# School Leader Preparedness for Addressing Student Mental Health

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**Abstract**

This article describes an exploratory mixed method convergent parallel design study conducted to examine Connecticut Educational Leadership Preparation programs for the existence of mental health content in course work and field experiences to learn the extent to which preservice school leaders are being exposed to mental health content in their leadership preparation programs for developing the competencies needed for effectively addressing the diverse mental health conditions of students.

National data indicate that about one in five youth currently experience a diagnosable and treatable emotional-behavioral problem, and in Connecticut, this represents about 150,000 children and adolescents in need of mental health care (Bracey, Arzubi, Vanderploeg, & Franks, 2013). The concept of Expanded School Mental Health (ESMH) emerged from the President's New Freedom Commission on Mental Health in 2003. The Commission was charted by President George Bush to examine the state of the mental health system in the United States. It was found that the nation's mental health care system was fragmented and in disarray leaving many children and adolescents not accessing mental health care. The Commission produced a report which provided Recommendation 4.2 to include and expand school mental health programs. Since that time, schools have been identified as key settings in which to promote mental health and address the mental health conditions of youth. Education reform initiatives over recent decades require that school leaders connect leadership behaviors to students' social, emotional, and academic outcomes. School leaders hold a pivotal role in whether, and to what extent mental health promotion and prevention take root in school contexts (Gottfredson & Gottfredson, 2002; Kam, Greenberg, & Walls, 2003). Therefore, it is critical that preservice school leaders are adequately prepared during their preservice training to develop the competencies and skills that are essential for effectively addressing the diverse mental health conditions of students.

Semi-structured interviews were conducted with nationally renowned school mental health experts, and in-service Connecticut school principals to learn what leadership competencies they believe are needed for school leaders to effectively address student mental health. Responses yielded 11 suggested leadership competency content categories which served as the basis for two researcher-developed online surveys completed by Connecticut school leader preparation program course professors and preservice school leader program students rating the extent to which mental health content was included in course work and field experience.

Program course syllabi were examined for mental health content. The convergence and paralleling of the study's qualitative and quantitative results illuminates the difference between what school mental health experts

identified as essential leadership competencies for meeting the mental health needs of students, and what is comprised in Connecticut Educational Leadership preparation program curriculum and field experience. Findings from the data sources suggest there is a dearth of mental health content in program curricula, and insufficient attention to clinical internships. Connecticut educational leadership preparation programs could do better in preparing preservice school leaders for addressing the mental health needs of students.

## Introduction

The prevalence of mental health problems among children and adolescents in the United States is estimated to be 20% or one in five (World Health Organization, 2014). Although the exact cause of most mental illnesses is unknown, it is clear through research that many of these conditions are caused by a combination of biological, psychological, and environmental factors (The Kim Foundation, 2016). In the case of school-aged children and adolescents, mental health disorders have strong implications on their social, emotional, and academic outcomes. A review of the literature suggests that multiple studies yield significant correlational data between children with mental health disorders and decreased student achievement (Biederman et al., 2004; Fergusson & Woodward, 2002; Försterling & Binser, 2002; Rothon et al., 2009).

Accessibility to mental health care continues to be a problem for school-aged children and adolescents. According to Murphey, Vaughn, and Barry (2013), the findings from national studies suggest that most children and adolescents with mental health disorders do not seek out or receive the services they need, and that between 60% and 90% of adolescents with mental health disorders fail to receive treatment (Murphey, Vaughn, & Barry, 2013). Similarly, Whitley (2010) asserts the overwhelming majority of children with mental disorders are not identified, lack access to treatment or supports, and thus have a lower quality of life. More specifically, of Connecticut's children and adolescents, only about 20% access the care they need, leaving approximately 125,000 Connecticut youth struggling with untreated mental health concerns (Child Health and Development Institute of Connecticut, 2013).

Federal initiatives including the Surgeon General's Report (U.S. Department of Health and Human Services, 1999) on mental health of the nation, the 2001 No Child Left Behind Act, and the President's New Freedom Commission on Mental Health (2003) helped to promote the need for school mental health services for all children and adolescents (Gallegly, 2012). The Surgeon General's Report (1999) on mental health significantly increased public awareness about mental health disorders asserting that "mental health disorders are tragic contributors to mortality, with suicide perennially representing one of the leading preventable causes of death in the United States and worldwide" (U.S. Department of Health and Human Services, 1999). Additionally, within the report, the U.S. Congress declared the 1990s the "Decade of the Brain" because throughout the 1990s much was learned through research in basic neuroscience, behavioral science, and genetics about the complex workings of the brain.

In 2001, the No Child Left Behind Act ([NCLB], 2002) was signed into law by President George W. Bush. NCLB was the most significant federal education policy initiative in a generation. The primary focus of NCLB was to promote educational success for all children. The legislation also contained opportunities to advance school-based mental health (Daly et al., 2006). NCLB contributed to expanding the field of school mental health because it authorized the Secretary of Education to award grants to local education agencies for the purposes of establishing or expanding

counseling services for school-aged children and adolescents in school settings. Concerns about the accessibility of mental health care for children and adolescents spurred President George W. Bush to establish the President's New Freedom Commission on Mental Health in 2003. The Commission focused on evaluating the state of the U.S. Health Care System. The Commission's final report suggested that the health care system was fragmented and in disarray (New Freedom Commission, 2003). Additionally, the report enumerated several recommendations, including a recommendation that called for policymakers to improve and expand school mental health programs (New Freedom Commission, 2003).

Simultaneously, the concept of *Expanded School Mental Health (ESMH)* emerged from the President's New Freedom Commission Report Recommendation 4.2 to include and expand school mental health programs. ESMH describes programs that deliver a range of services including prevention, assessment, treatment, and case management to youth in both general and special education, with strong collaboration between schools, families and community agencies (Center for School Mental Health Assistance, 2003). The concept of Expanded School Mental Health resulted in an increase in youth's access to mental health care. Schools began to emerge as key settings in which to promote mental health and mental health prevention, as well as to treat mental health problems. Barrett, Eber and Weist (2013) contend there were many variables that contributed to the expansion of school mental health. Among these are: the growing prevalence of mental health problems in youth, the advantages to be gained from preventing and treating issues early, the demonstrated connection between mental health and educational outcomes, and, the significant access advantages of offering mental health services in a setting where youth spend the most of their day.

Recent educational reform requires that leaders connect leadership behaviors to students' social, emotional, and academic growth, and responding to the need for comprehensive, coordinated mental health services begins with strong leadership (Skalski & Smith, 2006). For example, NCLB required that school districts assume responsibility for all students' reaching 100% student proficiency levels within twelve years on tests assessing academic content. Furthermore, NCLB required schools to close academic gaps between economically advantaged students and students who are from different economic, racial, and ethnic backgrounds as well as students with disabilities (Yell, 2006).

School principals are instrumental in determining whether and to what extent mental health promotion and prevention take root in school contexts (Gottfredson & Gottfredson, 2002; Kam, Greenberg, & Walls, 2003). Similarly, Caparelli (2012) asserts that the implementation of school mental health interventions is dependent upon many disciplines, and a key role is that of the educational leader.

However, within the field of school mental health, educational administration is regarded as a barrier to increasing the presence of school mental health services (Weist & Paternite, 2006). The aforementioned large scale, educational reform initiatives have made it imperative for educational leaders in their pivotal role to be prepared during their preservice school leader preparation training to develop the leadership competencies and skills that are essential for effectively addressing the diverse mental health conditions of school-aged children and adolescents, ensuring the social, emotional, and academic growth of all students.

According to Morris (2002, as cited in Koller and Bertel, 2006),

…increasingly, school-based personnel are faced with students who present with

> growing mental health concerns, and while the rate of mental illness in youth continues unabated in the United States, and with the contributing etiological factors many and varied, questions are raised about the training adequacy of school principals. (para. 1)

Improving the quality of life and outcomes for children and youth, especially those who are at risk for or experiencing mental health challenges, is determined strongly by the school leader's readiness to meet the realities of the mental health needs in their school.

**Conceptual Framework**

Over the past two decades, there has been a great deal of attention to the development of models for advancing mental health in schools, including social emotional learning, school-wide prevention systems, and more timely and effective treatment. Innovations in education and in child and adolescent mental health are growing rapidly. One such innovation is the Interconnected Systems Framework for School Mental Health developed by Barrett, Eber, and Weist in 2009. A mechanism such as the Interconnected Systems Framework can enhance the effective implementation of mental health services in schools and has the potential to make a major contribution to improving outcomes for children (Barrett et al., 2013). The framework provides a three-tiered structure and process which builds and expands upon the Individual's with Disabilities Education Act Federal Response to Intervention and Connecticut's Scientific Research Based Intervention frameworks for education and mental health systems to interact in the most effective and efficient way and is guided by key stakeholders in the education and mental health system who have the authority to reallocate resources, change roles and functions of staff, and change policy. What follows is a diagram of the three-tiered structure of the Interconnected Systems Framework for Expanded School Mental Health:

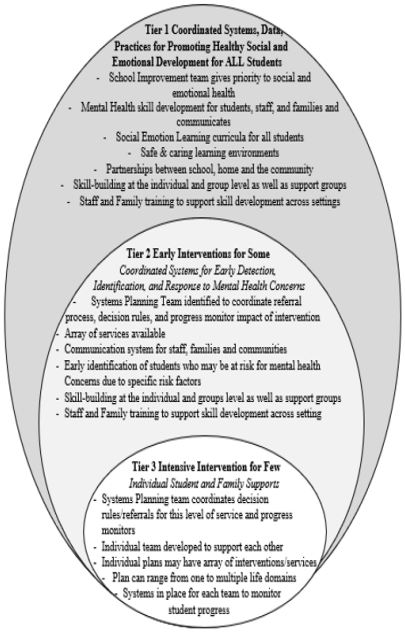


*Figure 1.* The Interconnected Systems Framework for School Mental Health. Reprinted from *Data Matter: Excepts from "Development of an Interconnected Systems Framework for School Mental Health,"* S. Barrett, L. Ebner, and M. Weist 2009. Retrieved from https://gucchd.georgetown.edu/data/issues/2010/1010_article.html. Reprinted with permission.

Schools have increasingly invested in building multi-tiered systems of support (MTSS) to address the academic and social behavioral needs of children and adolescents which has spurred attention to the leadership competencies of school leaders for implementing and sustaining an Interconnected Systems Framework for School Mental Health. Today, school leadership, and more specifically, the principal, is a front burner issue in every state (Hale & Moorman, 2003). Koller and Bertel (2006) assert that with the alarming increase in the mental health needs of youth today, traditional preservice preparation training programs for school-based personnel in mental health are overwhelmingly insufficient. The systems that produce our nation's school leaders

are complex, interrelated, and governed by the states. Each state establishes licensing, certification, and re-certification requirements for school leaders and, in most places, approves the college and university programs that prepare school leaders. Many states have adopted, or adapted licensure and accreditation policies based on the standards for school leaders developed by the Interstate School Leaders Licensure Consortium in 1996 (revised in 2008).

The conceptual framework used for this study combines the Connecticut Common Core of Leading-Connecticut School Leadership Standards (CCL-CSLS) (Council of Chief State School Officers (2008), and the Interconnected Systems Framework for School Mental Health. The conceptual framework illustrates the connection between the existing Connecticut leadership competencies comprised with the CCL-CSLS and those needed for school leaders to be prepared to adopt and sustain and Interconnected Systems Framework for School Mental Health. The CCL-CSLS is comprised of six Leadership Performance Expectations: Vision, Mission and Goals; Teaching and Learning; Organizational Systems and Safety; Families and Stakeholders; Ethics and Integrity; and, the Education System.

Combining the CCL-0CSLS with the Interconnected Systems Framework for School Mental Health into the conceptual framework used for this study enabled the researcher to explicate the essential school leader competencies needed for effectively meeting the mental health needs of school-aged children and adolescents particularly as they relate to Performance Standard 2: Teaching and Learning, Performance Standard 3: Organizational Systems and Safety, and Performance Standard 4: Families and Stakeholders.

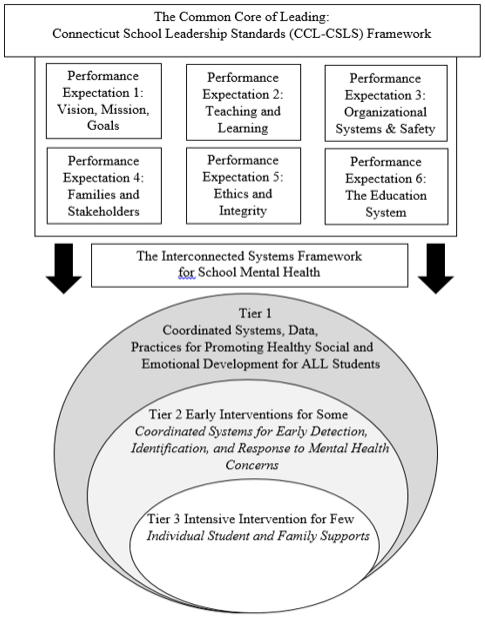


*Figure 2.* Conceptual Framework: The School Mental Health Leadership Framework and the Interconnected Systems Framework for School Mental Health. Adapted from *Data Matter: Excerpts from "Development of an Interconnected Systems Framework for School Mental Health,"* S. Barrett, L. Ebner, and M. Weist 2009. Retrieved from https://gucchd.georgetown.edu/data/issues/2010/1010_article.html. Adapted with permission.

## Methodology

A pragmatic, exploratory mixed method convergent parallel research design was conducive for this study. Creswell (2014) asserts that mixed methods design is useful when the quantitative or qualitative approach, each by itself, is inadequate to best understand a research problem and the strengths of both quantitative and qualitative research (and its data) can provide for best understanding. The purpose of the study was to examine the leadership competencies needed for meeting the mental health conditions of students, the existence of mental health content in course work and field experiences in educational leadership preparation programs that reside in institutions of higher education located in Connecticut. The study sought to examine the extent to which preservice school leaders in

these programs were exposed and prepared through course work and field experiences to address the mental health conditions of school-aged children and adolescents, how leadership standards can be improved to better prepare preservice school leaders, and to investigate what challenges may be encountered in attempting to improve the educational leadership standards.

In this study, both qualitative and quantitative data was collected. Qualitative data was collected through the researcher conducting semi-structured interviews with five nationally renowned school mental health experts and three Connecticut in-service principals at the elementary, middle and high school level to attain their perspectives about what leadership competencies they believe are needed for preparing preservice school leaders in educational leadership preparation programs for effectively meeting the mental health needs of school-aged children and adolescents. Participant responses yielded 11 suggested leadership competency content categories for expanded school mental health including psychopathology, expanded school mental health school infrastructure, system of collaboration, system of funding, system of professional development and training, system of school safety, system of data, Connecticut Scientific Research-Based Intervention Framework, principles of child and adolescent development, special education law and ethics, and psychological diagnostic tests and assessments.

Subsequently, to address how, and to what extent the 11, school mental health expert suggested leadership competency categories were addressed in preservice school leader preparation course work, the qualitative content analysis method was employed. Marshall and Rossman (2011) assert that content analysis is a method, and analytic strategy entailing the systematic examination of forms of communication to document patterns objectively. The qualitative data collection method of content analysis was employed to examine 26 course syllabi from Connecticut school leadership preparation programs using Arafeh's (2016) Content Scope and Sequence Mapping Tool Template. Using the Arafeh template, the researcher documented frequencies of occurrence in which the syllabi included course content and field experience of the 11, suggested mental health leadership content categories. If content supporting the categories existed, the researcher documented how the preservice school leader student was exposed to the mental health content by indicating such in a "Course Item" column. The course items selections included Readings, Activities, Assignments and Assessments.
The school mental health expert and in-service principal 11 suggested mental health leadership competency categories then served as the basis of two, researcher developed quantitative Likert style online surveys which were completed by Connecticut Educational Leadership preparation program course professors, and preservice school leader program students.

Program course professors rated the extent to which their course content addressed the 11, expert suggested mental health leadership competency content categories. The survey was comprised of 14 items which included two open-ended, and twelve multiple choice items. Survey items 1 and 2 were open-ended items which required survey participants to identify the course number, and course title(s) they taught. The remaining twelve survey items required the participant to choose from three selections indicating the extent to which their course(s) addressed the 11, suggested mental

health leadership competencies. These selections included 1) strongly addressed (significant part of the course), 2) addressed in a limited way (content was covered, but not in a significant way, and 3) not addressed (content was not covered in the course).

The preservice school leader program student survey was comprised of 12 closed-ended items in which participants rated the extent to which the 11, mental health expert suggested leadership competency content categories were included in their course work and field experience through selecting one of three ratings. The three rating selections included: 1) significantly included (content was a significant part of the course in course work and/or field experience, 2) included but not significant (content was addressed, but not a significant part of the course in course work or field experience, and 3) not included (content was not included in either the course work or field experience). The researcher created both online surveys using the Survey Monkey software program.

In accordance with the mixed method convergent parallel study design, the researcher collected both forms of data at roughly the same time, and then converged and paralleled the qualitative and quantitative data in the interpretation of the overall results. Creswell (2014) provides the following diagram of the convergent parallel mixed methods design:

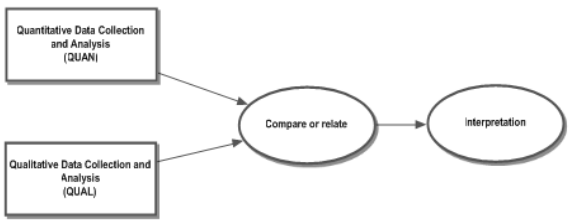


*Figure 3.* Model for Convergent Parallel Mixed Methods Design (Creswell, 2014)

Following is a more detailed diagram depicting the procedures and products comprised within this mixed method convergent parallel study design:

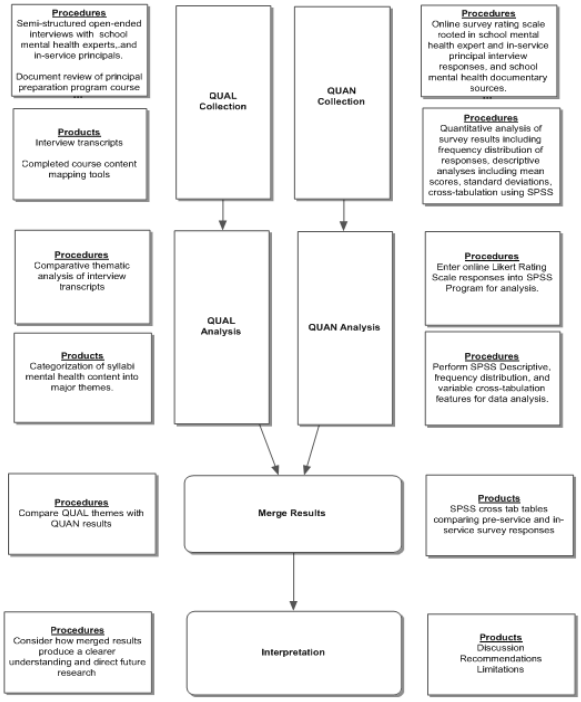


*Figure 4.* Model for Convergent Parallel Mixed Methods Design (Creswell & Plano Clark, 2007).

Table 1

*Table Summary of Research Questions, Data Sources, and Data Analysis*

| Research Question | Source | N | Instrumentation | Analyses |
|---|---|---|---|---|
| 1. What competencies do pre-service school leaders need to be able to address the Connecticut SRBI Tier 3 mental health conditions of students? | School Mental Health Experts | 5 | Qualitative semi-structured interviews | Thematic Analysis |
| | In-service Principals | 3 | Qualitative semi-structured interviews | Thematic Analysis |
| | Research-based Documentary Sources | Various | Document Review | Content Analysis |
| 2. How and to what extent are these competencies addressed in pre-service school leader preparation course work and field experiences? | Program Course Syllabi Review | 26 | Arafeh's (2015) Content Scope and Sequence Mapping Tool | Content Analysis |
| | Program Course Professors | 48 | Quantitative online Likert rating scale | Quantitative Analysis (SPSS) |
| | Pre-service school leaders (Program students) | 83 | Quantitative online Likert rating scale | Quantitative Analysis (SPSS) Descriptive Frequency Tables |
| 3. How can pre-service school leader preparation programs be improved to better prepare principals to meet the CT SRBI mental health needs of students? | School Mental Health Experts | 5 | Qualitative semi-structured interviews | Thematic Analysis |
| | In-service Principals | 3 | Qualitative semi-structured interviews | Thematic Analysis |
| 4. What challenges might impede the improvement of pre-service preparation programs to better prepare principals to meet the CT SRBI mental health needs of students and how might these challenges be addressed? | School Mental Health Experts | 5 | Qualitative semi-structured interviews | Thematic Analysis |
| | In-service Principals | 3 | Qualitative semi-structured interviews | Thematic Analysis |

Inductive thematic analysis was conducted of the school mental health expert and in-service principal responses to the semi-structured interviews, which yielded eleven major suggested leadership competency content categories. The categories reflect the respondents' suggestions about what leadership competencies and skills are needed for pre-service principal students to be prepared to address the mental health needs of school-aged children and adolescents. The eleven suggested leadership competency categories derived include: Psychopathology, Expanded School Mental Health Infrastructure, System of Collaboration, System of Funding, System of Professional Development and Training, System of School Safety, System of Data, Connecticut Scientific Research-Based Intervention Framework, Principles of Child and Adolescent Development, Special Education Law and Ethics, and Psychological Tests and Assessments. What follows is a summary of the results from sources.

## Study Results

Table 2

*Frequency of Leadership Competency Content Categories Identified by Sources*

| School Mental Health Principal Expert Suggested Content Categories | Course Syllabi Content Programs N=26 Included | Course Professor Survey Responses N=48 Significantly Addressed | Pre-Service Student Survey Responses N= 83 Significantly Included |
|---|---|---|---|
| Knowledge of Psychopathology | 2 | 0 | 4 |
| Infrastructure for Expanded School Mental Health | 0 | 0 | 2 |
| Collaboration for Expanded School Mental Health | 0 | 2 | 9 |
| Funding Expanded School Mental Health | 0 | 2 | 2 |
| Professional Development for Expanded School Mental Health | 0 | 3 | 9 |
| System of School Safety for Expanded School Mental Health | 0 | 3 | 4 |
| System of Data for Expanded School Mental Health | 0 | 3 | 5 |
| Connecticut Scientific Research-Based Intervention Framework | 6 | 7 | 6 |
| Child and Adolescent Development Principles | 0 | 0 | 7 |
| Special Education Law and Ethics | 8 | 3 | 15 |
| Psychological Diagnostic Tests and Assessments | 0 | 1 | 2 |

### Psychopathology

Frequency and Percent of Program Course Professors Indicating Degree to Which They Address Leadership Competency Content Categories in Course Work

To what extent did your course include content focused on psychopathology (the study of mental health disorders) as it relates to types, prevalence, diagnostic features, causes, behaviors associated with, treatments, and effect of mental health disorders on cognition and learning?

A total of 48 course professors responded to Survey Item 3. Zero (0.00%) of the respondents selected strongly addressed, four (8.33%) selected addressed in a limited way, and 44 (91.67%) selected not addressed.

### Expanded School Mental Health School Infrastructure

To what extent did your course include content focused on the development, implementation, and sustainment of a school infrastructure (school-level systems and practices) for supporting an Expanded School Mental Health program such as the Interconnected Systems Framework for School Mental Health?

A total of 48 program course professors responded to Survey Item 4. Zero (0.0%) of the respondents selected strongly addressed, nine (18.75%) selected addressed in a limited way, and 39 (81.25%) selected not addressed.

### System of Collaboration

To what extent did your course include content focused on the development, implementation, and sustainment of a school system of collaboration and channels of active communication with educators (teachers, psychologist, counselors, social workers), families, community-based mental health service providers, and other stakeholder groups to promote engagement in the Expanded School Mental Health program for the purpose of

ensuring the mental health needs of students are effectively met through team collaboration?

A total of 48 program course professors responded to Survey Item 5. Two (4.17%) of the respondents selected strongly addressed, 17 (35.42%) selected addressed in a limited way, and 29 (60.42%) selected not addressed.

**System of Funding**

To what extent did your course include content focused on the development, implementation, and sustainment of a school system of funding for school mental health, and activities that may bring and sustain resources and financial support into the Expanded School Mental Health program?

A total of 48 program course professors responded to Survey Item 6. Two (4.26%) of the respondents selected strongly addressed, six (12.77%) selected addressed in a limited way, and 40 (82.97%) selected not addressed.

**System of Professional Development**

To what extent did your course include content focused on the development, implementation, and sustainment of a school system of professional development and training for students, educators, families, and other stakeholder groups on the identification, referral, and behavior management of social emotional behavioral problems in students who present diverse developmental, cultural, ethnic, and personal backgrounds?

A total of 48 course professors responded to Survey Item 7. Three (6.25%) of the respondents selected strongly addressed, 14 (29.17%) selected addressed in a limited way, and 31 (64.58%) selected not addressed.

**System of School Safety**

To what extent did your course include content focused on the development, implementation, and sustainment of a system of school safety that comprises a mental health crisis policy and procedures, crisis management, and debriefing for staff, students and families particularly for addressing post-traumatic stress following a critical incident?

A total of 47 program course professors responded to Survey Item 8. Three (6.38%) of the respondents selected strongly addressed, nine (19.15%) selected addressed in a limited way, and 35 (74.47%) selected not addressed.

**System of Data**

To what extent did your course include content focused on the development, implementation, and sustainment of a system of data for continually assessing a student's response to individualized mental health interventions (CT SRBI progress monitoring), and whether ongoing services provided to students are appropriate and helping to address presenting problems?

A total of 48 course professors responded to Survey Item 9. Three (6.25%) of the respondents selected strongly addressed, 14 (29.17%) selected addressed in a limited way, and 31 (64.58%) selected not addressed.

**Connecticut Scientific Research-Based Intervention Framework**

To what extent did your course include content focused on the Federal Response to Intervention (RTI) and Connecticut's Scientific Research-Based Intervention Frameworks, and the array of tiered interventions they comprise for effectively addressing the Tier 3 mental health needs of school-aged children and adolescents?

A total of 48 course professors responded to Survey Item 10. Seven (14.58%) of the respondents selected strongly addressed, ten (20.83) selected addressed in a limited way, and 31 (64.58%) selected not addressed.

**Principles of Child and Adolescent Development**

To what extent did your course include content focused on the principles of child and

adolescent development in preparation for identifying irregularities in developmental behaviors of school-aged children and adolescents?

A total of 47 course professors responded to Survey Item 11. Zero (0.00%) of the respondents selected strongly addressed, 11 (23.40%) selected addressed in a limited way, and 37 (76.60%) selected not addressed.

**Special Education Law and Ethics**

To what extent did your course include content focused on Special Education Law: The Individuals with Disabilities Education Act (IDEA 2004) Disability Categories, Special Education identification and referral process, Federal Response to Intervention (RTI) process, Child Find mandate, ethics and legal confidentiality in education requirements.

A total of 48 course professors responded to Survey Item 12. Three (6.25%) of the respondents selected strongly addressed, 15 (31.25%) selected addressed in a limited way, and 30 (62.50%) selected not addressed.

**Psychological Diagnostic Tests and Assessments**

To what extent did your course include content focused on the various types of psychological diagnostic tests and assessments, and interpretation of results for developing working knowledge and language to communicate with parents and community mental health service providers?

A total of 48 course professors responded to Survey Item 13. One (2.08%) of the respondents selected strongly addressed, six (12.50%) selected addressed in a limited way, and 41 (85.42%) selected not addressed.

***Frequency and Percent of Pre-service School Leader Students Indicating Degree to Which Leadership Competency Content Categories were included in Course Work and Field Experience***

**Psychopathology**

To what extent was psychopathology (the study of mental health disorders) as it relates to types, prevalence, diagnostic features, causes, behaviors associated with, treatments, and effect of mental health disorders on cognition and learning included in your course work and field experience?

A total of 83 pre-service school leader program students responded to Survey Item 1. Four (4.82%) of the respondents selected significantly included, 13 (15.66%) selected included, but not significant, and 66 (79.52) selected not included.

**Expanded School Mental Health Infrastructure**

To what extent did your course work and/or field experience include content focused on the development, implementation, and sustainment of a school infrastructure (school-level systems and practices) for supporting an Expanded School Mental Health program such as the Interconnected Systems Framework for School Mental Health?

A total of 83 pre-service school leader program students responded to Survey Item 2. Two (2.41%) of the respondents selected significantly included, 13 (15.66%) selected included, but not significant, and 68 (81.93%) selected not included.

**System of Collaboration**

To what extent did your course work and/or field experience include content focused on the development, implementation, and sustainment of a school system of collaboration and channels of active communication with educators (teachers, psychologists, counselors, social workers), families, community-based mental health service providers, and other

stakeholder groups to promote engagement in the Expanded School Mental health program?

A total of 83 pre-service school leader program students responded to Survey Item 3. Nine (10.84%) of the respondents selected significantly included, 35 (42.17%) selected included, but not significant, and 39 (46.99%) selected not included.

**System of Funding**

To what extent did your course work and field experience include content focused on the development, implementation, and sustainment of a school system of funding, and activities that may bring and sustain resources and financial support into the Expanded School Mental Health program?

A total of 82 pre-service school leader students responded to Survey Item 4. Two (2.44%) of the respondents selected significantly included, 13 (15.85%) selected included, but not significant, and 67 (81.71%) selected not included.

**System of Professional Development**

To what extent did your course work and field experience include content focused on the development, implementation, and sustainment of a school system of professional development and training for students, educators, families, and other stakeholder groups on the identification, referral, and behavior management of social emotional behavioral problems in students who present diverse developmental, cultural, ethnic, and personal backgrounds?

A total of 82 pre-service school leader program students responded to Survey Item 5. Nine (10.98%) of the respondents selected significantly included, 38 (46.34%) selected included, but not significant, and 35 (42.68%) selected not included.

**System of School Safety**

To what extent did your course work and field experience include content focused on the development, implementation, and sustainment of a system of school safety that comprises a mental health crisis policy and procedures, crisis management, and debriefing for staff, students and families particularly for addressing post-traumatic stress following a critical incident?

A total of 83 pre-service school leader students responded to Survey Item 6. Four (4.82%) of the respondents selected significantly included, 26 (31.33%) selected included, but not significant, and 53 (63.86%) selected not included.

**System of Data**

To what extent did your course work and field experience include content focused on the development, implementation, and sustainment of a system of data for continually assessing a student's response to individualized mental health interventions (CT SRBI progress monitoring), and whether ongoing services provided to students are appropriate and helping to address presenting problems?

A total of 83 pre-service school leader program students responded to Survey Item 7. Five (6.02%) of the respondents selected significantly included, 30 (36.14%) selected included, but not significant, and 48 (57.83) selected not included.

**Connecticut Scientific Research-Based Intervention Framework**

To what extent did your course work and field experience include content focused on the Federal Response to Intervention (RTI) and Connecticut's Scientific Research-Based Intervention (CT SRBI) Frameworks, and the array of tiered interventions they comprise for effectively addressing the Tier 3 mental health needs of school-aged children and adolescents?

A total of 83 pre-service school leader program students responded to Survey Item 8.

Six (7.23%) of the respondents selected significantly included, 23 (27.71%) selected included, but not significant, and 54 (65.06%) selected not included.

**Principles of Child and Adolescent Development**

To what extent did your course work and field experience include content focused on the principles of child and adolescent development in preparation for identifying irregularities in developmental behaviors of school-aged children and adolescents?

A total of 83 pre-service school leader program students responded to Survey Item 9. Seven (8.43%) of the respondents selected significantly included, 21 (25.30) selected included, but not significant, and 55 (66.27%) selected not included.

**Special Education Law and Ethics**

To what extent did your course work and field experience include content focused on Special Education Law: The Individuals with Disabilities Education Act (IDEA 2004) Disability Categories, Special Education identification and referral process, Federal Response to Intervention (RTI) process, Child Find mandate, ethics and legal confidentiality in education requirements?

A total of 83 pre-service school leader program students responded to Survey 10. 15 (18.07%) of the respondents selected significantly included, 23 (27.71%) selected included, but not significant, and 45 (54.22%) selected not included.

**Psychological Diagnostic Tests and Assessments**

To what extend did your course work and field experience include content focused on the various types of psychological diagnostic tests and assessments, and interpretation of results for developing working knowledge and language to communicate with parents and community mental health service providers?

A total of 83 pre-service school leader program students responded to Survey Item 11. Two (2.41%) of the respondents selected significantly included, 16 (19.28%) selected included, but not significant, and 65 (78.31%) selected not included.

**Overall Experience in Educational Leadership Preparation Program Course Work and Field Experience**

To what extent did your overall experience in your Educational Leadership preparation program include mental health content in your course work and field experience in Expanded School Mental Health, and a clinical school-based setting?

A total of 83 pre-service school leader program students responded to Survey Item 12. Zero (0.00%) of the respondents selected significantly included, 27 (32.53%) selected included, but not significant, and 56 (67.47%) selected not included.

***Frequency of Program Course Syllabi Indicating Degree of Leadership Competency Category Inclusion***

**Psychopathology**

Of the twenty-six (26) program course syllabi examined, Program B had two (2) syllabi that included psychopathology course content.

**Infrastructure for Expanded School Mental Health**

Of the twenty-six (26) program course syllabi examined, zero (0) programs included Infrastructure for expanded school mental health course content.

**Collaboration for Expanded School Mental Health**

Of the twenty-six (26) program course syllabi examined, zero (0) programs included collaboration for expanded school mental health course content.

**Funding Expanded School Mental Health**

Of the twenty-six (26) program course syllabi examined, zero (0) programs included collaboration for expanded school mental health course content.

**Professional Development for Expanded School Mental Health**

Of the twenty-six (26) program course syllabi examined, zero (0) programs included professional development for expanded school mental health course content.

**System of School Safety for Expanded School Mental Health**

Of the twenty-six (26) program course syllabi examined, zero (0) programs included system of school safety for expanded school mental health course content.

**System of Data for Expanded School Mental Health**

Of the twenty-six (26) program course syllabi examined, zero (0) programs included system of data for expanded school mental health course content.

**Connecticut Scientific Research-Based Intervention Framework (CT SRBI)**

Of the twenty-six (26) course syllabi examined, Program A included one syllabus with CT SRBI course content, and Program B included five (5) syllabi with CT SRBI course content.

**Child and Adolescent Development Principles**

Of the twenty-six (26) course syllabi examined, zero (0) programs included child and adolescent development principles course content.

**Special Education Law and Ethics**

Of the twenty-six (26) course syllabi examined, Program A included two (2) syllabi with special education law and ethics course content, and Program B included five (5) syllabi with special education law and ethics course content.

**Psychological Diagnostic Tests and Assessments**

Of the twenty-six (26) course syllabi examined, zero (0) programs included psychological diagnostic tests and assessments course content.

**Conclusion**

The results of this study, albeit limited in scope, may have revealed a significant deficit in the extent to which preservice school leaders are currently being prepared for addressing the mental health conditions of school aged children and adolescents, thereby, potentially limiting students from experiencing their greatest social, emotional and academic outcomes. Despite research findings, educational leadership preparation programs are nearly devoid of mental health course content, field experiences, or explicit direct expectations of school principals to prepare them for the realities of addressing the mental health conditions of the children and adolescents in their school. "Therefore, there is a call for a paradigm shift at the pre-service level to better prepare school administrators to confront proactively the mental health challenges of today's youth and the difficulties they face in serving those students" (Koller & Bertel, 2006, para. 1).

Several findings emerged from the semi-structured interviews conducted with school mental health experts and Connecticut in-service principals, online survey responses from Connecticut leadership preparation program

course professors, and pre-service school leaders, and the examination of program syllabi for the existence of school mental health content in course work and field experiences. The mental health expert interview responses yielded eleven suggested educational leadership competency content categories needed for pre-service leaders to be sufficiently exposed to in course work and field experience to be prepared for effectively meeting the Tier III mental health needs of K-12 students. The eleven categories then served as the basis for the researcher developed online surveys completed by Connecticut Educational Leadership Preparation Program course professors and pre-service school leader program students. The findings of the study present a discouraging picture that programs are nearly devoid of mental health content for preparing pre-service school leaders for meeting the CT SRBI Tier III mental health needs of students.

While there has been a national movement to improve the accessibility of mental health services provided to the school-aged population during recent decades, school leadership programs are nearly devoid of mental health content as evidenced in the significant discrepancy between the educational leadership competency categories suggested by nationally renowned school mental health experts who participated in this study, and what is included in Connecticut educational leadership program course work and field experience. Educational leadership preparation programs could do better in preparing pre-service school leaders for meeting the mental health conditions of school-aged children and adolescents.

However, positive change is promising because our nation appears to be moving in the right direction with the replacement of the ISLLC national standards that did not contain standards addressing school mental health, with the new PSEL 2015 national standards that include standards that address not only the academic needs of students, but also the social emotional well-being of students. The PSEL standards may have been developed to include mental health content due to increased awareness among policymakers regarding the strong correlation between student mental health and academic achievement. Moreover, in response to the new PSEL standards, new state District and Building Level NELP Educational Leadership preparation program accreditation standards are expected to become available in January of 2018. The NELP standards will require Connecticut Educational leadership preparation programs to align their program curricula with the new accreditation standards. However, until the final NELP program accreditation standards are released in their finalized form, Connecticut, as true with other states, are in limbo during this intermediate, transition process and programs will not be required to include mental health content in their curricula for accreditation. Although, the PSEL and draft NELP standards offer promise that there is increased focus on preparing school leaders for addressing student mental health conditions, they lack specificity. It is strongly recommended that the national and state accreditation standards include content specific to the 11 mental health expert suggested leadership competency categories which include, (1) knowledge of psychopathology, (2) school infrastructure for expanded school mental health, (3) system of collaboration for expanded school mental health, (4) system of funding for expanded school mental health, (5) system of professional development for expanded school mental health, (6) system of safety for expanded school mental health, (7) system of data for expanded school mental health, (8) Connecticut SRBI Framework, (9) principles of child and adolescent development (10) knowledge of special education law and ethics, and (11) knowledge of psychological diagnostics tests. Additionally, pre-service school leaders need to be engaged in clinically rich field internship experiences that prepare them for the realities of addressing the Tier III mental health conditions of K-12 students. Including the suggested mental health content in

national, state accreditation, and university level will ensure that pre-service school leaders are better prepared for effectively addressing the mental health conditions of students enabling them to achieve their highest social, emotional and academic potential in their home schools to the greatest extent possible.

This research added to the sparse literature relevant to school leadership and school mental health. It is the hope of this researcher that policymakers at the national and state accreditation level, as well as educational leadership preparation program directors find value in this study. The findings can assist them in improving standards and university preparation program curricula through including the eleven, school mental health expert suggested school leadership competency content categories to better prepare pre-service school leaders for effectively meeting the mental health needs of school-aged children and adolescents.

Until the national PELP and NELP District and Building Level accreditation standards include sufficient attention on addressing student mental health, educational leadership preparation programs will not be required to include mental health content in their program curricula for accreditation purposes. Unfortunately, this persistent deficit is at the expense of innocent children and adolescents inflicted with mental health disorders who may continue to be deprived of the opportunity to experience their greatest social, emotional and academic growth in their home school setting. School leaders, educators, researchers, policymakers, and all others that have a stake in the lives of children and adolescents have a moral and ethical obligation to do all they can in their power to address the mental health needs of students.

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