THE NEED FOR MENTAL HEALTH RESOURCES IN SCHOOLS: A SURVEY OF NEEDS CONDUCTED WITH SCHOOL PRINCIPALS

A DISSERTATION

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Abstract

Mental health in children has been defined by the Centers for Disease Control and Prevention (CDC) as reaching developmental and emotional milestones, learning healthy social skills and learning how to cope when there are problems (Centers for Disease Control and Prevention, 2013). Mental health in children is a crucial component of overall health and an important predictor of their ability to thrive and succeed in school and to lead productive lives as adults later. Children and adolescents spend most of their days in school and schools often serve as primary locations for the delivery of mental health services for them (Adelman & Taylor, 2010). While current literature documents several school based services that are in place to address the mental health needs in children, there are gaps that lie between the student mental health needs evinced the services in place and the need for better and more comprehensive measures to address them. The current Covid-19 pandemic has served to complicate matters further and has served to render the topic of mental health awareness and access to mental health services in schools more salient. The principle investigator utilized a qualitative method guided by a Grounded Theory approach to explore school principal perspectives on the need for and access to mental health resources within schools. The PI interviewed a total of 20 school administrators using a semi structured interview protocol consisting of 26 questions. Data analysis involved coding interview content guided by open coding, axial coding and selective coding processes outlined by Strauss and Corbin’s (1990) qualitative approach. Interview data explored school administrator perceptions across the following areas: The perception of violence in schools, factors involved, Mental health in schools, Principal training and experience, Principal role in schools, Staffing in schools and staff training, Funding for mental health in schools, Barriers that
prevent optimal access to mental health in schools, Impact of Covid-19 on schools, Principal aspirations for growth in the field of mental health in future. These data offer preliminary evaluation of current perspectives and practices involving access to mental health in schools and may provide implications for consideration in future.
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Introduction

Mental health as defined by the World Health Organization (WHO) is said to be a state of well-being in which individuals are able to realize their own abilities while being able to cope with the normal stressors present in everyday life, working productively while making a contribution to their communities in which they live and operate (Galderisi, Heinz, Kastrup, Beezhold & Sartorius, 2015). Mental health in children has been defined by the Centers for disease Control and Prevention (CDC) as reaching developmental and emotional milestones, learning healthy social skills and learning how to cope when there are problems (Centers for disease Control and Prevention, 2013). In children, mental health is a crucial part of their overall health and an important predictor of their ability to thrive and succeed in school and to lead productive lives as adults later. A review of literature reveals, that at least one out of every five children and adolescents in the United States are thought to experience mental illness once in their lifetime (Centers for Disease Control and Prevention, 2013; Costello, Copeland & Angold, 2011; Merikangas et al, 2010). Left untreated, poor academic performance, lower rates of graduation in addition to other health risks are associated with mental illness in children and adolescents (Mojtabai et al, 2015). Also significant is the current rates of violence in schools nationwide today as discussed in the next chapter (Centers for Disease Control and Prevention, 2016). A common thread that appears to lie within these acts of violence in school is the significant mental health concerns that include depression and suicidal histories amongst others. A notable fact emerging from the extant literature is that almost all the students involved in acts of violence had exhibited troubling behavior that had been noticed by people in the school but, help had not been provided, consequently resulting in violence that claimed several lives (Vossekuil, Fein and Berglund 2015).
Children and adolescents spend most of their days in school and schools often serve as the primary location for the delivery of mental health services for them (Adelman & Taylor, 2010). Mental health services provided within schools include services to address social, emotional and behavioral concerns provided by school based mental health professionals. There are obvious systemic considerations and other multi-tiered and multi-pronged efforts that need to be effected and coordinated by relevant school staff and administrators. Broadly defined, school based mental health services consist of a diverse plethora of services that includes many frameworks and programs. These include student assistant teams, response to intervention (RTI), positive behavioral interventions and supports, special education, social and emotional learning services, Safe Schools and Healthy Students, school climate and other initiatives to address social and emotional learning and behavioral responses of students (Franklin, Kim, Ryan, Kelly & Montgomery, 2012). The cost of pediatric mental health disorders is significant and growing. As estimated, at least 20% of children and adolescents in the United States meet the diagnostic criteria for a mental health disorder. The cost of treating mental disorders in children is estimated to be at least $247 billion annually (Bardach et al., 2014). It thus appears that addressing mental health needs and providing appropriate services is essential early, in the elementary school years in order to prevent the negative aspects associated with mental illness. This will also allow for the promotion of overall welfare in children and adolescents in schools, their homes and the communities they live in. A review of literature appears to document school-based services that are in place to address the mental health concerns that are apparent. However, there is a gap that lies between the apparent needs expressed, the services provided and the deficits that appears to exist documented by the acts of violence perpetrated in schools, and the costs associated with it.
Purpose of Study

The purpose of this study involves conducting a survey of needs for mental health resources in schools based on the perceptions of school principals. The investigator will use semi-structured interviews to interview and understand an administrative perspective on the need to address extant issues concerning access to mental health resources within schools. The investigator has worked as a school psychologist in different school districts for a few years and has come to appreciate the interactive, multiplicative and systemic issues that are involved in the screening, assessment, diagnosis and access to mental health resources in the schools. As such, the investigator has remained concerned by the mental health needs evidenced in these schools and gaps that exist between the needs and access to mental health resources and the other gaps in services that exist between the schools and the communities they serve and exist in. Although it is obvious that there is a common need for access to mental health resources in school settings, it is likely that these needs will be varied and different based on the community and population these schools serve. One aspect that has however remained constant across school districts has been the principals’ administrative ability to make decisions for the school in deciding what mental health resources the school has access to (Barrett et al, 2013; Gottfredson & Gottfredson, 2002; Kam Greenberg & Walls, 2003). While existing literature has documented several ways and means to address mental health concerns in schools, the investigator is interested in understanding the decision making process, the knowledge base and training in mental health issues, experience and perceptions from the perspective of school principals in making these decisions for their schools. The investigator has further decided to interview kindergarten through eighth grade school principals for the purpose of the study. This decision was based on a review of literature that reports that several mental disorders have an onset in childhood or adolescence (Kessler & Wang, 2008). While some disorders like depression develop during
adolescence, others such as attention deficit hyperactive disorder have an earlier onset but remain undiagnosed due to various reasons that include different developmental trajectories and contexts in addition to other limitations in assessment and screening (Paus Keshavan & Giedd, 2008). Undetected or untreated mental illness is associated with, poor academic performance; lower rates of graduation and other health risks in children and adolescents (Mojtabai et al, 2015). Mental illness in children increases the risk of developing mental health disorders in adulthood and compromises physical and emotional well-being across the lifespan. (Walter, Yuan & Cabral 2017). It thus appears that early detection and intervention is likely to have serious implications in child mental and behavioral health. Following in the footsteps of research in the fields of neuroscience and behavioral health, Berger, (2011) has reported that early childhood is an essential period for the development of self-regulation skills in children. Adolescence however emerges as a period marked by risk–taking behaviors influenced heavily by peer groups (National Research Council and Institute of Medicine, 2011). Keeping in mind the significance of the mental health challenges that emerge early and the benefits of early intervention, the investigator decided to focus on this population of children and the perception of needs perceived through the eyes of school principals in subsequent access to mental health resources in their schools during these formative years in school. The purpose of the study being exploratory in nature, the investigator deemed it necessary to conduct the study and progress without a guiding hypothesis. The investigator plans to adopt a grounded theory approach allowing the data content to dictate the exploration and evolution of emergent facts and trends revealed by the data.
Review of Literature

Why is Access to Mental Health Resources within the School System Important?

Violence in schools

Violence in schools is a topic of great concern but is it right to assume that historically schools have been free from violence? Although violence in schools is a topic of much discussion today, it appears that this is not a recent phenomenon. Archival and historical accounts suggest that violence in schools is not unique to current times but has existed in the past. Violence in schools has been likened to a socio-behavioral phenomenon that has ebbed and flowed in intensity in response to changing social conditions (Midlarsky & Klain, 2005). As the authors have suggested, operating within societal contexts of conflict and violence, it is to be expected that violence will permeate the school environment. However, they also add that while not operating as safe havens for children, schools have multiple protective measures and practices in place that make them safer than most other settings within our communities (Midlarsky & Klain, 2005). This study deals with the need for and access to mental health resources in schools viewed as a protective measure to enhance social, emotional, behavioral and academic well-being in children, adolescents and youth during their formative years in school.

Attending school is an integral part of growing up everywhere in the world. Children attend school with the intent of learning and growing in an environment where they need to feel safe and supported. Violence in schools is a prevalent fact that is the topic of much discussion today. In a study by Flannery, Wester and Singer (2004) more than 44% of adolescents reported having been exposed to violence at some point during their life in school. During the 2013-2014 academic year 65% of public schools across the country documented approximately 757,000
crimes. In addition, 5.6% of all school students missed school because they felt unsafe. A total of 2,824 children between the ages of 0 to 19 years old died of gunshot wounds while an additional 13,723 remained injured, (Centers for Disease Control and Prevention, 2016). As reported by Diliberti, Jackson, Correa & Padgett (2019), an estimated 962,300 violent incidents occurred in U.S. public schools nationwide while 71% of schools reported having at least one violent incident during the 2017–18 school year. As reported, 66% of schools reported at least one physical attack while an estimated 3,600 incidents nationwide involving the possession of a firearm or explosive device at school were reported during the same school year. At least 28% of middle schools reported a higher incidence of student bullying (at least once a week) as compared to high schools or elementary schools while higher percentages of cyberbullying cases were reported at the middle and high schools in comparison to elementary schools. Additionally, 35% of disciplinary actions taken by schools in response to student involvement in use or possession of a weapon resulted in out-of-school suspensions lasting 5 or more days while 14% percent involved the transfer of students to specialized schools, and 5% involved the removal of students with no follow up for continuing services (Diliberti et al, 2019). Also, in the same study, when schools were asked about barriers to violence prevention in their institutions, factors highlighted were inadequate funds, lack of programs and alternative placements for troubled students and schools policies on discipline for special education students (National Center for Education Statistics, 2019).

Aggressive behavior in childhood has been liked to adverse outcomes such as academic failure, social isolation, violent and delinquent behaviors later in life (Muratori, Bertacchi, Giuli, Nocentini, & Lochman, 2017). Research also points to negative repercussions for victims of peer aggression resulting in school absenteeism, other depressive symptoms and academic failure
In a study by Li et al., (2011), a survey of over 3,000 students between the third and fifth grades in urban school districts in the Western United States was conducted. Results revealed that at least 22% of all students surveyed, reported being involved in incidents of peer aggression, either as a perpetrator or a victim. It is believed that prevention efforts and intervention in schools at early stages may be crucial for reducing future behavioral problems that are often the precursors of other psychiatric diagnoses at the middle childhood ages and later in adolescence (Solomon, Klein, Hintze, Cressey, & Peller, 2012).

In reviewing studies on violence, Vossekuil, Fein and Berglund (2015) coined the term “targeted violence” to refer to violence perpetrated by a known attacker on a known target. Following the 1999 violent incident of school shooting in Columbine High School, Colorado the Department of Education and the Secret Service collaborated to launch the Exceptional Case Study Project (ECSP) and the Safe School Initiative (SSI) to gain a better understanding of the reason for the violent behavior. Criminal justice, Educational, Judicial, Mental Health and Public Records were reviewed with an aim to compile information that would offer an insight into the thought patterns and the decision-making process involved in perpetrating acts of violence. The Safe School Initiative study revealed that at least one person knew about the impending act of violence in at least 80% of the cases. In almost 60% of the cases more than one person had access to the information and included friends, schoolmates and siblings suggesting that bystanders may be able to prevent such acts of violence. As suggested by the authors, these bystanders may not have known whom to entrust with the information or have had faith in the fairness of the system (Vossekuil, Fein and Berglund 2015). The Safe School Initiative did not identify a specific profile for the school shooters apart from the fact that they were all male stating that all perpetrators “varied in race, academic performance, families, social relationships, disciplinary records, extracurricular activities and religious activities.” The SSI project however
also identified that most attackers commonly, had a history of failures and losses that included the loss of a loved one or significant relationships or status. Also common were significant health issues and mental health issues that included depression and suicidal histories (Vossekuil, Fein and Berglund 2015). A notable fact that emerged from these studies was that almost all the students who had perpetrated acts of violence had exhibited troubling behavior earlier in their school lives, that had been noticed by people in the school but, help had not been provided, consequently, resulting in violence that claimed the lives of innocent people. Almost three fourths of the attackers voiced being subjected to bullying and harassment at the hands of their peers going as far back as elementary grades in school (Vossekuil, Fein and Berglund 2015). According to the authors a history of mental illness is not a key factor is predicting violence, however; a history of mental illness may pose a risk of threat. For example, a person subject to mental illness may react with violent behavior in response to hallucinations or delusions (Vossekuil, Fein and Berglund 2015). The presence of a trained staff capable of screening for these behaviors and past history of violent behavior or intent to act in a violent manner is an essential component in helping to mitigate violent acts stemming from these organic causes in schools.

Possible link between violent behavior and mental health

It is believed that childhood psychiatric disorders are generally associated with academic struggles and failure that are in turn associated with other negative outcomes that include increased rates of psychiatric disorders, risk taking behavior and involvement with the criminal justice system at older ages (Riglin, Frederickson, Shelton & Rice, 2013; Whear, Marlow, Boddy et al; 2014). The most common difficulties at younger ages in school age children are disruptive behaviors and anxiety disorders. Primary school aged children between
the ages of four and ten years display separation anxiety and oppositional defiant disorders while, older children aged 11 to 18 years of age experience generalized anxiety, conduct disorder and depression. While Attention Deficit Hyperactive Disorder (ADHD) and Autism Spectrum disorders present with difficulties for children at younger ages, eating disorders and cases of psychosis increase rapidly from mid adolescence onward (Fazel, Hoagwood, Stephan & Ford, 2014). Epidemiological studies have shown that psychiatric disorders tend to persist into adulthood (Kessler et al., 2005).

Certain school specific factors have a significant impact on mental health in children during their early school years. Bullying is a one such occurrence that takes place early within the school context. Research shows that suicidal ideations and suicide attempt rates are more than doubled in young people reporting peer victimization in schools. In addition, the effects of childhood bullying persist far into adulthood manifesting with increased rates of anxiety, depression and self-harm (Meltzer, Vostanis, Ford, Bebbington & Dennis, 2011; Van Geel, Vedder & Tanilon, 2014). As reported by Sourander et al., (2009), eight-year old boys who had been frequently bullied, were more likely to display antisocial personalities, substance abuse, depressive and anxiety disorders as many as 15 years later (Sourander et al., 2009).

Major losses in life and a history of trauma may act as triggering events leading to violent behavior that is somehow perceived as a means to end pain. A history of having been suicidal may be an important predictor for violence where the person may have very little regard for their own life and the lives of others (Vossekuil, Fein and Berglund 2015). As reported by Lee (2013) at least 61% of the perpetrators in cases of school shootings documented had previously reported a history of suicide attempts in addition to experiencing symptoms of severe depression and desperation before the attacks. It is thought that a high number of perpetrators struggle at earlier
ages with issues such as grief and loss; bullying, depression, anger management, poor problem solving and low self-esteem and are likely to benefit from interventions by trained mental health professionals. Counseling students on these topics and providing them with the tools to cope with these issues proactively is likely to help in the prevention of violent aggression (Miller, 2014).

It appears that the presence of a trained professional such as a psychologist and other mental health practitioners may be invaluable to the prevention of such incidents of violence in schools. According to Weisbrot (2008) the presence of a trained school consultant is crucial in being able to evaluate threats and danger of violence in school settings. The presence of a trained school consultant who is able to interpret complex individual, family and group dynamics, has an understanding of behaviors and how they are affected by instances of bullying and teasing, externalized and internalized aggression and suicidal intent coupled with recognition of psychiatric concerns is crucial to keeping everyone safe in school setting and creating an atmosphere conducive to learning (Weisbrot, 2008). Exposure to violence results in debilitating immediate and long-term consequences. These are likely to include physical, behavioral emotional and psychological consequences to those exposed to it. Research points to the adverse effects of violence on the physical and mental health of all those exposed to it. According to Natvig, Albreksten and Qvarnstrom (2001), adolescents exposed to violence suffered from somatic symptoms such as headaches and backaches. Other studies found that exposure to violence and victimization at school resulted in reports of high levels of depression, anxiety and other psychological distress later (Estevez et al, 2005; Schwab-Stone et al, 1995).
Mental health in schools

Actual victimization at school is said to be a reliable predictor of internalizing problems such as depression and anxiety (Janosz et al. 2008). Parents send their children to schools in order to pursue learning opportunities in a safe environment that is conducive to the learning process. The threat of school violence has disrupted that feeling of safety that is felt by students, staff and school and communities as a whole. Envisioning the relationship between the adolescent and the school community from an ecological systems theoretical perspective (Bronfenbrenner, 1994), it is important to realize the nature of the dynamic and multiplicative interaction between the adolescent, their home environment, the school community, in particular their relationships with their families, peers and teachers. Social support from teachers, peers, the school community and family are said to provide a protective factor in coping with the violence present in schools (Duru & Balkis, 2018). It is also established that social support in school systems and other factors such as academic competence and social acceptance play a crucial role in promoting adolescent well-being in schools (Garcia-Reid, Reid and Peterson, 2005).

According to Catalano, Oesterle, Flemington and Hawkins (2004) reduction of problem behaviors accompanied by positive outcomes in schools can be achieved in a well-organized school that can meet student academic and psychological needs. Positive outcomes can be achieved in and safe and supportive school environment where teachers support their students in an environment conducive to learning. Current research discusses how support from teachers, peers and other adults within the school system acts as a protection on psychological health and adjustment for adolescents within the school system (Cooley, Fite, Rubens, & Tunno, 2015).

According to Katsiyannis, Whitford, & Ennis (2018), the adoption of multitiered models of support such as PBIS and Ci3T is likely to improve overall school climate, reduce discipline referrals, improve social emotional competence while utilizing school wide data to identify
students with risk factors. In complying with these multi-tiered systems of support school wide screening measures may be utilized at different points of a year to assess risk factors and identify students in need of more support. This level of support is likely to prevent acts of violence in schools by offering conflict resolution skills, coping and self-regulation skills by offering small group or individual counseling, coordinated home and school support systems, different modes of therapy and other mental health services (Katsiyannis et al, 2018). It appears that even with the knowledge of these models of support schools are unable to meet the obvious demands due to an inadequate number of student support services staff such as counselors, social workers and school psychologists due to lack of funding support (Katsiyannis et al, 2018). Thus, it appears that school administrators are faced with the challenge of implementing mental health approaches and staff that will help prevent violence in their schools while promoting safety for all within the school environment.

Mental health needs for Children and Adolescents: How are these needs being met in schools

At least one out of every five children and adolescents in the United States are thought to experience mental illness once in their lifetime (Centers for Disease Control and Prevention, 2013; Costello, Copeland & Angold, 2011; Merikangas et al, 2010; Walter, Yuan & Cabral, 2017). The annual cost of mental, emotional and behavioral disorders in children has been estimated at least $247 billion accounting for the largest amount of spending on children with additional associated costs in special education, welfare and the juvenile justice system (Agency for Healthcare Research and Quality, 2012). Undiagnosed or untreated mental illness has been associated with poor academic outcomes for students coupled with lower rates of graduation (Mojtabai et al, 2015). Environmental factors that have an impact on mental and behavioral health in children and adolescents include low socioeconomic status, adverse and unstable
familial conditions and inadequate and inequitable educational opportunities that are associated with a higher risk for mental and behavioral problems and other psychological disorders. Additionally, children and adolescents with mental and behavioral disorders develop academic difficulties and display academic underachievement often resulting from frequent absences, suspensions and ultimately drop out by the time they arrive in high school (Russell, Ford, Williams & Russell, 2016). Thus, it appears that adverse experiences early in life have far reaching effects on later adult life outcome as documented by the adverse childhood experiences (ACEs) study (Felitti, et al, 1998).

It is believed that approximately 30% to 40% of all youth in the United states are diagnosed with at least one mental disorder by adolescence with anxiety, behavior and other mood disorders appearing early in life before the age of 14 years (Merikangas et al., 2010). Mental disorders that appear in elementary years, when left untreated are associated with significant problems that persist into adolescence and continue into adulthood and include, impaired social functioning, suicidality, substance abuse, criminality, lower educational and occupational success and a lower quality of life in general. Thus, the need for early intervention in elementary school seems to be crucial (Owens, 2016).

Although it is apparent that there is a strong need for mental health care, less than half diagnosed children and youth receive the care they need (Levitt, Saka, Romanelli & Hoagwood, 2007; Olfson, Druss & Marcus, 2015). It is important to note that racial and ethnic minority children receive fewer and poorer-quality mental health services in comparison to their nonlatino and white peers (Alegria, Green, McLaughlin & Loder, 2015). Given the considerable disparity in the accessibility and use of clinic bases mental health treatment apparent schools have an important role to play in the provision of mental health services. Thus school -based mental health services can reduce the persistent disparities in mental health needs and services since they
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are more accessible than community-based services and more acceptable by the families involved (Atkins, Capella, Shernoff, Mehta & Gustafson, 2017). Children and adolescents referred to school-based services are more likely to engage in and attend at least three sessions in schools as compared to youth referred to services in other community-based settings (Husky, Sheridan, McGuire & Olfson, 2011). Moreover, children in rural areas suffer from a disadvantage compared to their urban counterparts due to a limited availability of mental health professional and other resources in these areas (Lambert, Ziller, & Lenardson, 2009). Schools may be the ideal place to intervene and access children and adolescents since children spend a major portion of their day in school. In addition, schools may be the only means to access children from rural areas or other ethnic populations (Weist & Albus, 2004).

Broadly defined, school mental health includes many different psychosocial interventions and services to support all students in the school with social, emotional and learning challenges. According to Solomon, Klein, Hintze, Cressey & Peller (2012), early intervention effort in schools may play a crucial role in the reduction of problem behaviors which are often associated with psychiatric diagnoses in later childhood and adolescence. In fact, Atkins, Hoagwood, Kutash & Seidman, (2010) have suggested that the optimal utilization of change agents such as administrators, teachers and other support staff in schools may help bring around sustained mental health programs within schools. It appears that the implementation of mental health programs in schools result from interdisciplinary collaboration from multiple sectors connected with the school community.

Mental health programs at schools often focus on enhancing social and emotional skills, social inclusion, effective problem solving, increasing positive behaviors while promoting skills that teach children how to be good citizens of the societies they live in (Fazel, Hoagwood,
Stephan & Ford, 2014). A meta-analysis by Durlak, Weissberg, Dymnicki, Taylor & Schellinger (2011), also looked at academic benefits following the implementation of mental health programs at both the primary and secondary grades. They found that schools utilizing social and emotional learning programs averaged an increase of 11 to 17 percentile points on standardized tests as compared to those schools that abstained from similar interventions (Fazel et al., 2014).

There is an abundance of research that speaks to the effect of a positive school climate and its correlation with reduced violence and victimization in schools (Astor and Benbenishty, 2018), reduced rates of delinquency, substance use and school dropout (Kotok, Ikoma, & Bodovski, 2016; Thapa, Cohen, Guffey & Higgins-D’ Alessandro, 2013). Although there is an absence of a clear definition, there is general consensus about what factors contribute to school climate in general. As delineated, the school climate in a school is “based on patterns of students’, parents’ and school personnel’s experience of school life and reflects norms, goals, values interpersonal relationships, teaching and learning practices, and organizational structures” (National School Climate Council, 2016, para 1; Astor and Benbenishty, 2018). Other research also points to the importance of a supportive and caring approach toward students from teachers, a sense of connectedness, meaningful participation in school and a sense of safety (Berkowitz, Moore, Astor & Benbenishty, 2017; Thapa et al., 2013).

Marginalization of issues and concerns related to mental health, confusion about mental health goals within the school setting and other issues related to access to resources and associated funding may pose to be barriers to the implementation of effective mental health programs in schools (Weist et al, 2012). Others have highlighted the importance of building an interdisciplinary system where mental health efforts within a school system is maintained within a multi-tiered system of support with well delineated roles and responsibilities that will allow for enhanced awareness and knowledge of mental health issues among children and adolescents.
(Atkins et al, 2010). Studies have indicated that teachers and other school personnel are likely to be invaluable members of interdisciplinary teams working in tandem with mental health professionals to implement interventions in the classrooms and reinforce them on a regular basis. Teachers are thought to have important roles to play in providing a number of essential mental health services that include early identification, referrals, support strategies in the classroom and implementation of these strategies (Franklin, Kim, Ryan, Kelly & Montgomery, 2012; Rothi, Leavy & Best, 2008). Additional research by (Frauenholtz, Mendenhall & Moon, 2017) also suggests that limited literacy on matters of mental health may impede effective collaboration between interdisciplinary systems in schools, the home and the community.

A study by Moon, Williford & Mendenhall, (2017) revealed that although most educators and administrators take student mental health issues seriously, they feel inadequately trained in the field and expressed a desire for further training. The areas highlighted for further training were gaining a better understanding of mental health disorders, behavior management techniques, gaining knowledge about specialized skills such as social skills training and understanding trauma. The findings of this study thus highlight the importance of specialized training for school personnel that will allow for identification of mental health issues and optimize both mental health and academic potential in schools. As discussed by Moon, Williford and Mendenhall (2017), appropriate training will help school personnel understand both externalizing and internalizing behaviors stemming from underlying mental health issues and allow them to make appropriate referrals to mental health professionals. This then stands to reason that appropriate training for school personnel will help prevent unnecessary disciplinary actions and other self-injurious behaviors and suicidal ideations in children and adolescents in schools. No doubt that these referrals followed by appropriate treatment will help to prevent future spending by the district required for the creation of special programs within district and
necessary out of district placements. Investment in providing appropriate training for school personnel is then likely to bolster and maintain district financial resources in the long run. Another issue highlighted by the authors (Moon, Williford and Mendenhall, 2017), is one that concerns the shortage of mental health professionals in school settings. As discussed before, it appears that appropriate training for school personnel will allow for relevant referrals to mental health professionals. The findings of this present study also indicate that school personnel are more comfortable and likely to make these referrals to the mental health professionals within the schools. School mental health professionals in their roles, while working to treat and make appropriate recommendations also act as liaisons between the school and other community mental health professionals in seeking appropriate treatment for these students. They also work with the school administrators who hire them, in collaboration to create a positive school climate that will benefit the school at large. It appears that the presence of mental health professionals in schools is a crucial component in promoting available mental health resources within the system. This concentrated effort however requires effective leadership at the school and district levels.

The role of the principal as an administrator

The role of the school principal has evolved with changing times. The principal is perceived as having a central role in a school essential to the smooth operation of the school while ensuring optimal student learning and development. Principals are also seen as visionaries and change agents, instructional leaders, curriculum and assessment experts, budget analysts, facility managers in addition to being special program administrators and community builders (Darling-Hammond, LaPointe, Meyerson, & Orr, 2007). However, principals are said to focus on student academic achievement and student learning outcomes with less attention to student social, emotional, spiritual and psychological growth although there is a preponderance of
support to testify to the positive impact of school mental health efforts on youth functioning (Frabutt & Speech, 2012). A study by Weare and Nind (2011) involved a meta-analysis of the state of mental health practices in schools. Results indicated that there were positive impacts on prosocial behavior, instances of violence and bullying and overall mental health. Other studies (Durlak, Weissberg, Dymnicki, Taylor and Schellinger, 2011) have documented the positive impact of mental health programs in schools on improving social competencies, behavioral modifications and overall academic performance. Studies that have focused on the role of the principal in schools looking to implement programs have determined that principal support is typically related to the quality of implementation in addition to the intensity of the implementation (Payne, Gottfredson & Gottfredson, 2006). It then stands to reason that school principals given the centrality of their roles may be instrumental in dictating the nature and scope of mental health efforts with their school systems.

Highlighting the role of the principal as leader in articulating and implementing a vision for the school community Bencivenga and Elias (2003), stipulate that the principal in addition to the superintendent has a special role for setting the agenda for leadership. As suggested by Barrett, Eber & Weist, (2013), school administrators are thought to play critical roles in being able to promote mental health in their schools by developing the appropriate infrastructure, developing multidisciplinary teams and defining the specific roles of the multiple professionals involved. According to the authors, resource allocation and the development of sustainable funding may also be important areas that require the administrator’s involvement. The authors also posit that the administrator’s awareness of mental health and knowledge are important factors in increasing opportunities to promote mental health interventions in school settings. Additionally, the authors suggest that administrators knowledgeable in areas of mental health are likely to be more effective in building appropriate infrastructures, thus overcoming possible
barriers in the implementation of sustainable mental health interventions in their schools (Barrett et al, 2013). Thus, it appears that the principal is uniquely situated in being able to identify, create and dedicate appropriate resources to implement mental health efforts within the school system.
Methods

Research Question

The current study involved interviews with school principals in Kindergarten through Eighth grades in New Jersey in order to understand the need for access to mental health resources in schools. The study aimed to gather an understanding of the factors that facilitate access to mental health resources and others that may act as barriers to optimal access within the public school setting.

Rationale for the Study

A review of the current literature clearly stipulates an outstanding need for access to mental health resources within the schools across the nation. However, it appears that there are gaps that lie between the need for mental health resources and access to the same within the school systems. Research by Barrett et al., (2013), suggests that school administrators are thought to play critical roles in being able to promote mental health initiatives in their schools. School principals may be uniquely situated in their roles in being able to identify, create and dedicate appropriate resources to implement mental health efforts within the school system. A survey of needs was conducted to gain a better understanding of specific needs for mental health that lie within the school, factors that facilitate access to resources and the barriers that impede access. The investigator examined first-hand knowledge, experience and perceptions from the perspective of school principals. This study was conducted employing qualitative methodology. This allowed for a thorough examination of the subject matter at greater depth while utilizing a Grounded Theory approach (Strauss & Corbin, 1994). As stated by Charmaz (2006), Grounded theory has a dual identity as “both a method of inquiry and a product of inquiry”. The study
utilized a systematic and rigorous process of data collection through scheduled interviews with school principals to examine knowledge and experiential perceptions of the mental health needs involved stakeholders through administrative lens. The investigator analyzed the data using a three-step process of categorical analysis, open coding, axial coding and selective coding to inform the evolution of emergent facts and trends revealed by the data (Strauss and Corbin, 1990).

Participants and Procedure

Twenty principals from kindergarten through eighth grades situated in New Jersey were chosen and invited to participate in the study. As noted from personal experience, in many large school districts assistant school principals carry out many of the roles and functions of the school principal. As deemed appropriate, assistant principals from large school districts were included in the participant sample for the purpose of the study. Participants were provided with informed consent forms and interviewed using the Principal Interview Protocol. The study was conducted with principals keeping in mind their positions of leadership and the centrality of their roles in the decision-making process involving the operation of their schools.

Once approved by the Dissertation Committee members, the proposal was submitted to The Institutional Review Board for the Protection of Human Participants at Rutgers University for review and subsequent approval.

The principle investigator (PI) employed a combination of methods to invite school administrators or school principals to participate in the study. The investigator invited study participants by emailing a random select sample of principals (in grades kindergarten through eighth grades) in New Jersey stating the purpose of the study and providing them with a brief
overview of the study. A follow up email was sent out to those contacts without responses seven
days after the initial email was sent out. A second round of emails was sent out to invite a fresh
set of potential participants if the initial round does not yield an adequate number of responses.
Additionally, a snowball sampling method was also employed where random selected
participants recommended other participants in similar positions situated in other school districts
as potential participants. The PI was either introduced through email or initiated an email
independently to a potential participant inviting participation. Once initial responses were
received, the investigator provided the participants with a more detailed overview of the study.
Additionally, Participants were informed about potential interview times with an approximate
time limit of 20-30 minute commitments required for the interviews. The participants were
informed about the necessity for audio recording of the interviews for transcription purposes and
consent was obtained to record participant responses. In keeping with the limitations imposed by
the Covid-19 related pandemic, the interviews were conducted virtually (via Zoom, WebEx etc.)
at a time that was mutually acceptable to both parties. Informed consent was gathered before
commencing with the interview process.

Measures

The Investigator used the Principal Interview Protocol that was developed for the
purpose of the study to guide the interview process. The Principal Interview Protocol consists of
26 questions. The protocol offered a semi structured format and contained questions designed to
capture an understanding for mental health resources within schools as perceived by their
principals. The questions examined issues such as principal training, the decision making
process, current practices related to mental health initiatives in the school, especially practices in
place during the Covid-19 pandemic, knowledge, perceptions and experiences with mental
health, the need to have access to mental health resources in schools, funding for mental health initiatives and programs, adequate number of trained staff and other factors that facilitate access and other that present as barriers in appropriate access to mental health in schools.

*Data Analysis*

Based on the available research and literature several areas related to the need for optimal access to mental health resources in schools were identified as potential themes for analysis prior to data collection. Principal training, knowledge and experience in the field of mental health and subsequent attitude were proposed to be significant factors in deciding the approach to adopting and optimizing access to mental health resources in schools. Other potential themes for analysis included, the availability of appropriate and trained staff to screen for mental health concerns and drive initiatives for mental health programs, teacher and staff training on appropriate mental health topics, available funding for mental health initiatives in schools and mental health practices in response to Covid-19.

The data analysis plan was guided by the analytical procedures outlined by Strauss and Corbin (1990), and the emerging trends were tested against the systematic data collection utilizing a constant comparative method. Data was analyzed using the three phases outlined by the authors, namely, open, axial and selective coding procedures. During the open coding phase, the investigator examined the responses received and assigned labels based on the concepts or meaning of the responses. These assigned labels were used to create an initial list of codes from the data gathered. Responses that contained more than one concept or meaning were assigned more than one label or code as necessary. Once all the data was gathered and transcribed, the axial coding phase included splitting or merging the codes as necessary in order to create a set of coding categories and to extract broader themes or categories from the existing data. While
analyzing these broad categories from the gathered data, the investigator examined all underlying emerging and overlapping themes within these broader categories. While engaged in the first two phases of data analysis, the investigator was guided by the conditional relationship guide (Scott, 2004) in order connect study structure with the process employed. During the third selective coding phase the data categories and themes were integrated and extrapolated to inform emerging themes and trends (Strauss and Corbin, 1990). In keeping with the recommendations of Charmaz (2006), the investigator adopted a constructivist approach in the analysis of the data gathered choosing concepts and categories based on knowledge and interaction with the field of interest and questions asked.
Results

Twenty Principals, and when applicable, assistant principals from Kindergarten through eighth grades working in suburban and rural school districts in New Jersey were invited to participate in the study. Recruitment via email in addition to a snowball sampling method was employed to invite principal participation in the study. The final sample of participants included eleven elementary school principals with one assistant principal included (K-3 and K-4th grades) while the other nine were from intermediate (grades K-6; 4-5; 5-6), and middle schools (grades 6-8) for a total of twenty participants. One participant was an assistant principal in a large school district. Duration in their current positions varied between one and thirteen years with some participants reporting longer periods of experience in the field of education. At the time of the interview, all participants were working in a mix of suburban and rural school districts located in Central New Jersey, Northern Jersey and North Western New Jersey All participants were interviewed virtually, on Zoom using the Principal Interview Protocol. Participant responses were analyzed guided by a grounded theory approach allowing the data content obtained to dictate the exploration and evolution of emerging facts and trends.

All the responses were examined by two independent coders. Both individuals independently read the responses and developed a list of themes. The themes were then assigned broad labels that reflected the meaning of the responses and were also used to identify similarities and differences among the responses. Both individuals compared their lists and agreed upon a set of themes that would be used to code the responses from each of the interviews with the participants in the study. The two coders independently read and coded responses using the agreed upon coding themes for each question asked. The two coders met to review the
response codes. Any discrepancies in coding were identified and the rationale for coding discussed, until a final code was decided upon for that particular response.

The data analysis plan was guided by the analytical procedures outlined by Strauss and Corbin (1990) the emerging trends were tested against the systematic data collection utilizing a constant comparative method. During the open coding stage, the interview data were unraveled and examined and then sorted out into multiple original categories or themes that were then recombined into nine core themes. Utilizing the axial and selective coding stages allowed the investigator to engage in a constant comparative process where data gathered, within interviews, were compared followed by a comparison between individual interviews. Given the exploratory nature of the study, the investigator looked for patterns and themes that emerged from the interview and reported on evolution of emergent facts and trends revealed by the data. Following the constructivistic approach of Charmaz (2000) the investigator chose to focus on subjective meanings relevant to the participants, researcher values and beliefs involved in order to arrive at suggestive and tentative conclusions as follows.

The principal investigator categorized response data into nine categories and then also reported on overlapping themes including sub themes within those categories. Themes were considered to be overlapping if at least 10% or 2 out of the 20 participants reported or discussed the topic during the interview. It is important to note that impact of Covid-19 was factored into all the categories which captured practices prior to the pandemic and the impact since. The following categories were identified: The perception of violence in schools, factors involved, Mental health in schools, Principal training and experience, Principal role in schools, Staffing in schools and staff training, Funding for mental health in schools, Barriers that prevent optimal
access to mental health in schools, Impact of Covid-19 on schools, Principal aspirations for growth in the field of mental health in future

The Perception of Violence in Schools, Factors Involved

The principal investigator defined this category as the perception of violence in schools, factors involved, that included instances of violent behavior, bringing a weapon to school, bullying or cyber-bullying behavior in addition to instances of suicidal ideations, possible attempts and the utilization of relevant strategies applied both before the pandemic and since. Within this category principals shared similar perceptions which resulted in overlapping themes that resulted during data analysis. These include: Current perceptions of violence in schools, the Impact of Covid-19 on instances of violence as perceived by principals and Strategies in place as a result.

Current Perceptions of Violence in Schools

One hundred percent of the participants indicated that they had experienced instances of violence specified as instances of violent behavior, bringing a weapon to school, bullying or cyber-bullying behavior in addition to instances of suicidal ideations, possible attempts in their schools. Bringing a knife to school was reported by 20% of the participants at the elementary level where the students carried the weapon in their backpacks and took them out to show their friends. The participants explained that upon further examination of the situation, they determined that no use of the weapon was intended and that “given the age of the student, they may not have understood the gravity of what they were doing or bringing to school.” Talking about instances of bullying, 50% of the participants spoke about their Harassment, Intimidation & Bullying (HIB) laws and their involvement in detailed procedures regarding HIB incidents in
their schools following state legislative measures. Referring to instances of bullying one participant at the middle school level reported that they thought that “some of that in part was the result of normal conflict that occurs as students in this age group figure out who they are and who they want to be aligned with.” Another participant reported that in addition to the HIB legislation in effect, the implementation of certain preventive programs in her school had resulted in significant reduction in bullying behavior amongst the students. At least 10% of the participants reported an increase in bullying incidents in their schools further discussing how he thought that it was more a reflection of “how students and people in general treat each other so it falls in the category of bullying.” Instances of bullying were differentiated from other instances of cyber-bullying. Instances of cyber-bullying were reported to be more prevalent at the higher grades with at least 15% of the participants discussing how the use of technology and access to social media made such acts possible.

Ninety five percent of the participants agreed that they had experienced instances of students expressing suicidal ideations in their schools. Participants expressed that while previously this phenomenon has been reported more frequently at the higher grades, students at the lower grades were also voicing suicidal ideations. One participant reasoned that such ideations at the lower grades levels resulted because “many times the students given their age don’t really understand the depth of what they are saying. They are being exposed to such things in the media at times or exposed to things perhaps by older siblings or just hearing such statements being made. They don’t really understand the gravity of what they are saying or the implications.” Another participant reported concerns about the exposure of students to social media and discussed increasing trends in such ideations possibly stemming from this exposure. She elaborated further, expressing “particularly in the middle school, because it’s trendy it loses a little bit of its seriousness in that we see it so frequently that oftentimes we address it all
equally but the ones that are really really problematic get lost in the shuffle.” While at least 45% of the participants reported an increase in the rates of suicidal ideations expressed by students over their years of tenure at the schools, 50% of the participants reported an overall steady rate of such incidents at their schools. One participant reported a reduction in severe student issues during his tenure of ten years in the school. He elaborated on his statement further to say that these decreased rates had been evident before the Covid-19 pandemic struck and had decreased further during the pandemic possibly “because there is less student interaction.”

***Impact of Covid-19***

Responding to whether the ongoing pandemic had exacerbated concerns related to instances of violent behaviors in their schools most participants in the study reported uncertainty. This was compounded by the fact that when the participants were interviewed by the principal investigator 35% of the participants reported working in districts that were operating on an in person instructional format for their schools while 65% of the participants were in school districts that were operating on a remote instructional basis. Out of the 65% operating on a remote instructional basis, at least 35% of the participants had plans to bring back students on an in-person instructional basis or hybrid basis.

One hundred percent of the participants expressed academic and mental health concerns for their students moving forward. Approximately 30% of the participants reported an increase in student bullying behaviors and suicidal ideations and an increasing number of referrals during the pandemic. While 66.6% of the participants (4 participants of the 6) reporting an increase in severe student’s behavior instances were operating on a remote instruction basis, 33.4% or 2 out of the 6 participants were operating in person. One participant’s school district had recently transitioned to an all-remote instructional format a day before the interview. One of the two
participants (operating in person out of the 30%) reporting an increase in severe student behavior, discussed that he had noticed this increase toward the beginning months after the pandemic hit but that these had dwindled since. He reasoned that this was likely due to the concentrated efforts of the staff he had in place to support the needs of his students. Another participant reported “a slight uptick in suicidal ideations.” She elaborated further adding, “it is the same students that had issues prior to Covid. It is the same students from dysfunctional homes for whom coming to school was an outlet for them, a release. Now they are stuck in these homes, there might not be enough food in the house, they’re dark and gloomy and the students are in them all day long with no break. Those are the students who are not faring well both academically and emotionally. These are the same students that we had identified prior to Covid.”

Interestingly, approximately 20% of all participants reported a decrease in instances of violent behaviors, bullying and suicidal ideations during the pandemic. Additionally, out of the 20% reporting a decrease in such behaviors, one participant was working in a district that was operating on a in-person instructional format while the others were in districts operating on a remote instructional basis. As reported by one participant whose district was operating on a remote instructional basis, “there is a decrease no doubt, maybe there is less reporting. I normally would average one situation or screening every week, sometimes escalating to the point where they would have to be sent out for evaluations. The numbers have dropped drastically, and I would attribute this to their parents being there with the students, dealing with it themselves and not reporting it. Unless the kid writes something about it or the parent reports it, we don’t have access to information about those who need that kind of support.” The participant working in the district operating on an in-person instructional format reported that overall his rate of severe student incidences had decreased because of supports and programs he had implemented in his
school and then the further decrease during the pandemic was likely due to “less student interaction” following social distancing measures in the school. Approximately 50% of the total number of participants reported that they continued to see similar instances of bullying, cyberbullying and suicidal ideations both before and during the pandemic. Out of those who continued to report similar instances of escalated student behavior both before and during the pandemic, 60% of the participants were working in districts that were operating on a remote instructional basis while 40% were functioning on an in-person instructional basis. All of the participants spoke about some of their programs and policies that were in place during the pandemic in order to support the needs of their students. It is important to note that several of the participants indicated that some of the same students displaying concerning behaviors currently were the same set of students who were struggling before the pandemic hit.

Strategies in Place

Several of the participants spoke about school safety and security measures focused on both external and internal threats and emphasized the need for students to feel safe and connected in school. Participants discussed adherence to state guidelines and legislation when it came to HIB laws. One participant continued to elaborate adding that “another part that is more important and less focused on procedure alone, is the idea that the school should constantly be evaluating and looking for ways to assess the effectiveness of things that they are doing.” Referring to the importance of overall school environment and school climate he also recognized that these could be instrumental in taking proactive measures “to find ways to have all students feel connected to the school.” Referring to some measures and programs in place, another participant added “we’ve updated our social emotional learning; we incorporated Second Step as our school–wide pre-K-6 program. Typically our students would get anywhere between 30-40 minute lessons a
week in SEL, this past fall due to the pandemic, we’ve increased that to 20-30 minutes a day just to get ahead of possibly any issues that Covid might have caused in terms of our students being in isolation.” In addition to extra training for staff to implement the Second Step with fidelity the same participant also spoke about hiring an extra school psychologist to support the needs of his students during the pandemic. Programs such as SEL, school wide measures, positive behavior support systems, Collaborative Classrooms and restorative practices were reported to have been implemented in order to support the mental health needs of their students. Participants also discussed the importance of depending on their trained mental health professional staff and other programs that were implemented both before and since the pandemic to support their students overall. Referring to himself, one of the principals discussed not having a mental health background and preferring to depend on his staff trained in mental health to assess student risk levels and support them appropriately. Participants also discussed the need to support teachers in order to support student wellbeing. One participant emphasized the importance of listening to teachers, communicating with them and providing them with reassurance and consistency of messages during the pandemic since “that drives everything else.”

While some participants referred to more understanding and lenient practices in relation to academics and overall grading policies for students, others stressed the importance of reaching out to families when concerned about a student. Other participants highlighted the importance of being able to work collaboratively with the families while utilizing school and community resources, trying to ensure that students feel connected to their schools and remaining supportive of students and their families during the pandemic.
Mental Health in Schools

The principal investigator defined this category as mental health in schools exploring principal thoughts on the importance of mental health in schools, practices to support mental health of students and certain programs, interventions and strategies applied both before the pandemic and since. Within this category principals shared similar perceptions which resulted in overlapping themes that resulted during data analysis. These include: Current principal perceptions on the Importance of mental health in schools, Strategies utilized by schools in support of mental health, Importance of a positive school climate and Parent Involvement. The impact of Covid-19 is discussed within these overlapping themes.

Current Principal Perception on the Importance of Mental Health in Schools

One hundred percent of all the participants involved agreed upon the importance of student positive mental health in schools. All participants involved in the study discussed the importance of positive mental health for students and staff in schools reiterating that this topic had taken on added significance during the pandemic. While participants reported that school attendance and task engagement had suffered detrimentally during the pandemic, they highlighted several factors that were important to them both during pre Covid-19 times and since. At least 30% of all participants highlighted the importance of forging bonds and establishing connections for students, amongst themselves, between staff and student, between the entire school community and then the school and the community at large. While remote learning has been limiting the opportunities for social interaction between students and other school and community members, participants referred to creative solutions in order to create and hold student interaction, connections, engagement and communication between all stakeholders involved. One participant elaborated on a creative strategy to keep students connected with their
school. She spoke about a student portal (available only to the school community) being used to create a grade appropriate counseling course that includes several activities for the students during the pandemic. One of the activities asked for children to post pictures of their pets and share their activities involving their pets with their classmates. Other activities asked teachers to share video clips of fun activities and asked for students to share their own with their classmates and teachers.

While most participants reported feeling that positive mental health and academic success went “hand in glove,” generally, they stressed the importance of focusing on mental health more than academics during the pandemic. Discussing the importance of positive student mental health in schools one participant opined “students who are struggling with any mental health issues are not as ready to learn even with great teaching in front and around them, so it’s that important because it is a pre-requisite to effective learning.” While at least 25% of the participants focused on the education of the “whole child,” another 20% discussed how student mental health was of primary focus during the pandemic and that for now “if they didn’t get a skill, it’s okay, as long as they come out of here healthy, we’ll be able to make up whatever.” Approximately 10% of the participants also stressed upon the importance of academics calling them “vital” especially because they allowed students to focus on “reading, math and science, social studies because then that’s something to occupy them” and create a sense of normalcy, structure and routine for them, especially during the pandemic. While at least 55% of all the participants referred to Social Emotional Learning programs, Positive behavioral Support programs, training for staff members on mental health from outside agencies, relevant workshops and other scheduled check in’s with families in the community another 25% of the participants stressed upon the importance of fostering safe, supportive and caring environments within the school and the community both pre pandemic and since.
Discussing strategies that were utilized to ensure positive mental health for their students and the school community at least 70% of all participants interviewed highlighted the importance of collaborative effort in their schools. Some participants focused on the positive interactions between staff and students and collaboration between them while others spoke about their own role in reaching out to students, staff and parents and focusing on having difficult conversations, fostering connections and collaborating to ensure student well being. One participant spoke about the importance of “keeping one’s finger on the pulse of needs” that could only be accomplished by collaborative effort. Another participant elaborated, talking about addressing a student’s needs by being able to work collaboratively and pool all information from multiple sources in contact with that student to better understand relevant behavior, triggers and an appropriate course of action to address the student’s needs effectively. One participant highlighting collaborative effort spoke about adjusting student daily bell schedule to include a 20-minute period for students to relax, to complete tasks or read at the end of the day. Students are allowed to work with teachers if so desired. Once a month, this time has been spent in engaging in a school wide activity based on mental health topics such as SEL or self-care that involved both staff and teachers. This was then communicated with the parents so they would be able to follow up with similar activities in their homes. Such an activity involved the students, school community and the parental community in a collaborative effort to ensure student wellbeing. A similar activity was reported by another participant who also described extending the opportunity to evening hours where families could participate in SEL skill building, movie night and community building activities organized by their school. As reported, collaborative effort has taken on new meaning as schools have doubled their effort to work collaboratively during remote online instruction during the pandemic. As elaborated by one participant “just
think of the number of hours we had to put into it when we went remote, just being available every day, the hardest thing was when we were in the spring, when no one knew exactly what to do and there was no guidance.”

The presence of dedicated staff was a recurrent theme that surfaced during the interviews. As apparent, the presence of dedicated staff was reported to be instrumental in the collaborative efforts to ensure student, staff and community well being, especially during the pandemic. At least 65% of the participants interviewed spoke about how they relied upon their staff to work collaboratively and as a cohesive unit. Speaking about his staff, one participant said “that’s been the thing, and then if the staff is good, they take ownership of what they need to do and we’ve had a seasoned staff and I think that the people you plug into place is the most important thing.

The programs are good and as long as you have people that are dedicated to do it, that’s good.” Other participants spoke about the importance of having staff model positive interactions for the students and in creating safe, supportive and caring environments for the students.

Creative utilization of limited resources was reported by several participants during the interviews. As mentioned above, the presence of dedicated staff and collaborative effort was deemed important to ensure student wellbeing. At least 40% of all participants referred to creative strategies such as cross-educating all teachers on mental health initiatives like mindfulness and self-regulation, support, hiring and training of staff, school wide activities, team building strategies and sharing of resources both before the pandemic and since. Referring to the sharing of resources another participant reported “I would say one of the biggest things we have accomplished is having out Special Education teachers in our Autistic, MD and BD classrooms meet with our Gen Ed teachers. A lot of the behaviors that people are accustomed to in these
Special Education classrooms are happening in regular classes. Having our Gen Ed teachers visit the Special Ed classrooms to see how the teacher interacts, how they sometimes wait out the behaviors, how they ignore the behaviors or diffuse them has been our best professional development efforts, just having teachers watch other teachers.” As reported, the pandemic has halted plans to implement programs and other opportunities for training in schools and most resources have been marshaled to address the situation at hand. Referring to garnering the support of an outside agency such as SAGE for his staff during the pandemic, one participant reported that “it was reactive and proactive, reactive to what people experienced in the spring and then proactive in what we thought might be coming up on the horizon this fall. They will be with us for the entire year, I think it is essential.” Another strategy that reported to be useful in the utilization of resources was the use of formal and informal methods of assessment. At least 15% of the participants reported the use of screening tools, surveys and other informal forms of assessment such as observations in order to gauge student needs in order to address them effectively. This process has been negatively impacted by the pandemic as reported by the participants in the study.

Another common theme among the participants was one of remaining transparent and communicating consistently and effectively with all stakeholders. At least 60% of all participants spoke about the benefits of consistent messaging and “maintaining open lines of communication, being clear with the parents, being clear with the staff and students and keeping those lines of communication open” at all times. Elaborating further one participant stated “they all know that I will communicate with them and make sure that they understand what’s going on. I think the honesty of I don’t know and I don’t know the answer but, I will try and find an answer or I will speak to the superintendent, I think also reassures them that I am not going to feed them things
that I don’t really know. I am willing to say I don’t know if I don’t know the answer to that, but we’ll figure it out as we move forward.”

*Importance of a Positive School Climate*

One hundred percent of all the participants agreed on the importance of a positive school climate in ensuring positive mental health for students, staff and the entire school community. The participants highlighted several aspects of the school climate in their schools and how it was being utilized to remain connected with their students during the pandemic. At least 35% of the participants referred to their adherence to the state legislated HIB laws while another 60% percent of the participants referenced programs implemented in their schools in keeping with the climate fostered within their schools. At least 15% of the participants referred to a collaborative approach to fostering “ownership, accountability and the ability to speak a common language” when referring to the school climate and culture in the building. As elaborated by one participant, the adoption of “a distributed leadership style…. The school operates in a distributed leadership way and so I think an unanticipated positive from that style is that the climate and culture is that it is not my school, it is our school which then has a ripple effect that impacts their teaching, that impacts their ability to handle crises like the one we’re in now, that impacts their willingness to go the extra mile in the best interests of the children and it impacts their ability to be vocal in a positive way.” At least 20% of the participants spoke about how they had implemented programs in their schools that worked to reward task excellence and good behavior. Principals spoke about how students were not only recognized within their classrooms but that their efforts were acknowledged school-wide during morning announcements, in assemblies and when parents were invited into the schools on a monthly or year-end basis. As reported, the pandemic has made it difficult to carry out and follow through
on many of these activities however schools have adopted creative modifications to be able to continue with many of these activities aimed at fostering school climate and culture and keeping their students connected to their schools. Virtual tickets or certificates are awarded and as stated by one participant “we’re just doing the recognition of the students virtually, so they’ll get virtual tickets, they get to go into the assistant principal’s zoom room on Fridays and our behaviorist is there as well and they do a drawing, they all want to come.” He elaborated further stating that “the idea here is just normalizing things as much as possible for the kids, so for right now in the morning announcements, I have a question of the week and then I read out the students answers each morning when I do the pledge of allegiance. It’s little things like that but, just the idea being that, hey, you know what? We’re still doing this, everything’s going to be okay.” At least another 15% of the participants spoke about similar practices in acknowledging the efforts and the hard work of their staff during the pandemic. One participant reported speaking to his school counselor in planning “something” to boost staff morale during the pandemic. Another spoke about how their school has created an opportunity to arrange for “shout out’s for our colleagues to recognize the positives…..any staff member can go on there and shout out and it could be anonymous, most of them are anonymous, some people do put their names on it and say who they’re shouting out for and people are starting to feel that when you get a shout out and you see your name there it starts to build that positivity.”

Parent Involvement

Participants agreed that parental involvement was greater at the elementary levels as compared to the middle school grades. As stated by one elementary school principal “in elementary school parents typically feel more connected than when children get older because the children are with one class, with one teacher and so they get to know who the other students
are in the class, who the other parents are. They get to form a relationship with the teacher that is usually deeper and more connected.” While 7 out of the 11 or 63.6% of the elementary school principals indicated active parent teacher associations, additional parent advisory committees and strong parental involvement, 4 out of the 11 or 36.4% of the elementary school principals indicated low or variable parental involvement. Of the 4 participants reporting low and variable involvement, 2 participants indicated variable parental involvement. The variable parental involvement was reported to be a product of having a primarily blue collared resident population mostly unavailable to commit time to school involvement in one town. In the other town, the participant reported better involvement from the more affluent town residents. Both participants reported increased outreach efforts to improve parental involvement with more resources made available to the bilingual residents in these communities. Of the other two participants reporting low involvement, one indicated a changing demographic population and trying to build relationships within the community, utilizing the help of the existing parent teacher association and other bilingual members of the school community. In the case of the other participant reporting low involvement he described his community resident population as being primarily professional and operating white collared jobs, unable to involve themselves in school activities but fully supportive and appreciative of all school efforts.

One hundred percent of all participants interviewed that the Covid-19 pandemic had impacted parent involvement in school activities in a detrimental manner. Once again, as reported by the participants schools have adopted creative ways to keep the parental community involved and have enlisted their help in keeping their children connected to the schools. As stated by one participant “this year we kind of halted the in-person parent involvement for obvious Covid reasons but we still have an active PTO, our parents are continuing to be active in the building by being remotely supportive of our teachers….we have room parents supporting out
classroom teachers in the best way they can, whether it is in terms of gathering craft that the class can do and sending it in or supporting our virtual teachers with various pick up of materials.” Another participant reported that “we’ve been developing a lot of videos in and videos out too keep that school connection…so we have a great turn out of parents sending in little clips or pictures of their students participating in things that we’re trying to keep going virtually.” Indeed, as stated by one participant “it almost seems that there is an increase in parental involvement since parents are home with their students, so often they’re sitting right there with them during their schooling, so in many ways there’s an increase in the parents being present…obviously it’s not across the board ….but, one could say that there’s even more of that sense of community because they’re right there while we’re teaching their students.”

This is in contrast to the state of parental involvement in the middle school grades. As stated by one participant “I think when you get to the middle school level, you see a drop-off in parent involvement.” As stated by another participant, “we always want more parent involvement. It is one of the things we battle, maybe the parents think, hey, the kids are in middle school, maybe we need to give them some more independence, what we’re saying is that no, you need to be more involved.” One-hundred percent of the 9 intermediate or middle school principals included in the study indicated low parental involvement in general which has been further negatively impacted by the pandemic driving these parent involvement rates even lower. Participants discussed the use of technology, the use of surveys and direct outreach measures to obtain parent feedback and increase involvement. Most participants at the middle school grades expressed a desire to increase parental involvement while acknowledging that “under this Covid environment, it is tougher.” Others reported exploring opportunities to connect with the parents in their communities with one participant stating, “We’re still trying to find our way in terms of that level of parent involvement given the current situation.” As reported, even schools with
strong parent teacher organizational presence are struggling to remain active while facing the limitations imposed due to the pandemic. At least 2 participants of the 9 intermediate or middle school grades reported fallout of the pandemic being decreased attendance and participation rates in their students. Parental involvement was emphasized as being important in order to ensure student attendance and participation which once again was also reported as being low.

Principal Training and Experience

The principal investigator defined this category as principal training and experience in the field of mental health and how this impacts the delivery of mental health services in their schools. This category includes information on the durations of principal tenure in their current positions and overall number of years that they have connected with the field of education. Also included within this category is the nature of their training in the field of mental health and how their training impacts the delivery of mental health services in their schools. In keeping with the pattern of emerging information displayed above, all participants shared overlapping themes with additional sub themes emerging during data analysis. These include: Principal training in mental health: Duration of tenure and Formal and Informal Methods, Professional Development, The impact of principal training on the delivery of mental health in their schools.

Principal training in mental health: Duration of tenure and Formal and Informal Methods

Principal training in the field of mental health varied across all participants interviewed for this study with some common themes emerging. While one hundred percent of the participants reported having benefitted from their years of tenure in the same position or in similar positions elsewhere, durations of tenure as a principal varied between one and thirteen years in total. While some of the participants reported being fairly new to their current positions,
they reported working for longer periods as assistant principals either within the same district or in other districts. At least 20% of all participants reported having worked within the district in different positions as teachers, other administrative positions and athletic directors for a period ranging from six years to nineteen years before becoming a principal in the same district. At least 15% of the participants reported being in the field of education for a period time that ranged from 18 to 44 years in total.

In discussing their training in the field of mental health, 45% of all the participants referred to professional development workshops as being the main source of training for them. As explained by one participant, “most of my knowledge would probably be experiential, I don’t have any degree in psychology or in counseling, I have done a lot of professional development…..” Others reported having taken at least a couple of basic psychology courses during their undergraduate years in college in addition to the professional development related to mental health undertaken later in their careers as principals. An additional 10% of the participants reported “on-the job training,” as one participant explained that they had learned from working with the director of special services, the principal who had just retired, the school psychologist and the guidance counselor positioned in that particular school. At least 25% of the participants reported having a background in mental health. While one participant reported having a bachelor’s degree in psychology another participant reported having been a teacher in the behavioral disabilities classroom previously and having learned about the impact of trauma on lives and behaviors from his exposure to his students. Another participant reported working as a mental health associate in a psychiatric facility early on in their career. As elaborated upon, the participant stated, “I spent three year working on the adolescent unit with students, it really enhanced my understanding of behaviors, I think it really opened my eyes to really other situations for human beings.” Reporting 44 years of experience in schools working with students, another participant reported working extensively on the impact of drugs and alcohol and how these substances affect the developing
adolescent human brain. Additionally, another 15% of all participants interviewed for the study reported having more formal training in the field of psychology and mental health. While three out of the four participants with doctoral degrees, included in the study, had these degrees in the field of mental health, one participant had a doctoral degree in the field of education.

**Professional Development**

Professional development was reported to be a significant source of training and ongoing education for all the participants interviewed for the study. While 15% of all participants reported having doctoral degrees in the field of mental health, another 25% of all participants reported having a background in mental health that was either more formal in nature such as a degree or experiential, or some form of both components. Approximately, 60% of all the participants reported depending on professional development for a large portion of their training in the field of mental health. Additionally, all participants, irrespective of their backgrounds in the field of mental health, reported depending on professional development workshops as a source of continuing education on topics that are relevant and current to the positions in schools and the mental health of their students and staff at school. These professional development workshops included training on diverse topics by different agencies and individuals. Some topics reported included workshops and training on transgender issues, general mental health support for staff, PBSIS, SEL, IIRP certifications of restorative practices, social justice, school violence, behavioral psychology and the impact of drugs and alcohol to name a few.

**The Impact of Principal Training on the Delivery of Mental Health in their Schools**

As reported, one hundred percent of all the participants in the study spoke to the benefits of their training in matters related to mental health. While some participants reported
having more understanding of child and adolescent behaviors others spoke about being able to understand the perspective of “whole child” and create a positive school culture and climate to support the child and overall growth. Participants with formal training spoke about utilizing professional development workshops to spearhead the implementation of certain programs and training for staff in their schools. Speaking to the benefits of their extensive background in mental health one participant stated “all of my training and background involves an understanding of mental health, behavior and behavior management, it’s one of the main reasons why I think our school has been so successful in housing so many special education programs…..we have a pretty robust preschool program, we have two Autism classes, one Multiply disabled class and two learning and language disabled classes.” Other participants who relied mostly on professional development for training in mental health spoke about using that training to “really keep an open mind to think out of the box.” At least 35% of all participants reported having benefitted from their training but also reported deferring to the mental health professionals in their buildings to help make decisions. Another 25% spoke to the benefits of collaborating with their mental health professionals in the building. One participant stated, “even though I am exposed to a lot of the counseling type stuff, it’s not what I studied and it’s not what I did and I think I realized that it is much better for me to delegate that to the people that do that every day.” Echoing similar feelings, another participant spoke about his increasing awareness of mental health issues of his students, “am more cognizant and more considerate of all SEL components, the mental health components to our students for sure. There is still room to grow, but definitely, I know I’ve come a long way to that always, never making decisions independently as a leader, always bringing in those professionals like our Child Study Team, the school psychologist, and social worker when needed. Put the right people in the right position to help make those collaborative decisions.” While participants spoke about their plans to
implement other programs and interventions in their schools, at least 20% of all participants in the study reported having to “keep everything in a holding pattern” due to the current pandemic.

*Principal Role in Schools*

The principal investigator defined this category as principal role in schools exploring principal perception and thoughts on their roles within their schools. Participants were asked to comment on essential aspects of their roles in their positions in their schools. Within this category principals shared similar perceptions which resulted in overlapping themes and emergent sub themes that resulted during the process of data analysis. These include: Current perceptions of principal role in schools (in their own words), Some factors that influence decision making, Key players in decision making and determining the need for appropriate action and Procedures in place when a student is identified as being at risk for mental health concerns. The impact of Covid-19 is discussed within these overlapping themes as appropriate.

*Current Perceptions of Principal Role in Schools (in their own words)*

At least 40% of all participants in the study spoke to the importance of fostering connections both within the school and the communities they operate within. As one participant explained, “fostering connections between students and each other, students and teachers, students and the school, things that we’ve done that have connected the members of the school to the community have had the biggest impact.” Fostering connections within the school have allowed principals to instrument a common language that speaks to the school culture so that “it is coming from a place where the students already know what the school rules are and the conversation is how do you show this in the art room, or in recess, in the library or in the lunch room? Also, by doing that it connects the students…. there is this consistency that makes the
students feel connected to each other, to the teachers and the school.” At least another 20% of all the participants also reported finding it essential to create connections and build relationships with the community they operate within. In addition, another 15% of the participants thought it was important to be able to “keep a pulse” not only within the school community but to be able to build relationships outside the confines of the school using the interactions with parents and other stakeholders to help them ask relevant questions, understand the needs of the students and the families and guide them when implementing relevant policies, procedures, programs and interventions. As explained by one participant, “you have to have a good grasp of what your parent community is looking for, where what’s meaning for them and what’s something they wouldn’t be comfortable with and the same applies for teachers and staff. So, you’re not going to put items into place where you don’t have that buy-in because then it’s not going to be done the way you want it done. So one of the big pieces of the puzzle to making sure that that’s effective is by involving stakeholders in the planning process as much as possible so that you know that their voices and their ideas are both being considered and being worked into the planning and preparation of what you’re doing.”

Collaboration with teachers and staff and stakeholders was a common theme expressed by at least 35% of all participants while clear and concise communication was also highlighted by another 20%. While participants expressed the need for clear and concrete communication of expectations they also saw the need to provide support for their teachers and staff during the pandemic. Another 20% of participants expressed a desire to understand the needs of their teachers and staff while, making sure their voices were being heard. Participants looking to bring students back into their buildings in the near future spoke about expecting “a lot of anxiety” and stated that they were going to talk to their teachers and let them know that they were “doing a
great job and that things will require a process of trial and error but, we can figure it out.”

Acknowledging that teaching during the pandemic has been difficult, participants spoke about offering their teachers and staff, help and support so that they were willing to step beyond their “comfort zones” in order to experiment and ascertain what would yield the best results in their work with their students. While some participants highlighted the need for more training and education for their teachers in order to carry out their job responsibilities, at least 20% of all participants spoke about the need for them to offer their teachers and staff a stable and consistent environment where they could work to the best of their ability and have what they needed to be able to do so.

At least 35% of all participants saw the importance of being “present” in their schools, speaking to necessity of being involved, weighing in and having their presence felt in their school buildings. While some participants referred to this aspect of their roles as being “present,” another 15% of all participants referred to it as being “visible.” While at least another 10% of participants referred to their roles as being a “leader” or “manager” in their building’s others felt it was necessary to be “in control” of their schools and buildings. While some participants stated the need for collaboration another 20% expressed the need for role delegation and allowing people to fulfill their responsibilities and holding them accountable in order to ensure smooth operation of tasks within the schools. Highlighting aspects of their roles such as ensuring safety, modeling appropriate behavior and problem solving another 20% of all participants reported the need to prioritize among all the responsibilities principals have on a daily basis. As stated, “We have a lot of things that we have to consider as an administrator in a school but at the end of the day, you do have to prioritize.”
Some Factors that Influence Decision Making

As noted above, principals reported a need to prioritize before undertaking a task that needs their attention. Several factors affect their decision-making process as they tackle their responsibilities on a daily basis. As stated, at least 45% of all participants in this study reported taking into consideration the dynamics and the needs of the communities they serve in their schools. Speaking about the state of mental health and awareness of such in his school one participant stated, “in my community, my stakeholders at least 50% that are reporting but, we’re probably closer to 67% here on free and reduced lunch, so we’ve got a lot of families with a lot of pride, but a lot of need and many of them have not been raised with an educational mindset where they believe that there’s a benefit to mental health and awareness.” Elaborating on the need to educate themselves about the needs of their community before implementing programs and interventions in their school one participant spoke about demographic factors, socioeconomic factors and other factors that make that community a “prime for mental illness and other mental health issues” voicing a need to step up services without having much support within the community. Other participants referred to the current pandemic voicing uncertainty about the short term and long term impacts on their communities wondering how current events would unfold and influence work around “mental health and mental support.”

Other participants spoke about other factors that influenced their decision making in their schools. Several participants reported making decisions based on the welfare of the students stating that a “general guiding rule of thumb…is this decision in the best interests of the student…I think that helps keep people focused on what’s really important.” To that end, at least 15% of the participants reported knowledge of family history and background information being important factors in the decision-making process while keeping the best interests of the student
in mind. Speaking to the need to collaborate with outside agencies and making that decision to involve them, one participant stated that, “background information, the knowledge of a divorce or the unfolding of a traumatic situation” would guide that decision. Others spoke about dealing with parent resistance when dealing with mental health concerns. Elaborating further the participant stated, “Obviously, I can recommend things and if I don’t have that support, that’s going to be huge….I think there’s also a lack of understanding about what it is.”

Staffing concern in schools was another theme that was reiterated during the principal interviews. Being short staffed, dealing with a lack of funding to hire trained staff and lack of expertise in available staffing were some concerns expressed by at least 25% of all participants. Speaking about the need to prioritize and make decisions keeping in mind being short staffed, one participant stated, “only having a couple of mental health folks available in the building, and they not only have to worry about the mental health of the students but also have many other things on their plate that they have to do as well. So, how in the course of a seven-hour day are they able to do their IEP’s, are they able to meet with the parents, are they able to do all the paperwork necessary and then provide meaningful support for students if it’s a challenge and with the number of students needing it obviously…in a perfect world you have more folks like that available but there are restrictions….” Echoing similar sentiments another participant expressed a reluctance to over utilize their trained staff for fear of having them feel “overwhelmed and overworked” and referred to a lack of funding and being short staffed being barriers to offering optimal access to mental health resources within their school.

Key players in decision making and determining the need for appropriate action

When asked who their key players in identifying and determining the need for services for students were, at least 30% of the participants reported that teachers were their most
important source and that they depended on their teachers to indicate concern for mental health issues in their students. As stated by one participant, “first and foremost, it’s the teachers because they know the students the best. They’re with them, under normal circumstances, seven hours a day, under these times more like two and a half or three but, they get to know the norms of the students, who they are and what their regular behaviors are,…so if they see things that are out of the ordinary, or is they ask some questions and receive any type of feedback that was concerning they pass it on to the necessary folks.” Another 30% of the participants reported their key players being members of the Child Study Team, the school psychologist, case managers, the school counselor, the school nurse in addition to the teachers and occasionally the para professionals working closely with certain students. Another 30% of the participants added themselves (principals), assistant principals and the director of special services to the team of mental health professionals identified above, in determining the need to follow procedure and seek services for students in need of mental health services

*Procedures in place when a student is identified as being at risk for mental health concerns*

One- hundred percent of all the participants subscribed to the use of standard procedures that were followed in their schools following the identification of students being at risk for mental health concerns. While teachers were considered to be at the front lines of this identification process this usually was said to result in a trickledown effect with mental health professionals conducting screening measures to determine risk level. Mental health professionals involved were usually the school psychologists in addition to the school counselor and in some cases the school social worker. Meeting with the student, gathering background information, assessment of risk often using the Columbia Suicide Severity rating Scale (C-SSRS), consulting with the administrators (Principals, Assistant Principals and the Director of Special Services) to
determine a plan of action is usually followed by a meeting with parents to gather information, consult and convey concerns, finally followed by a plan of action and implementation. A determination of high risk was reported to result in the child being sent out to have a formal assessment with release papers being required by the school for the student to return back to school. In most cases a re-entry meeting is scheduled and attended by relevant stakeholders to determine a plan to monitor and support a student in school. In many cases the mental health professional in the schools set up weekly meetings with the student to check in with the student. While at least 20% of the participants reported having the final say in having the student sent out for evaluations others described the process as being collaborative with the principal and the director of special services deferring to the trained mental health professionals to determine the appropriate plan of action. At least 40% of the participants reported sending their students to specific outside agencies such as mental health clinics, institutions and hospitals for evaluations. Approximately 15% of the participants reported being able to refer their students for mental services to school based mental health clinics attached to their school districts. Another 10% of the participants in the study reported providing families with a “mental health resource packet” to assist them in locating appropriate mental health care for their children. While reporting difficulty in locating appropriate mental health care for young children one participant commented, “although the need for a particular child might be great at that particular moment, it sometimes takes months for a child to get to see someone, unless it’s like that immediate emergency situation where we’re sending them to the hospital.” Voicing similar sentiments another participant stated, “There should be better ways to track mental health and to ensure that help is available to those people when they need it before it’s a problem. I feel like mental health in this country is treated from a reactionary standpoint as opposed to a proactive standpoint. There’s no one for me to go and say that we need to be concerned about him or her. A lot of it is,
oh, they’re just a little kid, they don’t know what they’re saying, and if they were 16…the police would be called.”

Staffing in Schools and Staff Training

The principal investigator defined this category as Staffing in schools and staff training. This category includes information on the availability of trained mental health professionals both within the schools and the community. Also included in this category is information on the nature of staff training available that allows them to provide mental health support for students and the overall school community. All participants shared information during the interview which displayed overlapping themes and additional sub themes upon further analysis of the data. The main themes revealed were Internal Staffing, External Staffing, Staff training and Impact of Covid-19.

Internal Staffing

As reported by the participants in this study, administrators depend to a large extent on the expertise of their trained mental health professionals for mental health support of students in their schools. In their own words as stated by a participant, “I rely mostly on the expertise of the trained mental health professionals in the building.” One-hundred percent of the participants in the study reported having access to trained mental health professionals in their buildings. These trained mental health professionals included people such as the school psychologist, the school counselor, the school social worker, the student assistance counselor if available, and the school nurse as and when needed. While some participants reported their school nurses to be one of the “key players,” when it came to student mental health support and being active members of the I&RS committees, others reported their school nurses to be firmly entrenched in student medical
care with very little time for anything else. The current pandemic has served to broaden the spectrum of the school nurse’s involvement with the students in schools as reported by one participant, “the school nurse might do if there’s a substance issue, they’ll do that screening, if there’s an issue for safety, physical safety of the child, they might assess whatever harm we’re looking at… sometimes cutting.. now with Covid, I don’t know what the nurse won’t do, so it’s a little different.”

At least 35% of all participants reported having an ample number of mental health professionals in their schools. Some participants reported having the additional support of an extra school psychologist, an extra counselor and in some cases an extra school nurse in addition to the regular mental health professionals in the building. Having the support of additional trained mental health professional in the building allowed for more focused support as in the case of the additional part time school psychologist who “really just focused on the pre-school students” or the additional school psychologist who was hired for extra support of all students and staff during the pandemic. Another 20% of the participants reported being short staffed. While one participant reported having one school psychologist who also fulfilled the role of the school counselor, having the one mental health professional in the building on any given day in addition to a school nurse who remained strictly responsible for medical issues, another reported having one school psychologist and one part time school social worker in addition to a fairly involved school nurse in the building. Another participant reported having “limited staff” while referring to the 1400 students they house within their school. At least 10% of the participants indicated having mental health professionals who were present on a part time basis in their buildings while another 35% of all participants reported sharing their mental health professionals with other schools in the district. As reported by one participant, “we have three elementary schools….we have the one Child Study Team for the three elementary schools, yes, when we get
backed up with testing, we go out to the county.” Another participant reported having two
 counselors in the building and sharing one social worker and one school psychologist between
four other schools in the district.

*External Staffing*

As reported by participants in this study, support for mental health services from
internal student support staff or mental health professionals present in schools is often
supplemented with support from outside agencies and individual providers. At least 65% of all
participants in this study reported using external agencies to help support mental health
initiatives within their schools. Effective School Solutions (ESS) and Care Plus were a couple of
the formal agencies involved in working within schools to support students’ needs and conduct
staff training on issues related to mental health. Rutgers University Behavioral Health Care, The
Boggs Center at Rutgers, Psychiatric Emergency Screening Services, Mobile Response and
Stabilization Services, PerformCare, Child Protection and Permanency Services and other county
specific and district specific services providing mental health services to students and families
were some of the agencies and external providers that participants in the study reported
collaborating with. One hundred percent of all participants reported sending out their students for
psychiatric or other formalized evaluations to either local hospitals or individual providers
collaborating with the district. Some of these referrals for services were made keeping in mind
limited access to resources as reported by one participant, “Our counselors recommend perform
care a lot…we do have about 40% of our young people on free and reduced lunch, we don’t have
a lot of access to resources.” At least 20% of the participants reported relying mainly on the
expertise of their mental health professional within their buildings for support and reaching out
on a limited basis for the more formalized evaluations when necessary. Another 10% questioned
the lack of appropriate and adequate mental health care for children and adolescents in the community reporting, “mental health care for children is difficult for families to find. I think they are limited in numbers in general and then also when you’re trying to work with insurance, it just makes it more difficult. So, although the need for a particular child might be great at that particular moment, I find it sometimes takes months for a child to get to see someone, unless it is that emergency situation where we’re sending then to the hospital.”

Staff Training

As reported, staff training is offered in one of four different ways. Staff training consists of some training on a district wide basis on professional development days while others are building based, very often offered on in-service days organized within schools. Training for staff also takes the form of professional development workshops that can be attended beyond the confines of the school and then outside agencies can visit schools and offer more specific training depending on the needs and goals of the schools or districts. Training for mental health professionals was differentiated from training for other staff or teachers. Additionally, school principals also spoke about the sharing of resources within their schools as a form of training for staff.

One hundred percent of all the participants reported training for staff that occurred within district on select days set aside for professional development within district. As reported, certain trainings are mandated for all staff within district where all district staff receives similar training. District wide training on professional development days may be offered by either outside agencies or by others within district sharing their expertise on certain topics with the others within the district. Approximately 50% of all participants in this study reported having outside agencies come into their schools to train staff. As reported by one participant, “we have
certainly over the past, I would say the past six or seven years, we have definitely emphasized bringing people in for professional development, people that will instruct our teachers and provide development in these areas.” Another participant reported, “we are aligned with the municipal alliance in regard to existing programming that we can bring in from the SEL perspective,” to share with the teachers in their school. Approximately 55% of the participants referred to limited funding and limited resources when seeking appropriate training for their staff.

At least 45% of the participants in this study reported sending their staff out to attend professional development workshops. Speaking about sending his teachers out for professional developmental workshops, one participant reported, “mainly there are teachers that are on the school safety committee that have sought out and gone to professional development, mainly at NJPSA regarding mental health, identifying them and then what things can be put into place.”

Another aspect of staff training involves the sharing of resources. At least 35% of all participants reported sharing journal articles with their staff on either a weekly, monthly or occasional basis to varied reception. While one participant reported an enthusiastic reception of “journals, article discussions and book talks” another reported sharing monthly articles “to spark thinking and discussion,” and commented that “some read them, some do not.” Another popular method of training in addition to having the in school mental health professional training staff was to “turn key” information gathered from training outside. At least 55% of all the participants reported having their staff attend training workshops in the community, outside the school and then returning with information and sharing that with the other staff at school. Elaborating on this aspect of training, one participant reported, “So, there’s a good turnaround of information that’s gathered from outside and then like any workshop that a teacher goes out to, they’re supposed to
come back and turn key it so, whether it is a PLC group or our PD academy, they would turn key that information.”

_Impact of Covid-19 on Training_

Approximately 35% of participants in this study reported concern regarding the mental health needs of their staff and students especially in response to the impact of the current pandemic on everyone. Reflecting on the need to train staff on mental health issues during the pandemic, one participant discussed, “when you want to spend time on it, we’re doing training on teaching virtually and so teachers are like, I just need what I need to know to get through this day….I don’t have any more time to spend right now on developing better skills for mental health or how you deal with that because they’re basically hanging on by a thread. So, I think the double challenge right now is, if we didn’t think we had time before for this… we definitely don’t have time now.” Acknowledging the stress of their staff and taking proactive measures, one participant reported, “then with Covid, we partnered with SAGE, bringing that mental health component for training for our staff members, support for our staff members on a weekly basis, they have chat rooms and times available that they can get together and then the teachers in turn, take that training and use it with the students. Mental health has really come to the forefront with Covid.” As reported by at least 35% of the participants in this study, staff training has been impacted by the presence of the pandemic. Discussing the impact of the pandemic on the issue of staff training one participant reported, “recently things have been obscured by things related to Covid and so we haven’t had a lot of training from the school counselor, school psychologist, much more from the school nurse about the protocols related to Covid….”
Funding for Mental Health in Schools

The principal investigator defined this category as Funding for mental health in schools which deals with the domain of funding in schools and includes information about the allocation of resources for various activities and programs implemented in schools. Once again, principals shared overlapping themes that also displayed other additional sub themes during data analysis. These include: Sources of Funding, Allocation of Resources and the Status of Funding.

Sources of Funding

As reported by participants funding for mental health resources and programs were not differentiated from other programs or activities of interest requiring funding within the school system. Sources of funding or dissemination of funds were reported to be district based in addition to additional specific school-based budgets. Funding from district was also reported to be department specific and relevant such as specific funds allotted for Special Education and the Counseling departments. Schools were reported to have their own budget that was specific to programs and activities of that particular school. Other sources of funding were reported to be grants and funds provided as a means of support, by parent associations or parent teacher associations. As explained by one participant, “the school’s budget does not include a lot of specific funds for mental health training and support…the district-wide counseling budget and special education would have additional resources that would assist those individuals in getting the supports or getting the training to provide the support…..building the school climate and having students feel connected…and a lot of tier one things will be done by the school, so if we wanted to launch an initiative, there would be funds available from the school, not a lot, but would support that.” While several participants reported not having additional funding support organized by the parent teacher organizations (PTO), at least 50% of the participants reported
receiving funding support for activities by the PTO. Elaborating further on that one participant reported, “yes our PTO fundraises and is obviously able to fundraise a lot of funds annually and each year on average, I would say they provide funding for one opportunity when it comes to bringing in a speaker or possibly that would be able to have an assembly for our students, so that is helpful.” While other participants reported having home and school associations that were relatively aloof from providing similar support, others were reported to engage in fundraising for other community support activities such as coat and food drives. Other examples of PTO activities included support for drama club, coding and music clubs for students in those schools. Approximately another 15% of participants spoke about being able to use grant funding for mental health initiatives in their school. They reported the availability of a foundation where teachers could submit grant applications that when approved would support various SEL related activities for the staff and students in the school. The participant elaborated reporting that teachers in their school had access to local foundations and other state and national foundations that they could apply to for grants that could be used for mental health initiatives in the school.

 Allocation of Resources

Participants in the study reported on how disseminated or available funds were utilized in their schools. Approximately 50% of all participants stated that school funds were utilized for the purpose of teacher and staff training. One participant described the utilization of a grant funding to have an external agency provide teachers and staff with mental health specific training, professional development and support within the school. They also discussed school budgetary funds being utilized for professional development opportunities stating “teachers go outside for professional development from my budgetary funds for professional development. These are limited but we do try to send people for things that they can’t receive internally.”
Another 35% of all participants elaborated on other mental health initiative expenditure. As explained by one participant, “so at the school level how you would allocate funds to support mental health is by the school budget and what items are needed. So for example, a lot of times we might purchase a counseling curriculum, kind of counselor, or we might purchase reinforcements for students for our PBIS program or signage, we may even purchase an assembly or other visual aids…we may purchase sensory items for certain students who might benefit from sensory items.” At least another 15% of the participants reported district funding “district budget lines” being used to hire mental health professionals to be housed within the schools to facilitate implementation of mental health programs, to support all students and staff and share their expertise and train teacher and staff in the schools.

**Status of Funding**

At least 55% of all participants in this study reported being plagued by limited funding for mental health programs and initiatives in their schools. Reporting on funding being a significant factor in their ability to provide adequate resources for their staff one participant elaborated, “I’m in the middle school and they are grades six through eight, so for example, here, I would like a certain class, a special education class for students with behavioral issues. If I had my choice, I would be able to put that together. We have had it in the past, but we’ve had to eliminate the position because of not being able to provide the funds in order to provide a teacher for that position and I just feel like those types of students would certainly benefit from a program like that.” Other school administrators echoing similar concerns reported, “we are a bit restricted with new programs and new ideas because of the money piece.” Another significant factor to be considered, especially this year has been the impact of the Covid-19 pandemic. At least 25% of the participants reported being impacted negatively by the pandemic. While some
participants reported a reduction in state funding being disbursed to their schools other reported having to defer their plans for implementation of certain programs, prioritize and focus on alternate specific measures during the pandemic. At least 10% or 2 of the 20 participants in the study reported being free from budget restrictions. One participant reported having access to funding based on federal grants, Title II funding and the Cares Act. Both participants were administrators in small school districts situated in rural areas.

*Barriers that Prevent Optimal Access to Mental Health in Schools*

The principal investigator defined this category as barriers that impede optimal access to mental health resources in schools. This category included principal perception on barriers that impede implementation of mental health initiatives in their schools and access to existing mental health resources that are in place. There were overlapping themes and other subthemes that emerged for data analysis that require consideration in improving awareness and overall access to resources to ensure positive mental health in students and staff. These include: Community Barriers and School Barriers.

*Community Barriers*

Community barriers have been described as those factors that exist with the community and impact overall access to mental health resources. At least 45% of all participants identified parental resistance or lack of parental buy in as a major barrier in optimal access to mental health resources and supports offered by the schools. As explained by one participant who stated, “that the mental health resources to a large extent are driven by the parent’s understanding of and their willingness to ask for that help….the parents and guardians in the community bring their own preconceptions about what mental illness is, how mental health services help or don’t help. They
have all these things they bring to it, and so sometimes their own experiences dictate how they react to the school staff speaking about a potential opportunity or need their child might have at that time.” Another participant spoke to the benefits of having a relationship with the parent and trust that develops as a result of that relationship. However having limited time, being short staffed and having limited resources, present as significant barriers in the development of these relationships. As explained by a school administrator, “so, to me, a lot of times it comes down to relationships and the trust between the parent and the person delivering the information to a parent and their willingness to then pursue it….Resources in the school are limited, they only have the a student for a certain number of hours, you have the school psychologist and a guidance counselor, but, they’re servicing hundreds and hundreds of kids, so they can only do so much, so, the relationship, I mean the bridge, the parental support is not there, then a lot of times it falls flat on its face.” Another participant indicated that parental resistance may be a result of previous experiences with agencies such as child protection and permanency services and hence may not be forthcoming with any information they have and are hesitant to connect with mental health providers. At least another 20% of all the participants in the study reported that, parental resistance often results from fear of the stigma associated with mental illness. As reported by one participant, “when you say mental health or a counselor, you say a psychologist…it’s a red flag for a family.” Lack of acceptance and refusal in seeking assistance often results from fear of embarrassment, “the more wealthy the district, the greater the barrier….they don’t want it out there that the child might not be normal…that the child might be using drugs,” explained a principal while providing an example of conversations in the community and explaining the stigma associated with mental illness.
Participants in this study identified several barriers that impede optimal access to mental health resources in schools. At least 30% reported limited funds being a major barrier in the implementation of mental health initiatives and allowing more access to mental health resources in schools. Describing their financial resources as a “roadblock” one participant reported being “limited” in being able to provide different programs or other resources for his students and his school community. While 25% of the participants reported limited resources, at least 15% of the participants indicated being short staffed, and another 30% of the participants reported having limited time in schools through the day. Reporting several barriers impeding access to mental health resources one participant explained their predicament, “I wish we had more resources to support the students, more staffing… I know between my school counselor and my school psychologists with the amount of students, I feel like we don’t always reach all the students we need to reach and I think not having the staffing to really support them or some of the programming that we could have to support them….my school psychologist is dedicated to my special needs students, so then the entire Gen Ed population is on my school counselor and we have 470 students….it’s a lot, I feel like that’s a barrier to it because she can’t see all the kids she needs to see, there’s only so much time in the day….“ Participants reporting on limited staff, lack of resources and being short on time frequently commented on the ratio of students to counselors available presenting with extremely large caseloads for these mental health professionals to manage. Another participant reported having “three counselors and almost 1200 students, looking at approximately, 400 to one in terms of a ratio.” Other barriers reported were teacher buy in and resistance to implementing certain measures and teacher turnover within districts. At least 15% of all participants reported on teacher resistance while at least another 10% reported previous school administrator/teacher turnover being barriers to optimal access to mental health
resources in schools. Commenting on their efforts to build relationships with teachers in the
district one principal reported being the ninth school administrator in the span of thirteen years.
Another participant explained, “I think sometimes teachers seeing the importance of the
academic piece, but not always the social emotional piece, so that’s a barrier sometimes…. resistant teachers maybe who don’t want to agree to things.”

Impact of Covid-19 on Schools

The principal investigator defined this category as Impact of Covid-19 on schools This
category includes information shared by school administrators on how the pandemic has affected
daily functioning for the school community, how mental health has been affected and how the
school community has taken measures to deal with the effects of the pandemic. Participants in
this study shared information with the principle investigator that resulted in the emergence of
overlapping themes and other common experiences during data analysis. These include: Impact
of Covid-19 on mental health, Impact of switching to a virtual online distance learning format
during Covid and Special measures adopted for at-risk students during the pandemic.

Impact of Covid-19 on Mental Health

The pandemic has disrupted regular proceedings within the school community and
participants included in this study shared their perceptions about the impact of the pandemic felt
within their schools. All the participants in the study expressed their concerns about the impact
of the pandemic on the mental health of their students and staff. At least 30% of the participants
expressed specific concerns about heightened levels of stress, anxiety and frustration in students,
staff and families within the community. In schools one participant commented on how there
were large “pools of students” floundering and reporting difficulty with the lack of connection
with their peers, lack of motivation and the inability to work independently. While one participant reported a “slight uptick” in suicidal ideations in their students another participant reported on how severe anxiety had resulted in hospitalization for another student. Other participants reported concern for those students living in dysfunctional homes and not being able to utilize their time at school as a much needed outlet and suffering the effects of having to stay at home and remaining socially isolated from their peers. At least 15% of the participants reported identifying increased levels of difficulty navigating daily lives at school and at home in those who were reported similar concerns with these aspects before the advent of the pandemic. Another 55% of all participants expressed concerns about the effects of social isolation, especially in the very young children. As voiced by one participant, “considering the situation for older students, I think that they feel frustrated but they’re probably better able to understand what’s going on and that at some point things will be back to more like what they know of normal….for the younger students, the kindergarteners and the first graders there is more of a concern about the lack of social experiences..” Another participant voiced their concern stating, “I think developmentally students in the elementary grades especially, need that interaction…..socially, those friendships to develop then, they need to learn how to navigate social situations. I think the results of; the impact is going to be on the self for a long time in terms of being socially immature for their age.” In addition to concerns about social isolation least 15% of the participants also expressed concern about the impact of wearing masks when students return to school. They voiced concern about masks concealing facial expression and younger students not being able to read social cues, missing out facial feedback from their peers and teachers in school when they return and the developmental repercussions associated with this practice.
At least 20% of all participants reported no increase in mental health concerns in their students. As reported one such participant, “we’ve seen a lot less referrals, even disciplinary actions.” Speculating about the reason for this unexpected phenomenon one participant stated that, “no there’s no increase, but it could very well be that the parents aren’t reporting it.” Another participant expressed that school very likely did not have access to information since the students were not present in the building and the counselors did not have access to them in person. At least 50% of all participants reported feeling unsure about the long lasting consequences of the pandemic on their students. Participants expressed concern about their inability to assess the impact since their students remained mostly remote or partially remote in most cases at the time the interviews were being conducted. As reported by one participant, “A couple of parents come to mind reporting they have seen an increase in anxiety in their children and we’re supporting as best as possible. I feel that now it’s honestly difficult to assess unless we have people who are reaching out and being very forthcoming in that regard so, I think when the students come back to school we’ll be able to really better assess what the impact is at that time.” Another participant stated, “We’ll see, I don’t know if there’s going to be an impact, on who knows how long you’re going to see the impact for, how it’s going to morph.”

**Impact of switching to a virtual online distance learning format during Covid-19**

At least 45% of the participants reported varied reactions to students attending school on a virtual basis. Participants reported some parents feeling less anxious and comfortable with having their children safe at home attending online classes while other parents were reported to be eager to have their children attend school in person. This varied reception to virtual instruction was perceived in children as reported by participants in this study. One participant reported seeing the more introverted students excel and flourish in the virtual setting, doing well both
mentally and academically while others suffered from a lack of social interaction with their peers in person at school. Once again, School administrators discussed their concern with the lack of connection reported while learning or instructing in virtual mode. At least 40% of the participants reported compromised participation, inconsistent attendance, varied task engagement and a lack of connection felt by both students and teachers alike during this time of distance learning, during the pandemic. As reported by a participant in this study, “there’s a feeling of disconnect amongst people when you’re in person with someone versus over a computer, there’s just a lack of connection that occurs. So, I think what we might see is just a feeling disconnect, feelings of anxiety, uncertainty in the world right now.” Speaking further to the feeling of uncertainty expressed by a majority of the participants in this study about the future return to school for all, one participant stated, “there’s uncertainty with many things, Covid is one of them, not knowing what it’s going to be like when you come back to school, there’s going to be a lot of different rules that are in place and depending again on the level of anxiety surrounding the family and how that’s put on the child, we’re going to see how they are when they actually come back into the building.” At least 25% of the participants reported not being able to anticipate or gauge the effect of the pandemic on the mental health of their students. As expressed by one participant, “I’m not sure, but, I know there’ll be something. How do I anticipate? I think it’s going to be…it could be extreme…” At least 15% of the participants in this study also pointed to the negative impacts of the pandemic on academic achievement. As reported by one participant, “Covid has impacted students, we see it in academic progress, Which to me has certainly suffered, we did some general benchmark testing in the beginning of the year and certainly students weren’t where they normally are.” Another participant explained how a student’s academic struggle may not be apparent to a teacher when instruction is imparted virtually. Teacher support that can be readily accessed within the classroom may be limited and is likely to increase student academic
struggles. As reported by one participant, “I was able to see a child breaking down and crying on
the computer because they couldn’t keep up with the teacher and follow along, it wasn’t working
for them. And so I think that the academic impact on their mental well-being is pretty profound
too.” Keeping this fact in mind, at least another 20% of the participants spoke about special
accommodations (such as hiring extra staff, assigning paraprofessionals to assist in delivery of
instruction, teacher recording of lessons available for review, dropping off work at student
residence and frequent check ins by teachers, staff, counselors and administrators) made during
the pandemic. While participants worried about the stress levels of teachers, students and
families they reported trying to normalize the situation for all during the pandemic. In their own
words as reported by a participant, “we’re being very careful and deliberate in not letting this set
of circumstances dictate everything to us, we’re still pushing forward some things because we
want children and families to experience some normalcy.”

Special measures adopted for at-risk students during the pandemic

At the time of the interview, at least 35% of the participants reported operating on an
“in-person” basis with students attending school in person either fully or in hybrid mode while
another 65% was operating on a fully remote schedule. Of the 65% operating remotely, at least
35% of the participants reported plans to bring back their students either in person or on a hybrid
basis in the near future. Of those students attending school in person or in hybrid mode, school
administrators reported shortened schedules during the day. Typically counseling and related
services such as speech services, occupational therapy and physical therapy were offered during
the afternoons after the end of instructional time in the mornings. While some of these related
services were reported to be offered virtually some parents were offered the option to bring their
children in to school so that could have access to these services in person, in sometimes, “back to
One of the biggest challenges reported for all students and especially the Special Education and at-risk students was the need to rely heavily on technology in order to have access to learning. At least 50% of the participants in this study reported having their Special Education and at-risk students present in school as many as five days per week for instructional purposes. One participant reported that the decision to bring in their school’s Special Education population early was based on the understanding that they were not faring well academically on a virtual basis and recognizing the need to have them attend school in person much sooner than the other students. Other participants reported reaching out to parents in order to bring their Special Education population back into the building sooner to ensure appropriate support to have parents decline the offer due to health and safety concerns due to the pandemic. At least 30% of the participants reported adopting special measures such as hiring new staff such as school psychologists, paraprofessionals, Speech therapists, occupational therapists, physical therapists and school nurses to ensure IEP mandated services were being offered for their students regularly and to make up for time lost at the beginning stages of the pandemic. While 25% of the participants reported engaging in outreach measures to support families in their time of need they voiced concerns about having access to limited resources.

*Principal Aspirations for Growth in the Field of Mental Health in Schools in Future*

The principal investigator defined this category as principal aspirations for growth in the field of mental health in their schools in future. This category included specific interests, programs and other aspects relevant to enhancing positive mental health that participants in this study would like to incorporate or implement in their schools in future. Within this category principals shared overlapping themes with the emergence of additional sub themes during data analysis. These include: Principal aspirations before the pandemic and to be implemented after
return to regular school schedules post pandemic and principal aspirations for support during the pandemic.

Principal aspirations before the pandemic and to be implemented after return to regular school schedules post pandemic

Participants in the study referred to the current pandemic and acknowledged that while working to boost positive mental health was important in schools many of the avenues to do so, were limited due to the restrictions imposed currently. Participants voiced some of their aspirations as they related to both pre and post pandemic times in future, once the crisis passes. While at least 30% of the participants expressed a desire for more programs to be implemented in their schools, another 35% reported a need for professional development and teacher training as it related to the field of mental health. As stated by one participant “I think staff training is important just to be able to take a proactive approach but, also better training on how to take the reactive stance. We have a team of us who work on such issues and we’re constantly having to bring the teacher up to speed when dealing with mental health issues….for a teacher it may be the first time they’re dealing with something like that, so we need to re-educate the teacher all over again, so some type of programming…I’d love something like that. “ Speaking to the need for more programs in his school while dealing with limited funding opportunities and a shortage of staff, another participant spoke about the need for “having a full-time legitimate program that promotes school culture and encourages students to become more aware of the other students in the school.” Another participant spoke to their interest in incorporating programs based on racial awareness and identity development in their school.

At least another 30% spoke about the desire to educate the parents in their communities. As mentioned by one principal situated in the middle school, “I would like to find a way to get
the parents who are in most need of education to be able to access that information, when we run a parent night on drugs, the parents whose kids aren’t using drugs are the parents that are in the room. The parents you need to have in the room don’t come because they don’t want to be seen as somebody who needs that or it’s because they are in denial or because they are working. I think if we could surround the children with better educated adults about these issues in their lives it would give them a better chance.” Other participants spoke to the importance of having parents coming in to schools for workshops and other educational opportunities in order to stay connected, understand the needs of their communities and to support student mental health in their schools. Related to the idea of educating parents and people within the community at large, participants also reported wanting to work to eradicate the stigma associated with mental health concerns. At least 20% of the participants spoke about providing supports, information and workshops to educate community members. Speaking about providing parent workshops and online informational links, one participant asked community members to “watch it, and although it might not factor in right now, it may down the road so, it’s worth knowing.” He elaborated further stating it was important to spread awareness about mental health and have conversations about the same stating, “I think it would go a long way to knock down that stigma. I know I would struggle with this too but it would help, I think people who are struggling with mental health and being more open about it…..I can understand their difficulty but, I think to see that your neighbor or your friend or the other kid on your soccer team suffers from something we heard about in the assembly or that training….I think just seeing it as real and then affecting people around us would help a lot.” Other participants spoke about creating more awareness about mental health through training and workshops in and around their schools and communities to engender a sense of acceptability and that “it is okay to reach out and get mental health assistance.”
Several participants reported feeling unsure about the needs of their students, their staff and their communities during the pandemic and spoke of their desire to extend their support in any way possible. Speaking to their attempts to remain connected with their communities, one participant spoke about sending out “informational blasts and posts online” while being aware that it is not the same as it used to be when parents and community members attended events at the school in person. While several participants spoke about plans that had been “halted” others spoke about how things “unfortunately were going to have to take a back seat until things got a little bit more normal.” At least two participants spoke about learning more and compiling a list of mental health resources for parents, particularly given the pandemic and the needs that are likely to arise. At least 30% of the participants spoke about the need to support their teachers and staff in their schools during the pandemic. While recognizing the need to adopt more formalized programs and other measures to support mental health initiatives in their schools participants also acknowledged the “stress and anxiety” levels of their staff that have been tasked with teaching in a hybrid format while being responsible for educating their own children and managing their own familial responsibilities. As one participant reported, he would like to do “a million things but again, how much can I do before it’s cognitive overload for my staff, there’s definitely a tipping point that I’ve seen right now.” Speaking about having adopted, yoga, mindfulness exercises and programs for the whole school before the pandemic, he explained that things were “on hold” until they were able to reinstate some of these programs in future. Another participant spoke about reaching out to their teachers providing them with support and just urging them to take their time and to do the best they can while acknowledging their struggles and stress during the pandemic. Another participant spoke about how his presence and work affected the students in his school indirectly. He spoke about providing support to his teachers who interacted directly
with the students and hence supporting the entire school community in doing so. As stated, “if I can help the teachers to help the kids, if I can do something that will make the teacher’s lives a little bit less stressful so that their worries don’t come across to the kids because the kids don’t deserve that. They should be able to come to school and feel like their teachers have got everything under control.”
Discussion

The main objective of this dissertation was to gain an understanding of mental health needs and access to resources in schools based on the perception of school principals. This study sought to provide a qualitative analysis of some of the major aspects involved in access to mental health in schools as viewed by school principals. Another major impact that emerged during the course of the study was the advent of the Covid-19 pandemic. This has been an evolving situation that remains current and has been a major aspect in how perspectives regarding mental health and access to resources have been reframed, rethought and reinitiated. Guided by a qualitative approach using some of the basic tenets of Grounded Theory, the Principal Investigator conducted semi structured interviews with a total of twenty participants that included school principals and assistant principals in Kindergarten through grades eight. A process of thorough analysis revealed nine core categories with various themes and sub themes resulting that bear implication for future thought and study moving forward. The Covid-19 pandemic featured as a core category with related themes and sub themes associated with it. However, it also featured to a large extent in all of the other categories and related themes since it is a current and evolving situation thought to have a significant and long term and long-lasting impact on students, teachers, school staff, families and communities at large.

This study focused on principal perspective and narratives, keeping in mind their administrative ability in making decision relevant to mental health and access to relevant resources (Barrett et al, 2013; Gottfredson & Gottfredson, 2002; Kam Greenberg & Walls, 2003). The principle investigator was particularly interested in the principal decision making process,
principal training, practices related to mental health initiatives in the school pre pandemic, practices in place during the Covid-19 pandemic, knowledge, perceptions and experiences with mental health, the need to have access to mental health resources in schools, funding for mental health initiatives and programs, adequate number of trained staff and other factors that facilitate access and others that present as barriers in appropriate access to mental health in schools. The following categories were identified after analyzing participant response narrative: The perception of violence in schools, factors involved, Mental health in schools, Principal role in schools, Principal training and experience, Funding for mental health in schools, Staffing in schools and staff training, Barriers that prevent optimal access to mental health in schools, Impact of Covid-19 on schools, Principal aspirations for growth in the field of mental health in future. Analyzing these core categories or central concepts allowed for the exploration and evolution of emergent facts and trends revealed by the data.

Interpretation of Findings

The Perception of Violence in Schools, factors Involved

As noted during a review of pertinent literature, violence or violent behavior is not a recent phenomenon and schools have adopted multiple practices for the benefit of their students and staff (Midlarsky & Klain, 2005). Certain school specific factors such as bullying have a significant impact on mental health in children during their early school years. Research shows that suicidal ideations and suicide attempt rates are more than doubled in young people reporting peer victimization in schools. In addition, the effects of childhood bullying persist far into adulthood manifesting with increased rates of anxiety, depression and self-harm (Meltzer, Vostanis, Ford, Bebbington & Dennis, 2011; Van Geel, Vedder & Tanilon, 2014). When asked about their perceptions regarding violent behavior in their schools, 100% of all participants
reported being witness to violent behavior in their schools. Suicidal ideations and attempts were most commonly reported followed by instances bullying behavior and then lower rates of actually bringing a weapon to school. While 20% of the participants reported students bring a weapon such as a knife to school, they dismissed these incidents as being “non-threatening.” At least 50% of the participants spoke about their involvement in enforcing procedures in keeping with state legislated HIB laws following bullying behavior in their schools. Another 10% of the participants reported an increase in bullying behavior in the recent years despite adherence to mandated procedures. Cyber bullying was differentiated from bullying behavior with 15% of the participants noticing the phenomena at higher grades following the use of technology and access to social media. At least 95% of all participants reported experiencing student suicidal ideations in their schools at both the higher and lower grade levels. While 45% of all participants reported an increase in rates of suicidal ideations and attempts another 50% reported a steady and maintained rate of such ideation in their schools.

Speaking about the impact of the Covid-19 pandemic on instances of student violent behavior, 30% of all participants saw an increase in the behaviors reported above while 20% of the participants reported a decrease with another 50% of the participants reporting a similar number of incidents both pre pandemic and since. Most participants reported feeling uncertain about the impacts of the pandemic since many of them were operating on a virtual basis, some in person and others who had been alternating between a hybrid model and remote access and yet others who were operating in person but expecting to transition to a hybrid or an all remote basis. It is important to note that most participants in the study expressed marked uncertainty about the short and long term effects of the pandemic on the mental health of their students and staff. It is however interesting to note that several participants indicated that some of the students displaying concerning behaviors were the same students reporting mental health concerns before
the pandemic. Of the 20% of participants reporting a decrease in students instances of violent behavior, one participant elaborated further stating that this may have be due to the fact that they were unable to gauge an accurate estimate of the mental health needs of their students since they were not in school and that their parents may not have been reporting such instances, turning to seek outside mental health services or dealing with them on their own if possible. It stands to reason that given the impact of the pandemic on families and their children the full impact of the pandemic on the lives of the students and their families may only be determined as the effects slowly unfold and spill over into the lives of people once matters resume and approximate regular functionality on a daily basis. Indeed, participants in the study reported feeling apprehensive and uncertain about the mental health of their students, teachers and the entire school community as they prepare to move ahead with plans to bring the students back to school on a full time basis in the near future. Speaking to the implementation of mental health initiatives in their schools, participants spoke about school safety and security measures in order to provide a supportive environment conducive to learning. Programs such as Positive behavior support systems, SEL, School wide measures, collaborative classrooms and restorative practices were in common usage while participants spoke about the importance of having an adequate number of trained mental health professionals in the school. Special efforts during the pandemic were highlighted to monitor the mental health of students and staff and keep them engaged and connected to their schools. While reporting uncertainty and a “lack of guidance” during an unprecedented pandemic such as this, participants reported trying their best to “normalize” things as much as possible for their students and keep them engaged and connected to their schools. Other efforts included, reaching out to families, communicating with them on a regular basis, making home visits, working collaboratively, active listening and extending support to all.
Mental Health in Schools

This category explored principal thoughts on the importance of mental health in schools. As current research suggests undiagnosed or untreated mental illness or mental health concerns are associated with poor academic outcomes (Mojtabai et al., 2015). One hundred percent of all the participants subscribed to the importance of student positive mental health in schools, especially during the current pandemic. At least 30% of all participants highlighted the importance of fostering connections for students and the school community and then between the school community and the neighboring community beyond the confines of the school. As noted in the review of literature support from teachers, peers and other adults within the school system protects overall psychological health while promoting adjustment within the school environment (Cooley, Fite, Rubens, & Tunno, 2015). Indeed 25% of all the participants stressed upon the importance of creating safe, and supportive environments within the schools to promote learning and positive mental health. Speaking about the detrimental effects of social isolation imposed on all during the current pandemic, participants spoke about working collaboratively with their staff to arrive at creative solutions to engage students and foster connections with their schools.

Current research highlights the importance of a supportive and caring environment in schools, a sense of connection, a feeling of safety and task engagement and participation (Berkowitz, Moore, Astor & Benbenishty, 2017; Thapa et al., 2013). Most participants reported feeling that positive mental health and academic success were equally important; they stressed the importance of focusing primarily on mental health of their students and staff during the pandemic. While 25% of all participants stressed upon the education of the whole child another 20% reported stressing upon the importance of mental health during the pandemic. Ten percent
of the participants stressed upon the importance of academics even during the pandemic in an attempt to “normalize” student experiences.

Discussing the use of strategies in their schools at least 70% of all participants highlighted the importance of communication and collaborative effort in their schools to support overall positive mental health. Research indicates that mental health programs in schools often include learning social and emotional skills, teaching social inclusion, effective problem solving, increasing positive behaviors in addition to other skills (Fazel, Hoagwood, Stephan & Ford, 2014). Indeed, participants in the study referred to these programs and interventions in their schools both pre pandemic and also in modified variations, to the best of their abilities currently. The availability of dedicated staff and the creative utilization of limited resources were also reported by the participants in this study. Cross education of all teachers, support, hiring and training of staff, school wide activities, team building activities, reaching out to outside agencies for training and support and utilizing both formal and informal methods of assessment to gauge student need were all strategies that were also reported.

One hundred percent of all participants in the study highlighted the importance of a positive school climate in ensuring positive mental health in their schools. As indicated in a review of extant literature, as noted before, there is a significant amount of research that speaks to the benefits of a positive school climate and how it is associated with reduced rates of violent behavior, reduction in rates of delinquent behavior, reduced substance abuse and school dropout rates (Kotok, Ikoma, & Bodovski, 2016; Thapa, Cohen, Guffey & Higgins-D’ Alessandro, 2013). While 35% of all participants referenced their strict adherence to HIB laws another 60% of all participants spoke about the benefits of implementing mental health initiatives and programs in their schools. While several participants spoke about the benefits of clear communication,
stability and consistency of messaging, others highlighted programs that promoted task excellence, social skills and positive behaviors in their schools.

As reported, increasing parental involvement in schools is a common goal shared by all administrators. As reported by one participant, “we always want more parent involvement, it is one of those things we battle…we wish we had more.” While participants agreed that parental involvement was greater at elementary school levels others agreed that there was a “drop off” in parental involvement at the middle school levels. As stated by one participant, “to be honest with you, at the middle school level here, I don’t have a lot of parent involvement when it comes to various topics. As far as their overall participation….I feel like we don’t have a lot of parental involvement when it comes to the academic performance, but, I don’t think we’re unique in that area, I think nationwide, if you ask any school principal, I think they would all say the same thing that we’re always looking to increase those numbers.” All participants interviewed reported that the pandemic had affected parental involvement negatively. Although some participants reported a relatively active parent teacher association in their schools, overall participation was limited due to the pandemic.

Principal Training and Experience

Research indicates that most administrators feel inadequately trained in the field of mental health and express a desire for further training to gain a better understanding of mental health disorders, behavior management techniques, gaining knowledge about specialized skills such as social skills training and trauma (Moon, Williford & Mendenhall, 2017). As indicated by the participants in the study there was a varied level of expertise and comfort with student mental health and the field of mental health in general. While 15% of the participants had doctoral degrees in the field of mental health another 25% of the participants had extensive backgrounds
in the field. Sixty percent of the participants relied on professional development for training also speaking to the benefits of the experiential nature of their jobs and the duration of their tenure in their current positions in exposing them to mental health issues. When discussing the impact of their training on the delivery of mental health supports and services in their schools, most participants agreed that they were more aware of the importance of positive mental health and supports for their students to excel academically and grow into healthy individuals. Professional development and workshops by outside agencies and individual providers were seen as offering an invaluable service to administrators in educating them with relevant and current issues pertinent to their student and staff. Additionally, both administrators with extensive mental health backgrounds and those without were reported to have sought out and benefitted from these services. In fact, professional development workshops appeared to be an ideal medium for dissemination of training and services for all administrators. Participants in the study with extensive mental health backgrounds spoke about developing and spearheading programs in their schools while others preferred to delegate responsibilities related to mental health to the mental health professionals working in those schools. As reported by a participant with a background in mental health in referring to the implementation of a program in their schools, “I could say that I really developed the program as it is right from the ground up, when it comes to how students are identified, the PBIS structure that is in place and the tiered level of support.” Another participant who reported a “limited” background in the field of mental health reported relying to a great extent on different professional development opportunities while trusting the professional abilities of his staff with matters of mental health in his building.
Staffing in Schools and Staff Training

Research indicates that a well-organized school can meet both student academic and psychological needs, reducing problem behaviors and enhancing positive outcomes at the same time (Catalano, Oesterle, Flemington & Hawkins, 2004). In keeping with this research participant reports in this study indicate that irrespective of extensive or limited backgrounds in mental health, school administrators look for guidance and rely on the professional expertise of their mental health professionals in the building. However, it appears that even with knowledge of different models of support schools are unable to meet obvious needs due to an inadequate number of student support services staff such as school psychologists, counselors and social workers due to lack of funding (Katsiyannis et al., 2018). Participant data in this study indicated that while 35% of school administrators reported having an adequate number of staff, sometimes having additional staff, another 35% of all participants reported having to share student support staff or mental health professionals with other schools in the district. Additionally, 10% of the participants indicated having part time mental health staff in the building while another 20% reported being short staffed. Participants reported supplementing internal mental health support services with support from appropriate external agencies or individual providers. At least 65% of all participants utilized agencies such as, Effective School Solutions (ESS) and Care Plus and Rutgers University Behavioral Health Care, The Boggs Center at Rutgers, Psychiatric Emergency Screening Services, Mobile Response and Stabilization Services, PerformCare, Child Protection and Permanency Services and other county specific and district specific services providing mental health services to students and families. While students are often sent out to local hospitals and clinics for more formalized evaluations, at least 20% of the participants reported relying mostly on their internal mental health experts with limited utilization of outside
providers. Another 10% of the participants questioned the availability of appropriate mental health services for students and families in the community.

When participants in this study were asked to identify their key players in identifying and determining the need for services for students, at least 30% of the participants reported that teachers were their most important source and that they depended on their teachers to indicate concern for mental health issues in their students. Teachers are thought to have important roles to play in providing a number of essential mental health services that include early identification, referrals, support strategies in the classroom and implementation of these strategies (Franklin, Kim, Ryan, Kelly & Montgomery, 2012; Rothi, Leavy & Best, 2008). Additional research by (Frauenholtz, Mendenhall & Moon, (2017) also suggests that limited literacy on matters of mental health may impede effective collaboration between interdisciplinary systems in schools, the home and the community. Needless to say, appropriate staff training is therefore an essential component to supportive mental health care of students within schools. There were a number of ways that were identified by participants in this study that highlighted staff training on a regular basis. District wide training of all staff, school based in service days with training from people with expertise within the schools and then having agencies visiting schools to train staff and outside attendance of professional development workshops were all highlighted by the participants. Additionally, more creative ways to share limited resources were reported that took the form of sharing of relevant articles in schools and being allowed to turnkey information gathered at professional development workshops. It appears that although the need for staff training and the value is unmistakable, this aspect of ensuring appropriate access to mental health resources is plagued by issues related to being short staffed, limited funding and limited access to resources. Additionally, the current pandemic appears to have impacted this process of staff training in different ways. While 100% of all participants in this study reported engaging in
different methods of staff training, these appear to have become more specific and in response to the academic and mental health needs emerging from the impact of the pandemic.

Principal Role in Schools

Research by Barrett et al., (2013) suggests that school principals are uniquely positioned in their roles in schools in being able to identify, create and dedicate resources to support mental health initiatives within schools. The authors also suggest that the principal’s awareness and knowledge of mental health are central to implementation of mental health initiatives in addition to allocation of resources and the development of sustainable funding methods within their schools. When asked to comment on essential features of their roles within their schools, 40% of the participants in the study spoke about the importance of fostering connections with students, staff and the community. At least 35% of the participants spoke about the importance of collaboration, with at least another 20% of the participants highlighting the importance of clear and consistent communication with all. Additionally, another 20% stressed the importance of understanding the needs of their students and staff while another 20% of all participants voiced the necessity of providing their teachers and staff stable and safe environment where they could work to the best of their abilities. School principals have multiple roles and responsibilities they need to fulfill in schools. Some of the participants reported wanting to be seen as a leader while others highlighted the importance of being present. Others found the ability to prioritize tasks important while delegating tasks and delineating roles for staff and holding people accountable in their designated roles was seen to be important to ensure smooth operation of tasks within the schools.

Study participants reported the consideration of several factors when making decisions in the best interests of their schools, staff and students. One such factor reported was making
decision based on the needs of the communities served. Indeed, participants in the study stressed upon the importance of having to educate themselves about the needs of the community and the students before making decisions that were in the best interest of the school. Knowledge about families, background history was deemed important when it came to making decisions that were in the best interests of the student in school. Principals also reported their decision making was impacted by the manpower available to them. Concerns related to limited funding and resources in addition to being short staffed were reported by participants in the study.

Teachers were reported as being the most important sources of information in identifying and reporting mental health concerns in their students. Other key players in the process of identifying students and staff for mental health concerns and following standard protocol and procedures in seeking appropriate treatment often included members of the Child Study Team, in particular the school psychologists, case managers, the school counselor and the school nurse. The school principals identified themselves and other administrators such as the director of special services and assistant principals as being able to work with the above mentioned individuals in collaborative decision making when seeking appropriate treatment for mental health concerns when applicable or necessary.

Funding for Mental Health in Schools

The aspect of funding and the allocation of resources have serious implications in allowing access to mental health resources in schools. As discussed by the participants in the study, funding was available to schools from varied sources. As reported, funds are allocated or disbursed to schools from the district. These funds reportedly are allocated as specified in “budget lines” from schools within the district. Participants reported that the Special Education and Counseling departments at the district level were able to budget for hiring and supervising
training opportunities for mental health professionals placed in different schools. Additionally, schools have their own funds that allow for other school specific activities undertaken at the level of the school. Applying for grants and the support from parent teacher organizations may also allow for the funding of certain mental health activities at the school level. While it appears that funding from the districts are relatively stable and “budgeted for” funding from grants and financial support from parent teacher organizations are relatively less so. Approximately 50% of the participants in this study reported receiving financial support from the PTO’s that allowed for support for mental health initiatives at the schools. Other fundraisers organized by the PTO supported other activities in the community such as food and clothes drives and drama and music clubs at the schools. Approximately 15% of the participants reported being able to utilize grant funding for the implementation of mental health initiatives within schools. However, it also appears that although school staff has access to grants that may be available they may not always apply for them. As stated by one participant when referring to grants available, “I think its really a unique opportunity and wonderful…I don’t know that teachers take advantage of them and they should, ‘cause they’re really wonderful and so we have local foundations and more state and national foundations that they can apply for grants to.”

As reported, 50% of the participants reported school funds being used for staff professional development opportunities and training. Another 35% of all participants reported utilizing school funds to support other mental health initiatives within the schools. Having access to limited funding was reported by at least 55% of all participants who reported being unable to implement programs and other important initiatives to support student mental health in schools. Rural and smaller districts may have an advantage in having more financial freedom with fewer restrictions in accessing funding opportunities and implementing appropriate mental health safeguards in place.
Barriers that Prevent Optimal Access to Mental Health in Schools

Research indicates that principals have the administrative ability to make decisions that have serious implications about the access of mental health resources for their schools to (Barrett et al, 2013; Gottfredson & Gottfredson, 2002; Kam Greenberg & Walls, 2003). In conducting this study, the principal investigator was interested not only in the decision making process, the knowledge, the experience and other factors that were considered while makes these decisions but, also the perceived facilitators and barriers that impacted the process. Mental illness in children have serious implications being associated with poor outcomes in school in addition to lasting repercussion across the lifespan if left untreated (Mojtabai et al., 2015; Walter, Yuan & Cabral, 2017). While the annual costs associated with mental illness in children is staggering, it is also apparent that schools may be the ideal place to access children and intervene since they spend a major portion of their days in school (Agency for Healthcare Research and Quality, 2012; Weist & Albus, 2004). Thus, it seems necessary to have a better understanding of the barriers that impede optimal access to mental health resources in schools.

School administrators in this study identified community and school barriers that are encountered as they work to implement mental health initiatives and provide access to mental health resources in their schools.

Parental resistance or lack of parental buy in was an important barrier that 45% of the participants reported on. At least, another 20% of the participants reported that parents were often in denial about mental health concerns in their children due to the stigma that is associated with such concerns. As reported by school administrators in this study, teachers are often the first people to identify and seek assistance when observing concerning behaviors in children and students as early as in elementary school. As reported by a participant in this study, “a barrier is this parent buy in….sometimes it denial, I think as an elementary school, it’s a tougher hill to
climb because sometimes we’re the first people going to that parent to say, look there’s a problem here, there’s a concern and some parents don’t like to hear that and I understand….”

Other barriers that were identified by participants in this study were limited funding, limited resources, having an inadequate number of staff and a disproportionate ratio of students to mental health staff in schools and not having enough time in the day in schools to allow for adequate intervention, planning and implementation opportunities for mental health initiatives among other tasks that school administrators have to work at on a daily basis.

**Impact of Covid-19 on Schools**

The Covid-19 pandemic has resulted in an unprecedented impact on the lives on all people globally within the last year. Of specific interest to this study has been the manner in which the pandemic has impacted the mental health of students in schools, how the switch to virtual modes of instruction has affected them and what special measures have been adopted by schools for their Special Education and at-risk students in their schools. While at least 30% of the participants in this study have reported heightened levels of stress, anxiety and frustration in students, staff and families there have been school administrators reporting minimal change in their students’ pre pandemic and since. However, several participants in responding to this unexpected phenomenon discussed that this may be a product of underreporting by students and their families. Other participants voiced feeling uncertain and being unable to gauge the impact of the pandemic on the mental health status of their students, staff and families while schools operated on a remote schedule. The effects of social isolation, during the pandemic, were an area of concern voiced by more than half of the participants in the study, especially in very young children. Some participants reported noticing a greater degree of struggle in those students and families reporting similar concerns before the pandemic. Inconsistent engagement, inability to
connect, lack of participation and academic underachievement were other areas of concern for school administrators. While some students were reportedly thriving in virtual mode and excelling academically there are those who are struggling to stay afloat under similar circumstances. Speaking to the feeling of disconnect among students and schools several participants reported engaging in outreach measures and creative ways to ensure student and family connection with schools. Special accommodations such as hiring of staff, recording of lessons, home visits, food and clothes drives, and organization of virtual activities were highlighted by the participants. The Special Education students and other at-risk students have been attending school in person even while other students and procedures have remained remote. While operating with a significant amount of uncertainty about the impact of the pandemic on the mental health of students staff and families it seems apparent that optimal access to mental health resources remains of paramount importance as school districts look forward to having their students and staff return in the near future.

Principal Aspirations for Growth in the Field of Mental Health in Schools in Future

Participants in this study were given the opportunity to voice some of their goals and aspirations in regard to access to mental health support and initiatives they would implement in their schools in future. Participants reported on measures implemented before the advent of the pandemic and spoke to the nature of some interventions, programs and other resources they would like to adopt in their schools in future. At least 30% of all participants expressed a need for additional programs in their school while another 35% voiced the need for further teacher training. A study by Moon, Williford and Mendenhall, (2017) highlights the importance of specialized training for school personnel discussing how appropriate training is likely to enhance
understanding of student behavior. Additionally, appropriate staff training is likely to aid early identification, referrals, implementation of support strategies in the classroom in order to support student mental health needs in schools (Rothi, Leavy & Best, 2008; Franklin, Kim, Ryan, Kelly & Montgomery, 2012). Participants in this study expressed a need for their staff to be more “reactive and proactive” in their approach to student mental health. This appropriate training, followed by enhanced understanding of student behavior followed by early identification and appropriate referrals is helpful in reducing district spending resulting from implementing pricey programs and sending students to out of district placements to meet their needs (Moon, Williford and Mendenhall, 2017). At least 30% of the participants spoke about the benefits of psychoeducation for parents while another 20% of the parents spoke about the desire to educate other community stakeholders adopting a proactive approach to create more awareness about mental health and access to mental health resources.

Acknowledging that the pandemic has impacted the mental health of people in general, participants in this study voiced uncertainty about both short term and long ranging consequences of the same. Once again, the need to remain reactive and proactive in dealing with the fallout from the pandemic participants reported on their attempts to remain connected with their students and their families and remain supportive while being mindful of their struggles. At least 30% of the participants in this study highlighted the importance of being supportive of their staff and students during the pandemic. School administrators in this study spoke about the need to defer pre pandemic plans for implementation of mental health initiatives in order to engage in other activities to support the school community and families as best as they could. Capturing the uncertainty school administrators feel about what the future holds in store for their students, teachers and the community and wanting to help ameliorate the stress in the process, one
participant summed his efforts by stating, “I just don’t know how to help with that, so, I guess that would be my next thing, to think about going forward.”

Study Limitations

Recruitment Method

Participants for the study included 20 school administrators with nineteen principals and one assistant principal from a large school district in the sample. Participants included eleven elementary school principals (including K-3 and K-4th grades) while the other nine were from intermediate (grades K-6; 4-5; 5-6), and middle schools (grades 6-8) for a total of twenty participants. Participants in the study were school administrators working in a mix of suburban and rural school districts in New Jersey. Email invitations in addition to snowball sampling methods were employed to invite principal participation in the study in addition to recruitment via email sent to school administrators in school districts. Participants interviewed by the principle investigator either reached out to other school administrators and introduced the principle investigator through email or were selected as they responded to the principle investigator’s email introducing the study. No incentives were offered to the participants. It is likely that there may be a level of bias introduced as some of the participants knew the others they had recommended. Social desirability may also have been a factor present as participants accepted the invitation to participate knowing that a colleague in the same profession had recommended their potential participation.

Participant characteristics

Participants in the study were all school administrators working in school districts in New Jersey. While several emails had been dispersed to invite participation, only a few school
administrators responded to these emails in addition to those who had volunteered to participate following recommendation by a colleague. School administrators interviewed by the principle investigator reported having special interest in the field of mental health and were invested in looking for ways to enhance access to mental health in their schools. It is likely that this subjective interest may have introduced a level of bias in the participant sample detracting from the overall objectivity of the study.

Representation of sample

Participants in the study were primarily situated in affluent school districts with very few participants with less affluent representation. Many of the considerations voiced in the study may therefore be more particular to certain districts with better financial standing. Generalization of facts and trends observed is likely to be better with a more representative sample from other school districts situated in less affluent areas and greater geographical area covered.

Interviewer Effects

The principle investigator had a prior relationship with some of the participants having worked in those school districts at different times during their career. Although this did not affect the context of the study in any way, it is possible that this fact may have introduced a level of response bias during the interview.

Method of Analysis

The principle investigator employed a mono method qualitative approach to this study. While it is advisable to employ a multi method approach in general, the investigator tried their best to reduce the level of bias by using a second rater to code the data independently during the
process of data analysis. However, it is advisable for readers to employ a level of caution with the interpretation of findings in this study.

Recommendations and Implications for Future Research

This study aimed to explore the perceptions of school principals and gather an understanding of mental health awareness, practices in place and the access to mental health resources within schools. Factors that were of particular interest involved principal knowledge, experience, and perceptions regarding mental health, principal training, principal role and the decision making process employed in providing access to mental health resources, mental health practices in place before the Covid-19 pandemic and since, funding for mental health initiatives and programs, the presence of an adequate number of mental health staff in schools and staff and teacher training in addition to other factors that facilitate or present as barriers providing appropriate access to mental health resources in schools.

The principle investigator proposed the following recommendations for consideration based on the interview content and further analysis of data obtained:

Creative utilization of limited resources

A common theme reported by school administrators was the availability of limited funding and resources in schools. While the availability of adequate funding may not always be possible, creative utilization of available resources may help to provide more opportunities and create options and better access to mental health initiatives and resources within schools. Some of these may involve cross educating staff on mental health strategies such as mindfulness, self regulation and other SEL strategies that can be applied to support mental health in schools. School funding for mental health activities and training may often be limited, however, being
able to “turn key” information and training when selected staff attend limited training opportunities may allow the training and information to be appropriately disseminated so the entire school community may benefit from the training. In addition, having outside training agencies visit the school for school wide training opportunities may be most cost effective than sending a selected few staff to attend professional development and training opportunities. Other activities may include the incorporation of school wide activities, team building activities and approaches and being able to utilize the parent teacher organizations optimally while looking for other creative opportunities both within such organizations and the community may enhance access to better and more sustained funding that can be used to realize school goals for mental health initiatives.

*Availability of trained mental health professionals in schools*

School administrators interviewed for the purpose of this study often reported being short staffed and having to share the services of the limited number of staff available in district across several different schools. A common theme that emerged across interview content was the limited number and availability of staff for the number of students in schools resulting in compromised quality of mental health support for students. Lack of time, lack of staff, and limited resources were common themes that were revealed across interview data. Although mental health professionals were reported to be adequately trained and certified, they were often reported as being overworked and overwhelmed by the sheer volume of need in schools without enough time to complete these tasks within the span of a school day. The hiring of more mental health professionals in schools is likely to allow better support for students and staff, better implementation of mental health programs and better training for all staff in schools while enhancing overall mental health support within these schools and reducing costs incurred in
placing students out of district and making costly referrals to other agencies and providers outside.

*Adequate Training of teachers and staff*

School administrators in this study reported varied levels of staff training in mental health issues. Teachers were reported to be the first people in schools to identify and report mental health concerns and were identified as being one of the key players in making mental health related decisions for their students and implementing behavior plans, strategies and such in their classrooms to support student mental health. Research indicates that limited literacy on matter of mental health may impede effective collaboration between interdisciplinary systems within schools (Frauenholtz, Mendenhall & Moon, 2017). Other studies also suggest that although most educators and administrators take student mental health issues seriously they feel inadequately trained in such matters (Moon, Williford & Mendenhall, 2017). It is recommended that more rigorous training and education in mental health issues be undertaken and include more workshops and faculty meetings on such issues, attendance at state and national conventions, engagement in research projects related to mental health initiatives, continuation with working toward advancing their own academic pursuits and undertaking the reading and discussion of relevant articles, and books related to mental health. Finally, being able to turnkey all relevant information with the school community will serve to educate all on matters related to mental health.

*Principal training*

Research indicates that principal knowledge of mental health is an important factor in increasing opportunities to promote mental health interventions in schools. This is also likely to
increase their ability in building appropriate infrastructures that will help realize the implementation of sustainable mental health interventions in general (Barrett, Eber & Weist, 2013). As interview content reveals, while a few of the school principals reported backgrounds in mental health most of the participants reported experiential exposure to the field. Principals have an important role to play in schools, being central to all decision making process. While relying on their mental health professionals to provide important input on mental health related matters principals often have the final say in deciding on a path of action chosen. It is recommended that principals undertake more training to increase their knowledge in areas of mental health in order to promote relevant implementation of mental health initiatives while engendering more awareness in the field within their schools. This may also bear implications for incorporating more courses in mental health in academic and training programs for principals in future.

*Impact of Covid-19*

Navigating through the Covid-19 pandemic is setting precedence for mental health implications moving forward. Although school administrators have reported various measures adopted in order to support student, staff and family wellbeing it is hard to gauge the impact of these measures. School administrators reported trying to enhance a sense of connection between students, their families and the school. Outreach measures, activities aimed at reducing social isolation, mental health support through counseling, food and clothes drives are just some of the measures undertaken in schools. While schools are doing their best to navigate their way through an event such as the pandemic there is a certain degree of uneasiness and apprehension about the long term effects on mental health and the need for more comprehensive measures adopted in schools to ensure student and staff wellbeing in future. Reacting to support the mental health of students, staff and community during the pandemic is necessary but it is conceivable that
proactive measures, more comprehensive approaches and better implementation of mental health
initiatives will be imperative to combat the long term consequences and the fall out resulting
from the pandemic.
Summary

The purpose of this study involves an examination of need for mental health resources in schools based on the perceptions of school principals. This study sought to gather a better understanding of factors that affect access to mental health resources in school such as principal knowledge, experience and decision making, existing mental health practices, the availability of trained staff and other facilitating factors and barriers that impact the access. The impact of the current Covid-19 pandemic on mental health and wellbeing was also examined in the study. The participants involved in this study were 20 school administrators currently situated in suburban and rural school districts in New Jersey. Findings from the study discuss important aspects related to the perception of violence in schools, factors involved, mental health in schools, principal training and experience, principal role in schools, staffing in schools and staff training, funding for mental health in schools, barriers that prevent optimal access to mental health in schools, impact of Covid-19 on schools and principal aspirations for growth in the field of mental health in future. Based on the emergence of facts and trends revealed by the study, the principle investigator made certain recommendations while considering certain implication for future research. These include: the creative utilization of limited resources, the availability of trained mental health professionals in schools, adequate training of teachers and staff, principal training and the impact of Covid-19. Despite certain limitations and a need for further in-depth research the study provides a preliminary understanding of the topic involved. This dissertation is believed to offer meaningful insight and information based on the emergent facts and trends revealed followed by a few recommendations and implications for further research in future.
References


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APPENDIX A: PRINCIPAL INTERVIEW PROTOCOL

PRINCIPAL INTERVIEW PROTOCOL (All questions will refer to Covid-19 as appropriate):

1. Please state your name and title for the purpose of the Interview. (Permission will be sought to record the rest of the interview)

2. How long have you been in this position and in this school?

3. Schools have seen a rise in violence over the years (for example, use of a weapon, bullying, cyber-bullying and an increase in suicide and suicidal ideations). Has your school been impacted by this trend? If so, how?

4. What are some measures or policies that you have adopted in response to the impact of the rising violence in schools?

5. A major focus of schools remains academic success, how important is mental health to supporting academic success?

6. How are parents involved in your school? What are some examples of parent involvement in school?

7. What is your school’s policy regarding school climate/culture? What are some examples?

8. What are some of the agencies, institutions, organizations and providers that the school collaborates with in order to ensure access to mental health resources for your students? (For example, some schools use, ESS or Care Plus, or individual providers).
9. What is your training/experience (professional development) with the field of Psychology and mental health? This may include your academic courses, other workshops/courses/training you may have undertaken later.

10. How has your training and experience as a principal influenced or impacted upon the delivery of mental health supports and services in your school?

11. In your role as the school principal what do you consider to be essential to your role in the school/building?

12. What has been the most successful approach or strategy that your school has used/benefitted from in its aim to improve the mental health of the students? Why?

13. What are some barriers that impede optimal access to mental health resources in your school?

14. Are there any other factors that influence your decision making when it comes to providing access to mental health resources in your school?

15. What kinds of education/training opportunities (such as workshops and faculty meetings, state and national conventions, research projects related to mental health initiatives working toward advanced university degrees, reading and discussing recent journal article) are undertaken? a. for teachers b. CST and Guidance

16. How are funds allocated for mental health in your school? Does that include Special Education? These can include funds for special education, recruitment of trained staff, special programs and implementation and additional training for all staff to name a few.
17. Are there other separate funding activities or initiatives undertaken by the school to support mental health interventions/programs in the school?

18. Who do you identify as your key players in identifying and screening for mental health services in the school?

19. Who determines the need for these services?

20. What treatment services/options are offered to the students and their families? By Whom? Inside school and outside?
   a. School psychologist How many does your school have?
   b. School Counselor How many does your school have?
   c. SAC Counselor: Does your school have one? What is their role?
   d. School Social Worker
   e. Others

21. What is the school’s procedure that is followed when a student is identified as a risk for mental health concerns?

22. How do you think Covid-19 has impacted student mental health in general?

23. How do you see these mental health needs of students being impacted by the switch to virtual/online distance learning measures in response to Covid19?

24. What are some measures/resources adopted by the school to target/help the Special education and at-risk population in the schools in light of the recent pandemic?
25. In addition to everything that you do in your role as the Principal, is there anything else you would like to do to promote mental health awareness and access to resources within your school?

26. Do you have any additional information you would like to add or share?
APPENDIX B: INFORMED CONSENT FORM

CONSENT TO TAKE PART IN A RESEARCH STUDY

Title of Study: The Need for Mental Health Resources in Schools: A Survey of Needs conducted with school Principals.

Principal Investigator: Anindita Chaudhuri M.A., Ed. S., Psy. M.

STUDY SUMMARY: This consent form is part of an informed consent process for a research study and it will provide information that will help you decide whether you want to take part in this study. It is your choice to take part or not.

STUDY BACKGROUND: In children, mental health is a crucial part of their overall health and an important predictor of their ability to thrive and succeed in school and to lead productive lives as adults later. A review of literature reveals that at least one out of every five children and adolescents in the United States are thought to experience mental illness once in their lifetime (Centers for Disease Control and Prevention, 2013). Left untreated, poor academic performance, lower rates of graduation in addition to other health risks are associated with mental illness in children and adolescents (Mojtabai et al, 2015). The annual cost of mental, emotional and behavioral disorders in children has been estimated at least $247 billion accounting for the largest amount of spending on children with additional associated costs in special education, welfare and the juvenile justice system (Agency for Healthcare Research and Quality, 2012; Bardach et al., 2014). Children and adolescents spend most of their days in school and schools often serve as the primary location for the delivery of mental health services for them (Adelman & Taylor, 2010). Mental health services provided within schools allow for the promotion of overall welfare in children and adolescents in schools, their homes and the communities they live in. Several school based services remain in place to address mental health concerns present in schools. However, there is a gap that lies between the apparent needs expressed, the services provided and the deficits that appears to exist documented by the acts of violence perpetrated in schools, and the rising costs associated child and student mental health.

STUDY OBJECTIVES: The purpose of this study involves conducting a survey of needs for mental health resources in schools based on the perceptions of school principals. The investigator will use semi structured interviews to interview and understand an administrative perspective on the need to address extant issues concerning access to mental health resources within schools. The questions will also take into account the impact of Covid-19 on the mental health needs of school students. School principals have the administrative ability to make decisions for the school in deciding what mental health resources the school has access to (Barrett, Eber & Weist, 2013). The investigator is interested in understanding the decision making process, the
knowledge base and training in mental health issues, experience and perceptions from the perspective of school principals in making these decisions for their schools. The investigator has further decided to interview kindergarten through eighth grade school principals for the purpose of the study. This decision was based on a review of literature that reports that several mental disorders have an onset in childhood or adolescence (Kessler & Wang 2008). It thus appears that early detection and intervention is likely to have serious implications in child mental and behavioral health. Keeping in mind the significance of the mental health challenges that emerge early and the benefits of early intervention, the investigator decided to focus on this population of children and the perception of needs perceived through the eyes of school principals in subsequent access to mental health resources in their schools during these formative years in school.

The purpose of the research: This study explores Principal knowledge, experience and perceptions in relation to student mental health needs in schools (Kindergarten through 8th grade) using grounded Theory. The results of this study will explore and help inform the need for mental health in schools, access to mental health resources and possible barriers that impede access as viewed through administrative lens. Special consideration will be given to the impact of the Covid-19 pandemic on student mental health needs in schools currently. A total of 20 school principals from kindergarten through 8th grade levels will be invited to participate in the study keeping in mind the benefits of early intervention during these formative years.

If you take part in the research, you will be asked to answer a set of questions. Your time in the study will take approximately 30 minutes.

Possible harms or burdens of taking part in the study are none. No deception is involved, and the study involves no more than minimal risk to participants (i.e., the level of risk encountered in daily life). Participation is voluntary, refusal to take part in the study involves no penalty or loss of benefits to which participants are otherwise entitled, and participants may withdraw from the study at any time.

Possible benefits of taking part may include gaining a better understanding of the issues related to mental health needs across different schools, especially during the pandemic and its significant impact on student mental health upon study completion. Participation is voluntary, refusal to take part in the study involves no penalty or loss of benefits to which participants are otherwise entitled, and participants may withdraw from the study at any time.

An alternative to taking part in the research study: Your alternative to taking part in the research study is not to take part in it.

The information in this consent form will provide more details about the research study and what will be asked of you if you choose to take part in it. If you have any questions now or during the study, if you choose to take part, you should feel free to ask them and should expect to be given answers you completely understand. After your questions have been answered and you wish to
take part in the research study, you will be asked to sign this consent form. Keeping in mind the current pandemic (Covid-19) you will be asked to sign the form, scan it and send it back to the principal investigator if you agree to take part in the study. You are not giving up any of your legal rights by agreeing to take part in this research or by signing this consent form.

Who is conducting this study?
Anindita Chaudhuri is the Principal Investigator of this research study. A Principal Investigator has the overall responsibility for the conduct of the research. Anindita Chaudhuri may be reached at:
Anindita Chaudhuri
152 Frelinghuysen Road, Piscataway, NJ 08854-8020
908-240-4522
ac1657@gsapp.rutgers.edu

The Principal investigator of the study team will also be asked to sign this informed consent. You will be given a copy of the signed consent form to keep.

Why is this study being done?
This study is being done to explore Principal knowledge, experience and perceptions in relation to student mental health needs in schools (Kindergarten through 8th grade). The results of this study will explore and help inform the need for mental health in schools, access to mental health resources and possible barriers that impede access as viewed through administrative lens. Special consideration will be given to the impact of the Covid-19 pandemic on student mental health needs in schools currently.

Who may take part in this study and who may not?
The study will invite participation from school principals given their roles in making key decisions for their schools. This study may also invite participation from assistant principals in larger school districts where they are likely to be involved in the decision making process for their schools.

Why have I been asked to take part in this study?
You are being invited to participate in the study given your position and role in your school as the Principal/Assistant Principal.

How long will the study take and how many subjects will take part?
A total of 20 school principals from kindergarten through 8th grade levels will be invited to participate in the study keeping in mind the benefits of early intervention during these formative years. The study will involve approximately one 30-minute interview conducted with the principal investigator, Anindita Chaudhuri.
What will I be asked to do if I take part in this study?
The study will involve approximately one 30-minute interview conducted with the principal investigator, Anindita Chaudhuri. Interviews will be recorded and transcribed, upon participant consent. The goal of interviews are to better understand the need for student mental health in schools, access to mental health resources and possible barriers that impede access as viewed through administrative lens. Special consideration will be given to the impact of the Covid-19 pandemic on student mental health needs in schools currently. Participation is strictly confidential. Participants will answer a series of questions in an in-person, phone interview or Zoom online format. Some question items may require an interviewer prompt for verbal elaboration of specific responses. All responses are treated as confidential, and in no case will responses from individual participants be identified. Rather, all data will be pooled and presented in aggregate form only.

What are the risks of harm or discomforts I might experience if I take part in this study?
No deception is involved, and the study involves no more than minimal risk to participants (i.e., the level of risk encountered in daily life). Participation is voluntary, refusal to take part in the study involves no penalty or loss of benefits to which participants are otherwise entitled, and participants may withdraw from the study at any time.

Are There Any Benefits To Me If I Choose To Take Part In This Study? Possible benefits of taking part may include gaining a better understanding of the issues related to mental health needs across different schools, especially during the pandemic and its significant impact on student mental health upon study completion. Participation is voluntary, refusal to take part in the study involves no penalty or loss of benefits to which participants are otherwise entitled, and participants may withdraw from the study at any time.

What Are My Alternatives If I Do Not Want To Take Part In This Study? Your alternative is not to take part in this study.

How Will I Know If New Information Is Learned That May Affect Whether I Am Willing To Stay In The Study?
During the study, you will be updated about any new information that may affect whether you are willing to continue taking part in the study. If new information is learned that may affect you after the study or your follow-up is completed, you will be contacted.

Will I Receive The Results Of The Research?
Study results will be provided to participants upon request after the completion of the study.

Will There Be Any Cost To Me To Take Part In This Study? There is no cost to participate in the study.
**Will I Be Paid To Take Part In This Study?**
You will not be paid to take part in this study.

**How Will Information About Me Be Kept Private Or Confidential?**
All efforts will be made to keep your personal information in your research record confidential, but total confidentiality cannot be guaranteed. Interviews will be audio recorded upon consent of the participant. Audio files will be transcribed and saved in electronic documents. All research data, audio files and data files will be retained for three years following the end of data analysis. During the time prior to study completion, all data will be stored securely on a cloud based secure file storage application system offered by Rutgers that will keep the data safe and secure without any possibility of being compromised in any way. Upon study completion, data transcription files, audio files and written notes will be destroyed. Paperwork will be shredded, audio files will be destroyed and transcription electronic files permanently deleted. At no time will study data be available for public review. Subjects may withdrawal from the study at any time and may request that interview data is not used in the study.

**What Will Happen to my Information Collected For This Research After The Study Is Over?**
Participants will not be identified or linked in any way to their responses once the interview is complete. Findings will be presented in aggregate form to emphasize larger themes across responses. During the time prior to study completion, all data will be stored securely on a cloud based secure file storage application system offered by Rutgers that will keep the data safe and secure without any possibility of being compromised in any way. Upon study completion, data transcription files, audio files and written notes will be destroyed. Paperwork will be shredded, audio files will be destroyed and transcription electronic files permanently deleted. At no time will study data be available for public review.

**What Will Happen If I Do Not Wish To Take Part In The Study Or If I Later Decide Not To Stay In The Study?**
It is your choice whether to take part in the research. You may choose to take part, not to take part or you may change your mind and withdraw from the study at any time. If you do not want to enter the study or decide to stop taking part, your relationship with the study staff will not change, and you may do so without penalty and without loss of benefits to which you are otherwise entitled.

You may also withdraw your consent for the use of data already collected about you, but you must do this in writing to Anindita Chaudhuri who may be reached at:
152 Frelinghuysen Road, Piscataway, NJ 08854-8020
908-240-4522
ac1657@gsapp.rutgers.edu

**Who Can I Contact If I Have Questions?**
If you have questions about taking part in this study, you can contact the Principal Investigator:

Anindita Chaudhuri  
Department of School Psychology  
Graduate School of Applied and Professional Psychology  
152 Frelinghuysen Road, Piscataway, NJ 08854-8020  
908-240-4522 (P)  
ac1657@gsapp.rutgers.edu  

You can also contact my faculty advisor:

Dr. Kenneth Schneider, Rutgers University  
Graduate School of Applied & Professional Psychology  
152 Frelinghuysen Road  
Piscataway, NJ 08854-8020  
732-445-2000 X106  
schneid@gsapp.rutgers.edu  

If you have questions about your rights as a research subject, you can contact the Rutgers IRB Director at:

Arts and Sciences IRB, 335  
George St.  
Liberty Plaza Ste. 3200,  
New Brunswick, NJ 08901  
(732) 235-2866  humansubjects@ored.rutgers.edu  

Keeping in mind the current pandemic (Covid-19) and all efforts to avoid in person research according to guidelines put into place by Rutgers University, you are being asked to sign the form, scan it and send it back to the principal investigator if you agree to take part in the study. You are not giving up any of your legal rights by agreeing to take part in this research or by signing this consent form.
AGREEMENT TO PARTICIPATE

Subject Consent:

I have read this entire consent form, or it has been read to me, and I believe that I understand what has been discussed. All of my questions about this form and this study have been answered. I agree to take part in this study.

Subject Name (Print): __________________________________________________

Subject Signature: ___________________________ Date: _________________

Signature of Investigator/Individual Obtaining Consent:

To the best of my ability, I have explained and discussed all the important details about the study including all of the information contained in this consent form.

Investigator/Person Obtaining Consent Name (Print): __________________________

Signature: ___________________________ Date: _________________
APPENDIX C: CONSENT TO AUDIO RECORD

CONSENT TO AUDIO-RECORD SUBJECTS

You have already agreed to take part in a research study entitled “The Need for Mental Health Resources in Schools: A Survey of Needs conducted with school Principals” conducted by Anindita Chaudhuri. We are asking your consent to allow us to record you as part of the research.

The recordings will be used so that the PI may examine student mental health needs in schools keeping in mind the impact of Covid-19 on the mental health needs evinced. Findings will be presented in aggregate form to emphasize larger themes across responses. Individual responses will not be presented and/or linked to participants.

The recordings will not include participant names or other identifiers to link participants to audio recordings.

The recordings will be stored. Audio files will be transcribed and saved in electronic documents. During the time prior to study completion all data will be stored securely on box.rutgers.edu, a cloud based secure file storage application system offered by Rutgers that will keep the data safe and secure without any possibility of being compromised in any way. All research data, audio files and data files, will be retained for three years following the end of data analysis. Upon completion of three years, data transcription files, audio files and written notes will be destroyed. Paperwork will be shredded, audio files will be destroyed and transcription electronic files permanently deleted. At no time will study data be available for public review. Subjects may withdraw from the study at any time and may request that interview data is not used in the study.

The recordings will not be used by us or distributed to investigators for other research.

Your signature on this form permits the investigator named above to record you as described above during participation in the above-referenced study. The investigator will not use the recording(s) for any other reason than that/those stated in the consent form without your written consent.

Keeping in mind the current pandemic (Covid-19) and all efforts to avoid in person research according to guidelines put into place by Rutgers University, you are being asked to sign the form, scan it and send it back to the principal investigator if you agree to be recorded. You are not giving up any of your legal rights by agreeing to take part in this research or by signing this form.
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<td>Investigator/Person</td>
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**AGREEMENT TO BE RECORDED**