





## RESEARCH ARTICLE

# Factors Influencing School-Based Mental Health Program Selection: Insights From Educational Stakeholders

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## ABSTRACT

School mental health programs are an important component of the national response to the current student mental health crisis. However, evidence-based programs often face numerous barriers to their selection, scale-up, and sustainability in real-world settings. In this study, we interviewed 15 educational stakeholders to examine what influences their selection of school-based mental health programs. Interviews focused on factors influencing the selection and sustainability of mental health programs in schools. We coded transcribed interview data using a hybrid, iterative process, and generated themes from these codes. We identified five categories of themes related to key decision-making criteria: program fit with student and school needs, evidence of program effectiveness, stakeholder buy-in, logistical considerations for staff delivering programs, and cost and resource requirements. Findings have implications for researchers who wish to improve dissemination strategies for school-based mental health prevention programs and for policymakers who wish to shape funding priorities to support greater diversity in program availability. Findings are also useful to practitioners who may use these insights to reflect on their own program selection practices or may see their own experiences reflected and normalized through the lens of the key themes presented here.

## 1 | Introduction

Rates of anxiety and depression for youth have increased dramatically in recent years, particularly since the onset of the COVID-19 pandemic (Zolopa et al. 2022). In 2021, 29% of US high school students reported experiencing poor mental health in the past month, and between 2011 and 2021, the percentage of youth reporting persistent feelings of sadness or hopelessness increased from 28% to 42% (Centers for Disease Control and Prevention 2022). Children and youth of color were disproportionately impacted by the pandemic (Stinson et al. 2021), with some estimates suggesting one in two youth of color reported experiencing anxiety or depression in 2022 (Breland-Noble and The AAKOMA Project 2023).

School mental health programs across the United States are essential for supporting students amidst this mental health crisis (Hoover and Bostic 2021; Office of the Surgeon General 2021; Shim, Szilagy, and Perrin 2022; Stuenkel et al. 2023). Yet many evidence-based mental health programs face a plethora of barriers to scale-up and sustainability in real-world settings (March et al. 2022). Understanding which considerations are most important to educational stakeholders—including state and district leadership, school principals, teachers, and school-based mental health professionals—when they are considering adopting school mental health programs can improve how researchers disseminate programs and program effectiveness data with educational stakeholders, which may in turn help improve program uptake and real-world

### Summary

- Researchers should design mental health prevention programs that can be easily incorporated into existing curricula and involve sustainable training requirements.
- There are insufficient options of culturally appropriate and responsive mental health programs that could be implemented with students of various ethnic, racial, and cultural backgrounds.
- Program evaluators should provide qualitative data related to processes, outcomes, and implementation considerations such as ease of use, in addition to quantitative program effect data.

implementation sustainability (Baker et al. 2021). These adoption considerations are an important yet understudied part of the decision-making process, particularly regarding school-based mental health programs (Moullin et al. 2019). Understanding how decision-makers select programs is also important given increased pressures on school leaders to select programs that align with strict federal and state mandates around school-based mental health (Carlock, Nygaard, and Ormiston 2023).

### 1.1 | School-Based Mental Health Prevention Programs

Schools are ideal locations for providing mental health prevention programs. Schools offer fewer roadblocks to receiving services (e.g., transportation, scheduling changes) and students may be more likely to access and maintain services in schools compared to services offered elsewhere in the community (Husky et al. 2011; U.S. Department of Education 2021). School-based programs—compared to other community-based services—may be particularly important for students with racial/ethnic minority identities, with public health insurance, and students from lower-income households, highlighting the potential for school-based programs in particular as a way to address disparities in access to services (Ali et al. 2019).

A multitude of school-based mental health prevention programs have been developed and tested across all levels of support—universal, selective, and indicated. Universal prevention programs are delivered to the entire population of students, selective prevention programs target students with an elevated risk of developing a disorder, and indicated programs target students who are already exhibiting symptoms that foreshadow a mental, emotional, or behavioral disorder (National Research Council 2009). Meta-analytic estimates have shown, on average, modest but beneficial program impacts for school-based mental health prevention programs, although many researchers have highlighted the need for more high-quality studies evaluating program effects for youth with minoritized identities (Buckley et al. 2023; Grant et al. 2023; Phan et al. 2022; Phillips and Mychailyszyn 2022; Werner-Seidler et al. 2021).

School administrators, teachers, and staff have all described the importance of mental health prevention programs. These educational stakeholders have voiced support for schools providing

such services and have noted that school-based mental health programs will increasingly become normative in schools (Carlock, Nygaard, and Ormiston 2023; Ormiston et al. 2021; Reinke et al. 2011). Educational stakeholders also have expressed the importance of taking students' mental health seriously and allocating resources toward mental health training and programming (Moon, Williford, and Mendenhall 2017; Nygaard et al. 2023). Despite such support from school staff, and the promising evidence of effectiveness of these programs, evidence-based school-based prevention programs face barriers to uptake and implementation sustainability (Evans et al. 2013; March et al. 2022).

### 1.2 | Evidence-Based Program Decision-Making

Education stakeholders' decision-making process is complex, informed by diverse types of information and data—including but not limited to personal experiences, experiences from trusted peers or colleagues, student performance data, program evaluation and implementation data, and intuition—that often diffuse through complex networks of individuals across schools and districts (Asen et al. 2013; Coburn, Toure, and Yamashita 2009; Farley-Ripple et al. 2018, 2022; Honig and Venkateswaran 2012; Ingram, Louis, and Schroeder 2004; Penuel et al. 2018). Studies of the decision-making process in education broadly have shown that educational stakeholders use research from a range of sources in a variety of ways (Farley-Ripple et al. 2022); the use of evidence-based programs specifically has received growing attention in recent years amidst policies mandating their use in the United States (e.g., the Every Student Succeeds Act).

Fewer recent studies, however, have focused on how educational stakeholders *select* evidence-based programs for implementation. Understanding decision-making for evidence-based mental health prevention programs is an important topic of growing interest among practitioners and researchers, particularly given the extent to which choosing a program among hundreds is an “increasingly complex and unwieldy task” (Rith-Najarian, Daleiden, and Chorpita 2016). The *Exploration, Preparation, Implementation, and Sustainment* framework (“EPIS” and other related frameworks for school-based mental health programs; see Lyon and Bruns 2019 for an overview) posits key contexts—the outer, inner, and intervention contexts—that influence program selection (Aarons, Hurlburt, and Horwitz 2011; Lyon and Bruns 2019; Moullin et al. 2019). The outer context is comprised of the broader political, social, and economic culture within which schools are embedded, as well as links between schools and other service systems. The inner context is comprised of organizational and individual characteristics within a school such as leadership, resources, staffing, professional development opportunities, and staff attitudes and beliefs about the program. The intervention context largely focuses on the fit between the program itself and the school at which it will be delivered (“intervention-setting fit”; Lyon and Bruns 2019).

In empirical studies specifically exploring program selection, findings have shown that educational stakeholders use multiple types of data in their decision-making process, such as looking at formal and informal data, research results, student demographics,

school expenditures, outcomes, and satisfaction data (Flowers and Carpenter 2009; Parham 2015; Schildkamp 2019). Other factors reported as important to decision-makers include the compatibility of the program with school priorities, leadership support for the program, colleague sign-off on the programs, staff acceptance given limited time and resources, time intensity of the program and staff training, and programs being closely linked to curriculum (Aarons et al. 2012; Cunningham et al. 2009, 2014, 2018, 2020; Davidov et al. 2020).

Overall, the educational decision-making literature points to the complex nature of the decision-making process in schools. The process involves balancing goals of multiple stakeholders, use of various information sources, and accounting for the culture, vision, and values of the school (Brazer, Rich, and Ross 2010; Schildkamp 2019). Unpacking these layers with educational stakeholders can further advance our understanding of these complexities.

### 1.3 | Equity and School-Based Mental Health Decision-Making

Equity is a critical consideration in discussions of program selection in education, particularly as it relates to school-based mental health. Researchers have described a variety of ways for conceptualizing “equity,” including an equal distribution of outcomes across populations, equal resources allocated toward education across settings or students, equal experiences for each student, equal levels of growth by each student, or equal outcomes for each student (Levinson et al. 2019). Previous research exploring inequities in school-based mental health has found differences between student racial/ethnic groups in help-seeking (Planey et al. 2019), screening and referrals for services (Bear et al. 2014; Moore et al. 2023), and service utilization and retention in programs (Ali et al. 2019; Wang et al. 2020; Whitaker et al. 2018). Studies of schools and districts have identified differences between those serving majority White students and students of color in access to mental health staff (Zink and Anderson 2023), school and community resources for services (Augsberger et al. 2024; Green et al. 2013), school climate (Malone, Wycoff, and Turner 2022), and staff of color delivering programs (DeBoer et al. 2022).

The different conceptualizations of equity—alone and taken together—also have important implications for program selection. Studies of intervention-level equity factors have generally noted a lack of programs that have been designed and tested among youth with minoritized identities (Chandrasekhar et al. 2023). In a recent study that evaluated 583 prevention programs in the *Blueprints for Healthy Youth Development* registry, researchers found just 4% programs developed for Hispanic or Latino youth, 2% of programs developed for Black or African American youth, 1% of programs for Native American, American Indian, or Alaska Native youth, < 1% of programs for Asian or Asian American youth, and no programs for Native Hawaiian or Pacific Islander youth. These findings clearly point to inequities in program availability, which substantially limits the options from which decision-makers can choose when looking for culturally adapted or culturally tailored programs (Buckley et al. 2023). Additional research offers suggestions for

ways to improve program implementation (including selection) through an equity lens, such as identifying underlying assumptions surrounding program need, considering sources of disparities that could occur without attention to equity, and prioritizing student and family culture when selecting programs (DeBoer et al. 2022; Gaias et al. 2022). Given the importance of equity, we also explored educational stakeholders' views on how equity considerations—broadly defined—shape program selection.

## 2 | The Current Study

The extant literature facilitates our understanding of educational decision-making process in general (Brazer, Rich, and Ross 2010; Flowers and Carpenter 2009; Parham 2015; Schildkamp 2019). Prior studies have also examined facilitators and barriers to implementation of school-based programs targeting mental health more specifically (e.g., Bastounis et al. 2017; Brown et al. 2023; Firth et al. 2008; Kasal et al. 2023; Richter et al. 2022). However, existing studies provide limited information about key considerations when *selecting* school-based mental health programs. Given the growing need and interest in mental health prevention in K-12 school setting, the goal of the current study was to explore educational stakeholder perspectives on school-based mental health prevention program selection. We interviewed 15 stakeholders—state, district, and school administrators; mental health professionals; and program developers—using open-ended questions to capture the broad range of experiences and opinions regarding what factors influence program selection. More specifically, we asked about school-based anxiety and depression prevention programs, although notably, most participants spoke broadly about mental health programs in general. We also asked participants to describe possible inequities or disparities related to program selection.

## 3 | Methods

### 3.1 | Research Design Overview

Our study was guided by a descriptive, pragmatic approach to inquiry (Patton 2014). Our approach was descriptive in that educational stakeholders had the opportunity to describe their experiences and suggestions during one-on-one interviews with open-ended questions. Our approach was pragmatic given we were interested in practical understandings (factors educational stakeholders consider when selecting programs) to inform action (researchers' approaches to designing programs and disseminating evaluation findings).

### 3.2 | Researcher Descriptions

E.D. is a White woman who was raised by a public-school teacher and was an elementary school teacher in a Title I school prior to working on educational policy in the United States Senate. E.D. has a strong pragmatist view that guides her scholarship and drives her work studying the use of research evidence to help make research more accessible and useful to

nonresearch audiences. K.S.F. is a woman who moved to the United States from Central Europe as an adult. She has conducted evaluation research in social and health science for over 15 years. Her work is influenced by a multicultural perspective, training in sociology and public administration, as well as involvement in a public school system as a parent. L.S. is a White woman who was raised by a public-school teacher and was a high school teacher prior to working in education research and policy. L.S. is committed to the importance of the use of research and evidence in K-12 education with an emphasis on effective communication strategies to support the use of evidence. S.G. is a White man who attended well-resourced, private Catholic schools for his K-12 education. His professional training involved a postpositivist research paradigm that emphasized the use of the Campbellian Validity System to identify and disseminate evidence-based practices. E.T.S. is a White woman from a socioeconomically disadvantaged background. She has never directly worked in K-12 schools but has conducted educational research for over 15 years that regularly engages educational stakeholders. Her scholarship is guided by her sociological training in the social determinants of health, socioecological models of health and development, and social stratification.

### 3.3 | Participant Description

Participants were 15 educational stakeholders who held a variety of positions across school, district, and state education agency levels. Table 1 provides a summary of participant characteristics. Participants had an average of 18.20 years of experience working

**TABLE 1** | Participant characteristics.

Educators' characteristics	No. of participants (%)
Role <sup>a</sup>	
Program coordination	10 (67)
Program delivery	7 (47)
Program development	2 (13)
Organizational level of role	
School-based	3 (20)
District-level	5 (33)
State education agency	3 (20)
School partner	4 (27)
Racial/ethnic identity	
Asian/Pacific Islander	1 (7)
Black/African American	3 (20)
Latine	1 (7)
White	5 (33)
Unspecified	5 (33)
Geographic location	
California	2 (13)
Florida	1 (7)
Oregon	12 (80)

<sup>a</sup>Some participants identified their role as including both coordinating or developing prevention programs as well as delivering them.

in education and/or with mental health prevention programs (range = 3–30 years). Interviews for this study were conducted as part of key informant panels for two evidence synthesis projects: an overview of reviews on school-based depression prevention (<https://osf.io/c7nyz/>) and an overview of reviews on school-based anxiety prevention programs (<https://osf.io/8nea2/>). Key informant panels reflect the perspectives of broader stakeholder groups that might use the findings from the evidence synthesis project to inform decision-making (Buckley et al. 2014).

### 3.4 | Participant Recruitment

Participants were recruited in two waves (one for each evidence synthesis process) via emails from the first author and third author with the request to offer feedback on the reviews. Participants were identified through professional connections of the HEDCO Institute for Evidence-Based Educational Practice Advisory Board and the Ballmer Institute for Children's Behavioral Health at the University of Oregon. One researcher had an existing relationship with one of the participants; the other researcher did not have existing relationships with the participants.

### 3.5 | Data Collection

Following consent, stakeholders participated in interviews via Zoom with either E.D. or L.S. Interviews ranged from 16 to 55 min (mean of 34 min). Interview protocols were developed by adapting the recommended questions from the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality "Considerations for Key Informants" (Buckley et al. 2014). The protocol included questions such as "What factors are important for school leaders to consider when selecting a program?" and "What factors influence a program's sustainability?" Participants were also asked to describe inequities or disparities in outcomes that might exist across populations and other factors that influence program delivery or outcomes. Participants were compensated \$200 for their time.

### 3.6 | Data Analysis

Data analysis plans for the present study were prospectively registered on the Open Science Framework (<https://osf.io/t96jy>). Interviews were transcribed and coded in Dedoose using a hybrid, iterative coding process (Dedoose 2023; Miles and Huberman 2014). After conducting the interviews, the first and last authors brainstormed an initial list of common themes that emerged across interviews. This discussion led to generating a list of potential codes that formed an initial codebook. Three members of the research team all coded two transcripts together using this initial coding scheme as a guide, meeting in between as a group to discuss codes, resolve questions regarding unitization, and finalize the list of codes. Following, two members of the research team each coded half of the remaining transcripts with the final list; the first author then checked codes and flagged discrepancies for all transcripts. This process resulted in 62 discrepancies (of 554 total coded excerpts; 11%) that were resolved

by review from another member of the research team. This proportion of (dis)agreement falls within established acceptable ranges for intercoder agreement (Campbell et al. 2013). The research team coded all interviews; there was no threshold set for reaching saturation. Once coding was complete, the first author organized codes into preliminary categories. The research team reviewed the categories and provided feedback, which resulted in the five categories of themes presented below. One additional theme surfaced that was unrelated to program selection, but we considered important to note regardless: the importance of school-based mental health prevention programs.

### 3.7 | Techniques to Enhance Trustworthiness

We used two forms of member checking to enhance trustworthiness of findings: multiple analysts and participant checks. A multiple-analyst approach to triangulation involves the use of multiple interviewers and/or the use of independent analysts for generating findings (Patton 2014). In our study, E.D. and L.S. conducted interviews separately. E.D. and E.T.S. independently generated potential themes after reviewing the transcripts. Then, E.D., K.S.F., and E. T.S. coded the interview transcripts, and L.S. reviewed the final list of themes and sub-themes in order to assess their consistency with what she heard in the subset of interviews she completed. We also used participant checks to assess the accuracy, completeness, and fairness of the themes and subthemes. All participants were invited to complete the participant checks. Two participants, a state

education agency leader and a school-based mental health program developer, agreed to read through the results and offer feedback via email and Zoom meetings. Both expressed agreement with the findings and confirmed findings were accurate given their experiences.

## 4 | Findings

Sixteen educational stakeholders were approached to participate in interviews. One stakeholder declined to participate after scheduling became a challenge due to a family emergency. Across interviews, we identified 9 root codes and 17 child codes (see Supplemental Materials S1) that were used to generate six categories of themes: importance of school-based mental health prevention programs; program fit with student and school needs; evidence of program effectiveness; administrator, teacher, parent, and student buy-in; logistical considerations for staff delivering programs; and cost and resource requirements. Figure 1 provides a heat map of codes by participant to give an overall visual of what participants discussed and Table 2 provides a summary of these categories and their respective themes with an example quote for each.

### 4.1 | The Importance of School-Based Mental Health Prevention Programs

All participants discussed the increased importance of mental health prevention programs in schools in recent years,

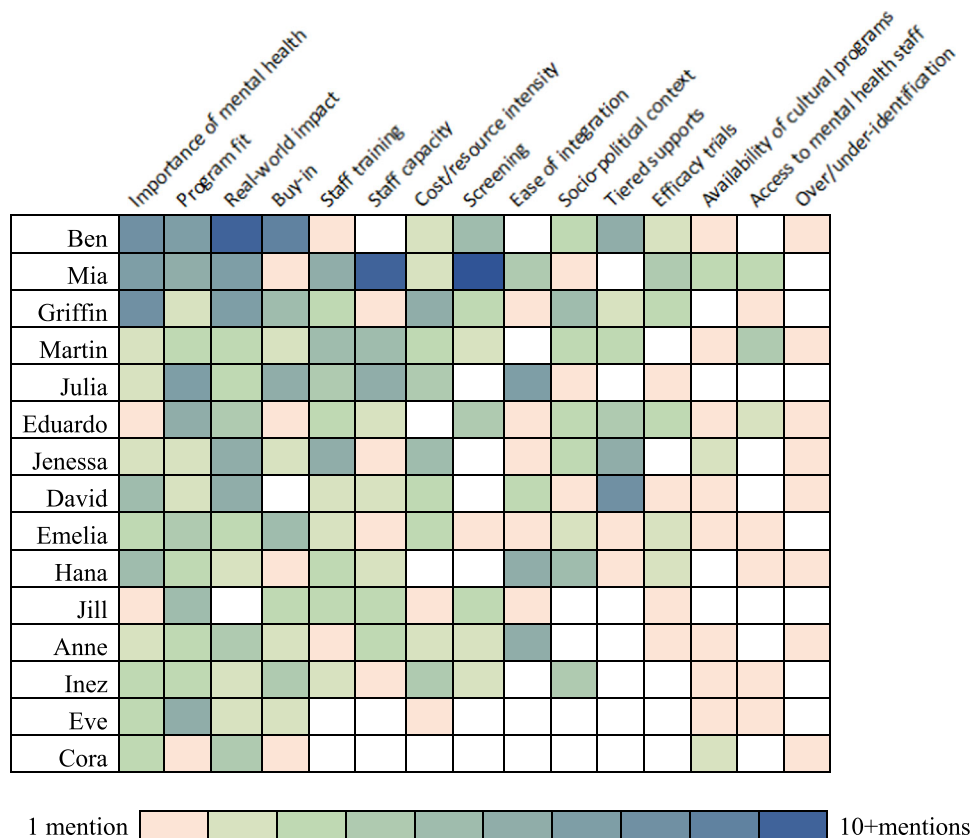


FIGURE 1 | Heat map displaying the number of times each participant mentioned each code.

**TABLE 2** | Key themes with example participant quotes to illustrate the themes.

Categories and themes	Example quotes
Importance of school-based mental health prevention programs	
Increased importance since the onset of the COVID-19 pandemic	<i>As we've navigated the pandemic the past couple of years, [it] has really exacerbated a lot of problems that we were facing before the pandemic started...</i>
Differences in how children of different racial/ethnic groups express their feelings	<i>I definitely believe that Black children are overlooked. They don't seem like they're depressed. They're labeled more as angry or that they don't have really good outlets to where they can kind of talk about this.</i>
Long-term benefits of school-based mental health prevention programs	<i>Having access to resources gives students an opportunity to show up as their authentic self, to be able to advocate for the things that they want and need... when you're building a program full of leaders, I mean, they can do just do such amazing things in life</i>
Program fit with student and school needs	
Importance of programs to fit specific school needs	<i>Even within one school district you can have two very different climates or cultures at schools that would be more conducive to the exact same program working at one school versus the other</i>
Importance of fit to the needs and beliefs of families and the broader community	<i>It's always the student, the family, and the school community. Because if you don't have 3 legs to that, you're still gonna fall over.</i>
Equity concerns around availability of culturally adapted or tailored programs	<i>We need to think about historically underserved populations. I think a lot of times, particularly with social-emotional learning content, it feels very White-centric...</i>
Evidence of program effectiveness	
Importance of tying effectiveness to outcomes beyond mental health	<i>At the end of the day, this is school. So how do I help and translate their skills, identify what they need when they need it so that they can access their education?</i>
Usefulness of all types of evidence—Quantitative, qualitative, and anecdotal	<i>If you have qualitative data and quantitative data, you start with, maybe a smaller pilot. They're targeted specifically, but then it gets larger. And now it's randomized. The more it's been tested different ways, it validates the outcomes. So I may be watching those for a little while because they have really good results with the specific population, but can we apply that to the general population?</i>
Importance of the timeliness of outcome data	<i>Does the program provide quick results in timing? There's always this phrase that if you can't get an intervention to work within three years or so, then you might as well kiss it goodbye, even though it may have some wonderful long-term benefits... education really is one of those fields where the memory is long, but the foresight is short.</i>
Equity concerns regarding availability and accuracy of effectiveness data for marginalized groups	<i>I think we know from previous research that's been done, that the moment that you move away from being Caucasian the less access that you have to a lot of these programs, and the less success that you have in some of these programs just because of other factors that are outside of the student's control</i>
Administrator, teacher, parent, and student buy-in	
Significance of administrator and teacher buy-in for any chance at program success	<i>The teacher buy-in is a big one, because, honestly, no matter what my leadership tells me, if I don't believe in it, and what's right for the kids, then I will close my door and not do it</i>
Importance of student buy-in for program success	<i>The school has to have buy-in and see the value, or you're getting nowhere. So that's number one. It has to quickly engage your students so they want to come back. Those are both equal level: if I can sell it to the principal, but I can't sell it to the students, it's still no good.</i>

(Continues)

TABLE 2 | (Continued)

Categories and themes	Example quotes
Importance of parent buy-in for program success	<i>Anxiety and mental health are very personal, and parents can become like very “Nope, you’re not teaching that to my kid, you’re not...” so it can do harm if those attitudes are very different at home... that gives that mixed signal to the student and can harm the student internally.</i>
Equity concerns regarding disproportionate educator turnover impacting buy-in	<i>That definitely has an equity lens too, because unfortunately, we still see more turnover, in terms of leaders, but also staff members and the schools that probably most need these supports, and so oftentimes this leads to the programs not being able to get really really well rooted in the school</i>
Logistical considerations for staff delivering programs	
Crucial for programs to dovetail with existing initiatives and recognize limits to teacher capacity	<i>What initiatives do they [teachers] already have going? Do they have capacity? And so capacity is a huge issue. But I also look at fit. Okay, yeah, does it [the program] fit with what they’re currently doing?</i>
Importance of manageable training requirements for program sustainability	<i>Because if it’s [training] a huge effort, then anytime I replace the staff member, then it’s a huge effort</i>
Equity concerns regarding availability of staff for delivering programs	<i>I see the disparities which comes back to the capacity issue... if you’re talking in some of our districts, if they have one specialist in the entire district who knows this work... A lot of their time is going to be on triaging.</i>
Cost and resource requirements	
Importance of considering cost with universal vs. targeted programs	<i>If it’s something that can be more universal and reach a lot of students, it can be more expensive. And then is it impactful, or could it be just as expensive for it to be tailored?</i>
Importance of considering cost for the program and its required training for staff	<i>We need ongoing costs associated with implementation. Do I own the implementation materials or do I have to buy them as a continued price point year over year, and then train the trainer? Do I send somebody by somebody to come in? Or can I do a train the trainer mechanism to implement them over time?</i>
Importance of sustained funding sources to support program continuity over time	<i>How are you gonna fund this and is this gonna be here tomorrow? We’re going to have this amazing program, and what happens after that? It’s all about funding.</i>
Equity concerns around school resources for training costs, program costs, and staff salaries	<i>The resources that’s in the school that are mostly Black and Brown schools; they aren’t there</i>
Equity concerns around school resources for screening and implications for over- and under-identification of students of color	<i>I think you’ve seen both of the extremes that are we over and inappropriately identifying students of color?... You’re gonna find that we might be under identifying kids, because we can only afford to really notice the most troubling problems. Or we may be identifying them, but not doing any particular follow-up with them.</i>

particularly since the onset of the COVID-19 pandemic. Eduardo<sup>1</sup>, a district director for student services, explained how the pandemic intensified the problems that students were already facing, “As we’ve navigated the pandemic the past couple of years, [it] has really exacerbated a lot of problems that we were facing before the pandemic started...” Participants explained the importance of school-based programs specifically, as Mia, a district mental health liaison and former occupational therapist, described the opportunity for schools to “... make space for them to get the services and treatments they need in

school because they’re there already, and it is so hard to get in to services outside of school.”

Participants described the complex interplay of racial and ethnic differences in how children express feelings, biases in how adults might interpret those feelings, and the impact of children being identified or labeled with depression and anxiety for schools’ responses. Emelia, a school-based mental health professional, explained, “As a person of color serving students of color, when you’re one of, however many in the classroom, that’s going to

trigger anxiety in school. So there is an environmental factor to it when you're not the normative group." Hana elaborated:

*Anxiety unsupported turns into negative outcomes for our students of color because ... we're socialized very differently... our manifestation of mental health is very different than White typical middle class culture, which is K-12, education... it's really hard here in [state name], because it's just not enough adults of color to help interpret, so we're missing a lot of the early signals.*

Cora, a district parent liaison and student services coordinator, also expressed this sentiment as it relates to depression symptoms, explaining, "I definitely believe that Black children are overlooked. They don't seem like they're depressed. They're labeled more as angry or that they don't have really good outlets to where they can kind of talk about this."

Participants also described a wide range of implications of students' mental health, particularly the far-reaching impacts related to broader school outcomes like attendance. Hana, a school-based mental health professional, described how she and her colleagues also do a lot of "attendance work" with students:

*...It's not just as simple as calling a parent and telling them to get their kid to school. That's when you see a lot of the anxiety, that avoiding behavior.... I'm being over-stimulated. I'm worried about this friend group that is not really friendly, and I'm worried. I'm worried, I'm worried, I'm worried. And unchecked, this is the group of kids that I can't get out of the house.*

Ultimately, participants highlighted the potential for prevention programs in schools to provide students access to programs they may not otherwise have (e.g., due to transportation or other access issues) and to offer tools and strategies students can use their entire lives. Eve, a director at a social justice nonprofit that partners with schools to provide programming, described:

*Having access to resources gives students an opportunity to show up as their authentic self, to be able to advocate for the things that they want and need... when you're building a program full of leaders ... they can do such amazing things in life. So really, it's all about building up the tools and how we can navigate this wild world.*

## 4.2 | Decision-Making Considerations

### 4.2.1 | Program Fit With Student and School Needs

When asked to describe what factors influence a program's adoption and/or sustainability, all 15 participants mentioned program fit. These descriptions often focused on how well a program fit with the student population and student needs at the school. Ben, a school-based mental health professional, described it as "you've got to know your data, your population, your kids" and as Emelia stated, "it's the milieu of a particular school." Mia

described, "It's important to look at your student profile. So knowing what programs are going to be culturally sensitive." Julia, a district assistant superintendent for student services, emphasized it needs to be a fit at the school level, not just the district: "Even within one school district you can have two very different climates or cultures at schools that would be more conducive to the exact same program working at one school versus the other."

Participants also emphasized the importance of the curriculum using relevant examples and metaphors, as well as diverse imagery. Otherwise, it might be "out of touch" or "clunky." Julia further described:

*[Programs] not only being culturally responsive and integrated but being relevant. I don't know how many times I've sat and looked at a history curriculum or a science curriculum... even a language arts curriculum, and thought to myself, "These kids can't relate to these characters at all," and I know it's my job to make that connection for them. I get that. But how cool would it be to have something was more culturally relevant?*

To accomplish the goal of meeting students' needs, Jill described the importance of including student voices in the process of program selection:

*How can we open it up so that we're elevating students' voices in this process? Having almost like a student led kind of approach and thinking about what is their lived experience, then how can we capitalize on that?*

Programs that did not fit with student needs or cannot be adapted easily were much less likely to be used. When asked for the top reason for not using a program, Emelia described:

*You're able to flex and adapt to your group and to the school environment that you have, and it doesn't impact the outcomes. But if there's crazy high levels of things you have to do to maintain fidelity and maintain your curriculum, it's just not gonna work for elementary, middle, or high school.*

Ten participants specifically mentioned the importance of assessing program fit with families and the broader school community to maximize program sustainability. Julia described it as a three-legged stool, "It's always the student, the family, and the school community. Because if you don't have 3 legs to that, you're still gonna fall over." Mia explained:

*You are working with so many different cultures as well, so you have to be mindful and respectful of each culture, and what each family is bringing to the table in terms of their values and understanding around health in general, whether it's mental health, emotional health, physical health, spiritual health, all those things.*

Participants explained that programs might not automatically fit with the local familial or community culture, but again, it's the ability to adapt a program that matters. Jenessa described:

*Will it adjust to... individual culture and how that culture accepts this type of intervention or strategy? I've worked where we'll have a pocket of a number of children and families from a specific culture whose culture suggests that what we're doing in this space is not acceptable... And how are you sensitive to that? And how do you support them, that culture, through the process?... Does the program nuance to that mechanism?*

The importance of a program's flexibility extended to other factors such as translating programs into different languages, adapting formats for students' family structures, and a recognition of access to resources at home. Anne, a former school psychologist and current state educational agency staff member described,

*I see a lot of families navigating stresses in different ways. You see that with family structures, too, when you're putting in things like homework structures or organizational systems that don't necessarily align with family values. So again, just making sure that we're identifying individual differences in family needs, in the context of the local environment and making sure that we're responsive to that.*

Importantly, participants also described a fine line of knowing when a program can be adapted or when it can't. As David, a school-based mental health program developer, wondered, "for me, the culturally specific program—when do we just say we need to develop from scratch with the community versus, okay, can we actually adapt something?" Eve put it simply, knowing when it's time to "...throw it out and do something else."

**4.2.1.1 | Equity Concerns.** Participants' discussions around program adaptation and fit almost always (11 of the participants) involved a discussion of equity concerns related to the availability of culturally adapted or culturally tailored programs. Participants explained that a dearth of culturally adapted school-based programs prohibits school decision-makers from truly selecting programs that are the best fit for their students. As David explained, "Most of our intervention approaches have been developed for dominant culture. We [need to] do our due diligence to think about how a program that was developed for dominant culture may need to be adapted for minority populations." Eduardo similarly explained:

*We need to think about historically underserved populations. I think a lot of times, particularly with social-emotional learning content, it feels very White-centric... There were not a lot of programs that I felt were adequately thoughtful about delivering content that was meaningful or relevant to our culture, specifically Black and Native students.*

Hana similarly reflected on how challenging it is to provide programming across cultures:

*The hard part about wellness and mental health in general across cultures is the interpretation and biases embedded in that, as it's culturally bound... Besides the*

*individual manifestation of anxiety, we're taught to manage anxiety differently across cultures. ... And that's for any of the mental health components. And that's a hard conversation to have.*

## 4.2.2 | Evidence of Program Effectiveness

All but one participant mentioned the importance of knowing the evidence of a program's effectiveness when deciding on a program. More specifically, participants discussed the importance of program effects that extended beyond mental health outcomes. Participants described other outcomes such as student knowledge about identifying depression and anxiety, knowledge about when to connect peers with support services, school engagement, academics, absenteeism, suspension rates, students' organizational skills, and program feasibility/acceptability (e.g., do students and families like the program?). Griffin, a school-based mental health program developer, explained it in terms of short-term and long-term outcomes:

*I think what matters to schools are the school metrics. So ... there's your intervention... There's your proximal or your near-term outcome. And then there's your distal outcome that maybe the funders are the ones that care about them. So you might say we prevent depression in order to prevent school disengagement, ... increase a graduation rate, and later to increase life outcomes.*

Prioritizing certain outcomes was often discussed in relation to state-mandated standards or metrics. Julia described a data dashboard that the state used for tracking student outcomes and holding schools accountable via the factors listed on the dashboard—"...being able to look at and see some data that correlates to the dashboard that we're evaluated against for accountability is huge." Griffin put it succinctly, "if the school has to make a report back to the Department of Education at the state level, what are they going to care about?" Academic outcomes were mentioned frequently as important outcomes to consider; as Hana described, "At the end of the day, this is school. So how do I help and translate their skills, identify what they need when they need it so that they can access their education?" David elaborated:

*Unfortunately, we don't think about our schools yet as addressing the whole child...it's still a primary emphasis on the academics. But if we can make a case for the academic enablers, if we can help enable the students to perform better in schools, then we're gonna see a motivation by schools because they're looking at attendance and graduation rates.*

Participants were also clear that they were most interested in both quantitative and qualitative findings, including anecdotal evidence. Julia explained:

*I would want anecdotal evidence showing success in the classroom. Yeah, some basic stats showing growth, etc., are fine. But don't get me too heavy in the research. I don't*

*have the time or the will for it. Give me the top level: this is the data but give me the anecdote. Where has it worked? How has it worked? What does that teacher say about it?*

Ben offered a detailed example of a program they used that included quantitative data collection as well as daily diaries that students completed regarding depression symptoms:

*We have about sixteen years of data to show amazing effectiveness... Generally speaking, we see decreases in anxiety and overall internalizing problems, and I find that diary so wonderful because we have what the students are telling us about their depression.*

Other participants also highlighted the benefits of having several types of outcome measures. Mia noted that “there’s so much value to anecdotal responses, but really, what we want is data.” Emelia described their approach to tracking evidence of effectiveness over time and across several types of studies to evaluate how well it might work with their student population:

*If you have qualitative data and quantitative data, you start with, maybe a smaller pilot. They’re targeted specifically, but then it gets larger. And now it’s randomized. The more it’s been tested different ways, it validates the outcomes. So I may be watching those for a little while because they have really good results with the specific population, but can we apply that to the general population?*

This quote also introduces another topic participants discussed: efficacy trials or randomized controlled trials and their (lack of) role in program decision-making. Participants differed in their description of efficacy trials, both acknowledging the value while being realistic as to how much they are used in decision-making. David summarized, “The RCT is the gold standard. I don’t know that educators actually hold that as the gold standard.” Griffin echoed this sentiment, describing their approach to using national benchmark data to track student growth in outcomes because “Nobody’s going to be doing randomized trials here...”

The last consideration participants mentioned in relation to program effectiveness was timeliness of effects, especially in relation to “return on investment” and knowing if a program is “worth the money.” As Martin, a state education agency leader, described:

*Another risk of sustainability, of course, is the return on the investment... Does the program provide quick results in timing? There’s always this phrase that if you can’t get an intervention to work within three years or so, then you might as well kiss it goodbye, even though it may have some wonderful long-term benefits... education really is one of those fields where the memory is long, but the foresight is short.*

**4.2.2.1 | Equity Concerns.** As with program fit, discussions of inequities also surfaced in relation to evidence of

program effectiveness centered around the availability of evidence for marginalized groups. Eduardo described:

*I’m always looking at efficacy data, and I’m really wanting to have a sense of how it works for all students. ... we have made a commitment at [district] to center Black and Native students who have historically we’ve seen the greatest gaps in achievement data and behavioral disproportionality, behavioral referrals in placements and special education classrooms. And so I’m really interested in seeing efficacy data specific to underserved populations.*

Participants also described a tension between availability of effectiveness data for marginalized populations and accuracy of those data. Inez explained:

*I think we know from previous research that’s been done, that the moment that you move away from being Caucasian the less access that you have to a lot of these programs, and the less success that you have in some of these programs just because of other factors that are outside of the student’s control.*

In other words, participants questioned how well existing effectiveness data reliably captured program outcomes for marginalized youth. Cora further explained that to trust findings and trust the data, “it definitely matters how well and really kind of inclusive, and what outcomes are involved in the analysis...”

### 4.2.3 | Administrator, Teacher, Parent, and Student Buy-In

All but one participant emphasized how crucial buy-in—from school administrators, teachers, parents, and/or students—was for program selection and sustainability. Participants described it as the importance of buy-in “from the top down and from the bottom up” in order to select the best program for the school, as well as assure its sustainability.

Participants spoke most often about the importance of buy-in from school leaders and teachers. Participants described school leaders as “key” for program success and said they were more likely to select programs that were “an easy sell” to administrators. Eve, a school-based interventionist, explained her experience with delivering school-based programs:

*Step number one, get that buy in from administrators. ... each school is its own island, because really, it’s their own little kingdom. ... You gotta get in with the principals, the front office books, and your custodians... Without them, I couldn’t have done anything.*

Participants also described how teacher buy-in is critical, as Anne stated, “Pretty universally if a teacher doesn’t want to do it, then it’s not happening.” Julia explained:

*The teacher buy-in is a big one, because, honestly, no matter what my leadership tells me, if I don't believe in it, and what's right for the kids, then I will close my door and not do it. And so that becomes a non-negotiable. If you just throw it at a teacher, they're gonna go "psh" and throw it on their desk.*

Buy-in from students and parents also surfaced as important factors for program selection and sustainability across interviews. Participants noted how including students and parents in the program selection process was crucial for buy-in, as well as program sustainability. Emelia described:

*The school has to have buy-in and see the value, or you're getting nowhere. So that's number one. It has to quickly engage your students so they want to come back. Those are both equal level: if I can sell it to the principal, but I can't sell it to the students, it's still no good.*

Emelia further described how challenging it can be to balance student and parent buy-in:

*At the end of last year our Spanish speaking population for students increased over our English speaking population by like two percentage points. And so that's an interesting challenge where you have students who speak English and Spanish, but their parents may only speak Spanish. You want to make sure you have informed consent. You want to make sure you're following all the appropriate cultural perspectives. But the students live in a different culture than their parents. And so that is interesting trying to work with that and make sure you're honoring the parents, but also providing a valuable service to the students.*

Participants also noted important differences regarding student buy-in based on students' age or grade level. For older students, as Griffin described:

*You're taking those kids and doing something with them aside from the rest. That's after school classes or a class at lunch time, and there's some hesitation about that. Teenagers do not want to call any attention to any way in which they're conceivably different.*

In contrast, Emelia explained how "The students love to go eat somewhere special in elementary... If you take them to eat somewhere else, that's really cool."

For parents, participants focused mostly on how parental beliefs were a major factor in parent buy-in and, subsequently, a program's success. Participants described how parent buy-in was related to students having the chance to practice skills at home, particularly for younger students. Eduardo further explained:

*I think if you have communities and families that are willing to embrace the content and continue discussions that are happening at school at home, I think there's a*

*higher probability of efficacy... but I also know, that's an unrealistic expectation for every home.*

In contrast, when there was little or no parental buy-in, participants described implementing and sustaining programs as nearly impossible. Participants described parents questioning, "why are you talking to my kid about mental health?" and expressing concerns "that by raising the issue, and that by discussing it, we [the school] were somehow enabling them." Participants also described how parent beliefs intersected with child outcomes: Julia explained:

*Anxiety and mental health are very personal, and parents can become like very "Nope, you're not teaching that to my kid ..." so it can do harm if those attitudes are very different at home... that gives that mixed signal to the student and can harm the student internally.*

Almost all participants centered parent beliefs in broader cultural and societal beliefs. As Martin described:

*There is some push back in the last few years to "we need to focus more of our money on the academic piece and really get back to the basics...." Or the flip argument we have, which is that the schools are getting too much into the realm of the parents. "This should be a parental choice thing; we don't need our teachers trying to be our kids shrinks."*

**4.2.3.1 | Equity Concerns.** Participants raised concerns around equity related to buy-in, particularly related to staff turnover. Participants discussed the intersection of a range of community factors, such as urbanicity and racial/ethnic make-up, that could create inequities around who believes in program benefits, who advocates for those programs, and who helps sustain them. Martin described how administrator and teacher turnover can be an equity issue:

*That definitely has an equity lens too, because unfortunately, we still see more turnover, in terms of leaders, but also staff members and the schools that probably most need these supports, and so oftentimes this leads to the programs not being able to get really really well rooted in the school.*

Participants described how new leadership and staff being hired was like "hitting the reset button" and existing programs might be deprioritized if there wasn't buy-in from a new leadership team. Eduardo explained:

*Remarkably, almost half of our buildings have new administrators in some capacity, which is just wow. While we as a district are providing, in my opinion, pretty concrete guidance about what we expect to see with regard to multi-tiered systems of support, it's not always happening, because it takes time to build and when you have rotating personnel who are involved in the teams, it's hard to sustain those structures.*

The implications of leadership and teacher turnover intersected with beliefs about school-based mental health services: if new leaders and teachers were hired who thought mental health services were “out of their lane” or “do not belong in public schools,” this change drastically limited program sustainability and success.

#### 4.2.4 | Logistical Considerations for Staff Delivering Programs

All but two participants discussed how important logistical staff considerations were for selecting and sustaining programs. These considerations centered around the limited time teachers and staff have for delivering programs. More specifically, participants spoke about teacher capacity, the ease of integrating a program into existing curricula, and staff training requirements. Participants emphasized how crucial it is for programs to “dovetail with the current workflow and practices” because leaders understandably “don’t want to just keep on adding things” to teachers’ workloads. Julia described it as considerations for “figuring out how to create the time and space for something new, because if something is added on the plate, something else needs to come off.” Mia simply stated, “Staff and teachers are tired and have been asked to do a lot for a very long time.” David described how important capacity was for the decision-making process:

*What initiatives do they [teachers] already have going? Do they have capacity? And so capacity is a huge issue. But I also look at fit. Okay, yeah, does it [the program] fit with what they’re currently doing? And that gets back at that workflow and so forth. But I would say, capacity is main issue.*

Participants described specific characteristics they look for in programs that signaled ease of integration, such as “strands of skills” they could incorporate into curricula. Julia stated, “What can this be integrated with? So that I’m getting more bang for my buck... really having the integration opportunity, or suggestions for integration, because then I’d go ‘Oh, I like that.’”

Participants also described how programs were not sustainable if they could not be integrated into existing structures, curricula, or school schedules, or if the training demands for teachers were just too high. Anne always asked, “How adult intensive is the learning process?” when selecting a program, because “...asking teachers to do anything else without supporting that is very, very difficult, especially if it’s not integrated into existing kind of systems of support.” Jenessa explained how the time and energy needed to train program implementers were the biggest considerations for selecting a program:

*Anytime I replace the staff member, then it’s a huge effort. When I was the superintendent, as I analyze my programmatic implementations that were required for everyone, if I had an average of a certain percent turnover within 3 years, I was starting all the way over.*

Participants noted that rigorous training requirements also took time away from teachers in the classrooms or, if other staff were

delivering the programs, it was still an increased cost. Participants also emphasized that this mattered over time—training was not “one and done,” so as Eduardo explained, programs that had “a thoughtful eye on rollout, professional development, and building the necessary skill set amongst educators to deliver it effectively to students” were more likely to be sustained.

**4.2.4.1 | Equity Concerns.** The most common equity consideration participants raised regarding staff considerations was around the availability of additional staff to increase capacity and ease the burden on teachers. Martin explained:

*I see the disparities which comes back to the capacity issue... in the schools where they do have more access to these professionals, or they can differentiate the particular work assignments of these individuals... Where if you’re talking in some of our districts, if they have one specialist in the entire district who knows this work... A lot of their time is going to be on triaging.*

Emelia echoed the inconsistency with which schools may (or may not) have access to the resources needed to implement prevention programs:

*Some inequity would just be in the skill set of the mental health team available at each school, or if there’s an absence, or a lack of a position being filled... Some schools are gonna be more challenging just because of where they’re located. We do offer benefits for teachers who are teaching in a “less desirable area” but if you have a challenging school, it is a challenge to reach all of the students.*

Participants also mentioned differences in school capacity based on public versus private schools and access to teacher training programs that can serve as pipelines for staff. Martin summarized the implications for students: “What troubles me... the schools that are least able to provide that capacity of support, their programs are the ones that are serving the most marginalized, and often the students who most need of support.” Recruiting and retaining diverse staff was also raised as an issue. Eduardo described:

*We have tried to be very intentional about recruiting diverse educators with diverse backgrounds... It’s a diverse school district, but I think we are 80% White educators if not higher. And so I think we constantly run into situations where we have White teachers, and educators who are getting up in front of students of color, that there’s going to be a gap... of perspective, understanding, awareness of, of culture, and how it shows up in the classroom that results in some students feeling disenfranchised, dismissed.*

#### 4.2.5 | Cost and Resource Requirements

While not always the first thing they mentioned, 12 of the participants discussed “finances,” “funding,” “cost,” or “resources” as

critical considerations for deciding on programs. Participants discussed cost and resource requirements in regard to universal versus targeted programs, training requirements, and program sustainability. David described the tradeoff decisions that decision-makers face when considering cost, “If it’s something that can be more universal and reach a lot of students, it can be more expensive. And then is it impactful, or could it be just as expensive for it to be tailored?” Emelia echoed this consideration: “if you have to pay for each child to participate in the program that’s not going to happen.” Martin described in more detail:

*There are a lot of wonderful programs out there that may provide incremental supports, but they’re at more cost than others... Schools are thinking about, “Okay, If I only have x amount of dollars, how do I maximize this effectiveness?” “Where can I spread the dollars that it will have a positive effect on the most students?” But I also see a smaller percentage of the school leadership that because they’re so caught up in the crisis situation of it, they think, “well, if I only have X number of dollars, I need to spend it on my kiddos that need it the most...”*

These considerations extended beyond the program itself. Julia posed the question, “What do you weigh when you’re thinking about the cost of a program and training and all that goes with it?” Jenessa also described longer-term considerations for program cost:

*We need ongoing costs associated with implementation. Do I own the implementation materials or do I have to buy them year over year, and then train the trainer? Do I send somebody to come in? Or can I do a train the trainer mechanism...?*

Participants also discussed cost and resources as they related to sustainability. Participants voiced concerns about unpredictable funding streams or time-limited funding for supporting mental health programs. These influenced decisions around adopting programs in the first place. As Eve asked, “How are you gonna fund this and is this gonna be here tomorrow? We’re going to have this amazing program, and what happens after that? It’s all about funding.” Ben described, “The big picture here is resources... I’ve been working in the schools for thirty-two years now, and I’ve never seen mental health adequately resourced or respected.” Lack of sustainable funding had consequences for other considerations such as community buy-in, as described by Inez:

*That is a huge and significant harm that we create some fabulous programs that have no tether to sustainability around finances... And so they go way over time, and I think that gets our community used to having services that go away and intrinsically creates a distrust of professionals in the system, because we’re there one day, and gone the next.*

**4.2.5.1 | Equity Concerns.** Participant descriptions of inequities regarding cost and resources were straightforward:

schools with fewer resources were less likely to be able to afford to implement programs, and as mentioned above, less likely to be able to afford the mental health staff, training, or appropriate follow-up supports needed for students who had been identified via screening. Inequities surfaced around racial/ethnic differences in access to resources, as Cora stated, “The resources that’s in the school that are mostly Black and Brown schools; they aren’t there.” Participants also described broader community resource inequities that lead to disparities in ability to afford programs, as well as for which types of programs could be implemented. Ben offered an example:

*A lot of times district administrators in the name of equity want it to look the same at all high schools, and they should know better that equity doesn’t mean everything looks the same. Equity means the students get the programs that they need to do well wherever those programs are cited.*

Martin discussed how a lack of resources can interact with inequities in screening and identification:

*While we’re getting more knowledgeable about depression, I still think there’s a lot more to learn about the implicit bias (in some cases very explicit). I think you’ve seen both extremes that are we over and inappropriately identifying students of color... You’re gonna find that we might be under identifying kids, because we can only afford... to notice the most troubling problems. Or we may be identifying them, but not doing any particular follow up with them.*

Similarly, Mia described the importance of knowing what resources are available when using screening tools, explaining, “I think there is harm in identification without appropriate supports to follow up with... we have a responsibility and a duty to provide services, especially once we know that there’s a need.” Eduardo put it succinctly, “if you do a screening, you better be ready to deliver an intervention that’s going to respond to what that screening shows.”

## 5 | Discussion

The goal of this study was to explore the factors educational stakeholders consider when selecting a school-based mental health program. Participants offered a variety of insights and considerations including: evidence of program effectiveness, buy-in, considerations for staff delivering the programs, and cost. Across these categories, participants described key themes, and consistently discussed inequities that surface when considering each category.

Our findings largely align with prior literature that has focused on individual programs (Arnold et al. 2020; Firth et al. 2008), factors described by implementation frameworks such as EPIS (Lyon and Bruns 2019; Moullin et al. 2019) and prior reviews and quantitative studies exploring implementation considerations for educators (Cunningham et al. 2020; Kasal et al. 2023;

Richter et al. 2022). For example, in a recent study of the Let's Introduce Anxiety Management prevention program, researchers conducted interviews with stakeholders to explore the initial stages of implementation (Brown et al. 2023). Stakeholders described key factors including staff buy-in, parental support, demands on resources such as time and capacity, and program embeddedness into schools. In another example, researchers posited four primary factors that may be important for mental health program decision-making (Aarons et al. 2012). These factors include the appeal factor (program is intuitively appealing, can be used correctly, or has been used by colleagues who were happy with it), the requirements factor (program is required by an agency, supervisor, or state), the openness factor (provider openness to trying new interventions), and the divergence factor (provider perception of a program being not clinically useful and less important than experience). Each of these factors directly aligns with the categories our participants identified as key to decision-making.

The most commonly described factor in our study—program fit—is outlined in the EPIS framework as an important intervention-level factor, also described as the “intervention-setting fit” or “goodness of fit” between a program and a population of students (Lyon and Bruns 2019) or “adaptability to the local context” (Richter et al. 2022). Empirical studies on program implementation have also highlighted the importance of fit, including the importance of programs meeting participant needs based on students' age, students' exposure to different traumas and adverse experiences, and other student characteristics such as sexuality (Brown et al. 2023).

Evidence of effectiveness is another intervention-level factor that was important to participants. Prior research has shown the importance of finding and appraising high-quality studies of program effectiveness, along with assessing acceptability and cost-effectiveness (Jane-Llopis et al. 2011). Interestingly, although participants valued efficacy trials, they focused much more on other types of ways to evaluate program effectiveness and acceptability. These findings directly align with studies on the use of research evidence in education more broadly: educators have described prioritizing perspectives from trusted peers or colleagues along with findings from qualitative and quantitative data (Farley-Ripple et al. 2018, 2022).

Buy-in from school administrators and teachers also has surfaced as an important factor in prior literature (Moullin et al. 2019). For instance, a recent qualitative study by Davidov et al. (2020) examined factors that influenced the adoption of a high school violence prevention program. After participating in a randomized controlled trial that found the program to be efficacious, only 61% of participating schools implemented the program. Interviews with educational stakeholders involved in decision-making pointed to the importance of buy-in and relationship building between researchers and school personnel, including but not limited to school principals.

Our findings on the importance of logistical considerations for staff delivering programs also align with prior literature, particularly studies focused on the ease of integrating a program into existing school curricula and schedules because of time constraints (Carlock, Nygaard, and Ormiston 2023). This has

also been referred to as “local integration” (Waschbusch, Breaux, and Babinski 2019) and prior work highlights integration as a factor that improves the effectiveness of school-based services (Sanchez et al. 2018). For example, in a qualitative study aiming to inform intervention development, mental health professionals discussed ease of use as a key factor in reducing provider burden and improving the likelihood of program implementation and success (Chu et al. 2023). Also in line with our findings, prior studies have highlighted challenges around mental health professional workforce shortages and how they can decrease the likelihood of a program's sustainability (Massey, Vroom, and Weston 2021; Ormiston et al. 2021). For participants in our study, workforce shortages not only influenced program selection, but shortages were also directly linked to inequities: schools with greater resources had more access to professionals and, in turn, more flexibility in selecting tailored programs for serving a variety of students. These challenges are echoed in the broader literature on the mental health workforce, which highlights disparities in access to mental health professionals, particularly between rural and urban schools (Graves et al. 2023).

## 5.1 | Limitations

The majority of participants in this study were from a single state in the Northwestern United States. Although our findings were consistent across stakeholders from other locations, our findings may overly represent the experiences of educational stakeholders in the Northwest. Further, over half of the participants in this study had some connection with the state's public flagship research university (e.g., serving in an advisory role for university centers or departments). This connection with a university might bias participant views on the use of research evidence or factors considered when selecting programs. Further, participants may not have fully disclosed critical opinions about evidence-based programming, given they were identifiable during the interview and knew they were speaking with researchers who studied prevention programs. Finally, participants were not selected for this study solely based on their role in selecting programs for schools. In addition, we did not collect information about the extent to which each participant was currently involved in the selection of school-based mental health programs. Although many of the participants did report serving in professional roles with authority to select school-based programs, others were more indirectly involved in those activities as education leaders or stakeholders. Therefore, our findings represent the perspectives from a broader population of stakeholders who may not have direct experience in school-based mental health program selection.

## 5.2 | Implications for Research, Practice, and Policy

Findings from this study can provide insights to researchers who design and evaluate programs with the intent of programs being used by practitioners. Educational stakeholders in our study clearly outlined several categories that are important to them, which researchers can attend to when designing

interventions. For example, programs should be easily incorporated into existing curricula and involve sustainable training requirements. Moreover, our findings highlighted a clear need for culturally appropriate and responsive mental health programs that could be implemented with students of various ethnic, racial, and cultural backgrounds. The interviews indicated insufficient options of such culturally responsive programs, and scarcity of effectiveness data for existing programs implemented with diverse ethnocultural groups. Our findings also underscored that program evaluators should focus not only on quantitative program effect data, but also on qualitative data related to processes, outcomes, and implementation considerations such as ease of use. Given that our study included a broad and diverse sample of educational stakeholders, the literature would also benefit from additional research leveraging samples of participants with more homogeneous professional roles and responsibilities related to school-based mental health program selection. Studies focused on district-level administrators, building-level administrators, or facilitators, as well as stakeholders directly involved in program selection decision-making may advance our understanding of how different types of stakeholders approach these considerations.

Findings from this study are also useful for informing policy around evaluation requirements and recommendations for school-based programs. As policymakers consider what educators describe as useful—which includes information beyond results of efficacy trials—they might revise requirements for researchers submitting program data to evidence clearinghouses or registries. Policymakers play a powerful role in deciding which programs are deemed “effective” and may leverage that power to create more opportunities for culturally tailored or culturally adapted programs to become available to educators.

Lastly, findings from this study have implications for educational practitioners, particularly those charged with selecting programs for their school or district. Practitioners may find the categories and themes presented here as useful tools for considering their own program selection process, including considerations for equity throughout the process. The insights and perspectives presented here may also normalize practitioners' experiences with the challenges of finding programs that meet the needs of their students, schools, and communities amidst an array of evidence-based requirements and a limited pool of available, relevant, and useful programs.

#### Author Contributions

All authors contributed to the study conception and design. Material preparation and data collection were done by Elizabeth Day and Lisa Shimmel. Data analysis was done by Elizabeth Day, Katarzyna Steinka-Fry, and Emily E. Tanner-Smith. The first draft of the manuscript was written by Elizabeth Day, Katarzyna Steinka-Fry, and Sean Grant, and all authors commented on subsequent versions of the manuscript. All authors read and approved the final manuscript.

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#### Ethics Statement

The University of Oregon Institutional Review Board approved this study (ID: STUDY00000866). Informed consent was obtained from all individual participants included in the study. Participants consented to participate in the study and for the findings to be published.

#### Conflicts of Interest

The authors declare no conflicts of interest.

#### Data Availability Statement

The registration, protocol, and materials for this study can be found on the Open Science Framework (<http://osf.io/t96jy>). Given the details provided in the interviews, it is not feasible to completely de-identify the data. Therefore, full transcripts are not publicly available, but data collection materials are available via OSF (<https://osf.io/t96jy>).

#### Endnotes

<sup>1</sup>All names are pseudonyms.

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### Supporting Information

Additional supporting information can be found online in the Supporting Information section.