

FEBRUARY 2011

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# Students' Mental Health and Wellness: What are Schools' Professional Development Needs?

## THE NOTRE DAME MENTAL HEALTH AND WELLNESS SURVEY

### ALLIANCE FOR CATHOLIC EDUCATION

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In the fall of 2009, principals representing over 400 schools—across 12 dioceses—participated in the Alliance for Catholic Education's Mental Health and Wellness Survey.

The purpose of the study was to examine data from a national sample of Catholic elementary and secondary schools in order to shed light on patterns of mental health service provision, staffing, needs, and barriers (Frabutt et al., 2010).

This fact sheet focuses on principals' responses ( $n = 249$ ) to one item on the survey: "What are your faculty and staff's greatest professional development needs in regard to supporting students' socioemotional wellness and mental health?"

Verbatim responses from principals were coded using a systematic, multi-stage qualitative analysis. This process revealed three most frequently occurring statements of need: Resources, Training, and Awareness/Education.

## *Principals Need Resources...*

The unavailability of resources appeared most frequently in the responses. Nearly one-third of principals spoke of time, money, professional staff, or classroom support as the biggest needs facing their school in the area of socioemotional wellness. Responses indicated that schools face varying levels of need. For example, short and direct answers suggested a greater, more urgent need, such as "TIME," "training, resources, time, and funding," "lack of finances," and "time and energy."



Other comments suggested that resources are available but are insufficient to provide students with full services: "Behavior management and programs dealing with autism and such are available but do not make much of a difference because there is not a professional on staff to support the follow-up questions." Some principals indicated what purpose resources would specifically serve if they were to become available. Examples include "time to provide training to staff" and "no funding for competent aids in classrooms."

Also in this category are all responses advocating that professional or trained staff members join the faculty. One principal wrote, "Administration would like a part-time counselor on staff to work with any social/behavioral needs of students as an early intervention." Another noted, "Without a professional counselor/psychologist on staff, intervention is difficult."

# *“What are your faculty and staff’s greatest professional development needs in regard to supporting students’ socioemotional wellness and mental health?”*

## *Principals Want Training for Faculty and Staff...*

The second most frequently stated need was training, whether expressed as general training (e.g. “proper training”) or training in a specific area (e.g. “Increased training for dealing with ADHD and autism spectrum disorders,” “Training on how to approach students to elicit problems they may be experiencing,” and “We need training on early detection and warning signs that would help us provide early intervention.”).

Training appears closely linked to the cost factor; several responses suggested that improved fund-

ing would be used to train the faculty in how to approach these issues. One principal expressed that his faculty “Have not had much training due to lack of funding.” Another principal simply responded, “Funds to purchase training.” Some responses in this category seemed to illustrate the idea that

where money is limited, training the faculty rather than bringing in professional staff must be the school’s focus. As one principal pragmatically stated, “Most teachers at the elementary level in a parochial school cannot afford to return to graduate school for a counseling degree, even if there was interest.”

Nevertheless, principals seem to realize that their teachers must play a greater role in addressing students’ mental health needs. In some schools, teachers’ roles already extend beyond the academic: “Since our staff act like counselors on a daily basis, professional development in listening skills for understanding would be helpful.” Another response spoke strongly to the faculty’s responsibility in helping students afflicted with mental health problems: “We are also struggling with the belief that an intervention specialist does the work and the teachers become immune to their important role in the process.”



*“We need training on early detection and warning signs that would help us provide early intervention.”*

*“Since our staff act like counselors on a daily basis, professional development in listening skills for understanding would be helpful.”*

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*“Teachers [must not] become immune to their important role in the process.”*

## Principals Desire Increased Awareness among Faculty and Staff...

Awareness and education appeared in 61 of the 249 principals responses, as the third most frequently expressed theme. Similar to the "Training" category, responses in this group ranged from very broad answers, such as "lack of education" and "awareness," to specific types of education and awareness that are needed: "Understanding brain functions and how they affect behavior," "workshops available to staff that focus specifically on mental health issues," and "We really have very little education and background in helping students with any mental health or socio-emotional needs. We could use a lot of in-service."

Awareness and education were frequently linked to training. For example, one principal stated, "They could use more training, in-service in this area." Another principal asserted, "We all need ground level professional development. None of us had had any formal professional development or training to deal with emotional and mental health."

Many principals see improving faculty knowledge in mental health and socioemotional wellness issues as a necessary first step to supporting students with these needs. One response illustrated the situation aptly: "We need knowledge more than anything else. How do we identify the issues?"

*"We all need ground level professional development. None of us had had any formal professional development or training to deal with emotional and mental health."*

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### Reference and Acknowledgments

Frabutt, J. M., Clark, W., Speech, G. (2010). *Social and emotional wellness in private schools*. Paper presented at the Advancing School Mental Health Conference, Albuquerque, NM.

These efforts were supported by a 2009 Faculty Research Grant from the Office of Research, University of Notre Dame.

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