CENTERING EDUCATOR VOICES IN SCHOOL BASED MENTAL HEALTH PROMOTION RESEARCH FOR HIGH SCHOOLERS WITH DISABILITIES

BY
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A THESIS

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The current study is part of a larger federally funded project focused on the implementation of an integrated multi-tiered mental health support model for high school students with disabilities receiving special education services. This thesis will explore the challenges and strengths of a current mental health service delivery model in secondary settings with the goal of identifying specific needs relevant to teacher and school mental health professional perspectives on student mental health. Findings from the needs assessment highlighted specific obstacles related to understaffing, equity and inclusion of students with disabilities, and accessibility of mental health resources for students and their families. Teacher perceptions of facilitators of successful mental health supports for students centered on increased targeted mental health training on supporting students with disabilities and forming multi-disciplinary teams to provide mental health services. Emerging needs provided by the panel of educators included professional development aimed at equipping teachers with universal level strategies and supports and providing school based mental health professionals with specific knowledge about the intersection of disability and mental health, along with hiring more trained therapists. A desired implication of this research is to use the data from the needs assessments to inform targetted and relevant professional development activities for teachers and other school staff working with students with disabilities.

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Adolescent Mental Health in the General Population

The COVID-19 pandemic and its resulting challenges has recently brought mental health to the forefront of an increasing number of children's and families' lives, increasing the demand on existing systems of mental healthcare unable to meet a higher need for services. This added concern for youth mental health has been justified by the release of a string of studies conducted during and after the lockdown that indicate mental health challenges in children have increased in the last three years (Abramson, 2022). To contend with a rising demand for mental health care particularily in child and adolescent populations, existing systems are being examined to increase their large scale effectivenss across demographic groups and across systems of care.

Due to decreased access to accessible community resources and a surge in need, more pressure is being put on school based systems of mental support to meet the demand for care (SAMHSA, 2019). School-based mental health (SBMH) as a field has expanded over the last two decades to integrate mental health supports within school related services for students in need with a focus on becoming more inclusive and accessible for all students (Maddox et al., 2022). Now, it is more important than ever to turn towards this challenge and accelerate efforts in research and practice to make integrated models of school based mental health a viable option for large-scale mental health promotion.

About 1 in 5 youth in the general population will meet criteria for a mental health condition prior to the age of 14 (Merikangas, 2010), with 75% of mental health conditions manifesting and presenting before the age of 24 (Fusar-Poli, 2019). Despite this trend of early mental health onset, only an estimated 30% of youth receive the appropriate mental health services outside of a school setting (SAMHSA, 2019). Mental health related disabilities or diagnoses are the leading cause of health issues worldwide (Marsh & Mathur, 2020) and contribute to significant disability burden later on in life. The transition to adolescence is a

particularily vulnerable time for the origination of mental health challenges, making prevention efforts and early intervention vital for effective service delivery given concurrent biological changes and adolescent social demands during this developmental period (Lu et al., 2021). Widespread prevention practices are made possible through implementing mental health practices within school based systems of support.

The surgeon general's report in 2021 highlighted growing concerns in adolescent populations related to feelings of loneliness and isolation, and persistent academic disengagement across the last 3-5 years in America (Office of the Surgeon General (OSG), 2021). Child and adolescent anxiety and depressive symptoms in particular doubled. Alarmingly, 20% of youth reported anxiety symptoms and 25% reported depressive symptoms when surveyed between 2020 and 2021. Even more concerning is the persistent threat of suicide attempts in youth and adolescents. Suicide was the second leading cause of death for people ages 10 to 24 even before the pandemic (Stone et al., 2018). More recently, we have seen a rise in emergency room visits associated with suicide attempts for all adolescents. This rise was especially steep for teen girls, who saw a 51% increase in such ER visits compared to data collected in 2019, before the nationwide lockdown (OSG, 2021). Another study found that emergency room visits connected to mental health increased by 31% for children ages 12-17 (Abramson, 2022).

Given the rise of mental health concerns in recent years, there is now an even more pressing need to address the mental health needs of youth in the environments where they spend the most time and have the most access to services. The collective trauma experienced during COVID resulted in a mass disabling event, which has only exhaserbated an already existing need for mental health support for youth. This has fueled further empirical inquiry into schools as

ideal and necessary sites for mental health screening and services. From this realization has emerged a demand for mental health supports in schools that are both accessible and trauma informed. To achieve a system of school mental health intervention that works for everyone, interdisciplinary efforts and coordination between educators and mental health professionals is essential. If schools are to be successful sources of mental health intervention, systems must be developed with sustainability for both educators and students in mind (Maddox et al., 2022).

Mental Health in Adolescents with Disabilities and Diverse Backgrounds

Research has found that students with disabilities are 2.8-4.5 times more likely to experience mental health challenges than their neurotypical and able bodied classmates (Einfeld et al., 2011). Between 30% and 50% of students with an intellectual disability (ID) experience co-occuring mental health challenges (Einfield et al., 2011). Mental health conditions on their own, depending on their severity and impact on daily functioning, may qualify a child for a disability designation under the Emotional Disturbance category or for special education services under an Individualized Education Plan (IEP) or accommodations under the Section 504 Act which results in a 504 Plan (Dragoo, 2019). Whether mental health concerns exist as their own disability or if they co-occur with other disabilities, youth deserve comprehensive and specific screening and early identification for mental health services. Recieving early treatment for mental health issues has demonstrated positive outcomes for youth with disabilities, including lowered likelihood of suicidal thoughts and attempts, better development of problem solving skills and decision making capacity, and higher school connectedness (Patel, 2020). The postschool transition outcomes for students with disabilities who present a need for mental health treatment and do not recieve it are concerning. Untreated mental health challenges may

contribute to dropping out of school or being expelled, and a higher likelihood of engaging in risky behaviors such as aggressive behaviors, substance abuse, and self-harm (Marsh & Mathur, 2020). Given the research on postschool transition outcomes for youth with disabilities, finding ways to detect and treat mental health conditons when they first present in youth may be an important step in mitigating risk for later levels of stress symptoms in adolescents (Cheak-Zamora & Thullen, 2017).

The well documented higher need for mental healthcare services in disabled student populations has not historically translated into an increase in available services and treatment, in schools or in community settings (Cheak-Zamora & Thullen, 2017). Challenges in mental health screening and assessment for youth with disabilities often contributes to the underidentificaiton of youth at risk and unmet service needs. (Marsh & Mathur, 2020). Screening tools for common mental health problems such as anxiety, depression, and suicide risk have not historically been developed with youth with disabilities in mind, and are therefore often inaccessible, unreliable, and lack sensitivity in their predictive validity in accurately detecting concerns (Buckley et al., 2020). Additionally, in a survey conducted about parent satisfaction with school based services, parents of students with disabilities overwhelmingly experienced barriers and delays in obtaining additional mental health support when their child presented a need for it (Leiter & Wyngaarden Krauss, 2004). Another study examined unmet health service needs of Oregon children with special health care needs (CSHCN) to those of children without special healthcare needs. CSHCN are described as children "who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health care-related services of a type or amount beyond that required by children generally" (Lindly et al., 2020). The results showed that CSHCN were more likely to experience disparities in needed services

(25%) than children without special healthcare needs (10%) (Lindly et al., 2020). One of the sources of the disparity in accessibility of mental healthcare is that, despite the increased risk of mental health challenges associated with having a disability, figures specific to youth with disabilies in the literature are inconsistent and understudied. This creates a barrier to the development, planning, and delivery of services catered to this high need population (Buckley et al 2020).

The increased risk for experiencing mental health issues that comes with having a disability may also be compunded for youth with multiply minoritized identities who experience discrimination or compromised access to services (Shifrer & Frederick, 2019). For example, in community systems such as primary care settings or psychiatric clinics, studies have shown that Black and Latinx populations are less likely than white populations to be referred for mental health counseling (Harris et al., 2020). This discrepancy does not end at the referal stage: Youth with a minority racial/ethnic identity are more likely to be affected by a mental health condition, but less likely to recieve needed services, compared to white youth (Lu et al., 2021). In a systematic review of barriers to mental health service access for racial minority youth, Black children were also found to be less likely to use multiple types of mental health services, including outpatient treatments like therapy and pharmacological treatments, and school based services (Lu et al., 2021). When minority adolescents *are* able to access services, they are more likely to terminate services before their symptoms have been resolved (Lu et al., 2021).

This lack of access to care and inconsistent use of services may be due to barriers to care that are specific to multiply minoritized identities. Barriers to care are obstacles that prevent people from seeking out, accessing, or completing mental health services. Several studies in Lu et al.'s (2021) review identified adolescent perceptions, attitudes, and ethnic identity related

cultural stigma as barriers to mental health service use. These barriers surrounding perceptions, awareness, and stigma existed at the individual level and at the parent level, with 40-55% of 15-17 year old adolescents citing their family as a "major influence" on their mental health service seeking behavior (Lu et al., 2021). Another salient barrier identified in the research is widespread mistrust of the mental health care treatment system among minority youth (Snowden et al., 2009). Speaking English as a second language and the inability to find care providers who practice in a language other than English was another major barrier to care for some minority groups (Snowden et al., 2009).

There are also structural and systemic barriers to care that have been identified in several studies. Household income and lack of access to insurance where cited as salient barriers to minority adolescents getting the mental health support that they need (Lu et al., 2021). Given the impact of structural and sociocultural barriers to care have on youth, schools may be an alternative and more feasible pathway to care, espeically for historically underserved communities of students. Within the context of schools, institutional and structural facilitators of care seeking behaviors include referral from school staff, amount and quality of resources available at school, and percieved social support (Lu et al., 2021). The identification of resource scarcity as a source of the gap in access to care between white and racial minority youth, coupled with the findings that school based services are faciliators for care seeking behavior, further justifies the importance of schools as a care provision equalizer in mental healthcare.

School Based Mental Health (SBMH): The Current Landscape

Schools present the opportunity to reach many youth simultaneously with universal interventions and provide an accessible setting for group therapy interventions (Creed et al.,

2013). When school based mental health (SBMH) programming is run successfully, it has been shown to facilitate feelings of school connectedness and positive and trusting relationships between students, their classmates, and school staff (Feiss et al., 2019). Mental health and academic performance have been shown to have a relationship, with noted benefits to having a presence of a mental health system in schools. In fact, positive outcomes for mental health in adulthood are associated with functional school based mental health programs (Marsh & Mathur, 2020).

More specifically, students with disabilities, and students from minoritized backgrounds, often struggle to find care systems outside school settings due to various identity-related stressors and context specific barriers. Whether through a lack of knowledge and resources around mental health on the family's side, or a lack of accessibility of language and cost from the service provider, families of disabled students and students with multiply minoritized identities experience unique barriers to accessing mental health treatment in the commmunity setting (Anaby et al., 2018; Lu et al., 2020). With this disparity abounding in community based mental health systems, schools are even more important as sites of mental health care.

However, progress made in this field has not historically extended to all students. Additionally, fidelity of implementation for screening and intervention has yielded mixed results, especially across demographic groups (Yohannan et al., 2017). Efforts in the field of school psychology have attempted to adopt frameworks influenced by the field of public health to create a more equitable and efficient systems around SBMH resources that extend to everyone who may be at risk including students with disabilities who may be struggling. (Reinke et al., 2011). Some research suggests this comes with moving away from expensive and ineffiecient individual based

frameworks and instead focussing on capacity building for all school staff to feel equipped to assist with mental health struggles on a universal level (Anaby et al., 2018).

Multi-Tiered Systems of Support (MTSS): An Integrated Framework of Mental Health

Multi-tiered systems of support (MTSS) in school settings are a continuum of services that range from universal supports, designed to benefit the entire student population, to targeted interventions, intended to identify and support students who need specialized care (Marsh & Mathur, 2020). Having different levels of care streamlines the process of mental health screening and intervention while identifying different levels of need. One hallmark of MTSS is a preventative lens to identifying students at risk of academic, behavioral, social-emotional concerns, and more recently, mental health concerns (Marsh & Mathur 2020). At the universal level (Tier 1), this structure allows the chance to identify mental health issues before they become severe and begin to impact student functioning in the areas of school attendance, classroom behavior, school performance, and other major life functions. These universal level of supports can include school wide positive behavioral supports and screening efforts. More targeted supports across Tier 2 and Tier 3 include small group interventions, skill building, and individualized school based therapies or referrals to community mental health resources. School counselers, school psychologists, and school social workers are often responsible for providing these more advanced or targeted levels of care (Marsh & Mathur, 2020).

Common components of an MTSS include a method of identifying students at risk through universal screening procedures (e.g., mental health screening and assessment). This prevention oriented first level of care also targets outcomes for the entire school population with measures such as academic progress monitoring and school climate surveys. This level can meet the needs of many students who may experience symptoms of anxiety or depression at a

subclinical level, but do not need a higher level of care. Tier 2 addresses the higher needs of the smaller group of students identified by the universal screening measures. For instance, students at this tier of support receive more specialized or targeted academic instruction, individual academic accomodations, utilizing a break or check-in-check-out system, social skills and social-emotional skill groups, and peer or educational assistant mentoring. Some students will need further individualized care to address persistent mental health challenges, beyond the scope of Tier 2 interventions (Marsh & Mathur, 2020). Tier 3 interventions and supports might include developing individualized plans for academic, behavioral, social, or emotional success. It could also include direct therapeutic services from a school counselor or school psychologist, or even referals to community providers through an intensified continuum of care (Marsh & Mathur, 2020).

MTSS models have developed a trusted reputation in the school based mental health field. They are helpful in categorizing students into different levels of needed support, promote basic mental health related awareness and skill building at the universal level, and provide specialized support for students who indicate a need (Marsh & Mathur, 2020). One area that has historically been underesearched and has therefore gone underaddressed in practice is the fidelity and accessibility of MTSS for diverse groups, including students with disabilities and students with racially and ethnically minoritized identities (Edyburn et al., 2021).

A Trauma Informed Lens to MTSS: Reaching Diverse Groups of Students

Not surprisingly, many students with disabilities disproportionately experience adverse childhood experiences or trauma in comparison to non-disabled peers (Baidawi & Piquero, 2021). Trauma is a consequential factor in students' mental health outcomes, and the experience

of trauma is overrepresented in diverse populations (Maddox et al., 2022). The effects of trauma in school age children and adolescents often bleeds into their school day through issues such as truancy, disruptive behavior in the classroom, and social difficulties with teachers and peers (Miller, 2018). Schools may be especially helpful for intervening with mental health challenges related to trauma since schools have access to students' families and can connect them with community resources that students or families may not have found out about otherwise. Additionally, applying a trauma-informed approach to the existing structure of a MTSS will better equip these systems to consider factors such as social determinants of health, adverse childhood experiences, and the effects of racism and discrimination on the basis of ability, gender, or other identities (Malone et al., 2021). In order to achieve widespread usage and success of MTSS in schools, school staff at every level need to be trained in how to implement interventions in a trauma informed way (Maddox et al., 2022).

Current research shows that teachers do not feel equipped to address the high rates of trauma being experienced by school aged children with extensive support needs such as students with disabilities (Maddix et al., 2022). The psychological effects that are correlated with experiencing trauma can be disabling and can even qualify a student for special education services, especially under an emotional disturbance classification. Yet there is a gap in the research around special education specific trauma informed services (Miller, 2018). The missing research around special education specific mental health needs and intervention is mirrored by a lack of specific and consistent training for special educators around mental health and trauma (Garcia & Ortiz ,2013). In order for trauma informed approaches to be successful in schools, special education teachers need to be more widely and consistently educated on trauma informed care (TIC) practices. Trauma informed care is not often included in pre-service training for

special education teachers, nor is it addressed as a professional development topic, leaving these professionals without the proper training to support their students with the most acute needs: those dealing with lived experiences and contexts at the intersection between trauma and disability (Thomas-Skaff & Jenney, 2021).

The Role of Teachers in Mental Health Implementation: Buy-In, Burnout, and Barriers

Daily, many teachers are put in situations where they are faced with a student struggling with their mental health, but across the literature, it is unclear what role teachers are expected to play in SBMH interventions as compared to school mental health professionals who are specifically trained in SBMH service provision. Teacher voice and persepectives on mental health MTSS in particular has largely been neglected in research, although many components of teachers' job do pertain to student mental health (State et al., 2019). Research on teacher buy- in to MTSS as well as teachers' perceptions of barriers to MTSS provision will prove vital as needs rise across tiers. The current literature seems to suggest teachers do not feel entirely equipped to engage in this work, though they percieve school based mental health systems as necessary for student success (Firestone & Cruz, 2022).

One study specifically looked at the percieved role teachers have in interventions in comparison with school based mental health professionals. Findings showed that while teachers provide measurable support to students with mental health concerns, they are often not in consistent communication with SBMH professionals and their role is not clear to them. Issues of role ambiguity are worsened by structural distancing of teachers and school based mental health professionals as these professionals tend to work in silos and in isolated teams (Phillipo & Kelly, 2014). Another study examined teacher perspectives on the mental health needs of their students

in an effort to assess their knowledge, skills, and training needs. The results showed that teachers agreed that school psychologists have a primary role in handling the mental health needs of students. They also reported a general lack of capacity, expertise, and training in supporting students with their mental health (Reinke et al., 2011). This demonstrates that teachers may not identify with the role of intervening in students' mental health without significant further training and resources (Marsh & Mathur, 2020).

Another study examined teachers' awareness, knowledge, and comfort with student mental health in an effort to identify specific barriers to teacher buy in on school based mental health programs. It also evaluated teacher satisfaction with the models of training received (Osadiede et al., 2018). Teachers with in-school therapists as part of their model felt comfortable referring students to services but not in directly supporting students with their mental health. They did have higher overall mental health awareness than teachers at schools who utilized a community therapist model, but more specific training around talking to students about mental health were recommended across surveyed schools (Osadiede et al., 2018). Findings from this study show that teachers may benefit from having regular access to and communication with in-school personnel who are trained in mental health service provison, as opposed to relying on services and communication from community providers. Also notable, even when school based mental health personel are present, teachers still believe they would benefit from specialized training in order to be effective as members of a team aimed at mental health promotion (Osadiede et al., 2018). As the need for universal level awareness and skill building around mental health becomes more salient in a school setting, teachers play a critical role in the system of support (Osadiede et al., 2018) Without comprehensive mental health related training for teachers, it is unrealistic and unfair to expect educators to fill this role naturally. The provision of

consistent and quality school based mental health services depends on an educational institution's ability to consistently train and retain teachers and other school staff. Burnout and the effects of vicarious trauma contribute to staff and teacher turnover, and are therefore imperative to understand when studying, implementing, and maintaining multi tiered systems of support. Without the proper resources and training to prepare them, teachers are at risk for experiencing adverse effects mental health effects from being exposed to information and behaviorss they do not have the experience or training to cope with (Christian-Brandt et al., 2020). From the student perspective, high rates of teacher and staff turnover that can result from burnout may also compromise capacity for meaningful relationship building between students and staff, a vital part of successfull SBMH programs. Additionally, turnover undermines trust, predictability, and transparency, all important components of successful TIC approach implementation (Miller, 2018). Additionally, schools with high turnover rates have more difficulty training teachers and school mental health professionals in and implement mental health promotion practices on a structural level (Phillipo & Kelly, 2014). Even in the cases in which turnover does not occur, suffering from burnout or mental health struggles of their own results in teachers being less likely to have the willingness or capacity to implement effective and sustainable mental health promotion practices for their students (Christian-Brandt et al., 2020).

The role of a special education teacher has been found to be correlated with more mental health issues than other school professionals. It is a position with a high level of daily occupational pressures, associated with disproportionately high levels of burnout compared to other school staff (Zhang, Bai, & Li, 2020). Special education teachers are uniquely vulnerable to burnout, attrition, and turnover, evidenced by the reported special education teacher shortages

by 49 states in 2016 (National Coalition on Personnel Shortages in Special Education and Related Services, 2016). In a review of 30 studies, four factors emerged as consequential to special education teacher attrition and retention. Teacher training and preparedness, school characteristics, working conditons and resources, and teacher demographic or identity factors all emerged as factors that either facilitate retention of special education teachers or are associated with turnover. When districts have high turnover rates in special education departments, they are forced to hire less qualified staff and divert resources that could be used for SBMH initiatives towards recruitment efforts (Billingsly & Bettini, 2019). Thus, school teams must meet the needs of staff in order to consistently support students. Addressing ways to support educators and build sufficient capacity to promote mental health initiatives is essential in meeting the needs of students with disabilities.

Gaps in the Literature and Current Study

The current body of literature largely focuses on student outcomes of school based mental health interventions (State et al., 2019). Studies often generalize across demographic groups or exclude students with disabilities in mental health research, leaving a gap in the literature around these particularly at risk groups (State et al., 2019). Though educators spend a majority of time with students, they are not officially considered mental health professionals within educational institutions and are often a focal point for many students (Coles et al., 2015). Particularily, research and interventions specifically targeted towards special education teachers and students with disabilities is needed in order to meet the needs of an at risk population.

Community participatory research (CPR), provides a framework for reasearchers to not only collect data from a population, but form a reciprocal relationship. The aim of CPR is to

allow the voices of the population the research is meant to serve be centered in the research methodology, and to ensure that the results of the research benefit that population as directly as possible. In order to truly understand the shifting school based mental health landscape, teachers need to be consulted about the specific percieved barriers and solutions in ways that reveal detailed information about percieved training needs. The current study aims to address these gaps by asking teachers and school based mental health professionals about their perception of barriers and facilitators in working towards the implementation of an integrated model of school mental health support at their school, the needs associated to their readiness for implementation, and the level of preparedness to provide mental health support.

Methods

Research Questions

1. What do special education teachers perceive to be barriers and facilitators in supporting students with disabilities and mental health challenges?
2. What are school team reported needs related to implementing mental health supports, specifically for students with disabilities?

Participants

Special education teachers, school mental health professionals, and administrators were interviewed in semi structured focus group formats. There were between 5 and 10 participants present at each session. Each session lasted about 90 minutes and took place after school hours. Teachers were compensated for their time in the form of an Amazon gift card ($25.00). The sessions were conducted concurrently across schools throughout the 2022-2023 school year.

Given the ongoing nature of data collection, only descriptive information regarding school type will be shared to protect confidentiality of school personnel. School 1 and School 2 staff participated across sessions. The personnel present during the focus group meetings included school psychologists, special education teachers, school counselors, learning specialists, school administrators, educational assistants, and focus group facilitators. Demographic information for staff was not collected during the focus group stage of the project to protect staff confidentiality.

Data Collection and Analysis

Principle investigators (PIs) and members of the research team conducted three needs assessments via Zoom using semi-structured interviews. For the current study, only data from the first two assessments were used given their focus on school teaming structure and mental health screening. Focus group facilitators were doctoral-level researchers with support and facilitation by the project PI. Data for this project includes qualitative data from two sessions with School 1 (comprehensive high school; N= 12) and School 2 school personnel (alternative high school; N=7). interviews were audio recorded, transcribed, and reviewed by two research team members including the project Co-PI. Topic areas for this project were identified across the first two needs assessment sessions (see Appendix for full list of session questions). Focus group questions were developed and reviewed by a research team that included an interdisciplinary combination of graduate students, researchers, and special education and school psychology faculty with varying levels of combined experience across community and school settings, as well as special education experience.

The process of data collection and the creation of materials derived from that data was centered around collaborative research methods. These methodological choices ensured that the

voices of educators were centered in this research. This process helped ensure that the materials that were derived from this research were collaboratively developed and useful to teachers and school mental health professionals. These methods aimed to create a trusting and reciprocal relationship between the researchers and the teachers and school staff, as well as interpreting results in ways that were relevant and valuable to the population the study aimed to serve. This project is iterative, meaning that the data collected is examined at each stage, and used to inform the next step of the study. Topic areas that emerged from these needs assessments will be used to help shape the professional development that the teachers and other school staff will recieve through future work on this project, and the implementation of mental health supports. This research also takes an inductive approach, not necessarily predicting what will be said before data collection, but rather searching for patterns in what was said after the interviews are conducted.

Results

The aim of the interviews with school teams was to shed light on shared barriers and identify school staff's percieved facilitators or enablers of positive mental health supports that would contribute to student wellbeing. A supplemental goal was to pinpoint the specific identified needs for staff from each school that would enhance relevancy of school mental health practices for teams and appropriateness for students with disabilities. Across sessions, teachers, administrators, school mental health professionals, and other school staff shared distinct and unique experiences of attempting to meet the student mental health needs at their school sites. Issues and concepts that continue to permeate all areas of being a school professional also emerged. The teachers described several shared barriers to mental health practice that impact universal implementation of mental health supports.

Research Question 1- Barriers and Facilitators

Topic Area 1: Understaffing/ limited resources (i.e., specialized training for staff, not having enough trained mental health professionals)

Barriers. In the interview, one of the predominant concerns that emerged as a barrier to mental health support provision in these schools was significant understaffing. Specifically, limited staff that includes teachers and other school staff with specific training around mental health. Teachers expressed a desire for professional development catered to the topic of student mental health. School based mental health professionals across both schools reported a need for a combined effort of hiring more specially trained staff and increasing overall staff awareness and knowledge about student mental health to address the issue of specialization which often restricts mental health training to school mental health professionals (e.g., counselors, school psychologists, social workers). Overall, a sense of being overburdened by high caseloads was a prominant concern among school mental health professionals. The learning specialist from School 1 stated:

> "I'm sure you've heard of all of the staffing shortages that every school is experiencing right now and not being able to you know, meet the needs of our kids. So, it's been pretty intensive for case managers and their relationships they have with students and supporting families."

In special education, effects of staff shortages were reportedly amplified, making the prospect of taking on student mental health needs difficult to manage with existing academic and behavioral concerns across caseloads. One special education teacher spoke about this scarcity of staff:

> "We're severely understaffed right now. So, we only have I think five out of the 12 EAs [educational assistants] that we normally have, the kids aren't getting as much support

> and their classes were down one special education teacher. So, our caseloads are extremely high."

One staff member from an alternative high school [School 2] with a high number of students with high co-occurring academic and social emotional needs also cited a need for more staff to surmount the high demand for services: "...we have 30% of our student body is on an IEP or a 504. But we're not staffed for that...". Given the high percentage of students receiving special education services under an Individualized Education Plan (IEP) and instructional accommodations under a 504 Plan at both schools, many team members expressed frustration at not being able to meet the mental health needs along with concurrent disability specific needs. Understaffing also presented a concern when discussing implementation of mental health screening measures. There was apprehension among the school staff, with a shared sense that bringing attention to mental health needs without having the proper support staff in place was unfair and potentially unethical to students if screeners suggested a significant need for which teams and teachers could not provide immediate service. Of this barrier to screening, one staff member said, "So, I'm just imagining that we're going to have this big number of students who need help and not having a therapist who can help them out".

Facilitators. Despite barriers mentioned by staff, both schools' staff had strong thoughts about what existing systems and strategies were working for their students and had envisioned potential solutions to barriers they had previously identified. One perceived facilitator of positive mental health supports was the development of functional and collaborative teams dedicated to student mental health. One mental health professional at School 1 said, "I also like the idea of having a team. And it's really tough when we have one on site, mental health specialist. And then we're limited in a crisis..."

Another common perceived facilitator was making knowledge and training about basic mental health awareness and coping skills more universally accessible for school staff who do not necessarily have prior professional training or development in these topics. Special education teachers may particularly benefit from this facilitator, as it would help meet the need of students with cooccurring disabilities and mental health challenges. In many staffs' opinion, de-specializing mental healthcare in schools would allow teachers in classrooms to help with 'lower level' everyday presentations of common mental health issues such as test anxiety or social anxiety with strategies taught in professional development training. This would leave school-based therapists and other mental health providers, who are quite scarce, available for more acute or crisis issues with higher need students. This facilitator allows existing staff to step up to the challenge of supporting students with their mental health, and doesn't necessarily require hiring new staff, which many schools unfortunately do not have the resources to do.

Topic Area 2: Issues of equity, accessibility, and inclusion of historically underserved and marginalized populations

Barriers. Each school self identified different targets and concerns around equity and inclusion, but both sets of staff considered meeting the needs of historically underserved populations a high priority. School 1 generally indicated they had a long way to go in creating and maintaining spaces and language for students to recognize and embrace their identity. They specifically highlighted concerns about the lack of awareness and resources around racial justice in their school. They identified racial divisions within the school as a barrier to meaningful and identity affirming mental health promotion for students:

> "I feel like the one area in which we can improve as a school is supporting students with from like different racially diverse backgrounds.... I've attended a couple of Black student union meetings and have heard a lot of traumatic experiences that students have had

> dismissed or kind of gloss over is not being like a racial incident, it just being like a conflict."

The educators at School 1 cited a general lack of awareness of and attention to how racism and discrimination may impact student mental health, among both staff and students themselves. Teachers shared concern about the lack of training about the impact of race and racism in issues of conflict and discipline with worries about how this lack of training may result in biases in disciplinary practices. They stated that without this training, issues of conflict and discipline, especially with students of marginalized backgrounds, can be intimidating because of how politicized racial issues have become. This lack of targeted training makes inclusion of students with marginalized identities in mental health service provision more challenging. Another school staff member from the same school echoed this sentiment:

> "And a lot of times like, incidents of racism aren't seen as things that contribute to mental health issues, because the issue is so politicized, you know, so a lot of kids who are experiencing racism and who are experiencing harm, because of it, are not going to immediately think like, I'm depressed because of this, or this is emotionally triggered because it's become such a socially political thing."

School staff also acknowledged the compounding barriers that arise when trying to meet the mental health needs of students with multiply minoritized identities, particularly when these same students are accessing special education services. The educators' main concern seemed to be the effects of discrimination hindering the students' families from being able to advocate for their child as much as is sometimes needed, especially with special education services and IEPs. When barriers exist to productive communication with a student's family, mental health concerns can go unaddressed. One teacher spoke about this barrier, saying:

> "Within our community of students with disabilities, we have a high representation of poverty, we have a good amount of parents who don't have anything beyond a high school diploma. Again, we have a lot of parents who require interpreters as well. So, there's just like, so many additional barriers, we have a lot of parents who aren't savvy

> with navigating these kinds of systems, a lot of them rely on case managers to kind of be that liaison or that resource person."

Facilitators. Across sessions, staff indicated that a shared language around mental health issues would be helpful in not only communicating clearly about mental health, but also helpful in creating spaces for students, school staff, and school mental health providers to talk about the impacts of discrimination and identity. For instance, it was clear across the sessions that equity and inclusion of students with disabilities was a shared value among staff. Specifically, creating identity affirming spaces and resources within an inclusive school culture was identitfied across both schools as a facilitator for providing inclusive yet culturall responsive mental health interventions to all students. Many teachers and school mental health staff from School 1 acknowledged the need for more conversations and spaces dedicated specifically to recognizing the connection between disability, mental health, race, income, and other student intersectionalities (i.e., experience of identifying with multiple social identities simultaneously). One teacher asserted the importance of acknowledging identity differences as a factor in student mental health, stating:

> "it's not surprising that these issues aren't showing up, like in group therapy, or that kids aren't going to their counselors to talk about these things. Because we haven't created the space or the language for them to say, like, 'Hey, this is like a problem that's actually impacting me emotionally'."

The school mental health professional at School 1 reflected that centering identity and understanding the potential for bias in situations within the school is vital, especially in vulnerable and complicated conversations around mental health. They said, "It's good to keep on having the language conversations. Right? We all have our bias and our history and our experience and our triggers."

Staff expressed a vested interest in developing interventions and systems that view students as whole people. They held a shared understanding and appreciation for how family, community, and other environmental factors impact mental health. Many reflected strong intentions to let that understanding lead interventions for student mental health. Additionally, teachers and staff from both schools shared a belief that supporting families was essential to mental health promotion. In particular, the idea that the connection between the child's life at home and in school should be respected and considered was popular among educators. Even in areas where school staff felt they were excelling, many reflected a desire for a better connection with parents and interest in supporting students holistically. When discussing the rollout of a screening tool, a staff member at School 2 reflected on this priority:

> "But if they see this as what services can we provide you? And we can even tie it to, you know, is your family okay with food? Do you have three meals a day? You know, how much do you rely on school? Like, if you want to go there as well? Like, how, how much need do you want to capture in this survey?"

Topic Area 3: Addressing disability-specific needs with co-occurring emotional and mental health needs

Barriers. Many educators expressed concerns about meeting the extensive support needs of special education students in self-contained special education classes and those integrated in general education classrooms. Staff cited a lack of understanding around the connection between behavior and mental health, specifically in populations of students with disabilities, as a hinderance to mental health promotion in School 1. A lack of specific training around how mental health issues present in disabled populations presents a significant barrier to the identification and treatment of mental health challenges in this community of students. One staff member expanded on this service gap, stating:

> "You know, with a lot of kids with disabilities, their lack of emotional regulation, emotional processing, and expression, you know, it comes out in the forms of misbehavior. And so that is, it's kind of dealt with as a behavior problem, and not as a mental health issue. Because we don't have enough people to, you know, go through the steps of, really understanding the function of the behavior, and, you know, to really do like a mental health assessment on our students. And sometimes the students don't even have the wherewithal to understand that what they're experiencing is like a panic attack, or a lot of social anxiety. And so, yeah, so there's just lots of gaps in that area, too."

One of the other main concerns that stood out to special educators was that existing school based mental health services and systems were not connected to special education departments or staff, leading to communication issues and collaborative case management between those responsible for special education service provision within the educational context and those responsible for student mental health support. The mental health specialist described this logistical barrier at School 1:

> "we do have a high number of students represented in that population of kids [Special Education] who need mental health services. And kind of right now, what we're figuring out is how to streamline those systems, because there's so many different teams. And sometimes we're operating in isolation without being aware of one another's roles or involvement."

Another staff member from School 1 echoed the sense of feeling isolated, sharing that her efforts to meet with students one-on-one often felt like too little, too late:

> "I get almost daily direct referrals from teachers who have special needs kids who are experiencing some maladaptive behavior or some crisis emotionally or family issue and they just email me directly and asked me to see the kids on the spot, which I try very hard to do."

Facilitators. More detailed and integrated information about the mental health of students with disabilities emerged as a key facilitator of successful mental health supports at both schools. Staff shared qualities of existing systems and hopes for future services that they felt would facilitate the inclusion of students with disabilities in school based mental health interventions. One persisting percieved facilitator special educators shared throughout the

interviews was a more integrated model of discussing concurrent student academic and emotional needs. One staff member reflected:

> "I think the other big problem is when we're looking at the IEP itself, and kids with disabilities, sometimes their mental health is written like anecdotally, in the present levels, it is not a diagnosis that's a part of their IEP, or written as a part of their disability."

Staff reflected that they view IEP meetings as ideal information gathering sessions for discussions around student mental health and related support needs. They added, though, that when attendence is inconsistent or the aim of the meeting remains solely on academics, there is no time remaining for vital conversations about mental health. For this reason, creating a space for more holistic IEP meetings emerged as a priority:

> "we do have IEP meetings in which we invite every single teacher and where we normally would talk about things like mental health... And I know it's a lot but that is a really valuable meeting that we could be using as a really great way to share data and make plans..."

Providing inclusive mental health interventions that integrate Special Education students into school- wide MTSS treatments *and* recognizing when targetted treatment is needed both emerged as priorities for both special education teachers and school based mental health professionals.The school based therapist at School 1 shared in depth about her role in mental health promotion and how she integrates all students into her models of service provision. She reflected on several occassions throughout the interview that, though she aims to serve all students, a lack of qualified staff to support her has made sustainable mental health service provision difficult. She shared that having students of all abilities in her programming enriched the experience for all:

> "Tier One might also encompass this, the social skills groups or friendship groups that I'm also offering include as many SPED kids as possible. And I have found in my

experience here, that having a mixed group with regular ed and special needs kids just causes everybody to sort of rise to the occasion. And it is wonderful to see."

Research Question 2: Identified Needs

The second aim of the interview portion of this study was to identify tangible needs that educators feel are necessary before implementing successful and sustainable MTSS in their schools. These are distinct from facilitators, as they are identified areas that are not able to be remedied by low level programming shifts or minor alterations of an exisiting team or role. Identified needs constitute structural level changes that educators believe need to be made in order to provide the mental health support their students need.

Staffing Need

At School 2, many staff members spoke to the difficult truth of school based mental health: well developed systems, dedicated staff, and efficient decision making are not as helpful as they have the potential to be without sufficient staff to support students face to face. There was a general agreement that the support of researchers in implementing systems is effective for improved student mental health only when districts and schools prioritize the hiring of qualified mental health professionals in those schools. One administrator at School 2 put it in very straightforward terms: “We are really good at teaming. We are really good at deciding. We need butts in chairs to talk to kids”. Another staff member in that interview put it even more simply, getting straight to the root of the ask: “Get us therapists.”

At School 1, staff acknowledged that they needed support at many levels with mental health promotion at the school. They reflected a persistent desire among school staff to support students in every way possible. However, equal to their desire to support students was the reality that existing staff had limited capacity to administer mental health supports outside of their designated school roles and designated work time, especially without specialized training. One teacher from School 1 reflected:

> "But at the end of the day, like, we're teachers we're case managers. And we, we are not even part time mental health providers, I mean, we can't be effective in that capacity. We really need more people"

The mental health specialist from School 1 envisioned a specific solution to the staffing shortage, and was more than willing to do what was needed to make it happen:

> "Which is why I brought up the idea of having interns come in, approved interns, I know there's a lot of paperwork for the Intern Supervisor to fill out, because I've done it before, but the benefit is far, far outweighs the paperwork."

Many staff, particularily at School 1 where diversity and inclusion were identified as areas of potential improvement, expressed a desire for the hiring of additional mental health staff who are more racially/ethnically representative of the student population or share the identities of the students through cultural backgrounds. School 2's success with diversity and identity related affirming support and acceptance contributed to their perception of improvementes in student mental health. A school based mental health professional from School 1 voiced this need, stating, "And that's one of the reasons that's on my wish list, if you could find for interns, one representing some of the cultural entities that we don't have widely represented here"

Training Need

Staff across both schools recognized that hiring practices and staff scarcity depend on factors often out of the control of their schools' administrators or the research team conducting these interviews. They generated other solutions and maintained their committment to finding avenues for student mental health promotion despite the resource and staff scarcity that might always exist in schools. One such percieved solution, which addressed a need for schools, was additional training for other school staff such as educational assistants and behavior specialists about mental health. This way, school staff who are already trusted resources for students, who

are perhaps already hearing disclosures of mental health challenges and attempting to support students, can get the training they need to feel confident and be effective in student mental health promotion. One educator voiced this need, stating:

> "And I would love to see, and maybe that's not something we have the resources for, but the development of some of our training, some of our staff that already kind of naturally fall in those roles, to become part of that team. And I say it's a resource issue because they have their job duties, right."

In order for teachers, administrators, and other non-specialized staff to be resources in school based mental health supports, they need the proper training. An administrator from School 1 also reflected on the importance of equipping all school staff with universal training and skills to support students, even those without specialized professional mental healthcare backgrounds.

> "Are we going to be receiving training specifically on how to provide mental health services? Because like I said, we have a lot of adults who would want to be involved, but we're not certified mental health specialists. And so that would be one of my concerns before putting together a team."

Intersectional awareness and social justice need

The educators reflected a real desire and committment to meet the needs of diverse populations. This was another need that arose around training and professional development. Several administrators and school mental health professionals stated their belief that educating the staff about how the lived experience of students can impact their behavior in the classroom would be vital in rolling out culturally responsive, effective mental health supports in schools.

> "I think, along with techniques, professional development around understanding the difference in students who are experiencing mental health challenges. like, I know, not necessarily in terms of like identifying who those students are but in terms of adapting teacher practice, to trauma informed practice. I think, you know, helping teachers to recognize the need for trauma informed practice, and adapt their practice to be more responsive to students who are experiencing mental health challenges."

A high priority for staff across general education, school based mental health teams, and special education was a desire for more specialized training about the intersection between disability and mental health. Educators expressed their hope in seeing professional development provided through the current study address these unique presentations of student intersections of disability, race, identity, and mental health. Educators shared a need for day-to-day strategies for all school staff to support this high-risk group. The school learning specialist from School 1, who works with many students with co-occurring academic and mental health challenges, demonstrated this need in her lived experience:

> "But the thing is, like for some of our students with disabilities...there's like specific strategies that that need to be taught to us about them. Like I want to know how to talk to a kid who has like verbal processing issues, or who misinterpret social cues like so wildly that it's dangerous for them to be in a social situation without 24/7 constant supervision."

A school administrator from School 1 also conveyed that these targeted training opportunities are vitally needed. She described a consistent desire across school staff to support students with these co-occurring challenges, but acknowledged that without specific training, these compassionate and committed staff had few effective tools to make a real difference for these students:

> "I really want there to be professional development specific to kids with disabilities. And I don't want it to get lost in the, in the general topic of mental health, which I think is really easy for people who are very just well-intentioned and have that, you know, compassionate heart, but this needs to be really catered towards our students."

The mental health specialist from School 1 reflected that despite her extensive training in mental health service provision in schools, she feels underprepared to meet the needs of students with high social-emotional and mental health needs. She shared a need for training specific to this population with intersecting and compounding care needs:

> "I'm really more interested in like mental health strategies specific to kids with learning disabilities, like the way you have a conversation with them, like a lot of times I'm trying to process an event with a kid who has, you know, working memory issues, memory issues in general, and they won't be able to remember the order of events that things took place."

Providing targeted interventions according the the need demonstrated by the students emeged as another training and programming need. The staff reflected that they have several tools in place that would fall under the universal or Tier 1level of support. Educators felt that one of the major needs was treatment specific to the needs of the students of multiple intersecting identities or needs. Existing supports and interventions often neglect to acknowledge students intersectionalities.

Cross Cutting Topic: COVID-19 and Crisis

Throughout all the sessions, a cross-cutting topic area emerged. Many responses from school staff, teachers, and administrators, attributed barriers and challenges in part to the COVID pandemic and longterm outcomes related to COVID-19 impact on student educational experiences. A main concern that continued to present itself was the lack of capacity of community resources post-pandemic and the limited access students had to community resources. Given the long wait-lists and waiting time in between student receipt of services, the amount of students in need of services outweighed the availability and access to school based services. There was also concern that the quality of community mental health services are not responsive to students with disabilities and co-occurring mental health needs, especially remote adaptations of existing interventions that were required to be used during the pandemic. The school mental health specialist reflected on these challenges, stating:

> "And I want to reiterate that it is a very challenging part of my job, because of the fact that so few opportunities are out there to be able to refer children and families too, we

> have some, but the wait lists are horrific. Some of the services are virtual, which are so special needs kids just don't suffice. And also transportation issues with families having to work and get kids to appointments. But you know, when when I have 100 kids that need to be referred out, and there just aren't any options out there for them, then everybody here, every single one of us goes to the extreme to try to meet those needs."

Discussion

The overall aim of the current project was to hear teachers' and other educators' perceptions of existing school based mental health systems, and their percieved needs associated with the mental health needs of students with disabilities. The aim was first and foremost to allow educators' voices to be front and center in these conversations, as the existing research conveys a sense of educators feeling unheard, underresourced, and underprepared in relation to school based mental health models and training (Woodcock & Woolfson, 2019). Another aim of the project was to gather educators' percieved needs in order to develop relevant and valuable professional development for the staff. This study put particular emphasis on meeting theneeds of students with disabilities who access special education services and often present with higher levels of co-occuring mental health challlenges (Einfeld, 2011).

Overall the barriers and facilitators expressed by the educators from School 1 and School 2 seemed to be consistent with the existing body of research. The main barriers identified through the needs assessments included topics related to understaffing, inequities on the basis of race and socioeconomic status, and lack of specific training and knowledge around how to address the intersection of student mental health challenges and disability specific needs. The barrier of understaffing is concurrent with the body of literature that shows high levels of teacher burnout (Billingsly & Bettini, 2019). Additionally, current trends in school research document higher rates of staff attrition and turnover in underresourced schools, which also contributes to

significant understaffing in schools (Weathers & Sosina, 2022). One area of concern that arose that was not widely represented in the literature was the unprecedented staffing shortages specifically since the pandemic. Many referred to the disparity between needed services and resources available to students and staff post-covid and indicated a 'crisis' level of unmet service needs within the community. They cited historically low access to accessible community based mental health services as one of the main sources of burden on already underresourced school systems. Current trends suggest that unmet mental health service needs contribute to significant mental health disparities, particularly for students with disabilities (Maddox et al., 2022). Hiring more qualified therapists and other school based mental health professionals, and training a larger number of all school staff in mental health may help close this service gap left by low community resource capacity and a lack of accessible community resources for youth with disabilities.

Educators' description of perceived barriers particularly within student populations with disabilities also matched that of the research: students with disabilities are experiencing mental health challenges at disproportionately higher rates, and it is challenging special educators' capacity to support their students both academically and emotionally (Maddox et al., 2022). Particularly salient was the educators' awareness of service disparities specific to students with disabilities with multiply minoritized identities. It has been widely researched and documented in the literature that children and adolescents from minoritized backgrounds such as gay and transgender identifying students, students living in poverty and especially students of color are at risk for adverse mental health and educational outcomes resulting from social determinants of health (Harris et al., 2020). Specifically, these social factors have been identified as risk factors for developing depression, trauma related disorders, challenges with emotional regulation

resulting in aggressive or defiant behavior, anxiety, and eating disorders (Harris et al., 2020). Despite these risk factors making this population more vulnerable to mental health struggles, the teachers reflected on their systems' lack of services tailored to students with disabilities and students from historically underserved groups.

The educators interviewed in this study shared a committment to finding solutions to fill service gaps, even while working within underresourced systems and facing multiple barriers to service implementation. These solutions were distinct from the needs identified, as they included systems, teams, and frameworks already being used in the schools, representing known facilitators of mental healthcare in these schools, as opposed to direct asks of the research team. Main facilitators of student mental health promotion identified within the two schools included the creation of strong teams that meet regularly, de-specializing mental health training and knowledge in schools, shared language, and targetted training related to equity and inclusion of minoritized groups and students with disabilities. Building strong, well connected, and widely representative teams for SBMH provision is represented in the literature as a vital piece of this puzzle. The creation of teams with members from multiple areas of the school and beyond that have vested interest in student mental health, also known as a CoP approach, facilitate effective SBMH programming (Kern et al., 2022). Kern et al. (2022) also cites increased widespread mental health knowledge among non-specialized school staff such as teachers (general and special eduaction) and educational assistants as another facilitator for the success of MTSS in schools, particularily for students with co-occuring high support needs, internalizing symptoms, and severe or complex presentations of mental health challenges (Kern et al., 2022).

School 2, an alternative secondary school, demonstrated several novel qualities that made them stand out from what is historically represented in the school mental health literature.

Many staff members from School 2 reflected on the work that they had done on a systems level to create an inclusive and safe environment for students from trauma affected, historically underserved, and minoritized backgrounds. They shared that many students come to their school because they were unable to succeed in traditional secondary school settings due to a myriad of reasons including bullying, academic challenges, truancy, or persistent emotional difficulties impacting their ability to maintain and sustain peer and teacher relationships. Because of their students' unique needs, the educators reported that they put a great deal of thought and effort into optimizing school climate and providing safe spaces for students with minoritized identities. Diversity and respect for inclusive models of support was central to their mental health mission as well, and they felt their efforts in the areas of equity and inclusion facilitated positive mental health supports in their school. These qualities and practices stood out among the other schools in the community, providing rationale for those nearby systems to work toward providing similarily safe and affirming spaces for their own diverse student populations.

The literature supports the idea that explicit communication and shared values and priorities surrounding mental health supports for students is beneficial for creating successful and sustainable systems of mental health care in schools. However, participating schools in our sample also stressed the importance of intentionally and respect for student identity as important components for facilitating systems where student identity and student voice is a focus in the creation of affirming mental supports. In community and clinical populations, research has found that individual level facilitators of care seeking behavior include therapeutic characteristics, such as ethnicity and racial matching between therapist and youth (Lu et al., 2021). Shared etiological beliefs between the therapist and the adolescent has also been identified as a facilitator to youth care seeking behavior, a factor essential to successful SBMH systems (Lu et al., 2021). This

looks like a mutual understanding between a patient and a therapist about what factors are contributing to their presenting mental health difficulties. For students from diverse backgrounds, the day to day impacts of discriminations can contribute to presenting mental health challenges. A shared understanding between practicitoner and adolescent of these potential sources of distress is a facilitator of continued and completed care, particularily for diverse populations. However, this research has not conistently translated into school based settings and there is limited work on the impact of these individual level facilitators on the effectiveness of school mental health implementation and impact of SBMH practices on student long-term outcomes. Targeted services, cultural competency training, and identity matching in therapeutic relationships could lead improve accuracy of mental health referrals, timely detection of students in need, student retention, and completed care in schools for these high risk youth.

The needs identified by the educators at both schools echoed the body of literature on educator asks and needs in many ways. Many educators seemed to be aware of the discrepancies that exist for diverse student populations, and had a desire to support these students, but asked for more specific professional development and training around how to support students with intersecting identities. Almost everyone also requested for staff to be hired especially to serve these groups. The combination of these two asks is vital: raising capacity of existing staff and hiring more staff both target the area of teacher retention, which is vital to the success of school based mental health models. A focus to preventing teacher burnout through the hiring of more staff and the targetted training of school staff could also secondarily assist with issues of equity and inclusion: Attrition disproportionately impacts communities of color and students from low socioeconomic backgrounds, as Title 1 schools saw a 50% higher rate of turnover than non Title 1 schools in that same study. Additionally, higher skilled newer teachers tend to move from low

to higher income districts, leaving a disparity in newly trained teachers, who may be more up to date on mental health promotion based training (Billingsly & Bettini, 2019).

One of the unique findings of this project was the widespread commitment and motivation held across school staff to cater their systems to their students' unique needs and identities. The results of the needs assessment demonstrated this committment, but also illuminated an urgent need for the hiring of staff that are racially and culturally representative of the school population and training specific to disability and racial senstivity. The literature focused on intersectionality and addressing the needs of marginalized school populations commonly calls for frameworks of MTSS that adequately address systemic influences on mental health (Edyburn et a., 2021). Many go further, insisting that systems of SBMH must also focus on dismantling systems and cultures within the school that perpetuate discrimination and inequities that have proven adverse effects on students with marginalized identities (Betters-Bubon et al., 2022).

Limitations

This project is a part of a larger multi-year study that will include data spanning three schools in one community. In an effort to maintain the privacy and anonymity of the educators in the interviews no detailed individual staff demographics or information about the schools themselves, the staff and students, or the surrounding community could be revealed since data collection is still ongoing. Reporting information about the demographics of the staff and students, or data about the surrounding community resources might have added value to the results of this project. The necessity for strictly minimally discriptive information about the participants of the study presented a limitation here. Given the nature of school based research during this climate and limited time available with staff, data collection was limited to the

availability of staff and scheduling which did not allow for full participation of other stakeholder perspectives or additional educators across both general education and special education contexts and is thus not representative of all educator experiences.

Furthermore, educators' experiences are not a monolith, and each person's lived experience as an educator is distinct. This diversity of experience is what makes creating cross-professional and cross-departmental teams so valuable in school based mental health, but it is also what makes research on educators' experiences somewhat difficult. In this study, conducting needs assessments with a small sample size and using qualitative data collection and reporting methods was valuable in recognizing and appreciating the depth of these educators' experiences. However, this methodology is not suited for generalizing these findings across a larger population of educators. This is one limitation of a project of this kind. Because each school system is different, a fact demonstrated by some of the stark contrasts between School 1 and School 2, solutions determined to work for one educator's percieved barrier might be at odds with the needs of another educator working within an entirely different system.

Implications and Future Directions

A desired practice implication of this research within the schools where we conducted the interviews is the development of valuable and relevant professional training for the teachers and school staff based on the needs they voiced. The takeaways from the needs assessments, particularily those shared across both schools, could inform other school based mental health program implementation studies or school interested in implementing mental health models of support. A practical consideration that can be gleaned from this project is the importance of including and catering to students with disabilities within schoolwide mental health systems, a population that has been historically excluded from wider universal school supports and mental

health screening efforts. A valuable lesson can be learned from the reported disparities and shared experiences of special educators: inclusion is the only way forward in school based mental health.

Another potential implication of this study is the recognition of the need to provide targetted care to students with multiply minoritized identities. The findings of this needs assessment suggest that MTSS rollouts in highschools should consider diversity, identity, and equity issues a high priority, and systems may need to specifically address contextual and identity factors such as race and SES in their interventions or staffing needs. Trauma informed care (TIC) practices can be integrated within Multi Tiered Systems of Support (MTSS) frameworks such as PBIS, or Positive Behavior Interventions and Supports, specifically in special education settings to begin to meet this need for interventions catered to the lived experience of trauma affected students, who are more likely to have a disability or belong to a minoritized group. TIC practices have potential to be connected to High Leverage Practices in pre-service teacher training, for example, or linked in other ways to MTSS frameworks (such as but not limited to PBIS) that have studied fidelity in school settings.

Connecting TIC with these established frameworks increases the likelihood of pre-service and currently working special education teachers being exposed to TIC principals (Hunter et al 2021). Because there are no training requirements for all teachers surrounding trauma related mental health concerns, fidelity of schoolwide implementation of TIC can be difficult to reach, and as a result, disabled students often go ignored when trauma-informed mental health programs are implemented in schools. Collaboration between school counselors, who do receive this training, and special education teachers who typically do not does not solve this problem

entriely, but is vital to begin to close this gap and get care to students who need it most (Garcia & Ortiz, 2013).

The methodology of this project can also have implications for future research around school based mental health, special education, and gaining valuable information from educator perspectives. The process of collaborative research aimed to fill the gap in school based mental health research of qualitative teacher perspectives on barriers to mental healthcare and needs associated with implementing MTSS. Centering the voices of educators and letting the people who are face to face with students each day lead the implementation of school based mental health systems may lead us to scalable and sustainable solutions to the identified barriers. One aim of this project was to highlight the value of having qualitative needs assessment inform professional development for school staff. Increasing the relevancy and value that professional development adds to teachers' professional lives is of utmost importance in increasing teacher job satisfaction, mitigating burnout, and ulitmately, retaining the vital school staff that make these systems of mental healthcare in schools possible.

The last desired implication of this study is to highlight a framework of school based mental health that is inclusive, accessible and affirming to students with disabilities. Including students with disabilities in school wide efforts for mental health promotions, at Tiers 1 and 2, is a vital part of expanding the reach of these interventions so that they are accessible for all students. Additionally, it is imperative that at the Tier 3 level, school based mental health professionals are trained to detect and treat mental health challenges when they co-occur with disabilities. Current models of SBMH that do not take this population into account and provide tailored care are not providing equitable access to mental healthcare, and are leaving an especially at risk population vulnerable to longterm adverse effects of chronic untreated mental

health struggles. As a field we must remember that disability justice is social justice: inclusion of students with disabilities in SBMH is paramount to the educational mission of providing an equal education to all students. In this shifting landscape, this responsibility of education now undeniably includes ensuring the mental and emotional wellbeing of all students. As school based mental health faces a new era with an increased demand for trauma informed, culturally affirming models of care, we must bring students with disabilities with us, or risk continuing the legacy of exclusion that has created the disparities we see today.

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