



School-Based Mental Health Practitioners: A Resource Guide for Educational Leaders

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Accepted: 27 June 2022 / Published online: 13 October 2022

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Abstract

School-based mental health practitioners can offer enhanced support to schools and students; yet their training, roles, and expertise vary. The roles of these professionals are often conflated, misunderstood, or marginalized in their utility throughout the school system. The purpose of this manuscript is to enhance the capacity of educational leaders to make informed hiring, contracting, and role assignment decisions that best fit school and student needs regarding school mental health services. We clarify the landscape of two distinct groups of qualified school mental health professionals—those who are *education certified* and those who are *independently licensed*; each group represents professionals from multiple disciplines. We illuminate similarities and differences of these professionals and juxtapose the utility of traditional mental health versus school-based mental health. We then discuss the similarities and differences of qualified school mental health professionals described within the context of traditional and school-based mental health preparation and service delivery. We conclude by contributing three resources for educational leaders to support the process of engaging school-based mental health practitioners. First, we offer a planning guide to understand state variations in certification requirements across professionals. Second, we provide a hiring guide primer that summarizes education requirements and delineates role orientations for school mental health practitioners. Third, we provide an interview guide to help clarify a candidate's experience and skills useful to contemporary school needs. We conclude by offering recommendations for educational leaders to become more effective consumers of school-based mental health services.

Keywords Mental health practitioners · Hiring · Human resources · Certification · Licensure

Students face an array of adversities that compromise their ability to benefit from their educational experiences.

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Specifically, 16–23% of children experience a mental health diagnosis and incidence rates may be elevated for students of lower socioeconomic status as well as those with multiple adverse childhood experiences (e.g., exposure to trauma, abuse, neglect, family alcohol and drug use, bullying, discrimination, and violence), with prevalence rates often increasing during teenage years (Ghandour et al., 2019; Joseph et al., 2020). Additionally, nearly half of children and adolescents with mental health diagnoses never receive treatment from a mental health professional (Whitney & Peterson, 2019). Mental health challenges of students are often felt by teachers, as students' wide-ranging needs commonly outpace teachers' capacity to address them (Brown et al., 2019; Flower et al., 2017; Kirkpatrick et al., 2020; Mitchell & Bradshaw, 2013). For example, teachers are vulnerable to secondary traumatic stress, which can negatively impact both teacher health and performance (Essary et al., 2020; Hydon et al., 2015).

School mental health practitioners (SMHPs) are the primary resource available to educational leaders to support students experiencing mental health challenges, as well as their parents and teachers. The often-hectic schedule of educational administrators underscores the need for a cohesive hiring process that helps to minimize uncertainty and the high costs of ineffective hiring decisions (Mason & Schroeder, 2010; Stronge & Hindman, 2003). At times, hiring decisions may be conducted to meet specific needs of a school, which may lead to hiring individuals who are not qualified or whose qualifications are not well suited to provide mental health support once the immediate need is addressed (Mason & Schroeder, 2010). For example, a school might hire a SMHP to implement a social-emotional curriculum that is being adopted and implemented school-wide and then later decide they would like the professional to also provide therapeutic services on a limited basis, when community-based therapy is unavailable. Another example involves a situation where a school hires a SMHP to provide Tier 3 support for students (e.g., behavior intervention planning and case management) and later determines what they really need is someone to conduct school-wide behavioral screening and install and monitor the fidelity of prevention services to reduce the number of students requiring intensive support. Additionally, and as has been seen recently, a school might hire a SMHP to assist in supporting students and families who are struggling with virtual learning or other COVID-related challenges and later determine they need the same person to serve as the school Multi-tiered System of Support coordinator. Solmonson et al. (2011) identified some of these challenges in Texas, with educational leaders routinely hiring SMHPs who lacked appropriate training and credentials; these professional shortcomings (e.g., self-efficacy, competency, ethical orientation, and role in the school) were also identified in the study by the SMHPs themselves (Solmonson et al., 2011). Reactionary hiring decisions can pose challenges for the school system, if they are not sufficiently qualified to fulfill a variety of roles and may also pose an array of legal, ethical, and supervisory concerns for educational leaders. Unfortunately, the diversity of qualified SMHPs makes it difficult, even for experts in school mental health, to make informed hiring, contracting, and role assignment decisions that best fit school and student needs based on a professional's degree and title alone.

Policy Guiding School Mental Health Service Providers

Although educational leaders establish credentials for in-house (i.e., local education agencies' employees) SMHPs, education policy has long sought to guide their efforts. For example, the 1985 reauthorization of the Individuals with

Disabilities in Education Act (IDEA) included the *qualified provider* provision, which requires states to maintain standards for professionals providing special education-related services in schools (Sect. 300.156). Related services specified in IDEA that are consistent with a school mental health perspective include counseling services, early identification, family training-counseling and home visits, parent counseling and training, psychological services, and service coordination (§300.320(a)(4)). Further, IDEA indicates that counseling services should be provided by “qualified social workers, psychologists, guidance counselors, or other qualified personnel” (See Sect. 300.34 Related Services). Although they vary by state, generally Departments of Education (DOE) sanction requirements for “qualified” related service providers, such as school social workers (SSWers), school psychologists (SPs), and school counselors (SCs; National Association of State Boards of Education, 2020; Tharinger et al., 2008;).

In 2015, the Every Student Succeeds Act (ESSA) provided guidance to increase the capacity of state and local educational agencies for enhancing student support and academic achievement by addressing three overarching areas: (1) provide all students with access to a well-rounded education, (2) improve school conditions for student learning, and (3) improve the use of technology in order to improve the academic achievement and digital literacy of all students. In alignment with these goals, ESSA provided guidance, definitions, and provisions surrounding SMHPs, including activities to support safe and healthy students, comprehensive school-based mental health, early identification of mental health symptoms, and trauma-informed practice.

ESSA defined a *qualified SMHP* as “a state-licensed or state-certified school counselor, school psychologist, school social worker, or *other state licensed or certified mental health professional qualified under State law to provide mental health services to children and adolescents*” (ESSA, 2015). The first part of this definition (a state-licensed or state-certified school counselor, school psychologist, school social worker) identifies the same qualifications as does IDEA's related service provider provision (SSWers, SPs, and SCs); this group of professionals will be henceforth referred to collectively as *education certified SMHPs*. The second part of the ESSA definition (other state licensed or certified mental health professional qualified under State law to provide mental health services to children and adolescents), expands the definition of *qualified SMHPs* dramatically, since it is inclusive of those who are not *education certified SMHPs*, but nevertheless qualified by state law to provide mental health services to children and adolescents. This group of professionals will be henceforth referred to collectively as *independently licensed SMHPs*. The expansion of qualified SMHPs in 2015, which added *independently licensed SMHPs*, increased the options available

to educational leaders and also complicated the hiring of SMHPs considerably.

Changing Landscape of Education

Further obfuscating the hiring of qualified SMHPs is the changing landscape of education and factors that include, but are not limited to, the COVID-19 pandemic, recent racial unrest nationally, and Medicaid policies. The COVID-19 pandemic and recent racial unrest have changed our society and schools in many ways, the likes of which may take time to fully understand. However, what we already know is troubling. For example, economic challenges for many families have increased due to job instability, cutbacks, and employment loss (Montenovo et al., 2020). Further, as education moved into the online realm, schools struggled to support students with or at risk for developing mental health concerns (Kelly et al., 2020) and the digital divide (e.g., unequal access speed, affordability, and usability of technology) exacerbated existing educational equity issues (Correia, 2020). Simultaneously, the stark examples of police violence in 2020 increased public awareness regarding enduring inequities and endemic racism (Laurencin & Walker, 2020). While perhaps not completely prepared, SMHPs stepped into these spaces to provide direct services and supports (Astor et al., 2022; Kelly et al., 2020). Thus, while SMHPs are one of many resources that will be required to assist students with mental health concerns, they appear to be a critical resource for educators committed to removing barriers to learning and providing equitable school opportunities for all students. The COVID-19 pandemic, combined with ongoing challenges of systemic racism in society and schools, may prompt educational leaders to reconsider what skills and expertise they value. Specifically, some may now place a higher priority on preparation aligned with equity promotion and preventative efforts aimed to support students and families (Mitchell, 2021).

Federal and state Medicaid policies can also have considerable influence on how mental health-related services are provided in schools, particularly in districts with high rates of Medicaid eligible students. Within the scope of federal requirements, states have authority to define covered services, service delivery, eligible beneficiaries, and qualified practitioners in their Medicaid State Plans. A 2014 rule change by the Center for Medicaid Services allowed schools to bill Medicaid for covered mental health services delivered to Medicaid enrolled students, even when the service was made available for free to other students (for example, students lacking health insurance who don't qualify for Medicaid [Department of Health and Human Services, 2014]). In some places, taking advantage of this opportunity to defray school mental health costs has been incumbent upon states

making corresponding amendments to their Medicaid State Plans and state regulations. When allowable under State Plans, school districts may also contract with or develop Memoranda of Understanding (MOU) for school-based services from independently licensed mental health practitioners in private practice or Community Mental Health Centers, who then handle billing to health insurance or Medicaid providers themselves. Although temporary, changes to federal requirements and state plans allowing expanded Medicaid coverage of telehealth services during the COVID-19 pandemic may eventually result in more permanent use of some telehealth services for schools in areas where mental health workforce shortages make it difficult to find qualified practitioners.

As noted above, the purpose of this manuscript is to enhance the capacity of educational leaders to make informed hiring, contracting, and role assignment decisions that best fit school and student needs regarding school mental health services. Herein, we (a) describe the professional preparation and sanctioning of *education certified* and *independently licensed SMHPs*, (b) discuss similarities and differences within and between *education certified* and *independently licensed SMHPs*, and (c) offer recommendations and resources for educational leaders who are involved in the hiring of SMHPs or who oversee the provision of school mental health services.

Professional Preparation and Sanctioning of Qualified SMHPs

In this section, we describe the professional preparation and sanctioning of *education certified* and *independently licensed SMHPs*. It is important to note that the professional preparation and sanctioning of these professionals are subject to variations by state (Altshuler & Webb, 2009; Mitchell et al., 2021). Prior to describing the preparation and sanctioning of these groups of qualified SMHPs, we provide an overview of the disciplines in which the preparation programs and sanctioning bodies are situated. Finally, while school nurses meet the definition of a SMHP, we have not included them because they primarily provide support related to physical health; whereas the SMHPs from social work, psychology, counseling, and marriage and family therapy primarily provide support related to mental health.

Disciplines

Herein, we provide a brief description of the primary disciplines preparing professionals to provide mental health service provision, including social work, psychology, counseling, and marriage and family therapy.

The mission of social work “is to enhance human well-being and to help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (NASW, 2021; preamble). This mission is operationalized through social work’s Code of Ethics and subsequent application of social work values, principles, and techniques across a variety of practice methods. Application of the techniques and methods requires significant knowledge of human development and behavior; social, economic, cultural institutions, and the interaction of these factors. Social work degree programs are accredited by the Council on Social Work Education (NASW, 2021). As a discipline, social work prepares *education certified and independently licensed SMHPs*.

Per the American Psychological Association’s (APA) Ethical Principles of Psychologists and Code of Conduct, psychologists are committed to increasing scientific and professional knowledge of behavior and people’s understanding of themselves and others, and to use their expertise to improve the condition of individuals, organizations, and society (APA, 2017). This is accomplished through several different roles, all of which apply a common set of principles and standards. The APA Commission on Accreditation is the national accrediting authority for professional education and training in psychology (APA, 2009). As a discipline, psychology prepares *education certified and independently licensed SMHPs*.

Per the American Counseling Association (n.d.), the mission for professional counselors is to help clients identify goals and potential solutions to problems which cause emotional turmoil; seek to improve communication and coping skills; strengthen self-esteem; and promote behavior change and optimal mental health. Counseling programs are accredited by the Council for Accreditation of Counseling and Related Educational Programs. As a discipline, counseling prepares *education certified and independently licensed SMHPs*.

According to the American Association for Marriage and Family Therapy (n.d.), marriage and family therapists treat several serious clinical problems, but emphasis is placed on the idea that the unit of treatment is never just the person, but rather the set of relationships in which the individual is embedded. The Commission on Accreditation for Marriage and Family Therapy Education is recognized as the only accrediting agency for graduate degree and clinical training programs in Marriage and Family Therapy. As a discipline, marriage and family therapy prepares *independently licensed SMHPs only*.

Programs and Sanctioning of *Education Certified SMHPs*

As noted above, social work, psychology, and counseling (but not marriage and family therapy) prepare *education certified SMHPs*. As such, each discipline recognizes school-based practice as an area that requires specialized training and experience; each discipline also has education-specific state and national associations, preparation programs, and organizations that sanction provider qualifications. Preparation programs and qualifications vary by state and by discipline and are summarized below.

School Social Work

SSW is recognized as a specialty area by NASW, which has a practice section dedicated to school-based work and defines three overarching principles for practice: (a) education/school reform, (b) social justice and (c) multitier interventions-nested within 11 professional standards for role orientation (NASW, 2012). Two national organizations—the School Social Work Association of America and the American Council on School Social Work—each provide resources and training specifically for school social workers. Further guiding professional development and practice is the SSW national practice model (Frey et al., 2016). The national practice model provides a framework for role orientation, including (a) evidenced-based behavior and mental health services; (b) climate and culture to promote student learning and teaching excellence; and (c) improving access to school and community-based resources. Additionally, the model encourages addressing system level and structural challenges across the home and school, with orientation toward ethical principles, education policy, advocacy efforts, and data-based decision making. Many states (33) require master’s degree in social work (MSW) to be certified as a SSWer (Mitchell et al., 2021). An MSW typically requires 60 graduate credit hours and 450 h of field placement. Of the 33 states that require an MSW, 13 require completion of coursework and field experience specifically related to school-based practice (Mitchell et al., 2021); however, many states have university-affiliated preparation programs that require education specific coursework and experience even though it is not mandated to be an *education certified SSWer*.

School Psychology

The National Association of School Psychologists (NASP) recognizes school-based practice as a specialized area of psychology. NASP defines their practice model around 6

organizational principles across 10 domains of practice. The organizational principles include orientation of the service delivery model; attending to climate; addressing physical, personnel, and financial support; effective communication; supervisory responses; and mechanisms of professional development. The practice model lists 10 domains to help orient their role, including (1) data-based, (2) consultation and collaboration, (3) interventions, (4) mental and behavioral health, (5) school wide services, (6) support services, (7) family and community collaboration, (8) equitable practices, (9) evidenced based, and (10) ethical practice (NASP, 2020b).

The National Certified School Psychologist (NCSP) credential is designed to help unify state certification requirements across the country (NASP, 2020a). The NCSP credential consists of completing a 60-credit hour graduate-level school psychology program, 1,200 internship hours (600 of which must be in a school setting), and passing the Praxis School Psychologist exam. NASP has often steered state legislatures toward accepting the NCSP credential or toward designing state requirements that closely mirror their organizational standards. This has led to many states (39) accepting the NCSP pathway as a route for state (i.e., *education certified*) certification. All states require SPs to obtain education certification, which requires a specialist degree (Mitchell et al., 2021).

School Counseling

The American School Counselor Association (ASCA) also recognizes school-based practice as a specialized area of counseling. The ASCA provides mindsets and behaviors to guide practice, including tips in service provision, planning, assessment, and ethical principles (ASCA, 2019). The ASCA provides a national model detailing four overarching methods: (a) foundation, (b) management, (c) delivery, and (d) accountability. The practice model details ideal skills, leadership, advocacy, and collaboration, with much of their role oriented toward direct and indirect service delivery (ASCA, 2020). Most states (43) have explicit internship requirements, and all states require SCs to obtain education certification, which requires a master's degree (Mitchell et al., 2021).

Independently Licensed SMHPs

Each of the four previously noted disciplines prepare *independently licensed* SMHPs. Importantly, the coursework and internships for each of those disciplines may, but does not necessarily, focus on clinical issues that are relevant in school contexts. Upon graduation from their discipline's terminal practice degree program, which is a master's degree

for social work and counseling and a doctoral degree for psychology, independent practitioners must complete a minimum of two years of full-time, post-terminal practice degree work experience under the supervision of an independent practitioner and pass a state licensing examination that emphasizes that they demonstrate knowledge and skill related to practice (ACA, n.d.; APA, 2009; Crane et al., 2010; NASW, 2005). However, the work that these independently licensed professionals do in their post-terminal practice degree experience under supervision can involve a cross section of clients and issues and may not necessarily be with school-age youth and their families. For example, a licensed counselor may have focused on couples therapy in their degree program or a social worker might have been providing clinical supports to elderly clients. Practice experience and supervision for each of these professionals is typically organized around clinical practice, sometimes referred to as psychotherapy. The implication from the training and additional (i.e., independent) licensing credential is that each of these disciplines is primarily working to provide psychotherapy and therapeutic services to clients. For example, in Kentucky, the practice of clinical social work means "the practice of social work that focuses on the evaluation, diagnosis, and treatment of a mental disorder as related to the total health of the individual" (Kentucky Revised Statute, KAR 23:070; Sect. 1, Definitions); the regulation further identifies knowledge in the following areas as critical: psychodynamics, human relations, crisis intervention, psychopathology, and group dynamics.

While there is some variation by state, the credentials for these professionals are: Licensed Clinical Social Workers (LCSW), Licensed Psychologist or Health Service Psychologist, Licensed Professional Counselor (LPC), and Licensed Marriage and Family Therapist (LMFT). Licensed Psychologists or Health Service Psychologists are recognized by one of the following areas of practice: clinical, counseling, or school. Independently licensed practitioners with these credentials are typically qualified to diagnose mental health conditions, bill Medicaid for services, and engage in clinical practice independently; it is critical to note that clinical practice is not the same as counseling and definitions vary by state organizations that sanction independent practitioners. The incentive for professionals to attain this advanced credential has been in part for them to have the option to go into private practice as a psychotherapist.

Discussion

For educational leaders to make informed hiring, contracting, and role assignment decisions that best fit school and student needs regarding school mental health services, it is important to understand the similarities and differences

in preparation of *education certified* and *independently licensed SMHPs* from the various disciplines.

With the exception of SSWer in a few states, all *education certified* and *independently licensed* SMHPs are required to have earned a Master's degree or higher in their respective discipline. The general degree requirements, including number of hours of coursework and supervised practice experience (e.g., practica, internships), are similar across disciplines. However, there are some differences between what each discipline emphasizes, and these distinctions have implications for how SMHPs are prepared to provide school mental health services. For example, and as can be seen in their mission statements, social work emphasizes empowerment of people who are vulnerable, oppressed, and living in poverty, whereas psychology focuses more on knowledge of behavior and people's understanding of themselves and others. Counseling's focus is to help clients identify goals and potential solutions, and marriage and family therapy focuses on serious clinical problems that manifest within the individual as well as the family system. Social work, psychology, and counseling recognize school-based practice as a specialty area and therefore have education specific programs that provide a path to become an *education certified SMHP*. School social work is considered a specialty area within the MSW degree, while psychology and counseling have degrees by the same name (i.e., school counseling, school psychology). Thus, SCs and SPs have degrees in school counseling (i.e., MEd) and school psychology (i.e., EdS), whereas SSWers have a MSW degree, but complete specialized coursework and field experience relevant to school-based practice. Each of these three disciplines and marriage and family therapy provide a second path to becoming a qualified SMHP. After completing the discipline's terminal practice degree, practitioners can become independently licensed by completing two years of post-terminal practice degree experience providing service under a board approved supervisor and passing a state licensing examination.¹

Thus, the preparation of *education certified* versus *independently licensed* SMHPs is substantially different. The primary advantage of *education certified* SMHPs is that they have all been specifically prepared to work with children and adolescents in a school environment, as well as with the teachers, parents, and administrators who support them. The primary disadvantage is that they are not qualified to provide clinical services, diagnose mental health conditions, or bill Medicaid for services in many states. The primary advantage of *independently licensed* SMHPs is that they are qualified to provide clinical services and bill Medicaid for services in

most states. Because their degree requirements and supervised work experience are not specific to work with children and adolescents or school-based practice, the primary disadvantage is that they may be unprepared to meet the priorities of educators (e.g., address primary prevention needs, target education [rather than mental health] outcomes) or fit readily into school routines and systems. Ironically, it is presently possible to be a qualified SMHP without ever having worked with children or in a school setting.

In contrast to *independently licensed* SMHPs and as evidenced by discipline specific school-based practice models, the *education certified* SMHPs should have acquired content knowledge and practice experience related to (a) multi-tiered models of support, (b) advocacy, (c) ethical school-based practice, (d) leadership, and (e) communication. These areas have been identified as critical to successful school-based mental health service delivery (Ball et al., 2010; Bradshaw et al., 2014; Mellin & Weist, 2011; Michael et al., 2014; Olsen et al., 2020; Weist et al., 2012). In addition, the SSW and SC practice models attend to school climate, family support, tertiary (tier 3) interventions, evidence-based practice, use of data, and professional development. The SSW practice model also emphasizes social justice and brokering of services/case management (in and out of the school), whereas the SP practice model addresses equity practices and the SC ethical standards reference social-justice advocacy. Further, SP's emphasis on addressing financial support is unique, as is SC's focus on mindsets that guide behavior.

Professional preparation programs vary, and all professionals, including SMHPs, are shaped by more than their educational experiences. Specifically, they are shaped by their current and past work experiences as well as their personal experiences—including their own experiences as in schools and with educators, their family, and culture. While there are certification- and discipline-specific training experiences that might make some groups of SMHPs more or less inclined to engage in different aspects of practice competently, there are three exceptions that are formally codified. First, while both *education certified* and *independently licensed* SMHPs can serve on an interdisciplinary team that evaluates and determines eligibility for education diagnoses identified in IDEA, only *independently licensed* SMHPs are qualified to determine eligibility for mental health diagnoses, such as those identified in the Diagnostic and Statistical Manual of Mental Health Disorders (American Psychiatric Association, 2022). Second, only psychologists (*education certified* and *independently licensed*) can administer and interpret IQ tests. Finally, only *independently licensed* social workers, *independently licensed* psychologists, and *independently licensed* counselors can bill Medicaid for services in all states, although there is considerable variation by state.

The primary implication of this manuscript is that being knowledgeable about *education certified* and *independently*

¹ Psychologists and counselors are not required to complete their degree in school psychology or school counseling to pursue independent licensure as a SMHP.

licensed SMHPs from different disciplines is necessary but not sufficient for educational leaders to be effective consumers of school mental health services. To be effective consumers of school-based mental health services, educational leaders need familiarity with the diverse paths by which SMHPs become “qualified,” so they can create job descriptions that match their priorities and carefully and skillfully vet applicants. Engaging SMHPs who are not qualified, or who are technically qualified but unprepared to meet educational leaders’ priorities, is likely impacted by several factors. First, the budget available for staff positions may not be sufficient to hire enough SMHPs to meet the needs of students, making MOUs with independently licensed practitioners an attractive option. Second, emergency funds and acute crisis needs can push educational leaders to make decisions quickly, leading to rushed planning and hiring (Cade & Parker, 2015; Solmonson et al., 2011). Similar responses may result from the pressure of time-limited funding sources, like grants or congressional appropriations such as the CARES Act. Finally, when hiring is guided by professionals who do not have a good understanding of the strengths and limitations of the various qualified SMHP’s educational training, certification standards, and role orientation; less qualified professionals may be hired (Mitchell et al., 2021). We are aware our analysis of the similarities and differences among SMHPs is likely to leave administrators’ who are looking for a simple answer to the question, “who should I hire?” unsatisfied. It is also worth noting that some administrators may not have a great deal of say in which type of SMHP they hire because of local worker shortages. For those that do have a choice, we believe the following recommendations will make education leaders more effective consumers of school mental health services.

Creating SMHP Job Descriptions

Advanced planning is required to create effective job descriptions for SMHPs, which can be used to guide services provided through contract or MOU, in addition to being critical to the staff hiring process. We recommend those who create job descriptions for SMHPs understand or consult with state professional organizations and licensure boards. Although this article is a valuable resource, we are aware of the extensive time demands placed on educators and therefore created a summary of the various qualified SMHPs, which is provided in Appendix A. This resource is particularly salient for administrators in the early process of deciding which qualified SMHPs are most relevant to the state or district’s needs and strategic priorities prior to establishing minimum and preferred qualifications for SMHP positions.

A second recommendation prior to creating job descriptions is to assess the state or district landscape of relevant

school mental health certification and training. This involves obtaining a clear understanding of the state-level certification requirements for both groups of qualified SMHPs (i.e., *education certified* and *independently licensed*), as well as the university-affiliated preparation programs that are likely to supply qualified SMHPs. Supplemental Appendix A provides a state and/or district planning guide for *education certified* and *independently licensed* professionals. Specifically, SA-1 and SA-2 are unpopulated tables designed to help those involved in hiring decisions to collect relevant information for SMHPs. If you are unsure where to access the information required to complete these tables for your state, we recommend beginning with an internet search of state organizations and licensing boards for each of the disciplines and specialty programs that prepare SMHPs as well as the State Department of Education; most states have a Department of Education liaison for SSWers, SPs, and SCs. Additionally, most of these professional groups have state associations, and the president for each organization can likely answer your questions or connect you with someone who can. Finally, university faculty who oversee DOE approved SMHP specialty programs are typically very knowledgeable about certification and training issues. Tables S-3 and S-4 contain completed tables for the Commonwealth of Kentucky, which can serve as an example.

We have two recommendations related to job titles. First, when a position is intended to be discipline specific, use job titles that clearly communicate the personnel’s education and certification credentials, such as *School Social Worker*, *School Psychologist*, or *School Counselor*. Further, these titles should only be used for SMHPs who have completed specialized preparation programs and secured school-level certification by the same (or similar) names. Second, when a district seeks to have a position open to professionals from multiple disciplines, use the title *School-based Mental Health Provider*, which is consistent with the language in the ESSA.

Next, we recommend different job descriptions for those working with students of different ages (early childhood, elementary, middle, and high school) within a district. Students, parents, teachers, and administrators in these settings have different needs, and their school-based mental health providers should have different qualifications. For example, in pre-k settings, administrators are likely to prioritize accessing non-school-based services, engaging parents, social-emotional learning, and primary prevention; for these reasons, we believe SSWers, LCSWs, and LMFTs are particularly well qualified for these settings. It might also be important to have internal expertise related to early diagnosis in early childhood settings; we believe the credentials of an LCSW, SP, or Licensed Psychologist or Health Service Psychologist are a good fit for this priority. In contrast, priorities within an elementary or middle school are likely to include parental engagement and

leadership for multi-tiered systems of support (e.g., integrated interventions across all tiers, data-based decision making, and coordinated academic and behavioral programming) and expertise in and skill providing special education supports. We believe SSWers, SPs, and SCs are the most prepared to address these priorities, and in some situations, it would be advantageous to hire those who are also *independently licensed* (SSWers with an LCSW, SPs who are independently licensed psychologists, or SCs who are also LPCs). Finally, the priorities for high school students are likely to include issues that are more representative of traditional mental health services. For example, high school students may require professionals who are well versed in addressing substance abuse, pregnancy/contraception, and family conflict. Thus, at the high school level we recommend minimum qualifications include both *education certified* and *independently licensed*, since determining if students meet mental health diagnostic criteria and providing clinical services are prioritized.

Next, we recommend use of mental health terminology that is consistent with legislation and statutes that govern mental health service provision. For example, we recommend using the term “counseling” within the job description if that is a function you want the SMHP to perform. Counseling is included in the definition of practice for social work, counseling, and psychology; therefore, it is an appropriate performance indicator or job responsibility for professionals from all of these disciplines. Further, we do not recommend job descriptions include the following terms *therapy*, *clinical practice*, or *psychotherapy*, unless having an *independently licensed* SMHP is identified on the job description as a minimum requirement. These terms are differentially protected by each discipline’s state licensure board and including them in a job description for those not qualified could expose districts to litigation. Psychological testing should only be listed for SPs, Licensed Psychologists or Health Service Psychologists. Similarly, if an LEA plans to bill Medicaid for mental health services rendered by employees, being an *independently licensed* SMHP is typically an essential minimum qualification.

Finally, we recommend all qualified SMHPs be hired as certified (versus classified) employees. All qualified SMHPs have qualifications that match or exceed teacher certification requirements, and we believe it disrespectful to require professionals from disciplines other than education to meet the state-level certification requirements but hire (and pay) them as classified personnel.

Interviewing

Next, we recommend search committees either use the interview guide provided in Appendix B or individualize it for their unique needs. Because school priorities differ and

there is tremendous variation in how SMHPs are prepared, it is important to assess the goodness of fit between the school needs and the candidate. Administrator priorities for SMHPs related to the COVID-19 pandemic and recent racial unrest are likely to be highly variable, and the extent to which candidates are suited to those priorities will be difficult if not impossible to assess outside the context of an interview. The interview guide in Appendix B contains several questions to help interview teams assess applicants in these areas. While SMHPs are among many resources that will be required to assist students with mental health concerns, they appear to be a critical support for educators committed to removing barriers to learning and providing equitable school opportunities for all students.

Quality Control

Finally, states and districts might intentionally allow for SMHPs from a variety of paths to compete for jobs, to maximize local decision-making and to provide flexibility due the SMHP workforce shortages that exist in many areas. One way to ensure those from diverse professional development backgrounds share some common language and expectations is to develop a structured onboarding professional development system to maintain quality control. We believe this could be done internally for larger districts; however, universities are ideally positioned to partner in these efforts. One of the article authors (MK) has created such a program in his university, which provides online post-terminal practice degree training to all the different school-based disciplines noted in this article and works to tailor the coursework to the students’ specific advanced practice needs in their school context. (To date, five cohorts from 11 states have participated.)

We have several recommendations for districts to develop structured onboarding professional development systems, starting with a needs assessment to determine if all SMHPs can reasonably be expected to fulfill the job description. A few examples follow. First, if school-specific knowledge related to evidence-based practice, multi-tiered systems of support, and ethics are expected, yet a school-based certification is not a minimum requirement, these areas should be part of the onboarding process. Next, if counseling is an expectation, the onboarding process should include training in short-term modalities that are appropriate for school-based practice. Irrespective of the qualifications, the use of data to inform decision making should be included in an onboarding system, since it is critical to school mental health, and the systems used to collect and analyze it vary widely from district to district.

Limitations and Future Research

In this article, we have aimed to clarify the landscape of SMHPs to aid educational administrators in their hiring practices of these professionals. In light of these efforts, some limitations are offered to clarify our findings and inform future areas of research. First, we relied on respective discipline practice models and the literature base to support our findings. That said, some limitations exist, including the gaps in the literature that prevent a clear articulation of the varying practices, roles, and certification standards across professionals and disciplines. With this in mind, future research may be useful to clarify differences in SMHPs, including role differentiation, administrative hiring practices, staffing demands and shortages, and overall prevalence of the professionals in schools. While some research exists in this capacity, it is often discipline specific and may offer limited analysis across SMHPs (see Kelly et al., 2015). Meanwhile, it is important to note the consistent underrepresentation of SMHPs—across professional disciplines and state lines—a factor that may confound the equitable hiring practices of these professionals (Mann et al., 2019). Currently, it is still unclear whether hiring practices or workforce shortages contribute to the low levels of SMHP representation in schools. This paper offers a step toward clarifying some differences in SMHPs in support of educational administrative hiring practices; however, more research is needed to employ, sustain, and prioritize SMHPs based upon the needs of a given school system and their students.

Conclusion

Schools are often the first, and for some students, the only place where mental health services are provided, and it is important for educational leaders to be able to find highly qualified practitioners to deliver these services. This manuscript was created to enhance the capacity of educational leaders to be knowledgeable and effective consumers of school-based mental health services. To do so, we described federal policy (i.e., IDEA, ESSA, and Medicaid) that defines the multitude of professionals who can fulfill these roles. We argue that the broad range of qualified SMHPs recognized by education policy makes it difficult to assess the goodness of fit between the educational priorities and applicants. For education leaders to be effective consumers of these services, we described and discussed the typical training and experience of the two major categories of qualified SMHPs—education

certified practitioners and independently licensed practitioners. Finally, we offered several recommendations and resources for educational leaders. No individual school mental health discipline (or mental health provider from outside the school) can claim to address all the school's needs; what is needed is a careful consideration of the different roles of these professionals to help educational leaders hire the professionals that most match their objectives.

Appendix A: SMH Hiring Guide Primer

Education Certified Practitioners

School Social Work

Title: School Social Worker (SSW).

Specialized preparation program: MSW, including school social work-specific coursework and practicum

Qualification overview: Recognized as a specialty area in social work, school social workers deliver services and interventions at multiple levels within the MTSS framework and strive to create strong home-school-community linkages to enhance school climate and functioning, along with providing direct counseling support to students on their caseload.

Possible license/certifications: State Education Agency certification for school social work

Policy recognizing credentials: IDEA/ESSA

Type of training: School mental health

School Psychologist

Title: School Psychologist (SP)

Specialized preparation program: EdS in school psychology, with a practicum in a school setting

Qualification overview: The National Association of School Psychologists (NASP) recognizes school psychology as a specialized area in psychology, and has a practice model that defines the school psychologist role as providing services to the school through direct service, consultation, school-wide services, and family/community collaboration

Possible license/certifications: State Education Agency certification for school psychology, National Certified School Psychologist credential (accepted in 39 states as a pathway towards state certification)

Policy recognizing credentials: IDEA/ESSA

Type of training: School mental health

School Counselor

Title: School Counselor (SC)

Specialized preparation program: MA in school counseling, with a practicum in a school setting

Qualification overview: School counselors focus on delivering both direct and indirect services to their schools, with a national practice model that emphasizes working with students to address their academic, mental health, career, and college preparation needs

Possible license/certifications: State Education Agency certification for school counseling

Policy recognizing credentials: IDEA/ESSA

Type of training: School mental health

Independently Licensed Practitioners

Licensed Clinical Social Worker

Title: Licensed Clinical Social Worker (LCSW)

Specialized preparation program: MSW + two years post-masters supervised clinical experience

Qualification overview: LCSWs are required to have ongoing supervision with an LCSW for two years and to pass a licensing exam drawing on a range of clinical modalities and theoretical frameworks. They are qualified to provide clinical services, diagnose mental health conditions, and bill Medicaid for services in most states. No school-based experience is required to become an LCSW.

Possible license/certifications: LCSW

Policy recognizing credentials: ESSA

Type of training: Traditional mental health

Licensed Clinical Psychologist

Title: Clinical Psychologist

Specialized preparation program: PsyD, or PhD in clinical psychology and completing state licensure requirements

Qualification overview: Clinical psychologists are required to pass their state licensure requirements to practice independently. They are qualified to provide clinical services, diagnose mental health conditions, and bill Medicaid for services in most states. No school-based experience is required to become a clinical psychologist.

Possible license/certifications: Licensed Clinical Psychologist

Policy recognizing credentials: ESSA

Type of training: Traditional mental health

Licensed Professional Counselor

Title: Licensed Professional Counselor (LPC)

Specialized preparation program: MA in counseling + a minimum of two years supervised clinical work by an LPC and passing the state licensure exam

Qualification overview: LPCs complete their additional supervised training and pass their state's licensure exam. They are qualified to provide clinical services, diagnose mental health conditions, and bill Medicaid for services in most states. No school-based experience is required to become an LPC.

Possible license/certifications: LPC

Policy recognizing credentials: ESSA

Type of training: Traditional mental health

Marriage and Family Therapy

Title: Licensed Marriage and Family Therapist (LMFT).

Specialized preparation program: Completing a master's in marriage and family therapy and completing additional hours of supervised clinical experience.

Qualification overview: LMFTs have to obtain supervised post-master's clinical experience and pass a state licensure exam. They are qualified to provide clinical services, diagnose mental health conditions, and bill Medicaid for services in most states. No school-based experience is required to become an LMFT.

Possible license/certifications: State-level LMFT.

Policy recognizing credentials: ESSA.

Type of training: Traditional mental health.

Appendix B: Interview Guide

These questions are meant to be a starting point for search committees interested in identifying school mental health professionals who can work effectively within a typical school setting.

Training and Experience

- Can you tell us about the preparation program you completed and the licenses or certifications you hold have prepared you for this position?
- Can you tell us a little about your experience in school settings and non-school settings? [Prompts: location, duration]

Types of Interventions

- When you think about your role supporting students, how do you balance your responsibility to provide services to a single child with those of other students in the school, parents, teachers and administrators?
- If a child is referred to you, how would you go about assessing where the most appropriate place is (i.e., school/teacher, home/parent, or student) to intervene?

- What types of evidence-based practices would you employ?
- How do you know if you are using an evidence-based practice that is appropriate for school-based practice? [Prompt: How do you know they are appropriate and effective for school-based practice?]
- How do you support teachers if they are the most appropriate person to implement the intervention you are recommending?
- How do you envision your services being integrated into school-wide PBIS or RtI efforts?
- What would you consider the ideal balance of your service delivery across Tiers 1, 2, & 3? Have you ever worked in a place where you had that ideal balance?
- How do effective primary prevention efforts fit with the services you feel most confident providing?
- What are your views on exclusionary discipline (suspensions, expulsions, arrests, and referrals to law enforcement)?
- How can you engage in equity promotion on a preventative level?
- What is your understanding on surveillance mechanisms in schools and their impact on students?
- What other education policies and practices do you think SMHP can assist to shape, particularly as it concerns students with or at risk of mental health concerns and students of Color?
- In what ways will you engage with students and families in response to promoting pathways of educational equity?

Collaboration/Brokering of Services

- To what extent do you view your role as a case manager, or someone who connects students or families with services with the school and in other service sectors, such as child welfare, mental health, and juvenile justice settings?
- Tell us about a case where you were able to bring multiple professionals together to help a client or clients. What do you think made the collaboration successful?
- In what ways do school mental health services differ from those that would be provided by a community mental health specialist?
- Please talk a little about confidentiality in schools—under what circumstances can or should you share information with administrators, teachers, and parents?

Use of Data

- Can you tell me a little about how you would screen students who might require additional support?
- What outcomes do you believe are most appropriate to determine if what you are doing is beneficial?
- Describe how you've collected data in the past to monitor the effectiveness of your interventions. Do you have go-to progress monitoring tools or measures that you use regularly, and if so, what are they?

Equity Issues

- What do you think are the most important equity issues in education, and how would you see your school mental health practice addressing them?
- What is your understanding of special education referrals in the context of equity?

Supplementary Information The online version contains supplementary material available at <https://doi.org/10.1007/s12310-022-09530-5>.

Acknowledgements Dr. M Kelly passed away prior to publication. His contributions to this manuscript and to the field of school mental health generally were immense. Michael was also a wonderful friend and colleague. He is and will continue to be missed.

Funding The authors did not receive support from any organization for the submitted work.

Declarations

Conflict of interest The views expressed in this article are those of the authors and do not reflect the official position of the Kentucky Department of Education. Andy Frey is an Assistant Editor of SMH. There was no funding to support this manuscript.

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