

PROJECT CAL-WELL
Statewide Principals Survey
Summary Report
2020-21 School Year
California Department of Education
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Summary of Findings

Through the California Department of Education (CDE), Project Cal-Well is implementing programs statewide and in partnership with county offices of education and school districts in northern California. Project Cal-Well's overall mission is to increase awareness of and improve mental health and wellness of California's kindergarten through grade twelve (K–12) students. Project Cal-Well is funded through the Substance Abuse and Mental Health Services Administration's (SAMHSA) "Now Is the Time" Project Advancing Wellness and Resilience in Education (NITT-AWARE) grant program.

As part of the Project Cal-Well evaluation conducted by the University of California, San Francisco (UCSF) School Health Services Research Team, a statewide Principals Survey was administered to a convenience sample of all California principals from April through June 2021. The 954 California school principals that responded represent 91% of California counties, 47% of California school districts, and 10% of California public schools. Although the convenience sample may represent principals with a stronger interest in mental health concerns and services, the findings hold important relevance for understanding principals' perspectives on students' mental health needs, as well as the landscape of mental health service provision in California schools.

Students' mental health concerns are prominent in California schools.

Nearly all principals reported that social, emotional, and mental health problems were either very common (45%) or moderate (41%) issues in their schools in the 2020-2021 school year. A majority also reported truancy (29% very common, 32% moderate) and exposure to trauma/violent events in the home or community (21% very common, 34% moderate) to be concerns. In contrast, fewer than one quarter of principals reported that substance use/abuse was a very common (6%) or moderate (16%) concern. Tragically, 7% of principals reported that there had been a death by suicide in their school community.

Most schools implement programs to improve student mental health.

Three-quarters (75%) of principals reported that their school implemented at least one program to improve student mental health and wellness; most commonly Positive Behavior Intervention and Supports (PBIS; 68%), Restorative Justice (54%), and Second Step (31%). While nearly all

principals reported that their schools provided some school-based mental health services, only 62% provided crisis intervention, 60% individual counseling/therapy, 60% referrals to specialized programs/ services, 55% assessment/screening for mental health needs, and/or 53% group counseling.

Most schools conduct mental health screenings.

Over half of principals (54%) reported that their schools screen some students to identify those who need support, and another 25% screen *all* students. Most (73%) reported that their schools screen some students for suicide risk, and only 4% screen *all* students.

School mental health staff generally include counselors and psychologists.

Principals reported that mental health support staff most often included school/guidance counselors (average of 1.7 full time equivalent/FTE per school) and school psychologists (1.0 FTE on average). Many principals noted that more psychologists, therapists, social workers, and nurses are needed to

provide mental health services, rather than expecting teachers or school counselors to provide these services.

Comprehensive School Safety Plans address mental health. Nearly half of principals reported that their schools' *Comprehensive School Safety Plan* specifically outlined how to address suicide prevention and post-vention (48%), student mental health policies and services (45%), and/or wellness policies (45%).

Principals reported barriers to access. Mental health services are needed on campus, so that students can access care quickly and confidentially. However, more than half of principals reported the following as being serious or moderate barriers to the delivery of school-based mental health services:

- Lack of funding (60%),
- Access issues due to distance learning (58%),
- Lack of school-based (55%) or community-based (52%) mental health providers.

One in five (20%) principals reported that they had a waitlist for mental health services. Of these schools, 46% reported students had to wait three or more weeks to receive services. Principals also described difficulty linking students to community resources, especially when

this required parent follow-through and proof of health insurance. In fact, many principals mentioned very long wait times for community resources and/or difficulty getting families to follow through on getting community-based services for their youth.

Staff need more professional development, training, and mentorship. Principals requested more professional development time and curricula for teachers and staff to learn how to teach social-emotional skills, de-escalate crisis situations, identify and support distressed students, and address mental health needs that arise at school. Almost a third of principals (30%) indicated that their school does not provide school staff with suicide-related trainings. Principals often described faculty and staff who are too burned out and emotionally distressed themselves to provide emotional support to students.

Principals reported needs for family trainings and support. Principals reported that they need trainings for parents, to teach them signs that their youth are struggling and skills for supporting them. Principals also requested wraparound services and social workers that would address family needs, since so many students are suffering from trauma due to poverty, violence, and addiction in their homes and/or in their communities.

Research shows that a significant portion of youth nationally rely on the public school system to serve as their main provider of mental health services. There is a clear need to overcome barriers and increase service availability to ensure that students have access to these much-needed services. The findings from this survey demonstrate that there is a need to increase available services, particularly related to crisis intervention for students, which could alleviate waitlists that schools are experiencing. Support for school staff is also needed. Project Cal-Well addresses these issues through the ongoing provision of Youth Mental Health First Aid trainings statewide, as well as other activities designed to raise awareness and identification of students' mental health needs and referrals to and utilization of school-based mental health services.

Introduction

Through the California Department of Education (CDE), Project Cal-Well is implementing programs statewide and in partnership with county offices of education and school districts in Butte, Stanislaus, Sacramento, Humboldt, and Del Norte Counties. Project Cal-Well is funded through the Substance Abuse and Mental Health Services Administration’s (SAMHSA) “Now Is the Time” Project Advancing Wellness and Resilience in Education (NITT-AWARE) grant program. Project Cal-Well’s overall mission is to increase awareness of and improve mental health and wellness of California’s kindergarten through grade twelve (K–12) students. The CDE contracted with the University of California, San Francisco (UCSF) School Health Services Research Team to conduct a comprehensive evaluation of the Project Cal-Well initiative.

As part of the evaluation, UCSF and the CDE designed a statewide Principals Survey to assess principals’ perceptions of availability of existing mental health services, barriers to service provision, and staff professional development needs related to student mental health in California schools. The survey was administered to a convenience sample of all California principals from April through June 2021. Principals received an initial invitation from the State Superintendent of Public Instruction to complete the survey online and up to four subsequent reminders from UCSF staff. The following report provides a summary of the 2020-2021 survey findings.

Survey Methods and Sample

In the 2020-2021 school year, a link to the Principals Survey was successfully sent to 9,150 school principals. Although a self-selected sample of principals voluntarily completed the survey, the schools they represented resembled California schools statewide. The 954 California school principals that responded represented 10% of California public schools, 91% of California counties and 47% of California school districts.^{i,ii,iii} Although there is a statistically significant difference between the study sample and the full population of California public schools in terms of grade levels represented (i.e., elementary, middle, high, and other), the study sample is similar to the population of schools statewide in that the majority of schools represented (53%) and in the state (61%) are elementary schools. There were more high schools (by three percentage points) and “other” school types (by five percentage points) in the schools represented by survey respondents compared to schools statewide, as seen in Table 1.

Table 1. Schools by Type in Survey Sample and Statewide

School Type	% Of study sample (N=954)	% Of California Schools^{iv}(N=9,701)
Elementary	53%	61%
Middle or Junior High	13%	14%
High School	17%	14%
Other (including K-12, community day, continuation, and alternative high schools)	17%	12%

Schools represented in the study sample also had similar school enrollment size by category compared to California schools (Table 2). On average, there was not a statistically significant difference between enrollment of schools represented by the survey and schools not represented by the survey.

Table 2. Total School Enrollment by Category

Total Enrollment (range 1-3,688 students)	% Of study sample (N=954)	% Of California Schools^v(N=9,701)
400 students or less	40%	36%
401 – 700 students	34%	39%
Over 700 students	26%	25%

Schools represented in the study sample had similar average percentages of students who were eligible for free and reduced priced meals and students who were English language learners, although all of these differences are statistically significant due to the very large sample size. The largest difference between the schools represented in the study sample and all California schools was that more charter schools were represented (22% versus 13% of all California schools, Table 3).

Table 3. Select School Demographics

School Demographics	% Of study sample^{vi} (N=950-954)	% Of California Schools^{vii} (N=9,701)
Average % Students Eligible for Free/Reduced Priced Meals	54%	58%
Average % English Language Learners	19%	21%
% Charter Schools	22%	13%

It is important to note that although every public school principal in California was invited to participate, the survey respondents are self-selected, that is, they are the principals who chose to participate, possibly because they have a stronger interest in mental health concerns and services than those who did not respond. Yet, the findings hold important relevance for understanding principals' perspectives on students' mental health needs, as well as the landscape of mental health service provision in California schools.

Study Findings

Issues Facing Students in California Schools

The most common issue among students reported by principals is social, emotional, and mental health problems, with 45% of principals reporting that these problems were very common, and 41% reporting them to be moderate issues in their schools. A majority also reported truancy (29% very common, 32% moderate) and exposure to trauma/violent events in the home or community (21% very common, 34% moderate) to be concerns. In contrast, fewer than one quarter of principals reported that substance use/abuse was a very common (6%) or moderate (16%) issue. Ten of the 32 principals (31%) who expressed other concerns in their own words mentioned problems related to remote schooling, such as students' unwillingness to participate in video schooling and difficulty assessing participation or need for services when students did not turn on their cameras (Table 4).

Table 4. Common Mental Health Related Issues Students Face

How common are the following issues among students in your school?	% Reported issue as very common	% Reported issue as moderately common	% Reported issue as a little common	% Reported issue as not at all common	% No response provided
Social, emotional, and mental health problems	45%	41%	14%	<1%	<1%
Truancy	29%	32%	33%	5%	1%
Exposure to trauma/violent events in the home or community	21%	34%	39%	5%	1%
Substance use/abuse	6%	16%	30%	46%	2%
Other	5%	4%	1%	3%	87%

Identification of Students with Mental Health Needs

Over half of the principals (54%) reported that their schools screen some students to identify those who need support from school-based mental health providers, and another 25% reported that their schools screen *all* students. Only 4% of principals reported that their schools screen *all* students for suicide risk, although 73% reported screening some students (Table 5a). In addition, several principals mentioned the difficulty of identifying and supporting distressed students in the remote learning environment necessitated by the COVID-19 pandemic.

Table 5a. General types of screenings conducted in 2020-2021

Type of screening conducted	% Reported YES to screening ALL students	% Reported YES to screening SOME students	% Reported NO to screening students	% Reported don't know or no response to screening students
Screenings to identify students who may need support from school-based mental health providers	25%	54%	19%	3%
Suicide risk	4%	73%	20%	2%
Other	3%	2%	2%	93%

The most common screening tool reported by principals was the Student Risk Screening Scale (SRSS), used by 15% of schools. The next most common was not a published tool, but rather surveys created by schools or districts, often administered via Google Forms, which was reported by 8% of principals. The Social, Academic, Emotional Behavior Risk Screener was the second-most common published screening tool, reported by 7% of principals (Table 5b).

Table 5b. Screening Tools Used in 2020-2021

Screening Tools Used in 2020-2021	% Reported YES to screening ALL students
Student Risk Screening Scale (SRSS)	15%
Screening tool created by school or district	8%
Social, Academic, Emotional Behavior Risk Screener (SAEBRS)	7%
Strengths and Difficulties Questionnaire (SDQ)	4%
Panorama	3%
Direct observation of students and/or referrals by teachers, other school staff, and/or families (other than COST referral)	3%
Other screening tools	18%

Mental Health Support Staffing

Principals reported that on average, mental health support staff included school/guidance counselors (average of 1.7 full time equivalent/FTE per school) and school psychologists (1.0 FTE; Table 6a).^{viii} High school principals reported slightly higher average staff FTE for these positions compared to other schools, except that middle school principals reported the highest average staff FTE for graduate or undergraduate interns in mental health or related fields.

Table 6a. Types of Mental Health Support Staff

Full-time equivalent (FTE) of staff in the following categories that worked at the school during the 2020–21 school year.^{ix}	Average Total <u>FTE</u> of elementary school staff	Average Total <u>FTE</u> of middle school staff	Average Total <u>FTE</u> of high school staff	Average Total <u>FTE</u> of other staff	Average Total <u>FTE</u> of ALL Schools	% Who did not respond
School/guidance counselors, excluding social workers and psychologists (<i>n</i> =687)	0.8	1.8	3.7	1.7	1.7	28%
Credentialed school nurses (<i>n</i> =584)	0.6	0.8	0.7	0.6	0.6	39%
School social workers (<i>n</i> =299)	0.5	0.6	0.9	0.8	0.7	69%
School psychologists (<i>n</i> =750)	0.9	1.0	1.1	1.1	1.0	21%
Mental health service providers employed by community-based agencies (<i>n</i> =478)	0.8	1.2	1.5	1.2	1.1	50%
Graduate or undergraduate school interns in the mental health or related fields (<i>n</i> =331)	0.8	1.7	1.5	1.3	1.2	65%
Other mental health support staff (<i>n</i> =192)	0.8	0.9	1.6	1.2	1.1	80%

Social workers were the type of support staff missing entirely from the most schools (37%), while only 3% do not have school psychologist and only 10% do not have a credentialed school nurse on staff. (Table 6b).

Table 6b. Percentage of Schools by FTE of Mental Health Support Staff

FTE of Mental Health Support Staff⁸	% Reported None	% reported <1 FTE	% Reported 1 FTE	% reported >1 FTE	% Who did not respond
School/guidance counselors, excluding social workers and psychologists (n=687)	12%	20%	31%	37%	28%
Credentialed school nurses (n=584)	10%	55%	28%	6%	39%
School social workers (n=299)	37%	27%	26%	10%	69%
School psychologists (n=750)	3%	47%	36%	15%	21%
Mental health service providers employed by community-based agencies (n=478)	19%	34%	22%	25%	50%
Graduate or undergraduate school interns in the mental health or related fields (i.e., social work, psychology, marriage, and family therapy; n=331)	18%	32%	26%	24%	65%
Other mental health support staff (n=192)	26%	24%	28%	23%	80%

Mental Health Services Provided

While only 10% of principals reported that their schools did not provide any school-based mental health (SBMH) services, only 62% reported that their schools provided crisis intervention, 60% individual counseling/therapy, 60% referrals to specialized programs/ services, 55% assessment/screening for mental health needs, and/or 53% group counseling. These data demonstrate that there is a need to increase available services, particularly related to crisis intervention for students in need (Table 7).

Table 7. Types of Mental Health Services Offered

What types of services do school-based mental health providers offer at your school? (Mark all that apply)	% Reported mental health service offered at school (N=954)
Crisis intervention	62%
Individual counseling/therapy	60%
Referrals to specialized programs/services in the community	60%
Assessment/screening for mental health needs	55%
Group counseling/therapy	53%
Behavior management consultation	46%
Case management	33%
Family support services (including family counseling)	32%
Substance abuse counseling	13%
Medication management	4%
Other	3%
None	10%

Student Receipt of Mental Health Services

Only 72% of principals responded when asked how many students received mental health services provided by school staff, and only 52% responded when asked how many received such services from community-based providers. Among those who did respond, the average percentage of enrolled students reported to receive mental health services provided by school mental health staff was 11%, and the average percentage reported to receive such services from community-based providers was 7% (Table 8). Increased community partnerships and data sharing are necessary to get a more accurate picture of how many students are using services, which could in turn help to coordinate and strengthen the support systems available to youth.

Table 8. Number of Students receiving mental health services, by provider type

During the 2020-21 school year, approximately how many students received...	Average % of student enrollment receiving services
School-based mental health services (services on your campus) provided by school mental health staff, such as school social workers and school psychologists (<i>excluding school/guidance counselors and school nurses</i>)? (N=675 responses)	11%
School-based mental health services (services on your campus) provided by community-based mental health providers? (N=488 responses)	7%

Over half of the principals at all schools reported that they did **not** have a waitlist for mental health services (58%), but 20% had a waitlist. (Another 10% did not have school-based mental health services, and 12% did not answer.

The sizes of waitlists varied by school size and type, as would be expected. Only 4% of the smallest schools (fewer than 400 students) had waitlists with 21 or more students, but 22% of the largest schools (more than 700 students) had waitlists this long (Table 9a).

Table 9a. Number of Students on Waitlists for Mental Health Services, by School Size

If your school had a waitlist for students who needed mental health services, approximately how many students were on the waitlist on average?	% Of ALL schools with waitlists for mental health services (N=954)	% Of small schools with waitlists for mental health services (400 students or less; n=74)	% Of medium schools with waitlists for mental health services (401-700 students; n=49)	% Of large schools with waitlists for mental health services (Over 700 students; n=64)
1-5 students	8%	50%	41%	25%
6-10 students	5%	32%	20%	25%
11-20 students	3%	8%	18%	19%
21 or more students	2%	4%	12%	22%
Do not know/no answer	2%	5%	8%	9%
<i>Not asked this question because school does not provide mental health services, school has no waitlist, or principal did not report whether the school has a waitlist</i>	80%	—	—	—
<i>Total</i>	100%	99%	99%	100%

Note: Some columns do not sum to 100% due to rounding.

Similarly, only 7% of elementary school principals reported having 21 or more students on waitlists, while 19% of middle school principals and 21% of high school principals reported having waitlists of more than 21 students (Table 9b).

Table 9b. Number of Students on Waitlists for Mental Health Services, by School Type

If your school had a waitlist for students who needed mental health services, approximately how many students were on the waitlist on average?	% Of elementary schools with waitlists for mental health services (n=99)	% Of middle schools with waitlists for mental health services (n=21)	% Of high schools with waitlists for mental health services (n=47)	% Of other schools with waitlists for mental health services (n =21)
1-5 students	46%	38%	26%	33%
6-10 students	24%	29%	26%	38%
11-20 students	14%	14%	15%	14%
21 or more students	7%	19%	21%	10%
Do not know/no answer	8%	0%	13%	5%
<i>Total</i>	<i>99%</i>	<i>100%</i>	<i>101%</i>	<i>100%</i>

Note: Some columns do not sum to 100% due to rounding.

Of those schools that had waitlists for services, 46% reported students had to wait three or more weeks to receive services, and 18% did not answer (Table 10a). High schools were the type of school least likely to have a waitlist of three or more weeks, but over a third (34%) of these schools had such waitlists. In contrast, about half of elementary schools (49%), middle schools (52%), and other types of schools (52%) had waitlists of three or more weeks (Table 10b). There is a clear need to increase service availability in all types of schools so that students do not have to wait for these much-needed services.

Table 10a. Length of Time for Waitlists for Mental Health Services, by School Size

If your school had a waitlist, approximately how long did students have to wait to receive SBMH services on average?	% Of small schools with waitlists for mental health services (400 students or less; n=74)	% Of medium schools with waitlists for mental health services (401-700 students; n=49)	% Of large schools with waitlists for mental health services (Over 700 students; n=64)	% Of ALL SCHOOLS with waitlists for mental health services (n=188)
1-2 days	3%	0%	8%	4%
3-6 days	8%	6%	8%	7%
1-2 weeks	28%	22%	22%	24%
3 or more weeks	49%	49%	41%	46%
No answer	12%	22%	22%	18%
<i>Total</i>	<i>100%</i>	<i>99%</i>	<i>101%</i>	<i>99%</i>

Note: Some columns do not sum to 100% due to rounding.

Table 10b. Length of Time for Waitlists for Mental Health Services, by School Type

If your school had a waitlist, approximately how long did students have to wait to receive SBMH services on average?	% Of elementary schools with waitlists for mental health services (n=99)	% Of middle schools with waitlists for mental health services (n=21)	% Of high schools with waitlists for mental health services (n=47)	% Of other schools with waitlists for mental health services (n =21)
1-2 days	1%	5%	6%	10%
3-6 days	7%	0%	11%	10%
1-2 weeks	26%	19%	28%	14%
3 or more weeks	49%	52%	34%	52%
No answer	16%	24%	21%	14%
<i>Total</i>	<i>99%</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>

Note: Some columns do not sum to 100% due to rounding.

Barriers to Mental Health Service Provision

Four factors were reported by more than half of principals as being serious or moderate barriers to the delivery of SBMH services, as seen in Table 11. These were lack of funding (60%), access issues due to distance learning (58%), and lack of mental health providers that were school-based (55%) or community-based (52%).

Distance learning necessitated by the COVID-19 pandemic was a major new challenge for schools since spring of 2020. A few principals offered explanations in their own words for why distance learning was a barrier to mental health services. Themes of these responses included difficulty assessing student needs when online, student unwillingness or inability to engage in services remotely, confidentiality concerns, and general lack of effectiveness of online mental health services.

Table 11. Barriers to Mental Health Service Provision

To what extent are the following factors barriers to the delivery of mental health services at your school? (n=808-812)	% Reported barrier as “Serious” or “Moderate”
Lack of funding for services	60%
Access issues due to distance learning (e.g., limited internet/computers, lack of private space for students to meet with counselors, etc.)	58%
Lack of school-based mental health providers	55%
Lack of community-based mental health providers	52%
Competing demands/priorities (e.g., Local Control Funding, Common Core)	39%
Parental cooperation and consent	37%
Stigma associated with mental health services	31%
Language and cultural barriers	26%
Concerns about students missing instruction time to receive services	12%

School Policies and Protocols

Over half of principals (54%) reported that their schools implemented more than one program to improve student mental health and wellness, and over a fifth (21%) reported that their school implemented one program (17% did not answer the question). As seen in Table 12, among those who answered this question, the most implemented programs were Positive Behavior Intervention and Supports (PBIS; 68%), Restorative Justice (54%), Second Step (31%), and Character Counts (17%).

Table 12. Curricula/Programs to Improve Student Mental Health and Wellness

Does your school implement any of the following curricula/programs to improve student mental health and wellness? (Mark all that apply)	% Reported implementing curricula/program (N=791)
PBIS	68%
Restorative Justice	54%
Second Step	31%
Character Counts	17%
National Alliance on Mental Illness (NAMI) on Campus High School	3%
Leader In Me	2%
Sanford Harmony	2%
Toolbox Project	2%
Zones of Regulation	2%
Other, please specify	18%
None of the above	9%

Note: 17% of Principals ($n=163$) did not respond to this question.

Almost half of principals reported that their schools' *Comprehensive School Safety Plan* specifically outlined how to address suicide prevention and post-vention (i.e., support after a suicide has occurred, 48%), student mental health policies and services (45%), and/or wellness policy (45%).^x Restorative practices were a slightly less common component (35%). A fifth of principals (22%) did not answer this question.

Suicide Prevention, Intervention, and Post-vention

Seven percent of principals, representing 65 schools, reported that there had been a death by suicide in their school community in the 2020-2021 school year. As shown in Table 13, the most common trainings provided to school staff on student suicide prevention, intervention, and post-vention were Signs of Suicide (23%), Youth Mental Health First Aid (15%), and Applied Suicide Intervention Skills Training (ASIST) (10%). Almost a third of principals (30%) indicated that their school does not provide school staff with suicide-related trainings.

Table 13. Trainings on suicide prevention, intervention, and post-vention

Which of the following trainings do you provide school staff on student suicide prevention, intervention, and post-vention? (Check all that apply)	% reported providing training N=618
Signs of Suicide	23%
Youth Mental Health First Aid	15%
Applied Suicide Intervention Skills Training (ASIST)	10%
Kognito At-Risk	8%
SafeTALK	7%
Question Persuade Refer (QPR)	5%
Keenan SafeSchools	3%
Other training	21%
None of the above	30%

Note: 35% of Principals ($n=336$) did not respond to this question.

Youth Mental Health First Aid (YMHFA)

YMHFA teaches adults who regularly interact with young people how to help an adolescent who is experiencing a mental health or addiction challenge or who is in crisis. These trainings introduce common mental health challenges for youth, review typical adolescent development, and teach a five-step action plan for how to help young people in both crisis and non-crisis situations. Eleven percent of principals reported that both they *and* their staff had ever attended a YMHFA training, and another 12% reported that either they *or* their staff had attended (Figure 2). As Project Cal-Well partners provide ongoing YMHFA trainings throughout the state, it is anticipated that this percentage will increase over time.

Staff Professional Development Needs

Over 90% of principals reported that their staff needed more professional development, training, mentorship, or other support for student and staff mental health, to some degree (Table 14). The areas of greatest need were training for ways to support students (74% of principals reported high or moderate need) and ways to support the mental health of staff and teachers who support students (73% reported high or moderate need).

Table 14. Staff Professional Development Needs

To what extent does your school staff need more professional development, training, mentorship? (n=792-794)	% Reported development area as high need	% Reported development area as moderate need	% Reported development area as minor need	% Reported development area as no need
Ways to identify students with social, emotional, and/or mental health needs	17%	45%	31%	6%
Ways to support students with social, emotional, and/or mental health needs, such as referring students to services and/or providing support or encouragement	31%	43%	22%	4%
Ways to support staff/teachers' own social, emotional and/or mental health	26%	47%	25%	2%

To what extent does your school staff need more professional development, training, mentorship? (n=792-794)	% Reported development area as high need	% Reported development area as moderate need	% Reported development area as minor need	% Reported development area as no need
needs as they support students				

Suggestions to Better Support Students

About half (n=456) of the surveyed principals responded in their own words to a question about what their schools need to better support students’ mental health. The themes that emerged were mainly related to staffing and resources.

- **More mental health staff:** Many principals said that their schools needed existing part-time mental health staff to be full-time, or that they needed multiple full-time staff to meet high demand for mental services. Many principals mentioned impossible caseloads for existing mental health staff, such as hundreds of students per worker.
- **Mental health specialists:** Trained psychologists, therapists, social workers, and nurses are needed to provide mental health services, rather than expecting teachers or school counselors to provide these services.
- **On-site services:** Mental health services are needed on campus, so that students can access care quickly and confidentially. Many principals mentioned very long wait times for community resources and/or difficulty getting families to follow through on getting community-based services for their youth.
- **Bilingual and diverse mental health staff:** Several principals said their schools need mental health workers who can speak the languages their students speak and who reflect their student population’s diversity.
- **Mental health services for all students:** Many principals expressed frustration that their school psychologist was designated only for special education testing and/or could provide services only to students with formal IEPs.
- **Funding:** In addition to asking for more mental health staff and increased FTE for existing staff, many principals mentioned the need for increased state funding for mental health services in schools.
- **Training and tools:** Principals requested more professional development time and curricula for teachers and staff to learn how to teach social-emotional skills, de-escalate crisis situations, identify, and support distressed students, and address mental health needs that arise at school. A need for mental health screening tools was mentioned by several principals.
- **Services for faculty/staff:** Principals described faculty and staff who are too burned out and emotionally distressed themselves to provide emotional support to students.
- **Time:** Principals expressed a need for time in the school day for teachers to spend on professional development related to mental health, for mental health staff to meet with students, and for screening students.

- **Training and other support for families:** Principals reported that they need trainings for parents, to teach them signs that their youth are struggling and skills for supporting them. Principals also requested wraparound services and social workers that would address family needs, since so many students are suffering from trauma due to poverty, violence, and addiction in their homes and/or in their communities.
- **Facilities:** Several principals said their schools need physical space and furnishings for mental health staff to meet with students.
- **More community resources and/or better coordination with them:** Principals in rural areas described a lack of community resources. Principals from all areas described difficulty making connections between distressed students and community resources, especially when this required parent follow-through and proof of health insurance.

Next Steps

Research shows that a significant portion of youth nationally rely on the public school system to serve as their main provider of mental health services.^{xi,xii} There is a clear need to overcome these barriers and increase service availability to ensure that students have access to these much-needed services.

The findings demonstrate that there is a need to increase available services, particularly related to crisis intervention for students, which could alleviate waitlists that schools are experiencing. Support for school staff is also needed. Many principals reported a high (26%) or moderate (47%) need for professional development, training, mentorship, or support for school staff to better support students with social, emotional, and/or mental health needs. Project Cal-Well addresses these issues through the ongoing provision of YMHFA trainings statewide, as well as other activities designed to raise awareness and identification of students' mental health needs, as well as referrals to and utilization of school-based mental health services.

ⁱ There were 1,099 original responses to the survey. However, 7 surveys were excluded because they were duplicate surveys (i.e., the same person completed the survey more than once) or respondents did not identify their school so that they could be categorized appropriately; and 138 surveys were dropped because no questions were answered.

ⁱⁱ The survey link was originally sent to 9,783 California public school principals, however, 633 of these surveys were undeliverable due to incorrect email addresses. Schools designated by the CDE as preschools, special education, juvenile court, opportunity, state special, and youth authority schools were excluded from the sample.

ⁱⁱⁱ Principals may have forwarded the survey to other staff at their schools with more detailed knowledge of mental health service availability to complete, such as assistant principals and mental health service providers. However, the percentage who did this could not be determined as respondents were not required to provide any identifying information other than school name and district.

^{iv} School type was unavailable for 82 schools.

^v School type was unavailable for 82 schools.

^{vi} The number of students eligible for free/reduced-price meals and number of English language learners was unavailable for four schools whose principals completed surveys.

^{vii} School type was unavailable for 82 schools.

^{viii} Many principals skipped one part of the FTE question while answering other parts, which is why the number who reported an FTE for each type of staff is shown in parentheses in the rows of Tables 6a and 6b. The fluctuation in is not consistent with principals simply getting tired of answering the question (which would look like a steady decrease in numbers of respondents from one row to the next). It may be that some principals didn't know the answer for types of staff. It is also possible that principals whose schools did not employ a certain type of support staff tended to skip that part of the question instead of reporting zero FTE. To the extent that the latter is true, the means and percentages shown in these two tables *overestimate* how many of these types of support staff are present in schools, particularly for the types of staff with the lowest numbers of respondents (school social workers, interns, providers employed by community-based agencies, and other mental health support staff).

^{ix} Outlier observations reporting an FTE greater than 14 for any staff type ($n=1-6$) were removed from the analysis.

^x Respondents could select more than one option.

^{xi} Hoagwood K, Johnson J. School psychology: A public health framework: I. From evidence-based practices to evidence-based policies. *Journal of School Psychology*. 2003;41(1):3-21.

^{xii} Merikangas KR, He JP, Burstein M, et al. Lifetime prevalence of mental disorders in U.S. adolescents: results from the National Comorbidity Survey Replication--Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*. 2010;49(10):980-989.