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

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

This fact sheet focuses on principals’ responses (n = 244) to one item on the survey: “Please tell us what you think is the most successful approach or strategy that your school is using or has used to improve the mental health of students.”

Verbatim responses from principals were coded using a systematic, multi-stage qualitative analysis. This process revealed three most frequent responses: Collaboration & Communication; Professional Assistance; Programs/Plans of Action.

Collaboration and Communication…

Most of the responses indicated that at least a basic assessment and intervention plan is in place for assisting children’s socioemotional wellness and mental health, but the most frequently occurring theme, evident in 93 responses, was the importance of communication and teamwork among faculty, students, parents, and professional staff. An “interpersonal relationship between staff and students and parents” appears to be the groundwork for any developments in prevention and intervention.

Many of the responses revealed a student-focused approach, evidenced through teachers’ commitment. As one principal explained, “Teachers take a personal interest in each child.” Principals mentioned commitment to “…the development of each child’s potential academic, emotional, spiritual, social and moral health” and simply “Knowing each of our students as well as possible.” These goals foster nurturing student-teacher relationships that contribute to improved socioemotional wellness: “Students have positive relationships with teachers, the principal, and the pastor and feel comfortable sharing their concerns/
“What do you think is the most successful approach or strategy that your school is using or has used to improve the mental health of students?”

Collaboration and Communication (cont’d)…

problems. Maintaining that positive relationship is very important.”

In addition to communication among faculty and between faculty and students, “Open communications and constant contact with parents” is an essential component of collaboration. Fifty-eight out of 93 responses mentioned parents’ involvement and/or comfort level in communicating with faculty and professional staff about their children’s needs. One principal stated, “We are very upfront with parents. We are on their side and they know this.” Another principal expressed, “Families feel that they can speak with staff and principal and do discuss issues that may affect their children.” Similar responses mentioned a “very involved parent population” and collaboration with parents “to help identify challenges a child may have.”

Finally, faith and spiritual resources are reported factors in collaboration. While non-Catholic schools often directly seek help from psychologists and licensed professionals, these principals in several cases suggested that the presence of pastors and the vibrancy of Catholic identity in the school influence the school’s approach to assisting students. Improving students’ spiritual lives can go hand in hand with resolving socioemotional and mental health needs. As one principal explained, “Being a Catholic community, we can use spiritual development as a means to promote positive mental health development.” Another principal noted, “We also have a strong faith component in the school and two priests we can call upon to help counsel or direct us to resources.”

“Families feel they can speak with staff and principal and do discuss issues that may affect their children.”

Professional Assistance…

Eighty-six responses to this question indicated that professional assistance is the school’s most successful approach to addressing mental health issues. Even though some responses suggested that faith and spiritual resources play a unique role in Catholic school approaches to mental health needs, principals still acknowledged the importance of professional help in resolving problems. Answers referenced counselors, psychologists, social workers, intervention
specialists, school nurses, and even the principal’s educational background—one principal acquired a Master’s degree in Counseling and Human Development.

Principals especially noted strong relationships between these professionals and students: “[O]ur students know they can approach the school counselor for help or direction at any time during the school day.” One principal asserted, “Our counselor is well-liked by students,” and another explained, “The guidance [sic] counselor has a tremendous rapport with the students, so they are willing to meet and discuss issues with her.”

Although the prompting questions specifically asked principals for schools’ most successful strategies, traces of need still surfaced in some responses. Several principals seemed grateful for limited professional help; one said, “Having a social worker here even one day a week has been useful.” Another response spoke of “access to [X] Hospital Network and a Social Worker 1 day a week” as the best approach to dealing with students’ mental health problems. One school sent students “with more severe problems” to “the psychologist that comes two hours a week.”

Some responses openly suggested that professional assistance provided for the school is insufficient. Professional assistance is sometimes only available for a limited time each week; one principal said of the school nurse, “We could really use her for more time so that she could get into other areas more easily.” Another principal described the availability of counseling agencies but concluded, “I am sorry to say it is not always enough.” Financial problems have in some cases cramped schools’ use of professional assistance: “This year due to financial issues we have this person [full time school counselor from the previous year] 1 day a week.” Another response offered a potential strategy rather than a strategy currently employed: “Increase funding to provide a full time consistent school counselor.”

“Our students know they can approach the school counselor for help or direction…”
Programs and Plans of Action…

The third most frequently mentioned theme included responses that described specific prevention programs or intervention systems used in schools. While intervention systems also fell under “Collaboration and Communication,” the process of coding revealed a difference between broad responses that described teamwork (e.g., “We do try to be supportive and work with the parents”) and responses that laid out specific steps taken when a child in need is identified, such as “Establishment of our Intervention Assistance Team” and “SST (Student Support Team) meetings where all teachers who teach a student gather with the parents to provide input as to the child’s performance in their area.”

Providing examples of schools’ specific intervention programs, one principal explained that his school follows the Positive Behavioral Intervention and Support model: “The PBIS model is a researched based approach to three tiers of intervention for students and staff and as long as behaviors are taught and practices and fidelity is given to the model it reaches most of the students at the tier one to tier 2 levels.” Another principal answered, “We have begun the RTI program in hopes to identify needs and create our plans from an educational point of view.”

Principals also found student-focused prevention programs helpful. Examples include “DARE Programs,” “Peer Leadership Program,” “Second Step Program,” and the “Olweus Anti-Bullying Program.” Another principal said that the school has created a “Peace Place to teach strategies to problem solve conflicts.” One principal broadly summarized, “Programs that are provided from outside sources specializing in mental health issues.”

Reference and Acknowledgments


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

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