59 comments referring to "training" in general, without reference to a specific program or topic. One stressed the importance of "providing in services that will help the faculty and staff." Another wrote simply, "continuing professional development (for counselor and teachers)." Multiple comments referred to "access to training," "classes for faculty and staff," "obtaining information," and "educational resources." Principals generally validated the importance of ongoing professional formation as one strategy to better address student mental health and wellness needs. What faculty need, one school leader wrote, is "professional development that increases their awareness, knowledge level, and skill level in this area, such as bringing in outside speakers; sending teachers out of building to observe programs or services; seminars; and workshops." Another cluster of responses reiterated how deep the need for more training and support really is. Excerpts like "We have very little training in this area" and "none of the faculty has any experience with these issues" both attested to this fact.

Table 3 Principals' description of professional development needs (left column) and successful programs, interventions, or curricula (right column), alphabetized by topic

Professional development topic	Listing of programs, interventions, or curricula
ADD/ADHD	ADD/ADHD support groups
Academic support of special needs students	Advisory programs
Aggressive behavior	Agency partnerships (i.e., nonprofits)
Anger management	Anti-bullying programs and curricula
Anxiety issues	Catholic faith and teaching
Asperger's syndrome	Character development program
Autism and autism spectrum disorders	Character pledge
Behavior management strategies/behavioral issues	Collaboration with public school district
Brain functioning and development	Conflict resolution strategies
Bullying	Counseling referrals
Classroom management for students	DARE program
Collaboration with public schools for services	Differentiated instruction
Communication with parents about mental health issues	Drug and alcohol abuse prevention
CPR	Exercise, physical activity, and physical education
Crisis training	Extracurricular activities, especially sports
Cultural diversity	Grief counseling
Emotional needs	Group counseling
Emotional problems	Health curriculum
Family issues such as divorce and separation	House program/system
Family stress	Intervention assistance team or student support team
Grief counseling	Journaling
Inclusion of students with special needs	Peer leadership program
Individual behavior plans	Peer mediators
Law regarding special education	Positive behavior interventions and supports
Listening skills	Prayer circles
Mental health disorders and diagnoses	Problem-solving skills
Mentoring	Role play
Parental involvement	Response to intervention
Peer mediation	School climate committee
Poverty	School-wide discipline program
Response to intervention	Self-esteem building curriculum
School-wide positive behavior management	Stress relief
Self-esteem	Surveys on school climate
Social/emotional development	Tracking of behavioral issues
Social skills training	Tutoring
Student motivation	Wellness committee

Awareness and Identification

The next most frequent thematic area, represented by 33 coded text segments (12 %), was awareness and identification of student mental health and wellness issues. First, principals highlighted the importance of faculty awareness as a necessary pre-condition for a school's responsiveness to student mental health. Multiple one-word responses to this item mentioned either "awareness" or "knowledge." A second category of responses builds on awareness by moving toward issue recognition and identification. "Faculty need to have training in order to identify students who may need further services," one wrote. Similarly, one principal described the faculty's greatest professional development need as "identifying student needs in the area of mental health." Finally, a particular subset of responses focusing on student identification stressed how imperative it is to recognize "signs and symptoms" as early and as

Table 4 Principals' report of their most successful approach or strategy to support students' mental health and wellness (306 total text segments, ranging from 1 to 118 words)

Theme	*f* and %	Description	Example
Program, curriculum, or intervention	102 33.3 %	Specific program, curriculum, or intervention is cited as a particularly successful approach	We have created a positive behavior intervention system that has celebrations monthly for those students who follow the rules. It has really put our behavior issues in perspective!
Personnel	69 22.5 %	Individual personnel or student support staff are described as a key school asset	The fact that we presently have a full-time school nurse has aided our success in improving mental health of our students/families
Communication with home	43 14.1 %	Regular, open, clear, two-way communication between home and school	The teachers are excellent about open and frequent communication with the parents about any/all concerns they may have about students
Direct support of students	29 9.5 %	Faculty and staff connect daily with students to meet needs directly and immediately	Be present to them and listen
Gospel values, faith, and prayer	20 6.5 %	The faith-filled ethos of the Catholic school stresses community, prayer, and a common set of Gospel values	Create an atmosphere of safety, respect and concern in the entire school. Instill in the students that they are on holy ground in the school building and everyone is treated as such
Miscellaneous	16 5.2 %	General insights on most effective practices in supporting student mental health and wellness	Love, understanding, and care!!
Communication among faculty	11 3.6 %	Effective, frequent, and open communication among faculty and staff is instrumental	The collaboration between staff members and keeping a close tab on family situations
None	9 2.9 %	Unable to name or identify any particularly effective practices for supporting student needs	We are not very effective in our approach to help students due to the very limited and almost nonexistent resources that are available to us
Professional development	7 2.3 %	Focused professional development for faculty and staff is key	We had bullying in-service for our teachers followed by sessions by Catholic community services for our students in fourth through sixth grades

immediately as possible. "Identification of problems before they become major" and "ability to identify students in the early stages" both typify these kinds of statements.

Most Successful Approach or Strategy

The final survey item sought principals' responses regarding the most successful approach or strategy that their school is using or has used to improve the mental health of students. Coding of 306 text segments derived from 244 respondents revealed the nine thematic areas presented in Table 4. The three most frequently occurring themes, outlined below, were Specific Program or Curriculum (33 %); Personnel (23 %); and Relationship with Home (14 %), accounting for 70 % of all text segments in this category. Two other noteworthy themes elucidated further are Gospel Values, Faith, and Prayer; and No Successful Strategy.

Specific Program or Curriculum

When prompted about successful approaches and strategies in their own schools, 102 text segments from principals described specific school-based programs, curricula, or interventions. A listing of these programs—ranging from ADD/ADHD student support groups to a wellness committee—is provided in the right hand column of Table 3. In some cases, principals briefly indicated one item as their best practice: "establishment of our Intervention Assistance Team," "differentiated instruction," or "peer intervention." Others included several successful strategies in their response, such as "our curriculum, observant teachers, differentiated instruction, tutoring, prayer circles, journaling." Another listed that "education in our faith and religious practices, peer mediation, character development programs, all help to promote the mental health of our students." Finally, some provided more in-depth description of the best practice that they wanted to highlight:

> We have a systematic school wide discipline/classroom management system that allows for a common language, routines and procedures, behavior tracking across multiple teachers and classrooms. This provides the children a stable procedure that they know will be used throughout the school offering them continuity and promise of appropriate consequences for positive and negative behavior choices.

Personnel

Sixty-nine text segments articulated the value of individual personnel or a particular staff position dedicated to addressing student mental health and wellness. Some principals, similar to the following comment, attested to the value of the school psychologist: "The intervention of the school psychologist in working cooperatively with parents and faculty for the benefit of the student." Likewise, one commented: "Our school psychologist is incredible. She sees students individually, works with them in groups, coordinates meetings with parents, teachers, and myself. What an asset to our school." Other principals praised the school counselor: "referrals to the guidance counselor; having a professional and competent guidance counselor is key." Still others referred to the invaluable contributions of school social workers, resource teachers, school nurses, and intervention specialists.

There was, however, a consistent undercurrent among statements regarding key personnel that the efforts of these individuals were critical but still in short supply. Representative statements in the data included this principal's reflection on the value of the school nurse: "We also have a school nurse 12 h a week who provides education support as well as her regular nursing duties. We could really use her more time so that she could get into other areas more easily." The notion of accomplishing much with little—in terms of time and resources—seemed to be evident in several excerpts. Principals clearly appreciated the impact of part-time professional support: "Having a social worker here even 1 day a week has been useful," and "Having a full time school counselor on staff last year. This year due to financial issues we have this person 1 day a week."

Relationship with Home

A high-quality home–school relationship was cited in 43 text segments. First, in some cases, principals simply noted that their most successful strategy for dealing with student socio-emotional and mental health issues was parent involvement or "family involvement." A principal expressed that "One thing is that our parents are actively involved and that in turn helps our students." Another explained, "We have a very involved parent population. They are usually very receptive to receiving suggestions for help for their children." Second, principals often described that deep and significant parent involvement was fostered by "open," "strong," or "close" communication. Several comments positively referenced the dynamics of home-school communication, such as "We have open lines of communication for parents and students to discuss any problems." Third, a subset of principal responses articulated other reasons explaining the tight home-school linkage. One stressed that "We are very upfront with parents. We are on their side and they know this. Everything we try to do is for the good of their individual child. We have been very successful with that." In a similar vein, one school leader offered this analysis:

> Our most successful approach may be just in the nature of the school itself. Because we are a small, family-oriented, community school, close relationships are established between the families and the faculty. They get to know each other well and rely on each other to help raise the children. This is most beneficial for the children.

At root, communication, fostered daily and through ongoing interactions between the home and the school, builds "…an open relationship for on-going conversations. Once trust is established, services then can be found and directed to specific individuals."

Other Noteworthy Themes

One noteworthy theme, especially pertinent to the sample involved in this study, was that 20 coded references (6 %) referred to Gospel values, faith, and prayer as one of the school's most successful approaches for dealing with mental health. First, some principals wrote brief comments like "being able to use faith and prayer," while others were more emphatic: "Prayer!" Second, others mentioned Gospel values as underlying "an atmosphere of safety, respect, and concern in the entire school. We instill in the students that they are on holy ground in the school building and everyone is treated as such." A principal wrote that "following our Christian Catholic values shows us how to treat others." Third, principals articulated a reliance on Christian community in school as a backdrop to supporting students' mental health and wellness: "Being a Catholic Christian community, we can use spiritual development as a means to promote positive mental health development."

Finally, a few principals (3 %) were candid that their school did not have any successful approaches for dealing with student mental health needs. For example, one respondent merely noted, "none." Two others commented: "we are not very effective in our approach to help students due to the very limited and almost nonexistent resources that are available to us" and "we are currently not implementing any strategies for mental health issues."

Discussion

Drawing upon survey data from a first-ever, multidiocese (i.e., district) portrait of mental health services and supports in Catholic elementary schools, this article provided insight

into principals' reflections on school mental health. Importantly, these data are a needed complement to advice and strategies *directed toward* school leaders concerning the necessity for student wellness supports (Desrochers et al., 2009; Whelley, Cash, and Dixie (2002). This investigation solicited *input from* school leaders concerning school mental health, taking stock of principals' perceptions of school resources, professional development needs, and currently successful efforts and practices. As noted from the outset, growing the knowledge base about principals' perspectives on school-based mental health interventions is a needed corollary to the burgeoning literature on the presence and effectiveness of social, emotional, and mental health initiatives in elementary schools (e.g., Durlak et al., 2011; Kutash, Duchnowski, & Lynn, 2006; Weare & Nind, 2011; Weist, Evans, & Lever, 2003).

Catholic Schools and Student Mental Health

Reflecting on the greatest needs in their schools, principals' comments clustered into several categories, exemplified by need areas such as personnel, finances, resources, time, and specific detailed concerns. Personnel and finances were the most cited issue areas, together accounting for over half of all coded text segments. In the Catholic sector, financial challenges are an omnipresent concern among most Catholic elementary school leaders (Nuzzi, Frabutt, & Holter, 2008). Indeed, a wide array of sources have implicated chronic financial stress as a major contributor to the declining number of Catholic schools (DeFiore, Convey, & Schuttloffel, 2009; Notre Dame Task Force on Catholic Education, 2006; U.S. Department of Education and the White House Domestic Policy Council, 2008). Because tuition, on average, generally covers only 54 % of the actual cost to educate a child, Catholic elementary schools often make up the difference through a combination of fundraising, subsidies from the parish, and development (McDonald & Schultz, 2010; Nuzzi, Frabutt, & Holter, in press). The responsibility for development, fundraising, and budgetary concerns ultimately lies with the building principal.

In the tightly constrained financial environment of Catholic elementary schools, principals clearly find it difficult to allocate funding to address student mental health and wellness. The most direct manner for schools to address student mental health is through dedicated personnel—counselors, social workers, nurses, and school psychologists. In this study, when commenting on school personnel, principals stressed the critically important role that school support staff play in addressing student mental health. This pattern echoes the findings of Zalaquett (2005), whose study of principal perceptions of elementary school counselors concluded:

> These principals believed that school counselors exert a positive influence on the both the behavior and mental health of students; effectively help the majority of the students and families they work with; support administrators and teachers; and contribute to the maintenance of a positive school environment (p. 454)

Unfortunately, while principals' value judgments about such personnel were positive, the limiting factor is ultimately one of simple dollars and cents, since personnel—and the ability to host, attract, and retain such roles—is directly related to a school's financial position. The data from this inquiry affirmed that the demand for school mental health staffing in Catholic elementary schools greatly outstrips the ability to finance such services.

Beyond personnel and finances, thirdly, about 17 % of principals' coded comments addressed a specific issue or need area. In this category, three trends were evident. Principals cited a need for: (a) particular strategies or activities (e.g., group counseling, social skills training, individual assessment); (b) more informed and immediate identification of student mental health issues; and (c) emphasis on bullying and anti-bullying strategies as a component of school climate. These data are striking in that principals are able to identify and define—with minimal prompting—some of the most preeminent and locally important issues facing students in their school. Their specificity alludes to a view of education and child development that looks beyond instruction and academics and instead appreciates the totality of student needs.

Supporting Student Mental Health through Professional Development

Principals articulated the professional development needs for their schools and their faculty. Most prominently, about one-third of all coded comments mentioned training specific to particular need areas such ADD/ADHD, anxiety issues, crisis training, family stress, mental health diagnoses, self-esteem, and social skills training (Table 3). Principals' responses reflect the panoply of mental health and wellness issues that permeate their schools. And given the omnipresence of such issues, principals clearly articulated the need for them and their faculty to receive more extensive, pertinent, and responsive professional development. The general demand for professional development specific to student mental health and wellness was reinforced by the fact that the second most common theme derived from principals simply reiterating the need for "training." Third, principals stressed the importance of teacher/faculty awareness and knowledge as a sine qua non of a school's responsiveness to student mental health.

Among principals' responses, there was an implicit assumption that earlier and/or more immediate identification of students' needs would translate into more efficiently and effectively serving children. The key to that outcome, however, as described by principals, would be heightened knowledge and skill conveyed via focused professional development. While the data from the current study indicates great need for professional development, engaging high-quality professional development in education is a challenge for teachers and instructional leaders alike. Few would disagree that in order to be effective, professional development must be focused, sustained, and intensive, eschewing episodic or one-and-done approaches (Yoon, Duncan, Lee, Scarloss, & Shapley, 2007).

The pervasive need for professional development also prompts inquiry into the nature and kind of pre-service training that teachers and principals receive on student mental health and wellness. In one pertinent investigation, State, Kern, Starosta, and Mukherjee (2011) acknowledged that teachers desire more information regarding social, emotional, and behavioral (SEB) concerns among students, but that "teachers report limited professional development opportunities to increase their competence in the area of SEB problems" (p. 14). These scholars reviewed and coded the course syllabi from 26 college/university programs in elementary education, classifying assignments, activities, and content related to SEB issues. Consistent with other teacher self-reports, their study concluded that pre-service teachers are exposed to minimal training regarding SEB problems. Findings such as these have prompted some to suggest that it is time to "move pre- and in-service programs for school personnel toward including a substantial focus on the concept of an enabling or learning supports component and how to operationalize it in schools in ways that fully integrate with instruction" (Adelman & Taylor, 2008, p. 303).

While scholars have systematically examined the amount and type of training related to students' social, emotional, and behavior problems that pre-service elementary school teachers receive, perhaps it is time to do so for principals. As Caparelli (2011) has noted, and anecdotal observations bear out, the field of principal preparation, by and large, does not offer formalized training in school mental health and wellness. As a result, school leaders may lack knowledge and experience in three critical areas: (a) information literacy regarding school mental health; (b) skills to systematically assess the health needs of their own school; and (c) effective communication strategies needed to convey school mental health information clearly and effectively (Caparelli, 2011). State and national guidelines for principal preparation and principal licensure often translate into a prescribed core course of study that might preclude a focus on these areas of student behavioral and mental health. School leaders may, however, be able to deepen their knowledge through an elective course within their principal preparation program. A notable example is a special topics course—Health, Mental Health, and Safety—offered within the Administrative and Policy Studies program at the University of Pittsburgh. A course such as this is invaluable to educational leaders since it is designed to help principals understand that they have a role in supporting public health, including the mental health and safety of faculty, staff, students, and themselves (Gallagher & Caparelli, 2011).

Successful Strategies for School Mental Health

Principals of Catholic elementary schools were able to provide numerous examples of their own school's successful approaches to student mental health and wellness. First, thematic coding revealed that one-third of all responses referred to a specific program, curriculum, or intervention that was operative at their school. These ranged from a character pledge to RTI to grief counseling. Second, one-quarter of all responses referred not to programs or specific content but to the human resources and capital that deliver these interventions. Principals specified the value-added contributions of school counselors, psychologists, social workers, and nurses. As noted previously, however, never far from the surface of acknowledging these individuals' valued efforts was a concomitant mention that the evident school and student need exceeded the current level of human resource capacity. The third most mentioned element of successfully supporting student mental health was principals' description of a strong and consistent home–school connection. Similar to research underscoring the linkage between parental involvement and academic outcomes (e.g., Epstein, 2001), principals marked open, frequent lines of communication between school faculty and staff on one hand and parents and caregivers on the other as a critical element in supporting holistic student wellness.

Taken as a whole, the principal responses about what is working well or effectively in their schools are striking because of their diffuse nature. Individual programs are singled out as are particular personnel. However, principals are not mentioning systematic or strategic approaches to student mental health assessment, prevention, and intervention. For example, one does not observe a population-based approach, wherein "decisions about which mental health interventions to provide and which students will receive interventions are intentional decisions based on carefully collected information" (Doll & Cummings, 2008, p. 3). Rather, principals describe an approach that is less comprehensive and more piecemeal (Adelman & Taylor, 2006, 2010). This state of affairs, in turn, clearly relates

back to budgetary challenges, resources that are stretched thin, and demand for personnel that exceeds current capacity levels. Among this sample of Catholic elementary schools, however, there lies potential to develop more comprehensive and sound mental health support for students. Principals' responses indicated that these types of issues are indeed salient and the examples of effective practice that they did provide show that school leaders have dedicated some resources to meeting these needs. Training, outreach, and engagement efforts with Catholic schools should be challenged to raise these efforts to a higher level of adoption and sophistication.

Since this investigation was centered on faith-based elementary schools, one curious finding was the relatively small number of references to faith, Catholic values, or prayer as elements of successful social, emotional, and mental health strategies. One interpretation rests on the fact that there is a deeply held belief in the Roman Catholic Church's teaching about Catholic schools that faith permeates all aspects of education (Nuzzi & Hunt, 2012). Faith and Christian ethos permeate the entire educational endeavor, such that all subjects, all activities—indeed the entire life of the school—is animated by Catholic identity. School leaders that evince this belief operationally in the day-to-day workings of their school might not isolate or specifically name values, prayer, and faith when prompted about successful practices, if in fact such faith is woven seamlessly throughout the functioning of the Catholic school. That said, there is a line of research that encourages a more intentional and explicit embrace of Catholic identity and mission among counselors serving in Catholic schools (Murray, 2011; Murray & Kane, 2010; Murray, Suriano, & Madden, 2003). Such scholarship contends that school counseling be viewed primarily as a pastoral ministry, focused on deepening the school's religious identity and culture.

Limitations and Next Steps

First, as a point-in-time survey, the investigation reported here is limited to a snapshot of efforts to support student mental health within a specified sector of private schools. The open-ended survey responses provided by principals begin to outline the nature and kind of resources, needs, and effective practices that relate to school mental health and wellness, but the inquiry did not delve deeply into any one site. A case study approach employing a rich, site-focused audit of both practices and needs could yield a fuller understanding of these issues. Second, the survey data employed in this study were useful in foregrounding principals' thoughts and beliefs about effective programming, but it was not possible to probe further, addressing questions of quality, efficacy, and sustainability. Third, the survey did not collect person-level characteristics about the school principal, instead focusing on student and school-level characteristics. Future studies might help understand how demographic and other professional characteristics (e.g., experience levels, professional training, special credentials and licensing, etc.) might explain principals' acceptance of or support for school-based mental health initiatives. Fourth, while the focus of this inquiry—Catholic elementary schools—is already a specific ecological niche in the educational landscape, there is great variability within the Catholic school sector itself. Thus, future studies must examine pertinent within-group differences in student support services by school location, size, and student population characteristics. Another interesting lens of inquiry might take a comparative approach across school sectors, paralleling the trends uncovered here with a sample of public school principals. Lastly, this study raises questions about the kinds of knowledge, experience, and formation that principals need in order to be school leaders that champion not only academic competence, but social, emotional competence as well. Can and should such training be infused into principal preparation programs and could that content be integrated alongside currently prescribed courses and expectations?

Conclusion

In their recent meta-review of over 50 systematic reviews of mental health interventions in schools, Weare and Nind (2011) noted that heightening the impact of such programs depends in part on using leaders appropriately. While they specifically mention teachers, specialists, and clinically trained staff, the visionary and operational leadership of the school principal is indispensable for mental health promotion in schools. This investigation and others like it can begin to specify the role of the principal in articulating need, identifying resources, and spearheading both promotion and problem prevention efforts. Skalski and Smith (2006) indeed strike the right chord when they noted that principals anchor a caring school community, one that focuses on whole child development. Moreover, these effective and holistic development-focused leaders "listen to the pulse of the school, pay attention to the things that do not 'feel right,' and build the capacity of staff members to react to specific situations in a calm, caring manner" (p. 15).

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