

Changing the Conversation about Mental Health in Independent Schools



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Executive Summary

There is a mental health crisis among American youth, and this capstone project analyzes the perspectives of independent school administrators as they implement mental health initiatives at their schools. Active Minds, a leading, nationwide nonprofit dedicated to improving adolescent and young adult mental health awareness and advocacy, endeavors to de-stigmatize discussions about mental health with its numerous programs. Since 2003, Active Minds developed a robust presence on college and university campuses and develops resources for its college chapters on the topics of mental health and well-being, student advocacy, and suicide prevention. The leadership team, inclusive of the founder, Alison Malmon, are interested in expanding and adapting their current resources and programming to the high school environment. While there are a burgeoning number of Active Minds chapters in high schools, as well as a growing program in workplace communities, the non-profit is interested in further developing high school specific resources as part of their strategic plan. This capstone examines the opportunities for Active Minds to expand into the independent school market through an analysis of the tensions, pressures, and opportunities independent school administrators experience implementing mental health initiatives.

The literature on the topic of mental health, mental health programming, and the role independent schools have assumed as providers of mental health programming afforded this study important context. The conceptual framework of institutional theory and change guided this capstone's research questions, data collection, and analysis, and provided a lens with which

to understand independent schools and administrators' responses to a worsening mental health crisis among adolescents. This study utilized neoinstitutional theory to explore the context and external environment in which independent schools operate, to understand better the institutional and internal pressures and tensions administrators face within their schools, and as a framework to contextualize the change initiatives independent school administrators are implementing in response to the mental health crisis. In addition to underscoring the importance of the exogenous and endogenous influences on institutional change, aspects of institutional theory also helped examine to what extent independent school administrators and the mental health initiatives they are implementing are impacting their school's values and value proposition. Overall, this study was designed to better understand the numerous external and internal pressures independent school administrators are facing to address the mental health needs of their students, and to surface both obstacles and opportunities to change the conversation around mental health in independent schools.

I focused my research on three questions. What are the external and environmental pressures and forces that are impacting independent schools and administrators as they respond to the mental health crisis? What are the internal tensions, obstacles, and opportunities as independent school administrators respond to the mental health needs of their students and as they implement mental health programming? To what extent are the pressures to respond to the mental health crisis affecting independent school values and the value proposition of independent schools?

I utilized a case study approach to address these three questions and employed qualitative methods to obtain a more robust understanding of the pressures and tensions independent school administrators experience. Data collection consisted of an analysis of existing data, including an unpublished report from Active Minds own internal research, document analysis, semi-structured interviews with open-ended questions, and a Google survey of administrators in schools in the Independent Schools Association of the Southwest. I modeled the interview questions, and the Google survey questions after those questions Active Minds utilized in their own research in 2019-2020.

The analysis interviews and survey data illuminated several important findings for Active Minds to inform their efforts to develop resources specific and relevant for high schools:

- A variety of pressures are negatively affecting student mental health in independent schools, and administrators cite rising trends of anxiety and depression as significant challenges.
- There are varying levels of stigma surrounding conversations about mental health in independent schools, and administrators must accrue “buy-in” across a variety of constituencies to implement mental health programming.
- Administrators and educators feel the urgency to respond to the mental health challenges their students face, yet a lack of time and resources often limits their efforts to develop and implement mental health programming.
- Administrators perceive that faculty require specific training to implement mental health programming.

- Independent schools are implementing an amalgam of mental health programs in a variety of educational markets and contexts, and administrators perceive mental health programming as both needed and part of the school's value proposition to families.

This capstone study only focused on independent school administrators, and though the semi-structured interviews obtained data from administrators in the northeast, southwest, and west, the Google survey was limited to only schools in the southwest. Likewise, the COVID-19 pandemic impacted the design of the study, and the stresses and challenges of the pandemic emerged as a looming context that influenced the data. This study does underscore the challenges educators face addressing to the mental health needs of their students and implementing mental health initiatives at their schools.

The data analysis and findings indicate that Active Minds should endeavor to design resources with the faculty in mind, and with a purpose of not only fostering a shared understanding of mental health among teachers and staff in high schools, but also to leverage the caring and trusting relationships faculty have with students. In addition to developing resources for the faculty, Active Minds should consider developing resources for administrators that provide verbiage and resonant framing for parents and other constituencies in the school community. The data collected by this study, as well as recent literature, suggests that such a targeted approach to key constituencies like teachers and parents will help de-stigmatize discussions about mental health in schools while also building awareness of Active Minds chapters and programming. Finally, and in alignment with Active Minds strategic plan, Active Minds should consider first proposing a conference session to the National Association of

Independent Schools Association's national conference in the spring of 2022, and then pursue a partnership with the National Association of Independent Schools.

About the Author

With over two decades of experience as an educator, Stephen Popp currently serves as the Assistant Head of School and Head of Upper School at The John Cooper School in The Woodlands, Texas. As Assistant Head of School, Mr. Popp is responsible for academic, programmatic, administrative, and cultural health of the school in coordination with the Head of School. Mr. Popp was appointed as the Head of School elect at The John Cooper School and will serve in that role beginning July 2022.

Mr. Popp earned his Bachelor of Arts degree in History from Baylor University, and earned a Master of Arts degree in History from the University of Houston as a James Madison Fellow. Mr. Popp also earned a Master of Education degree in Independent School Leadership from Teachers College at Columbia University.

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And to my cohort, I could not have made it through this program without you all. It has been a true privilege to get to know and to learn from you all.

Introduction

There is a mental health crisis among young people. The World Health Organization (WHO) cites suicide as the second leading cause of death among young people aged 15-29 (WHO, 2019). Additionally, the WHO posits that mental health challenges are ubiquitous around the world, and distressingly, these challenges “can have a substantial effect on all areas of life, such as school or work performance, relationships with family and friends and ability to participate in the community”. According to the World Economic Forum (2020), the lack of proactive and intentional investment in mental health services is having a deleterious effect on the global economy. In 2019, the WHO endorsed a policy stating, “increased investment is required on all fronts,” specifically advocating “for mental health awareness to increase understanding and reduce stigma,” as the inefficient and unequal mental health care in the world impedes global developmental goals (WHO, 2019).

Not attending to nor investing in the mental health of children has consequences for not only children’s ability to reach important developmental milestones, but for their ability to learn in school. The Center for Disease Control (2021) asserts that children who are mentally healthy are “reaching developmental and emotional milestones and learning healthy social skills and how to cope when there are problems,” and they possess “a positive quality of life and can function well at home, in school, and in their communities.” Suldo, Gormley, DuPaul, and Anderson-Butcher (2013) explain in their literature review of the impact student mental health programs have on student academic performance that “taken together, the literature

base indicates that the relationship between academic and mental health functioning is bidirectional, and changes in one domain can predict changes in the other” (p. 90).

In the spring of 2020, the COVID-19 pandemic upended, truncated, and disrupted the school year for millions of students, and exacerbated mental health challenges for many young people. Prior to the pandemic, the mental health of young people was already a concern for educators, though. In 2018, the National Education Association (NEA) questioned to what extent schools were prepared to meet the already growing mental health needs of their students, highlighting a “scattered” landscape of “comprehensive mental health programs” and limited resources to implement them in schools across the country (Walker, 2018). Throughout the pandemic, high school students across the country experienced significant and unprecedented disruptions in their normal school routines and were often isolated from their peers. A March 2021 national survey of parents highlighted how the COVID-19 pandemic “wreaked havoc on teens’ lives,” and underscored the extent to which the pandemic intensified feelings of anxiety and depression among teens (Mott, 2021). Hawes et al. (2021) noted how the COVID-19 pandemic hit teens on many levels, and, had particularly exacerbated the mental health of girls.

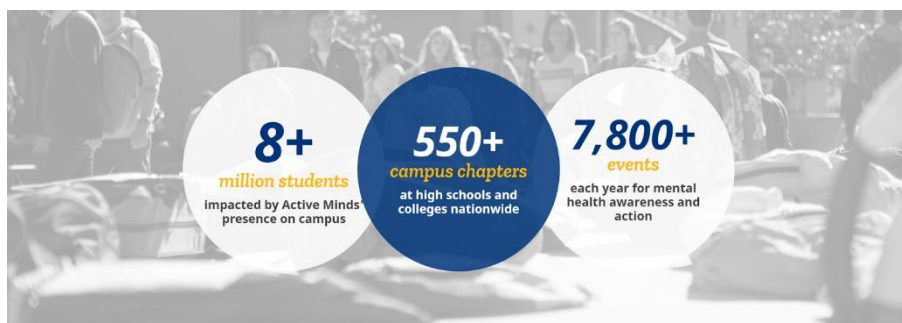
Since March 2020, no matter the region or school type, independent schools faced daunting challenges to re-open, to stay open, and to keep their students and faculty safe and healthy as well. Independent schools remained steadfast in their commitment to delivering an exceptional educational experience for their students and families, yet throughout the pandemic, the mental health and well-being of students was of great concern to independent

school educators and would continue to be (Orem, 2020). As school leaders implemented campus mitigation measures, developed hybrid learning platforms, and navigated an increasingly complex and dynamic landscape, they had to attend to the mental health needs of their students as well.

Organizational Context

Active Minds is a leading, nationwide voice on the topic of adolescent and young adult mental health awareness and advocacy. Founded as a non-profit organization in 2003, Active Minds is a non-profit “dedicated to saving lives and to building stronger families and communities.” The Washington D.C. based non-profit promotes changing the conversation around mental health and focuses its efforts on educational outreach endeavors, research on mental health and well-being, and policy advocacy for young students between the ages of 14-25. Specifically, Active Minds is committed to “creating lasting change in the way mental health is talked about, cared for, and valued in the United States”(Active Minds Website, 2021).

Since its founding, Active Minds has responded to mental health challenges in society by primarily focusing its efforts on establishing student-led chapters on college and university campuses across the United States. Active Minds develops an array of programs designed to support student mental health and well-being, de-stigmatize discussions about mental health, and foster chapter communities on campus replete with resources to assist those young people struggling with mental health challenges or provide tools for peers to support their friends.




Source: *Active Minds*

Over the last eighteen years, Active Minds developed a robust speaker series, a virtual suicide prevention program, a national conference, as well as campaigns such as “Send Silence Packing” in which students gain a better understanding of the devastating cost of suicide to communities and to families, to learn how they can be of support to their peers in meaningful ways, and to realize their role in fostering a culture that promotes mental health and de-stigmatizes discussions about the topic. Active Minds’ 2019 Impact report heralded the increasing scope of their efforts across 762 college and high school campuses, highlighting new partnerships, philanthropic events, and regional campaigns. In a recent study by Sontag-Padilla et al. (2018), researchers found that Active Minds programs are indeed efficacious, and are making a difference in the lives of thousands of college-aged students by de-stigmatizing conversations around the subject of mental health on college campuses.

Problem of Practice: Area of Inquiry in the Organization

Although Active Minds is focused on addressing the mental health crisis among the student populations in general, the resources, initiatives, and social media campaigns, as developed by the nonprofit, are designed primarily for university and college-aged students. In addition, the Active Minds guidelines, and expectations for founding a chapter on campus, are

generally tailored to university and college settings. Considering recent studies that have confirmed the rise in teen suicides and an increase in mental health challenges of youth, Active Minds is committed to expanding into high schools and establishing a greater presence to assist and provide support. As part of Active Minds' recent strategic plan, launched in 2017, the leadership team of the organization intensified their efforts to adapt and expand their programs into high schools, and prioritized as a paramount objective in their strategic plan to "widen reach to young adults throughout high-risk ages 14-25, extending off campus to high schools and young professional life."



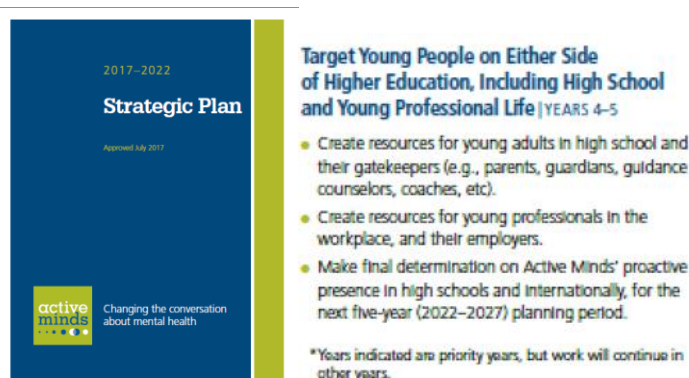
"By 2022, we intend to double the reach of our data-backed programs to 1,000 campuses and communities, engage new partners in this mission, inspire long-term policy change, and deepen our impact on the young adults we mobilize and the communities we serve."

Source: *Active Minds Strategic Plan, 2017*

As part of their strategy to "create resources for young adults in high school and their gatekeepers," Active Minds commissioned four research fellows in 2019 to "evaluate the current Active Minds programs and resources that currently exist and measure how effective it is for high school campuses" (Rankin, Nguyen, Dallenbach, & Sheppard, 2020). The fellows' unpublished study gathered data from existing Active Minds high school chapters, asking both students and faculty sponsors of Active Minds high school chapters their perceptions about the efficacy of Active Minds' current materials and offerings for high school audiences. In their report, the fellows also enumerated other mental health programs in high schools that may

serve Active Minds in their benchmarking process and to provide them context as they endeavored to develop new resources for students, faculty, administrators, and parents in high schools.

As Active Minds seeks to create new conversations around mental health and expand its presence in high schools, the independent school environment offers distinct options and opportunities for Active Minds to consider as the organization pursues its goal of reaching young people in high schools.



Source: Active Minds Strategic Plan 2017

The number of independent school graduates from over 1600 independent schools is relatively small compared to public schools: independent schools matriculate approximately 700,000 students to two- and four-year universities each year. Yet, it is the way independent schools differentiate themselves from public schools that provides Active Minds a potential and distinct opportunity to expand its programming. Schuermann and McGovern (2016) argue, “the relatively small size of independent schools, their nimble governance structure, and freedom

from many state mandates provide opportunity for experimentation and innovation,” and “can serve as laboratories for new and effective practices” (p. 569). Additionally, independent schools emphasize as part of their value proposition the ability of member schools to provide students a challenging education, imbued with care, and with the intention to develop the whole child for college, career, and lifelong pursuits of learning. In partnership with Active Minds, this capstone project analyzed the dynamic landscape of independent schools to assist in Active Minds’ ongoing strategic efforts to expand their programming into high schools in independent school communities.

Literature Review

The Mental Health of Young People

On college campuses in the United States, mental health of young people is a serious concern. Dr. Janet Hibbs and Dr. Anthony Rostain (2019), authors of *The Stressed Years of Their Lives*, cite a recent survey by the American College Health Association (ACHA) that concludes that in college suicide is the “second leading cause of death among college students, claiming the lives of 1,100 students each year” (p. 8). Just as disconcerting, Hibbs and Rostain (2019) explain, “more than half of college students have had suicidal thoughts and 1 in 10 students seriously consider attempting suicide” (p. 8). High school students also face serious mental health challenges, with “most psychiatric disorders show(ing) up from ages 14-26,” what is for a young person “possibly the most tumultuous decade” of their life (Hibbs & Rostain, 2019, p. 9). According to a 2019 study of U.S. teens ages 13 to 17, conducted by the Pew Research Center, “anxiety and depression are on the rise among America’s youth and, whether they personally

suffer from these conditions or not, seven-in-ten teens today see them as major problems among their peers” (Horowitz & Graf, 2019). In addition to these challenges faced by high school students, the additional pressure of an increasingly competitive university admissions process also can have adverse effects on young people (Gleason, 2017; Levine, 2006). As Stuart Slavin, professor and pediatrician explains, the current educational experiences that are “intended to prepare children for adult success, are often toxic to emotional development” (as cited in Hibbs & Rostain, 2019, p. 14). According to Twenge et al., (2019), one of the authors of a 2019 study published by the American Psychological Association, “more U.S. adolescents and young adults in the late 2010s, versus the mid-2000s, experienced serious psychological distress, major depression or suicidal thoughts, and more attempted suicide” (p.185). Recent literature and research demonstrate that young people today, whether on college campuses or in high schools, experience and face significant and disconcerting challenges to their mental health.

Pressure on Schools to Respond to the Mental Health Crisis

Adelman and Taylor (2000) explained that though educators attempt to respond to the mental health challenges their students are experiencing, schools have not been equipped to deliver the type of robust mental health programming their student communities required. In their analysis, they articulated that because the school’s primary mission is to educate, mental health initiatives were often viewed by administrators, teachers, and parents alike as ancillary to the primary purpose of the school (p. 49). Schools that do implement initiatives and programs do so predominantly in a reactive capacity and with limited resources or the “bare essentials” (Adelman & Taylor, 2000).

As schools have endeavored to address the current mental health crisis among America's youth, school leaders have faced an array of internal and external pressures. Both within and outside the organization, school leaders must work within their organizations and their organizations' constituencies to guide the implementation of mental health initiatives. Jennifer Crumpley (2016) underscored the complexity of facilitating such change in schools and highlighted several barriers to change. According to Crumpley, school administrators wishing to devise and implement mental health programs confront a "rough terrain" and must traverse a "minefield" within "the educational system." To foster effective change, Crumpley argued there must be "effective collaboration among school, family, mental health, social services, child protective, medical, legal, religious, and all other systems" (Crumpley, 2016). Dwyer and Van Buren (2010) assert that "in order for schools to move from talking about the critical link between academic and social-emotional skills to implementing effective, integrated practices, dramatic changes are required in the behavior of most stakeholders, particularly school staff and leadership" (Doll, Phohl, & Yoon, 2010, p. 49). An EAB white paper published in 2020 indicated many school leaders lack the requisite training and resources to address the worsening mental health crisis among the youth. Additionally, the EAB report explained that "continued stigma" is one of the key obstacles that "hinders identification, referrals, and support efforts" at schools.

There are several studies that provide a meta-analysis of school-based suicide prevention programs and illustrate both opportunities and obstacles for educators in high school. Miller et al. (2009) conducted a comprehensive literature review of empirical studies of

school-based suicide prevention programs and focused on 13 studies, situating schools as ideal environments to combat suicide and suicidal ideations, while arguing that a holistic, skill-based mental health approach to suicide prevention may be most efficacious. Robinson et al. (2018) conducted a systematic review and meta-analysis of 99 studies, conducted from 1990-2017, on the topic of suicide prevention strategies and interventions in schools. Drawn from 35,000 articles, the authors concluded that despite the increased attention and growing literature about suicide prevention, there is still a need for scholars and practitioners to focus on the efficacy of these program on youth (ages 12-25). In their discussion, they noted that most of the studies “tested interventions that had been previously designed for adults as opposed to young people specifically” (Robinson et al., 2018, p. 53), highlighting the difficulty of framing the topic of suicide and mental health for young people in schools. The literature indicates that there are some emerging and efficacious strategies school leaders can employ to educate faculty and continue to de-stigmatize discussions around mental health, though. Wei, Kutcher, Baxter, and Heffernan (2020) assess the efficacy of the “Go-To-Educator Training” (GTET) program and to what extent GTET, described as a “gatekeeper-type program,” was effective in increasing teacher knowledge and decreasing the stigma surrounding mental health programs in schools across six Canadian provinces.

Overall, the literature reveals that schools have become the “de facto mental health system for students,” and educators must not only contend with the ubiquity of the threat of suicide in their school communities, but they must also address and respond to a wider range of mental health challenges that their students experience (Walker, 2021). As schools assumed

the role of “the nation’s primary provider of adolescent mental health services,” the literature indicates that educators and school leaders can no longer view mental health programming as ancillary to a school’s mission and academic program (EAB, 2020). Citing Osher, Dwyer, and Jimerson (2006), Dwyer and Van Buren (2006) argue, “school mental health services are critical to the academic mission of schools,” and they reference the “research literature and practice-based evidence” that “clearly indicate that social-emotional skills and wellbeing are critical to academic learning; that safe and caring schools and classrooms enhance academic success” (p. 47). Additionally, and salient to the mission of the Active Minds organization, Dwyer and Van Buren, cite Mills et al. (2006) to note, “such services can reduce the stigma associated with mental health problems and treatment which often preclude help-seeking behaviors, by offering services in students’ natural environments” (p. 49).

Mental Health Programming in Independent Schools

There is limited research on the pressures faced by independent school administrators to consider implementing mental health programs at their schools. Likewise, there are limited studies on the perceptions of independent school administrators about mental health, despite the prevalence of mental health concerns within the independent school community. In 2004, Van Hoof et al. analyzed the survey data collected from 11 private, independent schools in the Connecticut Association of Independent Schools, offering data on the type and frequency of mental health referrals teachers and administrators had received. This study, though, was limited to a small sample of schools, and the data was collected after the 9/11 terrorist attacks, which the authors indicated may have influenced the responses.

There is an increasing amount of literature on the propensity of students in privileged, independent school environments to experience mental health challenges. Luthar and Becker (2002) analyzed the experiences of 302 6th and 7th grade students in an affluent suburb and concluded, “vulnerability” to mental health problems and substance abuse “may be pronounced during the adolescent years” in affluent communities (p. 1603). Similarly, Levine (2009) argued in her book, *The Price of Privilege*, that increased materialism, parental pressure, and academic competition were negatively impacting the mental health of many young people in affluent communities. Luthar, Barkin, and Crossman (2013) asserted, “a counterintuitive notion: that upper-middle class youth, who are en route to the most prestigious universities and well-paying careers in America, are more likely to be more troubled than their middle-class counterparts” (p. 1529).

Prior to the pandemic, the National Association of Independent Schools (NAIS) made clear to its 1,600 member schools the importance of mental health education as part of the independent school experience. In 2019, NAIS President Donna Orem wrote, “our most important work” as independent school educators is “ensuring student health and well-being.” Wilson and Marshall (2019) referenced the growing literature by Luthar (2014) and others and underscored the need for independent schools to attend to the mental health of students. In “Reframing the Foundation for Student Success,” they argued that in addition to excellent academic preparation, independent schools “today have an opportunity to truly demonstrate the extended value of an independent school education” by promoting mental health and wellbeing. Importantly, in 2019, NAIS partnered with Professor Luthar to create a High-

Achieving Schools Pilot Study to “provide data-driven suggestions to school leaders to maximize student health and well-being” (NAIS HASS, 2020). Wilson, the former legal counsel for NAIS, also underscored the implications of a worsening mental health crisis on schools, writing, “student suicide is a tragic reality facing independent schools” that “presents legal risks and compliance challenges,” and requires immediate attention “to minimize institutional liability and the loss of life” (Wilson, 2011, p. 13).

Institutional Theory and Change

The literature on institutional theory and change is also salient to contextualizing the changing environment in which independent schools operate and in analyzing independent schools’ responses to the mental health crisis among adolescents. By the end of the 20th century, Weick and Quinn (1999) summarized the prevailing themes in the broader organizational change literature, explaining that “an important emerging contrast in change research is the distinction between change that is episodic, discontinuous, and intermittent and change that is continuous, evolving, and incremental” (p. 362). As Weick and Quinn (1999) assert, and as Figure 3 delineates, the ideal organization is one that “is capable of continuous adaptation,” yet different analytical frameworks and interventions inform how organizations change and adapt to new environmental and institutional realities (p. 366).

Figure 1: Comparison of Episodic and Continuous Change, excerpted from Weick & Quinn, 1999

Comparison of Episodic and Continuous Change	Episodic	Continuous
Metaphor of Organization	Change infrequent, inertial, intentional	Change constant, evolving, cumulative
Analytic Framework	Change driven by external forces, seen as failure to adapt structure to changing environment. Divergence from equilibrium.	Change a pattern of endless modifications, small accommodations cumulate and amplify. Driven by organizational instability and alert reactions to daily contingencies
Intervention Theory	Change is created by intention. Change is Lewinian: inertial, linear, progressive, goal seeking, motivated by disequilibrium, and requires outsider intervention	Change is a redirection of what is already underway. Change is Confucian: cyclical, processional, without an end state, equilibrium seeking, eternal.
	Unfreeze, transition, refreeze	Freeze, rebalance, unfreeze
Key Concepts	Inertia, deep structure of interrelated parts, triggering, replacement and substitution, discontinuity, revolution	Recurrent interactions, shifting task authority, response repertoires, emergent patterns, improvisation, translation, learning

The literature on institutional theory and change is particularly useful in providing a lens to understand the extent of, and impetus for, change and adaptation in independent school communities. Likewise, the literature on institutional theory and change also elucidates how those institutional changes may impact the values and value propositions of independent schools.

Scott (1987) explained that “the beginning of wisdom in approaching institutional theory is to recognize at the outset that there is not one but several variants,” as “the concepts of institution and institutionalization have been defined in diverse ways” (p. 493). One of the seminal developers of institutional theory was Philip Selznick (1957, 1992, as cited in Dacin, 2002, p. 52), who wrote about “institutionalization as a process within organizations” that “establishes a kind of character defined by the organization’s commitments to values and principles.” Importantly, Selznick established the notion that organizations pursue, promote,

and protect important societal values (Ventresca, Scott, & Deng, 2010). His work became significant in institutional theory because of his “attention to the previously undocumented phenomenon of ‘value infusion’” as well as because he “portrayed formal organizations as the primary structural ‘vehicles’ through which various social values were pursued” (Kraatz, Ventresca, & Deng, 2010, p. 1521).

The values of institutions which Selznick (1992) illuminated in his studies were not static, but instead, could be either “secure” or “precarious.” To ensure the preservation of these values, Selznick argued “that values need congenial, sustaining social structures if they are to be realized, even partially” (p. 1523). Selznick (1957) highlighted the role of elites in organizations in preserving the values of the institution, labeling these leaders “institutional guardians.” Additionally, Selznick (1992, (Dacin, 2002, p. 52-53) asserted the “challenge is to maintain institutional integrity while taking into account new problems, new forces in the environment, new demands and expectations.” Scott (1987) asserts that Selznick became a luminary in the development of institutional theory because Selznick “distinguished between organizations as technically devised instruments, as mechanical and disposable tools, and organizations that have become institutionalized, becoming valued, natural communities concerned with their own self-maintenance as ends in themselves” (p. 494). Scott noted the limitations of Selznick’s definition, though, explaining how Selznick’s “treatment of institutionalization informs us *that* values are instilled; not *how* this occurs” (p. 495).

Over the latter half of the 20th century, scholars built upon Selznick’s institutional theory, and they articulated new interpretations as to how and why institutions change. As

articulated by DiMaggio and Powell (1983, 1991), a neoinstitutional theory of change emerged, placing greater importance on the context and environment in which organizations and institutions exist. The role of the environment is just one of four main differences between the old and new institutional theories, though. Old and new institutionalists differ as to the motivations and behaviors of individuals in an institution, the view of conflict and change, and the informal and formal interactions that occur within the institutions (Squires, 2010, p. 44).

Meyer and Rowan (1977) explained that as organizations change and innovate, they institutionalize similar structures and processes because of the process of isomorphism, the tendency of organizations to mirror each other. DiMaggio and Powell (1983) built upon that analysis, explaining that as organizations attempt to find new approaches to the dilemmas they face, they must also contend with the “constraining process” of isomorphism (p.149).

DiMaggio and Powell (1983) asserted there are three “mechanisms” of isomorphism:

- **Coercive:** “isomorphism that stems from political influence and the problem of legitimacy
- **Mimetic:** isomorphism resulting from standard responses to uncertainty
- **Normative:** isomorphism associated with professionalization”

Oliver (1991) explained that the “central assumption” of the emerging institutional theory is that “institutional environments exert a potent conforming force on an organization” yet she argued that institutions have more agency and discretion in their environments than some institutional theorists allow (p.175). She also underscored the impact of the environmental context on the various perceptions of an organization’s constituents, noting that

an “organization’s response to the institutional environment will not only influence performance they may also influence the criteria, measures, or standards used by institutional constituents to evaluate performance” (p. 174).

As the external environment exerts pressure on organizations to change, and influences an institution’s strategic response, Dacin, Goodstein & Scott (2002) assert that “unique challenges for the maintenance of organizational integrity” arise (p. 53). Kraatz, Ventresca, and Deng (2010) emphasize the importance and influence of the external environment on organizational values, and importantly, they note that “larger field-level trends can penetrate an organization” and can often influence its operations and ability to deliver on its value proposition (p. 1523). They build upon Selznick (1957, 1992) to illustrate how an organization’s values may be impacted by both environmental forces and an organization’s response to those forces. Quoting Selznick, who singles out educational values as “precarious, subject to attenuation or distortion by ambient temptations,” Kraatz et al. underscore Selznick’s point about how “precarious values need sustained nurture and special support” (p. 1538). Transformational change, then, often emanates from significant exogenous shocks and environmental pressures.

Yet exogenous or external tremors are not the only impetus for institutional change. Hacker (2004) developed a theory of gradual, incremental institutional ‘drift,’ which he argued can also lead to “potentially significant change,” even though it occurs in “the absence of formal revision of existing policy” and as a “subterranean reality largely hidden from view” (p.202). Beland, Rocco, and Wadden (2016) explain that with this concept of ‘drift,’ “there is

not always a 'smoking gun' that explains the motives of those opposed to revising policy to meet changing circumstance (p. 205). Beland et al. underscore Hacker's notion of drift by illustrating "cases of institutional change that result not from 'formal revision,' but from policies' failure to adapt to shifts in their social or economic context" (p. 202). Buitelaar et al. (2007) similarly assert that "institutional change takes place as a result of an ongoing process of social-political manipulation and timeless tinkering, a process which can be appropriately labeled as 'institutional bricolage'" (p. 905). Citing Burch (2003), they argue that the accretion of external and internal pressures "might force the creation of a critical moment," and if "problem perceptions and solutions match, and sufficient political-institutional support is mobilized, a critical juncture will develop that leads to institutional change" (p. 905).

Mahoney and Thelen (2010) similarly asserted that while the external environment and exogenous forces are important to understand institutional change, they are not the only influencing factors. They argued that "shifts based on endogenous developments that often unfold incrementally" are often minimized in the literature on institutional theory and change (p. 2). They emphasize how gradual, incremental change "can be of great significance in their own right; and gradually unfolding changes may be hugely consequential as causes of other outcomes" (p. 3). Institutional change should be explained only by exogenous shocks, but instead, "both the political context and the institution in question together drive the type of institutional change we can expect" (p. 15).

Dolfsma and Verburg (2008) summarize the scholarship on institutional theory and change and assert that "processes of institutional change are, conceptually, imbued with issues

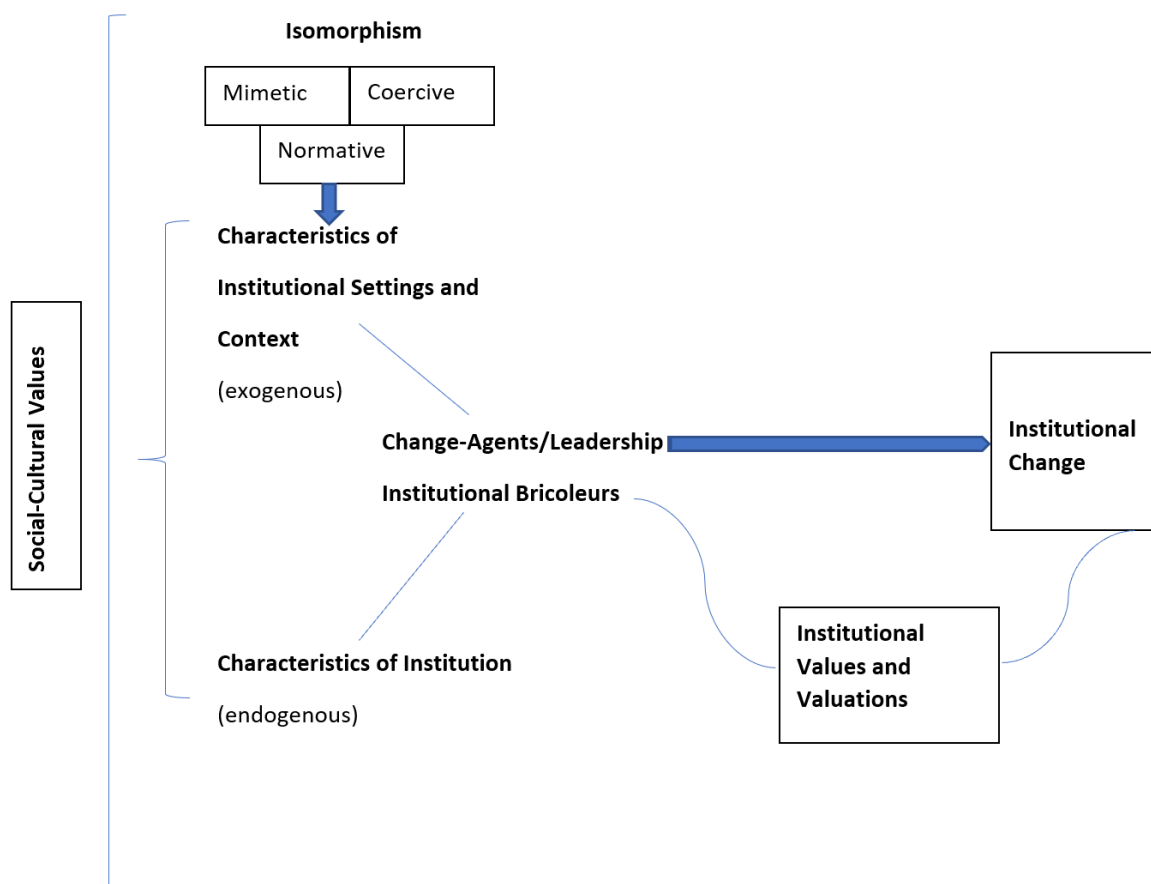
of legitimacy and sensemaking and interpretation” (p.1039). They highlight the importance of socio-cultural values when analyzing organizational change. Citing Inglehart (1990), they noted that ‘the socio-cultural values that ‘live’ in a society or community, and are expressed in institutional settings, may change over time” (p. 1040). Likewise, they concluded that the “perception by the individual of a tension between an institutional setting and the socio-cultural values it refers to triggers a process of institutional change” (p. 1043). Institutional theory, particularly the emphasis neoinstitutional theorists placed on the exogenous and endogenous pressures and tensions, elucidates how both internal and external pressures can impact the ability of school administrators to respond to a changing environment, attend to the complex institutional dynamics in their organizations, and deliver upon the mission and values of their schools.

Conceptual Framework

This capstone project seeks to understand the drivers of and barriers to the implementation and efficacy of mental health programs in independent schools. Despite the recognition of the significant challenges confronting high schools and middle schools, whether private, independent, or public, and the increased external and internal pressures to address what has been described as mental health crisis for adolescents, schools and school boards, for the most part, have responded reactively to the evolving and intensifying dilemma, and have done so seemingly independently. A conceptual framework, informed by the literature on institutional theory and change, helps contextualize how independent schools are navigating this challenging environment, while also explaining to what extent independent schools are

responding to the mental health crisis with intentional, strategic innovations or gradual, ongoing iterations to meet the needs of their students to preserve and improve upon the value proposition they promote to their parent community.

Figure 2: Conceptual Framework for Explaining Modes of Institutional Change using Institutional Theory and the Social Values Nexus. Adapted from Oliver (1991), Buiteleaar et al. (2007), Mahoney & Thelen (2010), Kraatz, Ventresca, & Deng (2010), and Dolfsma & Verburg (2008)



Specifically, this study utilizes the tenets of neoinstitutional theory, as espoused by Mahoney and Thelen (2010), to explain the obstacles and opportunities to implement mental health initiatives in independent schools. Neoinstitutional theory places an important emphasis on the external environment and on internal institutional tensions to explain institutional change. Even amid the constraining forces of isomorphism independent schools are responding in a variety of ways to the mental health crisis (Oliver, 1991). This conceptual framework includes both the exogenous and endogenous forces that impact independent schools and the ability of administrators to implement mental health initiatives (Mahoney and Thelen, 2010).

This study also utilizes aspects of Selznickian theory, as reasserted by Kraatz, Ventresca, and Deng (2010), to illustrate the role of institutions in preserving, protecting, and promoting values and valuations. Dolfsma and Verburg's (2008) Social Values Nexus underscores the importance of broader socio-cultural values on institutions and to explain how agents preserve values and influence institutional valuations through their perceptions and actions. According to the Social Values Nexus, leaders in institutions can trigger institutional change through their perceptions of the social-cultural values and the institutional settings. Kraatz, Deng, Ventresca, heralding Selznick, note that those institutional changes, even "mundane" ones, can affect organizational values and the value proposition of institutions.

This conceptual framework thus encapsulates neoinstitutional theory and the Selznickian theory of institutions as a way we can understand the processes of institutional change in independent schools. Fernandez-Alles and Valle-Cabrera (2006) argue a conceptual framework built around the neoinstitutional theory of change is an "important lens to assess

organizational change, response of managers, isomorphic pressures on organizations” (p. 512). The tensions and pressures of the external environment and internal institutional forces place on independent school leaders, their responses, and their innovations have implications for the organization and the valuations of the institutions. This framework illustrates how the perceptions and actions of leaders can further legitimize, secure, and promote the values of their organizations. Taken together, this literature on institutional theory and change, and the theoretical framework it provides, affords this capstone a lens through which to understand the response of independent schools and their leaders to the mental health crisis.

Research Questions

To ascertain the barriers and opportunities to expanding mental health programming in independent schools, I developed three research questions for this study. Like Cini (2014), I utilized Mahoney and Thelen’s (2010) concept of gradual institutional change to examine both the exogenous and endogenous influences and contexts on institutions. Cini’s case study (2014) illustrated “that change often comes about not as a consequence of either internal or external factors, but of the interplay between the two” (p. 491). Mahoney and Thelen’s framework, then, possessed great utility for my research. The influence of the external, or exogenous, pressures on institutions and their leaders, as well as the internal, or endogenous, characteristics of institutions informed my line of inquiry of independent school administrators. The importance of values to institutions, as explained by Selznick (1992) and Kraatz, Ventresca, & Deng (2010), was also important to this study. Based on the conceptual framework afforded by institutional theory and change, I focused my research on the following questions:

1. What are the external and environmental pressures and forces that are impacting independent schools and administrators as they respond to the mental health crisis?
2. What are the internal tensions, obstacles, and opportunities as independent school administrators respond to the mental health needs of their students and as they implement mental health programming?
3. To what extent are the pressures to respond to the mental health crisis affecting independent school values and the value proposition of independent schools?

Study Design

I utilized a qualitative case study approach for this capstone, as my research focused on the experiences, perceptions, and insights of a diverse group of independent school educators at different school settings. The intent of this study was to provide Active Minds with a robust landscape analysis of the exogenous and endogenous forces impacting independent schools as they implemented mental health program and initiatives, and the opportunities and obstacles independent school administrators face. The data from this study would then afford Active Minds context for their development of high school specific resources. This case study method utilized qualitative sources of data primarily, even though case studies often combine both quantitative and qualitative data (Yin 2018 and Gillham 2000). Creswell and Poth (2018) explain that a case study can encompass multiple individuals at multiple sites, utilizing as data “extensive forms” such as “documents, and records, interviews, observations, and physical artifacts” (p. 153). Babbie (2017) notes that a case study approach can engender rich

descriptions of a social phenomenon or group of people, and Yin (2018) and Thomas (2010, 2014) affirm the utility of deriving data from an array of sources. Gillham (2000), building on Yin's scholarship, specifically noted that such a selection of sources can help answer questions imbued with complexity while also helping "illuminate issues and turn up possible explanations" for both institutions and individuals (p. 102). Although McMillan (2008) pointed out the potential limitations of the generalizability of the case study approach, he also argued that a case study can produce a more "holistic" and encompassing view of the subject of the study as it can utilize a range of qualitative data simultaneously. (p. 188). A case study method also aligns with relevant studies found in the literature on institutional theory and change. Cini (2014) explains that although the "theory of gradual institutional change is primarily designed to offer empirical researchers testable propositions, the theory can also offer interpretative researchers a framework to use heuristically to facilitate case-study research" (p. 482). Importantly, Creswell and Poth (2018) argue that through the process of collecting, organizing, and aggregating the data from a case study, clarifying and insightful patterns and themes emerge. As Gillham (2000) similarly illustrates, the evidence from a case study that "has to be abstracted and collated" can help "get the best possible answers to the research questions (p. 1).

Qualitative Data Sources: Documents, Records, and Artifacts

At the onset of my research, Active Minds graciously shared with me the report that their four research fellows produced to help them develop an initial analysis of opportunities for expansion into high schools. Titled "Assessing & Evaluating Active Minds High School

Programming,” and completed for Active Minds in the summer of 2020, the fellows’ high school report analyzed information from a focus group of high school students and a focus group of high school administrators at the spring 2020 Active Minds National Conference in Washington, D.C. The fellows’ report also analyzed two quantitative surveys that they developed for those high schools with Active Minds chapters. I utilized the fellows’ research, as well as Active Minds’ program descriptions, strategic planning documents, and website to analyze the obstacles and opportunities for Active Minds to develop further their reach into the high school environment, and to develop the resources for this case study. Through ongoing discussions with Active Minds, and our shared interest in aligning my research with their own internal research, the utility of a case study approach emerged as the most appropriate method to collect and aggregate data and to build upon the findings Active Minds received in the summer of 2020. An additional reason for adapting a case study method emerged due to the COVID-19 pandemic. Although I originally intended to conduct focus group interviews at regional conferences of independent school administrators, logistical complications brought on by the COVID-19 pandemic precluded me from doing so in 2020-2021.

Qualitative Data Sources: Qualitative Interviews and Open-Ended Survey Questions

I conducted semi-structured qualitative interviews of independent school administrators across multiple geographic areas in the United States. I also utilized an open response survey of independent school administrators in the Independent School Association of the Southwest (ISAS) to collect a more diverse array of data. For the qualitative semi-structured interviews, I crafted each research question with verbiage that affords an “open and emerging design” for

qualitative data collection (Creswell, 2018, p. 134), and that aligns to the conceptual framework derived from the neoinstitutional theory of gradual change. To help broaden and deepen the understanding of the high school environment, I created my semi-structured interview questions and open-ended survey questions to align to the questions Active Minds utilized in their own internal research from 2019-2020.

Qualitative Data Collection

Weiss (1994) argues that qualitative interviews help us “gain in coherence, depth, and density of the material each respondent provides,” and through the qualitative interviews, the beliefs, perspectives, and experiences of independent school administrators became more evident (p. 3). To prepare for the qualitative interviews, I referenced Castillo-Montoya’s framework (2016) to ensure my queries aligned with my research questions, and so that my qualitative interview protocol was “both conversational and likely to elicit information related to the study’s research questions” (Castillo-Montoya, 2016, p. 825).

Figure 3: *Example of Interview Protocol Matrix, adapted from Castillo-Montoya (2016)*

	Research Q1	Research Q2	Research Q3
Q1	What are the most pressing student mental health problems facing your students?		
Q2		How comfortable are students approaching administrators/counseling staff at your school regarding mental health? Explain?	
Q3		What pressures do you face as an administrator to respond to mental health issues at your school?	
Q4			What do you perceive are the perceptions of parents to mental health programming?

During the interviews, I employed a combined interviewing strategy, using both an interview guide as well as open-ended queries to collect data. Patton (2002) defined the benefits of the combined approach, explaining how asking questions in this manner “offers the interviewer flexibility in probing and in determining when it is appropriate to explore certain subjects in greater depth, or even to pose questions about new areas of inquiry that were not originally anticipated in the interview instrument’s development” (p. 347). Because my research questions centered around the perceptions and perspectives of independent school administrators, I structured my interview questions so that I would glean insights into what Patton noted were the “cognitive and interpretative processes of people,” in an attempt to learn more about “what people think” their experiences as administrators addressing mental health challenges of their students and navigating a complicated and dynamic organizational landscape (p.350). My questions focused predominantly on administrators’ background, feelings, knowledge, experiences, and opinions.

Figure 3: *Interview Guide, adapted from Patton (2002)*

Question Focus	Past	Present	Future
Behavior/Experiences	What challenges have you confronted with adopting mental health programs/strategies at your school?	How comfortable are students approaching you regarding mental health? Explain?	
Opinions/Values		How comfortable are students approaching administrators/counseling staff at your school regarding mental health? Explain?	How can Active Minds support you in your role? What resources or programs would be helpful?
Feelings/emotions		What pressures do you face as an administrator to respond to mental health issues at your school?	
Knowledge	What resources does your school commit to mental health programs at your school?	What are the most pressing student mental health problems facing your students?	
Background	How long have you been working in independent schools? How long have you been at your site?	How has your school implemented mental health programs? What factors influenced your response or your strategy?	

For this case study, I conducted nine interviews of independent school administrators. Two of the interviews were conducted on the telephone, the other seven took place over Zoom. All interviews lasted between 45 and 60 minutes. I interviewed Upper School Deans of Students, Upper School Division Heads, Middle School Heads, and Assistant Heads of Schools. While thirteen Heads of Schools posited their perspectives in the quantitative survey, I focused my qualitative interviews on the school administrators who were more likely to be engaged in

creating, directing, facilitating, implementing, and responding to a variety of stakeholders and constituents in a school. I also selected administrators who were experienced yet at varying stages of tenure at their site, and who worked in different regions of the country. While Active Minds does not currently have interest in developing resources for middle school students, two of the administrators I interviewed were current Middle School administrators with previous Upper School experience.



- Assistant Heads of Schools
- Deans of Students
- Upper School Heads of School
- Middle School Heads of School

Survey Data Collection

I utilized an electronic, largely open-ended survey through Google Forms to garner more information and to expand the range of responses I received from my qualitative interviews. As explained in the study design section, I modeled my questions for the quantitative survey (see Appendix C) the Active Minds research fellows distributed to the administrators of Active Minds high school chapters. After considering a variety of list serves in which I could distribute my survey, I received permission from Heather Junker, Director of programs and Professional

Development at ISAS, to survey independent school administrators in the Independent School Association of the Southwest (ISAS) association.

ISAS consists of 92 schools, serving 56,344 students, in seven states. The mission of the



- Heads of Schools
- Assistant Heads of Schools
- Deans of Students
- Division Heads
- Counselors

association promotes “communication and fosters positive, ethical, and supportive relationships among its

member schools” (ISAS). In that spirit,

Ms. Junker shared my quantitative survey

(Appendix C) on four ISAS email listservs:

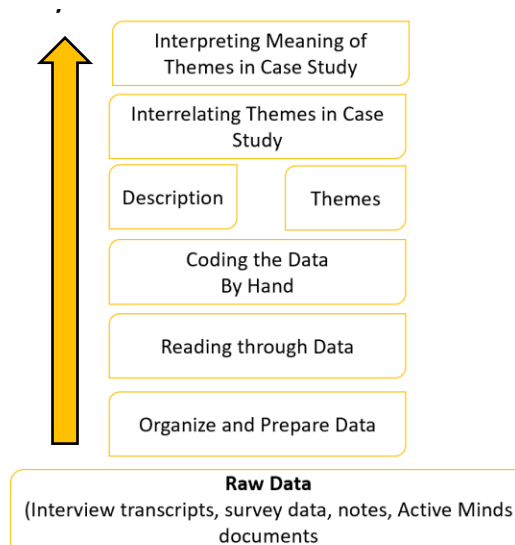
Head of School, Division Head/Assistant

Head of School, Dean of Students, and Counselors. Distributed on March 8, 2021, the survey garnered 75 responses from an array of administrators in ISAS (see Appendix D). The survey closed on April 1, 2021.

Data Analysis

Throughout the process of my data collection, I employed Creswell’s (2018) procedures for data analysis (see Figure 5).

Figure 5: Data analysis process adapted from Creswell and Creswell (2018)



Likewise, because I was accruing a significant amount of data, I utilized Creswell and Poth's (2018) data spiral to inform the organization of my analysis (see Figure 6). For each qualitative interview, I utilized the transcriptions of the conversations that Zoom produced. Though I was on the phone for two interviews, I recorded myself on Zoom to create the transcript record. I took notes as I conducted the interviews as well, and upon conclusion of the interviews, reviewed my notes to highlight emerging themes from each conversation. As I collected data, I also liaised monthly with Active Minds, sharing, describing, condensing, and paraphrasing my data for them.

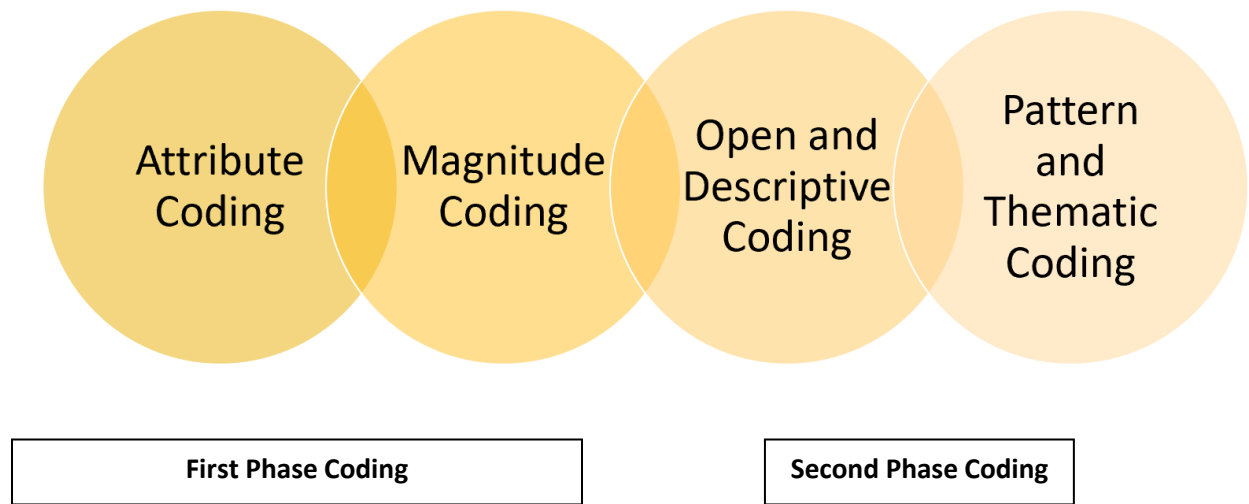
Figure 6: *Data Analysis Spiral, adapted from Creswell and Poth (2018).*

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Saldaña (2016) provided the framework for my first and second phases of coding (see Figure 7). For my qualitative interviews, I began with attribute and magnitude coding to ascertain both the important demographic information of independent school administrators and to determine if there were shared or similar practices or experiences in different school environments (See Figure 8). I also utilized open and concept coding so I would be able to better identify emerging themes and concepts in my first phase of analysis (Figure 9). I collected the qualitative data simultaneously over the course of nine months, and I aggregated, organized, and coded the data in a way that afforded me the ability to integrate, synthesize, and interpret the information in an iterative process (Creswell, 2018, p. 15).

Figure 7: *First and Second Phase coding process, adapted from Saldaña (2016)*



Using this phased approach to data analysis was helpful to illuminate “patterns appearing across several observations” (Babbie, 2017, p. 392). For each interview, I took notes during the interview, reviewed the transcript, and then condensed and organized each transcript into a more concise memorandum to review. From those documents, I employed descriptive coding to illuminate prevailing themes, concepts, and patterns in the data. Because I obtained notes over time, and liaised with Active Minds monthly, I coded by hand, used MindUp 2.0 to develop connections between interviews and themes, and used Microsoft Word and Microsoft Excel to organize my data collection. As I gathered qualitative data and attempted to ascertain the complexity of the landscape in which independent school administrators navigated, my coding helped derive what a better understanding of the social,

functional, and political exogenous realities of administrators, as well as the internal and institutional obstacles and opportunities they faced (Babbie, 2017, p. 397).

Figure 8: *Attribute Coding of Qualitative Interviews, adapted from Saldaña (2016)*

Qualitative Interview n=9	Position	Tenure	Gender	Race	Region	School Type	Rural/ Urban/ Suburban	Co-ed/single sex	Boarding
Interview 1	Head of Upper School	24	M	White	SW	Religious	Urban	Single sex	No
Interview 2	Head of Upper School	20	F	White	SW	Secular	Urban	Single sex	Yes and day
Interview 3	Assistant Head of School	18	M	White	NE	Secular	Rural	Co-ed	Yes
Interview 4	Upper School Dean of Students	18	M	White	W	Secular	Urban	Co-ed	No
Interview 5	Assistant Head of School	19	F	Black	NE	Secular	Suburban	Co-ed	No
Interview 6	Upper School Dean of Students	15	F	White	W	Secular	Urban	Co-ed	No
Interview 7	Head of Middle School	18	M	White	NE	Secular	Urban	Co-ed	No

Interview 8	Assistant Head of School	16	M	Black	NE	Religious	Suburban	Single sex	No
Interview 9	Middle School Head	19	F	White	W	Secular	Suburban	Co-ed	No

Integral in case studies is the triangulation of data from multiple sources, a process that Gillham explains provides a “true picture” of the data (p. 13). The open-ended responses to the survey (Appendix C) revealed resonant themes and surfaced important data that both mirrored many of the findings of the qualitative interviews and answered the research questions of this study (Figure 9).

Figure 10: *Coding Themes and Categories*

Coding Themes for Quantitative Interviews and Open Ended Survey			
Q1 External and Environmental Pressures and Forces Impacting Schools	Q2 Internal Tensions to Implement Programs	Q2. Obstacles/ Opportunities to Implement Programs	Q3. Impact on mission, values, and value proposition
<ul style="list-style-type: none"> • Anxiety and Depression • Pandemic/COVID • Developmental/Adolescents /Peer Pressures • Social Media • Academics <ul style="list-style-type: none"> ○ Perfectionism ○ College Admissions • 2020/Politics/Social Justice 	<ul style="list-style-type: none"> • Managing Time • Academic Program • Parents • School Priorities • Parents • Resources • Administrative Priorities • Leadership Capital 	<ul style="list-style-type: none"> • Time in schedule • Parents • Faculty/ staff buy in • Faculty/ staff training • Stigma • Cultural Factors • External Factors 	Faculty/ staff training Post-COVID “new normal” Market of school Value Proposition of Independent Schools

Key Findings

Research Question 1: What are the external and environmental pressures and forces that are impacting independent schools and administrators as they respond to the mental health crisis?

Finding 1: A variety of pressures are negatively affecting student mental health in independent schools, and administrators cite rising trends of anxiety and depression as significant challenges

A confluence of factors negatively impacting student well-being, and school leaders are attending to increasing growth of anxiety and depression among their students. American youth are experiencing increasing levels of anxiety and depression and each qualitative interview affirmed that anxiety and depression were intensifying challenges they observed in their school communities. One interviewee shared “the most pressing issue, even before COVID was and is anxiety, manifested through all sorts of ways.” Similarly, another interviewee explained how in the last nine months “we’ve seen those numbers skyrocket.” An interviewee noted how “there’s anxiety around both schoolwork and relationships,” and another respondent asserted how there is an “intense pressure to succeed academically” in independent schools. Administrators in two all-girls schools both cited “perfectionism” as particularly vexing as well. Overall, a supermajority of respondents in the ISAS survey also revealed the increased prevalence of anxiety and depression in their students. 67% of respondents to the electronic Google survey posited “Anxiety” and/or “Depression” in the

open-ended question pertaining to the greatest mental health challenge they see in their students (see Appendix E).

Mental health challenges linked to the COVID-19 pandemic appeared throughout both the interviews and the quantitative survey as well, and respondents specifically highlighted isolation and dislocation from peers as a cause of concern. In addition to the challenges engendered by pandemic, the ubiquity of social media, high academic expectations of and for students, an increasingly competitive college admission process, all amid a contentious political and social landscape, contributed to the challenges that students face and independent school administrators report. One interviewee explained that “coming off of a really contentious election cycle, which we're still very much in, you know, there's anxieties that stretch, that include COVID, that stretched beyond COVID, and that have to do with things like ultimately that we just are not in position, ultimately, to control.”

Interviews with administrators underscored how those external forces, and the evolving political, social, and technological environment, impacts school communities. An interviewee explained “the amount of anxiety that social media causes is brand new, and so as an administrator, you kind of sit by and you're learning a lot from the kids about things that are impacting their lives in ways that they never did yours.” Another explained “our young people are they have access to platforms that they're developmentally just not prepared for,” and when conversations become caustic in the online space, the effects of those conversations manifest on campus. “Hurt people hurt people,” one interviewee explained, and though

acrimonious social media interactions may occur off campus, administrators must contend with the fallout in classrooms and hallways and in disciplinary situations.

Even the school's geographic environment can impact the pressures felt by students in school communities. One interviewee explained "we live in the radioactive glow of (an Ivy League) university," and for many students, the result is that "every test matters, every quiz matters, every homework assignment matters, so you can feel that what's really rising to the top." "It's not the same climate as it was 25 years ago," another interviewee remarked, and "the stressors are different, and kids aren't the same like they used to be...but that means that their environments change and we need to address their response to their environment."

These findings suggest that anxiety and depression are replete in independent schools, and external forces beyond administrators' control are negatively affecting young people. These exogenous pressures are also having considerable impact on school communities and their strategies to address the mental health needs of their students. These findings also affirm the research of Horowitz and Graf (2019), Gleason (2017), and Twenge (2019) regarding the rising rates of anxiety and depression among adolescents, and the deleterious effects of an increasingly competitive college admissions environment. Additionally, these findings provide insights for Active Minds about the challenges of students in independent schools, and though these mental health challenges are not entirely unique to independent school students, the data illustrates relevant themes that may resonate in independent school communities.

Research Question 2: What are the internal tensions, obstacles, and opportunities as independent school administrators respond to the mental health needs of their students and as they implement mental health programming?

Finding 2: There are varying levels of stigma surrounding conversations about mental health in independent schools, and administrators must accrue “buy-in” across a variety of constituencies to implement mental health programming

There is still stigma surrounding discussions about mental health in independent schools, yet the culture and the context of the school can determine the extent to which administrators can promote mental health initiatives. Independent school leaders must accrue “buy-in” from students, teachers, and parents as they promote and plan mental health initiatives. Both the qualitative interviews and open ended survey results demonstrate independent school administrators must navigate a diverse array of constituencies in their school communities as they promote mental health initiatives.

Stigma

Stigma can still stifle the efficacy of mental health initiatives as well, yet the varying context and culture of the school matters as to where the pressures and tensions emanate. The quantitative survey highlighted how stigma surrounding conversations about mental health manifests itself in a variety of different forms and is seen in both teachers and students.

<p>Reasons for Stigma: Excerpts from open ended survey questions</p>	<ul style="list-style-type: none"> ✓ “Sometimes teachers being afraid to have "normal, healthy" conversations/discussions” ✓ “Student perception, because some students are reluctant to use the services we have because they don't think it is for them” ✓ “Teacher comfort level” ✓ “Students seem to be reluctant to talk about their challenges” ✓ “Stigma among students, against speaking up, is tough to overcome” ✓ “stigma (school not a clinic)”
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While one interviewee shared how “our parents are saying, please, we need this,” two interviews surfaced two distinct explications as to why parents may evidence aversion to mental health initiatives.

- “They (parents) are scared of the stigma and they're scared of you know what it might mean either not only for them and their child, but for them as parents like this is somehow reflective of their failing.”
- Another interviewee explained, “there was more pushback concerns questions...of the some of the work around suicide prevention. Especially with the age group middle school and younger may have gotten some questions and I would have parents asking, you know, is this is this relevant is this relevant for this age group.”

Two other interviews with administrators in a boarding school environment also revealed different drivers of stigma.

- One interviewee believed cultural aspects produced stigma around mental health conversations in the school community:

“We've got that boarding component and they're coming from all over the world. The issue with mental health, and I think we run into the most in terms of communicating with our families is the cultural one. Where there are cultures that don't buy into the Western ideas around mental health and approaches and approaches to it. I think sometimes organizations have a Western view around (mental health) and there are some, at least with independent schools, we have, I think we have, a lot more diversity than people think we do. I've seen it with Asian families, I've seen it with our African families, I've seen it with our Middle Eastern families where they're just a very, there's a very big difference between how they approach mental health and how Americans or even the West in general approaches mental health now.”

- Another asserted that in the boarding school environment promoting mental health initiatives carried connotations that the school may designed for students needing intensive therapy:

“I think admissions-wise and communications-wise it comes out the most, and I don't think there's an admissions professional or communications professional or even a Head of School who's out there, singing from the rooftops, 'hey, we do a great job helping these kids,' unless they're a therapeutic school. But I think even with that, when you step up to the plate, and it's time to start helping kids, then it's important to just be open to all of these new pieces.”

Buy-In

The data collected indicates that administrators feel endogenous pressure to frame and promote mental health initiatives to accrue student “buy-in,” as administrators perceive their students harbor contrasting views about the students’ willingness to participate fully in mental health programming.

- One survey respondent noted how “our academic rigor makes us seem hypocritical to students.”
- Another survey respondent explained “Students request that we do more but then don’t support with their own buy in. Makes us feel like we are missing the mark.”
- Another interviewee explained their perception that “kids are always thinking that we’re setting a trap for them.”
- One interviewee believes that for students to embrace mental health programming, students need to “see mental health as part of what they need to master, and then talk about how do you show up for a friend. A lot of times the children will find their way to an adult, because they talked to a classmate, and because a classmate can easily recognize something in someone else but they talked to a classmate may direct them to an adult and then they come to the adult because appear has made it de-stigmatized.”

Administrators also shared how faculty are hesitant to embrace mental health initiatives for a variety of reasons. Some teachers may not have a firm grasp of the extent of the problem facing today’s youth, and as one interviewee explained teachers are “not knee deep in the

research of the climate has changed around these kids.” Other teachers may not feel that it is their role to engage in conversations about mental health with their students. One interviewee explained “there's absolutely in my experience, a group of teachers...where they're coming from--you hired me, you hired me to teach trig. I am not qualified to be an advisor or social emotional counselor.”

Even with compelling reasons to implement mental health initiatives, affecting change in schools is complicated. An interviewee noted the difficulty of changing the conversation about mental health in their school environment:

“We have tried to address it, and it created change and change is uncomfortable. When it is in the name of mental health, and it's in line with the research around what is good for children, I think, that's where the difficulties are as leaders. If you do implement change, the pressure to go back to the way it was exponentially increases.”

Engendering buy-in from students, faculty, and parents requires administrators to address several competing perspectives about who should deliver and how mental health initiatives should be embedded within their existing constructs and programs. Administrators cited both internal and external pressures (Mahoney & Thelen, 2010), and a complicated landscape in which they must innovate and navigate (Crumpley, 2016). Despite their efforts, administrators also cited the persistence of stigma as a challenge and impediment to making effectual change (EAB, 2020).

Research Question 2: What are the internal tensions, obstacles, and opportunities as independent school administrators respond to the mental health needs of their students and as they implement mental health programming?

Finding 3: Administrators and educators feel the urgency to respond to the mental health challenges their students face, yet a lack of time and resources often limits their efforts to develop and implement mental health programming.

Despite the ubiquity of mental health and social emotional programming in independent schools, administrators cite the lack of time as an impediment to implementing more robust mental health programming. Over half of survey respondents cited time or concerns about the pressures of scheduling mental health programming in the school day as an obstacle.

<p>Excerpted responses related to "time" in open ended survey</p>	<ul style="list-style-type: none"> ✓ Time in the schedule ✓ time to be able to have special assemblies on a frequent enough basis for health/wellness topics; administration placing priority on other things instead of health and wellness education ✓ Time -- time in independent schools is always an issue. Time spent on SEL and mental health issues is time that is not spent in class or in extracurriculars ✓ finding time in the academic schedule to implement programs ✓ finding ways to address students' mental health while also being able to teach our full curriculum. ✓ Time constraints ✓ Making/finding the time to accomplish SEL goals ✓ A lack of time. There are a lot of topics vying for time in the wellness program (college counseling, nutrition, fitness, mental health, healthy relationships, drugs and alcohol, etc.). I worry sometimes that we don't spend enough time on mental health. ✓ prioritizing them in a packed calendar ✓ Time - never enough of it, and we don't want to lose academic time too often during the year ✓ Schedule and time away from academics ✓ Finding time for "soft subjects" that aren't part of the core curriculum. ✓ Time and access to students. Struggle between the demands of academics and focus on wellness. ✓ Packed schedule, where do we put them? What can we take off the schedule?
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Time was viewed by one interviewee as “the greatest resource.” Another interviewee explained that “the issue with independent schools is always time like what do you build time for...how do we prioritize this with other things in context.” One interviewee believed their efforts were “piecemeal,” even though “parents and faculty and our admin are aligned” on the importance of mental health programming.

Administrators also perceive that they must engender support within the faculty for mental health initiatives and allay fears that mental health programming will take away from academic time in the day. An interviewee articulated that mental health programming is seen as largely positive, but “when it starts to take away class time, you'll get pushback from both teachers and parents. So you can never have enough of it, unless it's taking a class.” Another interviewee echoed that sentiment, noting:

“I think there actually is buy-in from all of our constituencies around mental health and social and emotional learning. We do have some pushback when it takes time from something else directly. And that (pushback) is more, I would say, even from teachers than it is from parents. Our parents are not resistant to our programming around this.”

Complicating implementation of programs is a dearth of qualified staff on site. Some schools do not have full time professional counselors on site, and in times of mental health crises, administrators are often stretched thin. One interviewee explained “we just we kind of try to divide and conquer, for lack of a better term.”

As another interviewee noted:

“If there was crisis or true fear and anxiety in a moment, we have a lot of armchair counselors...and while we're serviceable, and we care about the students, and we know them and they trust us, we're not professionals. And that's above our pay grade.”

This finding suggests that while different independent schools may have different resources at their disposal, as Active Minds develops its programming, it should do so recognizing the limitations of time within the context of the academic day and of the demands of administrators in their communities.

Research Question 2: What are the internal tensions, obstacles, and opportunities as independent school administrators respond to the mental health needs of their students and as they implement mental health programming?

Finding 4: Administrators perceive that faculty require specific training to implement mental health programming and that parent education resources are needed

Although independent schools are committed to mental health programming, administrators pine for more faculty training and targeted resources to support their faculty in conversations with students about mental health. One interviewee shared how the faculty “don't have the skills to talk about (mental health) in the context with kids, and so I think that there were missing opportunities for adults to be ready to talk about these things with kids in real ways.” Another interviewee explained “we do a good job with having our girls learn how to self-advocate in an academic context, but we don't really have vocabulary around” mental health.

Another interviewee opined that that buy-in will only be possible with a trained faculty, all sharing a common understanding of the importance of mental health:

“It can't just rest with our counselors. Even if we add our college counseling staff to that we still can't say okay all 500 students your mental health needs are sitting on the shoulders of this six people in the school. And I mean we've got dean's we've got you know, even if you add them into it, we still can't do it. You need every single adult on campus to understand and buy into an approach. Even if they're forced to buy into that approach. But we need we need them trained.”

Partnering with parents emerged as a potential opportunity to change the conversation about mental health on campus. To help begin the conversations with parents, an interviewee shared that having accompanying parent resources would be a boon to articulating why such mental health programming is important to the students:

“To be able to translate that to an end user who has no school experience like we are drawing from I think that's really important, and we could absolutely do a better job. When families say ‘why are you making such a stink about this in the schedule and dedicating so much time to it,’ I think that is a great opportunity for us to figure out what is our message, what matters most, and how do we articulate that as well.”

Similarly, an interviewee explained that the more the language was crafted to parents, the better.

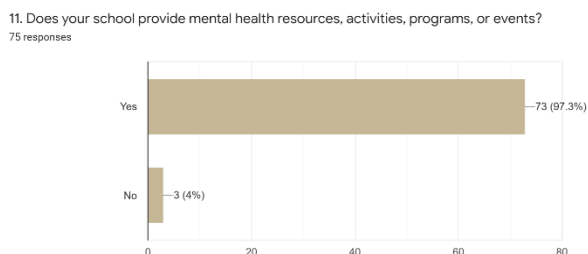
“Another thing that is really helpful for schools is when the letters to parents are already written for us. I want the experts to describe it. I don't want to be the middleman trying to translate this for parents, though I like being able to like edit and add my own commentary and to fill in the part about how this aligns with our mission. So this can fit in so well with what we're already doing, but I want the words themselves. I don't just want the materials that we're going to use with kids.”

As Active Minds develops resources for gatekeepers and stakeholders, these findings suggest targeted materials specifically designed for faculty and administrators would support existing efforts to implement mental health programs in independent schools. The findings suggest that these key stakeholders in independent schools must see the utility of mental health programming, moor it to the learning process, and change their collective behaviors and approach to discussions about mental health (Doll, Phohl, & Yoon, 2010). These findings also indicate there are potential opportunities for Active Minds to affect important change in the high school space by developing resources for educators that help create shared understandings of mental health in school communities, that provide shared definitions and talking points for teachers and administrators to use, and that convey relevant research to the various constituencies in the school.

Research Question 3: To what extent are the pressures to respond to the mental health crisis affecting independent school values and the value proposition of independent schools?

Finding 5: Independent schools are implementing an amalgam of mental health programs in a variety of educational markets and contexts, yet administrators perceive mental health programming as both needed and part of the school's value proposition to families

Schools have become providers of mental health programming (Doll, Pfohl, & Yoon, 2010), and independent schools are offering an amalgam of mental health initiatives and activities as part of the programs offered to all their students. All nine interviewees attested to ongoing mental health initiatives at their schools, and almost all of respondents to the Google survey indicated their school provided mental health programming for its students as well.



Each of the qualitative interviews, as well as the open ended survey responses, revealed an array of approaches to addressing the mental health needs of students, however. Depending on the independent school, mental health programming, staffing, and promotion varied significantly. Independent schools are using counselors, both part-time and full time, as well as chaplains, administrators, and health practitioners to deliver mental health programming

(see Appendix E). Many independent schools also use advisors within an advisory program to deliver mental health programming as well. Advisory programs are a common structure by which independent schools deliver non-academic as well as mental health programming. Gavin (2004) explains that flourishing advisory programs routinize connections between students and teachers and to foster smaller communities within the school to help students with academic issues, social and emotional dilemmas, and to deliver programming that otherwise cannot be scheduled in the day. Additionally, some schools utilize clubs and partner with organizations to deliver mental health programming. Independent schools assert that “educating the whole child” is part of the independent school advantage and value (NAIS). These findings suggest that the ubiquity of programs embedded within the academic day connote administrators place a value on mental health programming, and that independent school students have opportunities already to discuss mental health matters during the academic day.

Resources allotted to mental health programming vary across independent schools, however, and a lack of resources emerged as an impediment to mental health initiatives in independent schools. Unlike public schools that receive funding from state and local governments, independent schools are dependent on tuition and philanthropic gifts for their operating budget. According to one interviewee, a more robust mental health program “could be a market differentiator for us,” however, “we haven't been willing yet...in part because our size and our lack of endowment and some other financial concerns don't necessarily allow us to be.”

Regardless of the school's size or resources, mimetic forces seem to be compelling independent school administrators to develop or expand their mental health programming (DiMaggio & Powell, 1983 & Oliver, 1991). The research of this study indicated that school administrators are cognizant of parent and community perception about their programming, and recognized that by not offering mental health programming, their school may be seen as lacking in offerings and consequently, a lesser value in a competitive market. One interviewee noted how competitive forces were impacting their approach to mental health, explaining how "we're just kind of looking to our left look into our right and going like do we want to be the only school...without a counselor." Another interviewee viewed mental health programming as a potential value proposition to prospective and current parents, underscoring the significance of the external environment to organizational strategy and programming (Kraatz et al., 2010). Two interviewees explained that mental health initiatives, inclusive of hiring new staff, were part of their schools most recent strategic plans.

Yet existing stigma surrounding mental health may influence whether the school includes its mental health initiatives and efforts as part of its admissions and marketing pitch to parents. As one interviewee explained:

"No independent school wants to be the school where you know we deal with mental health, you know, really well. That's on no one's website. We all have programs and they all have names and it's all coded and you know, because, because we don't want to be the school for all the kids who have these needs because it's tough to support them. Instead of recognizing as a populace, that kids these days have mental health issues, and

de-stigmatizing it across the board, we stigmatize every time that we don't want to include it for some reason.”

Despite such stigma, administrators’ own personal concerns for students informed the impetus to implement mental health initiatives. Several interviewees expressed how their care for their students affects them and drives them to improve the institutional environment for their students. One interviewee explained how “I worry about the kids staying alive.... I don't know how deep the depression is or how deep their anxiety is or what's been happening...so I take that as ‘okay, what can we do to save her life to get her help and then move forward.’ ” Another shared how “there's a piece of you that certainly gets deeply involved. In the struggles of these kids and you want to see them succeed. And then when they don't you start to blame yourself a little bit. I think it starts to affect us more and ways that we don't see.” Independent school administrators perceive their work as being replete with care, and they believe their efforts are profoundly important. Just as Noddings (1992) compelled educators to think critically about their efforts to care for their students, arguing that educators need to “listen and respond differently to (our) students” (p. 19), so too did the interviewees in this study. As one interviewee reflected:

“The big thing that comes up for me is that it is a huge privilege to be in the conversation with the student and or their parents and guardians. When you get the sense that this student is sorting through one of the, if not the most, challenging things that they've ever come up against, to be a part of the process for them, that is enormously gratifying.”

While independent school administrators are committed to introducing and implementing mental health initiatives and programming, the market in which the school exists may present both obstacles and opportunities for them to promote their mental health programming with their value proposition. These findings suggest that Active Minds may have an opportunity develop resources that may appeal specifically to the ethos of independent schools, and to the independent school value proposition, so as to advance its reach into the independent school market.

Discussion

Despite the recognition of the need for mental health programming in schools, affecting substantive and effective change in independent schools appears to require both gradual and evolutionary measures, while also a more revolutionary and transformational effort to combat the stigma around mental health. Three questions drove the inquiry for this study. First, what are the external and environmental pressures and forces that are impacting independent schools and administrators as they respond to the mental health crisis? Second, what are the internal tensions, obstacles, and opportunities as independent school administrators respond to the mental health needs of their students and as they implement mental health programming? Third, to what extent are the pressures to respond to the mental health crisis affecting independent school values and the value proposition of independent schools? Data collection consisted of an analysis of existing data, including an unpublished report from Active Minds own internal research, document analysis, semi-structured interviews with open-ended questions, and a Google survey of administrators in schools in the Independent Schools

Association of the Southwest. This capstone utilized a case study approach, collecting data using both qualitative interviews and a quantitative survey.

This study indicates that independent schools are offering mental health programs to their students, and gradually, and amid a dynamic environment, independent school administrators have responded to both external and internal pressures and tensions in their attempt to address the mental health crisis among adolescents. The data revealed a complex landscape for independent school administrators, and as administrators developed change efforts, they faced an array of challenges. Depending on the characteristics of the environment and the endogenous forces, the institutional dynamics and context, and the leadership at the school, efforts to address the mental health challenges faced by students were often the result of gradual, internal, and subtle changes (Mahoney & Thelen, 2010) and institutional bricolage (Buitelaar et al. 2007). These changes have had important and substantive impacts on the perceptions of value independent school administrators prescribe to their schools.

The data analysis and findings indicate that Active Minds should endeavor to design resources with the faculty in mind, and with a purpose of not only fostering a shared understanding of mental health among teachers and staff in high schools, but to leverage the caring and trusting relationships faculty have with students. In addition to resources for the faculty, Active Minds should consider developing resources for administrators that provide relevant verbiage and resonant framing for parents and other constituencies in the school community. The data collected by this study, as well as recent literature, suggests that such a targeted approach to developing resources for key constituents in independent schools will

help de-stigmatize discussions about mental health in schools and illustrate the alignment of those initiatives with the value proposition of independent schools. Finally, and in alignment with Active Minds strategic plan, Active Minds should consider first proposing a conference session to the National Association of Independent Schools Association's national conference in the spring of 2022, and then pursue a partnership with the National Association of Independent Schools.

Limitations

The purpose of this study was to assess the landscape of independent schools for Active Minds as they develop their plans to expand into high schools. This capstone focused on their perspectives and perceptions of independent school administrators regarding the pressures and tensions to address the mental health crisis in adolescents, and to illuminate the obstacles and opportunities for mental health programming in their schools. One considerable limitation is that this study only focused on independent school administrators and not public-school administrators. Additionally, though the semi-structured interviews obtained data from administrators in the northeast, southwest, and west, the Google survey was limited to only schools in the southwest region of the United States. Likewise, the COVID-19 pandemic impacted the design of the study, and its stresses and challenges became a looming context that influenced responses. Consequently, the design and approach of this study may limit its validity and generalizability. Lastly, the interview questions and survey I utilized mirrored Active Minds earlier research endeavors. Further studies with different questions might surface new additional insights and information.

Also of note, this study did not include impact of mental health of administrators, but it surfaced in the data collection. Recent research indicates that educators are struggling during this pandemic. The American Psychological Association posits that “rates of serious anxiety and depression have been climbing, with increased stress levels documented among adults in general and parents in particular.” (Kumar & Luthar, 2020). The consequences of teacher stress not only negatively impact teachers, but these pressures can affect student learning and growth as well. (Greenberg, Brown, & Abenavoli, 2016). Research also indicates that teachers who struggle to manage their own stress and lack adequate resources to get help for their social emotional health, often suffer burnout and are less effective in the classroom. While student mental health and well-being has rightfully been an important topic of discussion among educators, policymakers, and the media, there has been “little attention paid” to the mental health of educators (Kumar & Luthar, 2020). The mental health and well-being of educators is a shared interest, and schools have been societal and economic bulwarks during the COVID-19 pandemic. According to NAIS research, “teachers play a central role in the learning ecosystem of their students,” and “it stands to reason that to achieve strong mental health for students, teachers must also be given the opportunities and support they need to prioritize their own well-being” (Bernate, 2020). Further study that examines the mental health challenges of administrators in independent schools may reveal more about organizational structure, processes, and culture, and the growing responsibilities of school leaders to attend to pressures and tensions to respond to the mental health challenges of their students.

Recommendations

The following are recommendations for Active Minds that align with the Active Minds strategic plan and that emanate from the literature review and research of this study. While Active Minds already commissioned research to surface opportunities that will help expand its presence into high schools, and the organization is already advancing and developing materials and resources for high schools, these recommendations provide additional, targeted options for Active Minds to consider as they expand into high schools and into the independent school market, specifically.

Recommendation 1: Design resources for faculty that cultivate a shared understanding of mental health, that are designed for efficient delivery, and that leverage the already established faculty and student relationships on site.

Active Minds is in the process of developing resources for high schools as part of their strategic plan. This study indicates that independent schools and administrators who lead them are already engaged in attending to the mental health challenges of their students. The external and environmental context in which independent school administrators are responding is complex (Finding 1). Depending on the school, independent school administrators are utilizing an array of approaches to disseminate and implement mental health programming and feel the pressure to respond to the mental health crisis of adolescents (Finding 5). Both the open ended survey questions and qualitative data collected in this study suggests that mental health programming is recognized as important by independent school administrators yet finding time in an already cluttered daily and weekly schedule is a significant obstacle regarding the implementation of mental health initiatives (Finding 3). Similarly, independent school

administrators cited the need for improved faculty training to ensure buy-in and to help destigmatize discussions about mental health (Finding 2).

As Active Minds develops its resources, and promotes materials to administrators at schools, the literature and data collected from this study suggests that to improve educators' knowledge of mental health, and to destigmatize discussions about mental health in schools, focusing on developing faculty resources may be an effectual and prudent step to take. In particular, the gatekeeper model of instruction may be most effective in disseminating its high school materials, what Wei, Kutcher, Baxter, and Heffernan (2020) illustrate through the "train the trainer" approach as designed in GTET. This model fostered "significant improvements in knowledge" about mental health challenges and importantly surfaced "a decrease in stigma of the Go-To Educators" program (p.2). The research and literature indicate that the ongoing development of capacity of educators in schools to understand and then attend to the mental health challenges faced by their students is of paramount importance, particularly because the "gatekeepers" as those educators whom students already know and respect. By leveraging the trust and relationships between teachers and students, the conversation around mental health may improve.

The research from this case study also indicates that for these resources to be most effectual, high school materials should be designed with to be implemented in limited periods of time, as the data collected from this study illustrates the premium of time, and the competing demands of other programs offered in independent school, in a school day (Finding 3). Resources for teachers that underscore the landscape of mental health challenges

adolescents are facing, and that help teachers find a shared understanding and vernacular about mental health, would allay concerns of administrators about faculty readiness to engage in these conversations about student well-being. Likewise, materials that address topics such as perfectionism, anxiety, and stress related to academic performance would resonate among independent school students. Lyman and Luthar (2014) analyzed the experiences of two cohorts of academically gifted students in very different socio-economic status groups and asserted there are deleterious effects of perfectionism and extrinsic goals on student well-being in affluent communities. Lyman and Luthar (2014) note that “in schools that are predominated by high achievers, educators and parents alike must remain cognizant that strivings for perfectionism can become unhealthy, indeed inimical to the overall well-being of today's youth” (p. 10). Importantly, Active Minds might consider recognizing the various cultural stigmas that may be attached to mental health in their resources and provide considerations and context for administrators and faculty to utilize.

Recommendation 2: In addition to developing resources for the faculty, Active Minds should develop targeted resources for administrators to share in their parent education programs

The data collected from this study evidenced a need for parent education to allay fears and de-stigmatize discussions about mental health, while also mooring conversations about mental health to the school's emphasis on care and the whole-child. Independent schools endeavor to deliver carefully constructed mission to their families and aspire to foster a supportive and nurturing intellectual environment as well. The near ubiquity of mental health programming in independent schools, the values independent schools profess, and the literature on why parents choose independent schools, suggest that there is an opportunity for

Active Minds to develop programming and frame it as an integral to develop student well-being and a value proposition for independent school leaders to align with their school missions (Finding 5).

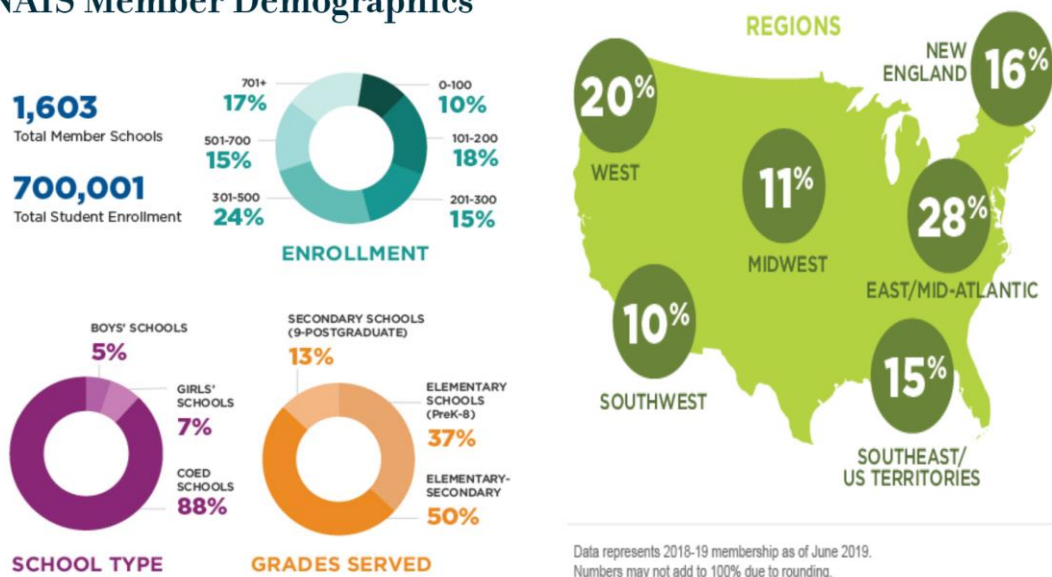
Robenstine (2000) asserted that for “whatever the schools’ market position...administrators will generally feel a need to make their schools more attractive to consumers, cultivating images that will appeal to parents generally but especially to a particular set of parents” (p. 97). The research collected in this study indicated that some parents in independent schools may harbor reservations about mental health programming, whether because of the stigma surrounding mental health conversations or possible cultural factors (Finding 2). Yet administrators also perceive parents interested in and enthusiastic for mental health initiatives that improve the well-being of their child (Finding 3). Given the disparate markets in which independent schools exist, Active Minds should consider providing resources to administrators specifically designed to address parent queries and concerns. Developing resources with talking points and relevant resources administrators might communicate to parents will advance the promotion of mental health programming in independent schools and support the efforts of administrators to educate their communities on the topic of mental health. Parents are integral and involved constituents in independent school communities, and Active Minds might consider aligning their resources around the context of care and the value proposition independent schools promote.

Recommendation 3: In alignment with Active Minds strategic plan, Active Minds should pursue a partnership with the National Association of Independent Schools (NAIS) and consider proposing a conference session at NAIS National Conference in 2022 as well.

Students are facing an array of mental health challenges in independent schools (Finding 1), and though the problem is ubiquitous, the external pressures and internal tensions administrators must respond to are varied and complex. Recent trends in adolescent mental health makes clear that “the importance of mental health cannot be overstated” as schools plan forward (Bernate, 2020). The literature also illustrates that the NAIS leadership is committed to promoting the student mental health and well-being as part of the value proposition of independent schools. NAIS is already conducting research and developing resources on the topic of mental health. As a national institution representing 1,600 independent schools, NAIS’s ongoing efforts to assist member schools in promoting student health and well-being appears aligned with Active Minds strategic plan to expand its partnerships and reach high schools across the country. As a result, Active Minds should consider establishing a connection with NAIS as Active Minds expands its offerings and develops new partnerships.

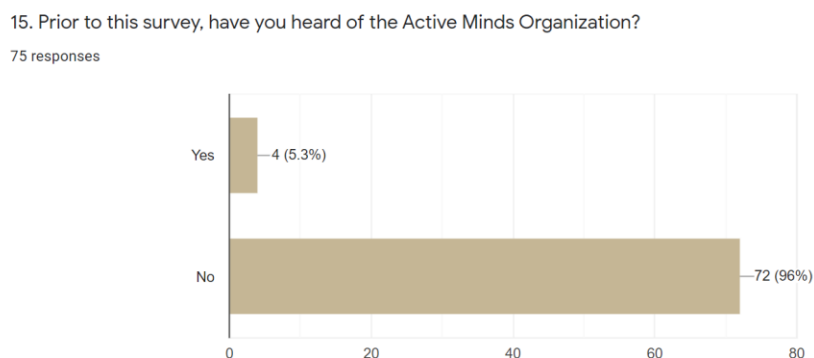
Source: NAIS Member Demographics (NAIS)

NAIS Member Demographics



Overall, independent school administrators interviewed and surveyed in this study reveal that independent schools are already engaged in this important work to de-stigmatize discussions about mental health and attend to the challenges their students face. As they do so, though, the data collected in this study indicates there are several competing demands impacting their ability to implement mental health initiatives (Finding 2) and a myriad of obstacles to implementing mental health programming (Finding 3 and 4). Likewise, the survey responses of this study revealed few independent schools in the southwest know about the Active Minds organization (Figure 11).

Figure 11: Excerpt from open ended survey to ISAS schools



To expand its notoriety and presence among independent schools in particular, Active Minds should also consider proposing a session for the 2022 national conference of mental health and well-being. Proposing a session would serve as both an outgrowth of Active Minds' strategic plan and will align with the burgeoning interest and emphasis on mental health programming in independent schools. The National Association of Independent Schools currently offers several regional conferences on topics relevant to the work of independent schools, as well, and there may be additional, more regional opportunities for Active Minds to foster new relationships in the independent school market.

Conclusion

Although many independent schools already employ a variety of initiatives and programs to support student mental health, independent schools must no longer view discussions about mental health in their school communities as only peripherally connected to their mission and values, but as instead integral to developing the whole-child and to sustaining their institutional values. Caring for the mental health and well-being of students has, over

time, emerged as a fundamental task of schools, a paramount priority for independent school administrators, and a value proposition for independent schools to promote. Although Horace Mann (1855) articulated the utility of care in the 19th century, more recently, an ethic of care, first espoused by Gilligan (1982), posits that caring for others is a moral act, not just a virtuous act done by individuals. Noddings (1992) asserted in *The Challenge to Care in Schools* that educators “have to plan” to create caring cultures in their school communities (p. 24), compelling educators to think critically about their efforts to care for their students. Noddings believes that educators have an obligation to “listen and respond differently to (our) students” to foster caring relationships truly and authentically (p. 19). Fullan (2020) posited that “new developments in neuroscience” are affording educators an important and necessary opportunity today to “cultivate the development of children and youth in the double dimensions of learning and well-being,” and to ensure that students are becoming ‘good at learning and good at life’ (p. 660). Decrying the current environment and systems in which students learn, Fullan argues that “new relationships between and among young people and adults become the foundation for future learning” (p. 660).

Instituting these changes and fostering those relationships will take concerted efforts on behalf of administrators, teachers, and parents. Independent school leaders must marshal their relational skills and motivate those in the organization to change their behaviors, patterns, and habits. Independent school leaders cannot “attack every box in the map at once,” but as they look to improve their responses to the mental health crisis of adolescents, they can “seek to

identify a small but powerful set of drivers to initiate improvement.” (Byrk, Gomez, Grunow, Lemahieu, 2013, p. 73).

Ameliorating the mental health challenges faced by their students will first require administrators to initiate and sustain conversations about mental health and well-being in their communities. In addition to improving the understanding and knowledge of administrators, faculty, parents, and students on the topic of mental health, school leaders will need to examine and assess the processes, protocols, and programs in their schools. In coordination and collaboration with school boards and trustees, strategic plans are required to meet the needs of a generation amid a mental health crisis. Perspectives and perceptions of students, families, and faculty should be used to inform and hone these efforts. Likewise, research related to mental health programming, the literature on institutional change, and the expertise of non-profit organizations like Active Minds will be essential to support adolescents and the educators who work with them. The research collected in this study illustrates that by engaging and educating the faculty, by cultivating a shared understanding of mental health among students, faculty, administrators, and parents, and through even mundane change initiatives (Kraatz, Ventresca, & Deng, 2010; Selznick, 1992), independent school leaders have the opportunity to change the conversation about mental health on their school campuses and improve their value proposition to their families.

Independent schools should also endeavor to continue to educate the whole child as part of their value proposition to parents and promote care as a core proponent of their school communities. Kane (1993) noted how “a universal characteristic of independent schools, since

the establishment of the early academies, is a romantic vision of the malleability of youth and a belief in a school's capacity to transform" (p. 35). Imbued in most Independent school missions, Kane wrote, "is an optimism about youth and a positive view of the power of schooling" (p. 35). In this time of disruption, independent school leaders have a profound opportunity to reimagine how they can imbue care, connections, and conversations about mental health in their school communities.

The COVID-19 pandemic accelerated significant changes to schools' systems and programming, while also highlighting the importance of attending to the mental health needs of students. In April 2021, United States Secretary of Education Michael Cardona asserted that in the aftermath of the COVID-19 pandemic, schools should be re-designed to attend to the mental health and well-being of students. "We have to make sure that our schools have stronger mental health supports, have better training for all educators, including bus drivers, cafeteria staff, everyone that engages with students," Cardona explained (Fung, 2021).

This exogenous shock of the pandemic may result in institutional change for schools, and significant change may also be achieved because of the endogenous forces within schools, fueled by the internal and intentional designs of independent school administrators. Independent school leaders have been invested in, and dedicated to, promoting mental health and well-being in their school communities, as prior to the pandemic, adolescents were already facing an array of mental health challenges and pressures. Although the data collected in this study indicates that advancing mental health initiatives in independent schools is complex, time-consuming, and replete with challenges, small, gradual, and continual iterations in the

school's programming may produce significant results. Weick and Quinn (1999) articulate how continuous change efforts help direct "what is already underway" (p. 379). Citing Barrett et al. (1995) and Dixon (1997), Weick and Quinn argue that "the most powerful change interventions occur at the level of everyday conversations (p. 381). Just as Active Minds is dedicated to changing the conversation on mental health, so too can independent school administrators affect much needed change in everyday conversations about mental health with their students, faculty, and parent community, and produce lasting, positive changes for the students in independent schools.

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Appendices

Appendix A



Dear [Name],

As a doctoral student in the Leadership, Learning, and Organizations program at Vanderbilt University, I am inviting you to participate in a capstone project about mental health programs in independent schools, with the goal of ascertaining your perceptions about the opportunities, pressures, and tensions you face to implement mental health programs at your school. You have been identified as a potential interviewee for this study because of your leadership position at your school.

Your participation in this study is extremely important to me and to the Active Minds organization. Active Minds is the nation's leading non-profit organization dedicated to improving the mental health and well-being of our nation's youth. Your participation will assist us in determining how Active Minds can best support independent school educators by tailoring their resources to the needs of independent schools and their students. Should you agree to participate, I will contact you to set up a Zoom interview, or if you prefer, a phone call, at a time of your convenience. Both the Zoom interview and phone call should take about 30-40 minutes. Participation is voluntary and your response will be kept anonymous. You will have the option to not respond to any question that you choose. Participation or nonparticipation will not impact your relationship with your school or with Active Minds. Agreement to participate will be interpreted as your informed consent to participate and that you are at least 18 years of age.

If you have any questions about the project, please contact me, via email at Stephen.M.Popp@vanderbilt.edu or my faculty advisor, Dr. Tracey Armstrong at tracey.m.armstrong@vanderbilt.edu.

If you have any questions regarding your rights as a participant, contact the Vanderbilt Institutional Review Board (IRB) at (615) 322-2918. Please print or save a copy of this page for your records.

Appendix B

Semi-Structured Interview Questions

- What are the most pressing student mental health problems facing your students?
- How comfortable are students approaching you regarding mental health? Explain?
- How comfortable are students approaching administrators/counseling staff at your school regarding mental health? Explain?
- How comfortable are students approaching teachers at your school regarding mental health? Explain?
- To what extent do you believe mental health services are accessible to your students?
- How do you feel about how your school handles the mental health of diverse groups?
- How prepared do you feel you and your staff are in assisting students with mental health?
- What pressures do you face as an administrator to respond to mental health issues at your school?
- What do you perceive are the perceptions of parents to mental health programming?
- How has your school implemented mental health programs? What factors influenced your response or your strategy?
- What challenges have you confronted with adopting mental health programs/strategies at your school?
- How can Active Minds support you in your role? What resources or programs would be helpful?
- What resources does your school commit to mental health programs at your school?

Appendix C

Survey sent to the following ISAS List Serves: Head of Schools, Division Heads, Assistant Division Heads and Counselors.

Mental Health Programs and Initiatives in Independent Schools

To help us better understand your own perspective as an independent school administrator or educator, I ask that you please take this brief survey. Your experience shared through this survey will be used to develop resources and support for high school and middle school students in a collaboration with Active Minds, the nation's leading nonprofit organization supporting mental health awareness and education for young adults. Your response will remain confidential. You can only take the survey once, but you can edit your responses until the survey is closed on Friday, April 2. If you have any questions, please email me at spopp@johncooper.org.

If you have any questions about this survey, please email Stephen Popp

1. Please select a position that best describes your current role:
 - a. Division Head
 - b. Assistant Division Head/Dean of Students
 - c. Head of School
 - d. Counselor
 - e. Teacher
 - f. Other
2. How many years have you been working in independent schools?
 - a. Less than a year
 - b. 1-2 years
 - c. 3-4 years
 - d. 5-6 years
 - e. 7 + years
3. How long have you been working at your current site?
 - a. Less than a year
 - b. 1-2 years
 - c. 3-4 years

- d. 5-6 years
 - e. 7 + years
4. What gender do you identify most with?
- a. Male
 - b. Female
 - c. Transgender Male
 - d. Transgender Female
 - e. Non-binary/Non-Conforming
 - f. Prefer not to answer
 - g. Other (please specify)
5. What region is your school located?
- a. West
 - b. Midwest
 - c. East
 - d. South
 - e. Southwest
6. What best describes the geographic location of your school?
- a. Rural (countryside or far away from the city, less than 10,000 people)
 - b. Suburban (an area on the outskirts of a city)
 - c. Urban (an area in the city)
7. Roughly, what is the size of your school's student population?
- a. 100 students or less
 - b. 101-250 students
 - c. 251-500 students
 - d. 501-1000 students
 - e. 1001—1300 students
 - f. 1301 or more
 - g. Not sure

8. Please describe your school:
 - a. K-12
 - b. K-8
 - c. 9-12
 - d. Other
9. Is your school a boarding school, day school, or both?
 - a. Boarding b. Day c. Both
10. What is your race/ethnicity?
 - a. White or Caucasian
 - b. Black or African American
 - c. Hispanic/Latino/Latina
 - d. Asian or Asian American
 - e. Native American or Alaska Native
 - f. Native Hawaiian or other Pacific Islander
 - g. Bi-Racial/Multiracial
 - h. Other (please specify)
11. Does your school utilize mental health resources, activities, or events?
 - a. Yes b. No
12. If so, please explain:
13. What is/are the biggest obstacle(s) to implementing mental health programs at your school?
14. What programs or resources would be beneficial in assisting high school students and supporting their mental health?
15. What programs or resources would be beneficial in increasing parental or guardian involvement in student mental health?
16. Prior to this survey, have you heard of the Active Minds Organization?
 - a. Yes b. No

17. If so, how did you hear of Active Minds?

- a. Conference
- b. Internet
- c. Colleague
- d. Word of mouth
- e. Current Students
- f. Alumni
- g. Other

18. Anything else?

Appendix D

Quantitative Open Question Responses

Q11. What is the greatest challenge?

Anxiety
pandemic and isolation, anxiety, depression
Anxiety
Anxiety and distorted eating behaviors
Anxiety
Residual trauma for all of 2020 and how that affected their social and emotional growth and development.
anxiety and depression
Stress related to academic expectations, college admission, life balance.
Anxiety/Depression
peer pressure, social media, perfectionism
I am seeing greater occurrence of depression and symptoms often associated with depression.
Anxiety
Stress from distance learning
Due to COVID, we see more isolation issues right now and less stress around what's next for college.
anxiety/academic and social pressure
ADD/ADHD and Depression
Anxiety, depression, social media addiction
Intense pressure to succeed academically, challenges that arise due to social media (feeling left out, bullying, etc.)
Many of our students have social media accounts and the level of parent supervision seems lower than it should be. The kids sometimes get into conversations that should really be mediated by an adult. We see a lot of hurt feelings and arguments that happen online and get brought to school.
stress from too much pressure to excel in everything
I can't pinpoint just one issue, but family issues (divorce, etc.), learning disabilities, emotional/behavioral disorders all contribute.
Anxiety
Fear of unknown. COVID.
Anxiety and/or depression
anxiety
Feeling connected
Anxiety
anxiety, depression
Oversensitivity, unable to manage their emotions

Anxiety
Anxiety
Anxiety and depression
Loss of connection and increased anxiety
Anxiety
Stress and overwhelm with school and other commitments, depression and isolation, motivational concerns, pressure to perform (socially, academically, family pressures)
Depression and Anxiety
homesickness; onset of mental health issues common in early adulthood; challenges related to questions of sexuality and/or gender
the strive for perfectionism; anxiety
Performance and expectation-based anxiety, exacerbated by parental expectations with a dash of COVID-19 thrown in.
anxiety, lack of resilience, depression
Anxiety and lack of healthy coping skills
Poor parenting
anxiety
anxiety and stress
anxiety
Dealing with stigma, reaching out for support/help, access to resources
Realistic expectations on themselves and others. Students do not have the skills necessary to handle difficult situations, and expect things to be easier or fun. Parents are not emphasizing the importance of grit and overcoming challenges; rather, they are protecting them, and defending them to soften the blow of things that come their way.
Anxiety, often comorbid with depression
The rise of anxiety in teenagers.
Isolation and depressive symptoms
Anxiety/overwhelm
Academic/society stress in a time of little social connection and little break from the pressure though previously normal activities, gatherings, etc.
Stress, anxiety, depression
All aspects of anxiety. Whether it be social, academic, or generalized. I have also found that symptoms are much more acute during the time of COVID.
stress and anxiety-- stress would be #1
anxiety and depression
Socialization with COVID restrictions
Anxiety
Anxiety exacerbated by the pandemic
Anxiety is most common. Depression is more concerning.
How to navigate adolescence with the public nature of social media and all the anxiety and depression that can cause.
Stress and anxiety
anxiety, self-harm habits
Managing anxiety and stress

anxiety
anxiety
depression
coping with stress and expectations
Exponential stress and anxiety, at all grades.
Social interaction and loneliness
anxiety
anxiety
self-worth, developing healthy identity
anxiety

Q 14. What is the greatest obstacle?

time
we are focused on educational/social support
Enough time to plan and do it proactively and in a fully developed way.
Time and sometimes teachers being afraid to have "normal, healthy" conversations/discussions
Time
Time in the schedule
time to be able to have special assemblies on a frequent enough basis for health/wellness topics; administration placing priority on other things instead of health and wellness education.
Time -- time is independent schools is always an issue. Time spent on SEL and mental health issues is time that is not spent in class or in extracurriculars.
Parents!
teacher training and commitment
Time and student perception. Time, because it is hard to add anything to an already busy schedule. Student perception, because some students are reluctant to use the services we have because they don't think it is for them.
Time
time in the schedule & number of trained teachers to implement programs
TIME
finding time in the academic schedule to implement programs
Resources and a perceived need for prioritizing mental health
Time
Finding time to implement in the school day, buy-in from teachers concerning advisory program
Time in the schedule
time/schedule
Staffing a position as well as finding ways to address students' mental health while also being able to teach our full curriculum.
Leadership - particularly convincing those who control the budgets that mental health is: 1. a thing; 2. an important thing; 3. worth funding
Time constraints.
time and expertise

Consistency of implementation and teacher comfort level
Making/finding the time to accomplish SEL goals
COVID/harder meeting with groups or individual kids
time! and finding speakers and material we know will engage the students at each grade level (and this year, zoom--but that goes without saying)
Students seem to be reluctant to talk about their challenges.
We can only directly affect what happens to our students at school. Empowering them to maintain their mental health off campus is what will lead to our healthiest students.
Time
Time, during the COVID year it is understanding that mental health is important.
Time
Time
Time/scheduling concerns, only one school counselor to navigate individual student needs, forums, curriculum, program selection and implementation and delivery
A lack of time. There are a lot of topics vying for time in the wellness program (college counseling, nutrition, fitness, mental health, healthy relationships, drugs and alcohol, etc.). I worry sometimes that we don't spend enough time on mental health.
there are none
time
Time in the day, academic and other programmatic priorities
staff training, scheduling time, full plates
Scheduling, resources, and faculty buy in
time
funding
prioritizing them in a packed calendar
time and expertise
Having the time and resources for counselors to provide programs, having it be a priority outside of the counseling department.
Resources and stigma. I think if resources were available to hire teams to provide fun, engaging and impactful activities, the stigma would decrease.
Resources to bring in additional counseling help
Time - never enough of it, and we don't want to lose academic time too often during the year.
There continues to be some mild resistance from parents, especially parents of younger children. We struggle with allocating enough budget to expand services and to expand training to faculty. It's hard to find a well-trained counselor for the younger children.
Schedule and time away from academics
Lack of proactive leadership on the part of administrators who have this responsibility in their portfolio.
Students request that we do more but then don't support with their own buy in. Makes us feel like we are missing the mark. Stigma among students against speaking up is tough to overcome. Our academic rigor makes us seem hypocritical to students.
Finding time for "soft subjects" that aren't part of the core curriculum. But that being said, my school is better than most when it comes to implementing mental health programming!
Time and some embarrassment on the kids' part about talking about it
Following the right program with the right people.

funding and time
personnel
Time and access to students. Struggle between the demands of academics and focus on wellness.
Staffing, stigma (school not a clinic), class time - only so many periods in a day.
time and money, I suppose
Packed schedule, where do we put them? What can we talk off the schedule? Parental pushback from those who don't support mental health efforts. Sometimes this is cultural. There's also some disagreement on what causes the stress and anxiety, and therefore how students should be supported.
Attitudes around what the school should and shouldn't provide
Time and the fact that we don't have a full time school counselor
Time / Schedule
time/scheduling
time
Finding resources that feel appropriate and timely.
Not enough bandwidth to meet needs; tension between parent expectations and impact on students' social-emotional well-being.
Time and money
I'm not sure we have obstacles implementing mental health programs. One obstacle could be that our school psychologist is part-time. Her job could probably be a full-time position.
time
time, personnel/resources
time in the day for assemblies/programs and parent acceptance of their child's struggle

Q 13: What resources are needed?

Time
counseling, programming for students and parents
Starting the conversations and education around mental illness earlier, and making it an interwoven part of the academic day.
Teachers having specific training to be an advisor.
Continued support from experts in the field
Group workshops on self-confidence, coping skills, stress management, and sexual harassment.
stipend for a teacher to sponsor a STRONG and active Health & Wellness club, money for guest speakers; student modules to be completed by students after programs; time for those involved to be able to create a strong program and implement required online learning modules.
I am curious about schools that have found time in their daily schedules for mental health support. How and where does it fit?
Unknown
not sure since I am Lower School
I do not work with our high school students, so I cannot answer this question.
Social emotional learning for students in Upper School - we're implementing that now for 9th graders and will add 10th grade next year
Mindfulness
Time to gain coping skills

quality programs that help faculty better understand how to recognize and help struggling students
stress management; more commitment to life balance
Thinking of the transition from middle to high school: small-group sessions with high school students re the experience
Unsure!
We don't have a high school.
I am not involved with high school
We do not have a high school
Having a licensed therapist on campus who can meet one-on-one with students; consistent open conversations about mental health and encouragement from multiple faculty and admin; being able to take a mental health day
???
healthy lifestyles, time management, navigating relationships
perhaps lessons or articles/work to be done with teachers and also w students
Group activities and sharing
More affordable/accessible outside counselors/evaluators,
a list of vetted presenters, books, and topics
Structured programs that would take place regularly to let them talk freely. I believe having them talk to each other about their problems might be beneficial.
We just implemented The Social Institute and have received positive results. Again though having dedicated faculty who are empowered to identify any issues and let the counselor, chaplain or division head know has the greatest affect. If students know people are looking out for them they will identify issues earlier. We also have fan clubs in US where each student has a faculty member who is their fan. The students don't know this but it allows everyone to have a concerned adult.
Mindfulness
45 minute, grade appropriate exercises
Open to any and all ideas.
We use Teen Screen, which is really good
An emphasis on mental health program/education that was held in equal regard as other aspects of their educational experience. Weaving SEL into all curricula. Greater coordination with outside resources and speakers.
I have tried to implement an optional program on mindfulness. It did not catch on as I had hoped it would. I believe more programing around mediation and mindfulness would help students. We do have an elective course on Mindfulness and it has an increasing enrollment.
more SEL education for teachers
resources for living independently for going to college; time management
Time in schedule, faculty and family buy-in
quality/proven program, \$ for training, \$ for leader position
N/A
Chapel, advisory, programs for parents
maybe support groups or clubs, summer programs
Greater training for advisors and teachers
Time and teacher training. It's been my experience that middle and upper school teachers feel compelled to get through curriculum, often at the expense of knowing students and how to best help them. They remain

in a to-down model instead of "guide on the side". A proactive and authentic approach, often inviting students into the conversation, rather than a reactive "done to me" approach
engaging, real world type programs/resources that target the issues they are or may be facing at that stage of development
Designated faculty & staff professional development on how to implement instruction, program, and communication to all students who need additional supports. In addition to that, time for designated mental health professionals (counselors, instructional support personnel, etc.) to dedicate their energy to developing support systems.
Peer support
I think the biggest support comes from institutional structure - the daily schedule, the attitude the school takes towards academic achievement, etc.
More explicit teaching about mental health, perhaps through Advisory.
Experiential learning Connection and cooperation/ team building Building Resiliency
I don't know any special or particular ones, just the things known to us all
Student clubs; educational fairs/activities that are built into the academic calendar would be good (better than just adding on without break from academic demands).
I work in Middle School, but I would think that more preventive programming and student led programming would be helpful
Ways to provide opportunities for students de-stress (which is what I did my dissertation on!); executive function skills; tools for mental health that students could practice at school and then take with them
Education and training on resiliency
funding and time
resources and guest speakers
More awareness and visible commitment from administration and the community.
More of what doing, greater advisory support, more interactive health center.
I'm not sure. There is only so much that we can do. I feel like schools should play a supportive role in this, maybe not the primary role. But I'm not sure.
Something students are willing to make time for and engage in. Suggestions for how to decrease schedule demands.
Mental Health First Aid is excellent; but we need resources that help students know when they are dealing with mental health issues and when they are dealing with the everyday ups and downs of being adolescents in a high pressure environment.
Social group counselling and staffing helps
Parent education around reducing expectations around college placement, greater access to community resources. More time for this work
mindfulness curriculum
advisory
Videos, curriculum, and referrals of programs others have used.
Research-based, educational resources that are developmentally appropriate for each grade level, for students, faculty, and parents. Training resources that are developmentally appropriate. This is not just a high school issue.
Social Institute
We do not have a high school.

more training for teachers, good resources for parents, ideas for guest speakers, recommended curriculum for use in Advisory and health
small group curriculum/activities (flexibility is key)
speakers, on-demand online resources, professional learning for counselors

Q12. What current mental health programs do you offer?

12. Program Activities
Quarterly speakers, advisory program, partnership with Council on Recovery and Fontaine Center
on-site counselor - edu support not focused specifically on mental health
Counselor and SEL programming, accommodations for diagnosed mental illnesses impacting their school day.
I am the faculty sponsor of student club called Students Against Stigma where I bring in a professional every month to debunk myths related to a mental health topic and provide local resources; as US Counselor, I meet with every single freshmen student every fall, I provide referrals to clinicians in the area specializing in our population, I meet with students daily, I connect monthly with outside providers to make sure we are supporting students the best way we can in the academic setting; we have SEL advisory programs; Parent wellness coffees every month, I helped create a peer to peer mentoring program from US to MS. I am sure there's more, but this is a good start. As the US counselor I am a part of all things wellness and mental health on campus and our school supports me in these efforts.
Our counselors in all three divisions work with students and parents to provide consistent, thorough support. As well, our community often has guest speakers who help the parents, faculty, and staff recognize issues.
I am the main resource. We also have an advisory program.
3 counselors and 2 chaplains are available to students for counseling; we launched a Health & Wellness program this year to address SEL issues unique to high school students that will expand to more programs and a fully built out program to teach and guide students in social/mental health education/needs.
We have a Health Program in grades 6-10 that addresses many of the typical "health" topics -- self-esteem, stress management, substance use, sex ed, identity questions, consent. We have three full time mental health counselors who meet with students on campus and refer them to outside providers when necessary. We sponsor a Winter Wellness Day each winter where the students participate in grade-level presentations on a variety of health topics.
SEL lessons through advisory topics
Three counselors on campus, guest speakers such as Rachel Simmons, Julie Lythcott Haines
We have a team of school counselors that do screenings and various levels of support for our students. We ask our advisors to do SEL work with our students every Wednesday morning.
Life Skills classes 2-6th grades, regular mental health advisory programming, counselors at each level (lower, middle and upper), guest speakers (consent, freedom from chemical dependency)
School counselor, middle school class, parent ed
We will occasionally bring someone in to talk with our students and parents. But most of the work revolves around our Psychologist and counselor teaching teacher and students coping skills.

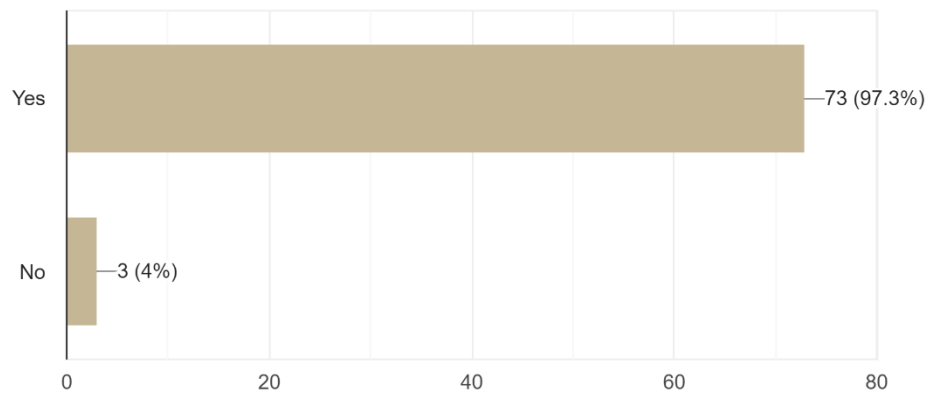
1:1 short-term counseling, crisis intervention, consultation to faculty/staff/parents, parent education seminars, SEL lessons, Hope Squad in Upper School
We have full-time Learning Specialists (one in the US; 2 in the MS); wellness classes for each grade level; yoga classes; 2 therapists (one for US; one for PS and MS)
Advisory programming, NAMI presentations, opt-in Teen Screen
Peer Support program, Advisory program, counseling department, group therapy sessions, various clubs (Bring Change to Mind club), etc.
Our School Counselor is very involved in daily life at our school. We have an SEL program that kids attend every other week. Next year we hope to have it more often. We also address some mental health things during Advisory and in individual meetings with me (as the Dean).
we address mental health in our middle school wellness sessions that are taught by our counselors but on a very limited basis (time/content)
We are looking to hiring a full time counselor, but we do provide social support through our advisors and chaplain. We also bring in outside experts on topics like suicide prevention to educate both faculty and students.
We did up until this year (change in leadership); we previously had student life sessions addressing mental health and had moved to having a licensed therapist on campus. This year, our new leadership cut that funding and support.
We have a full time counselor that meets twice a month with each class. We have parent classes as well.
Programming provided through our Friday Explorations often targets wellness, relationships, time management, dealing with stress, etc.
RULER, SEL program; Parent Ed on mental health, advisory activities for students on depression, self-harm, anxiety,
Counseling, activities in advisory, Equity and Inclusion work, speakers
Living skill classes, counseling/play therapy, playground interventions, small groups ,referrals to outside professionals
we have an on-campus school psychologist, grade level specific mental health speakers, conversations on specific topics in advisory groups, parent coffees to address mental health concerns in general, and a parent book club that reads books on teenagers
We have a counseling department and we also bring speakers to address diverse topics.
We have a counselor on campus. We also have several programs within the school that are administered through classes and advisories. A couple examples are The Social Institute and Habitudes. We also have faith formation and two chaplains on campus who along with our faculty keep a pulse on who may be in need of assistance.
Mindfulness, chaplain, school counselor
Each division has a variety of programs.
We do not have specific programs, but we have counselors and an advisory program. We are also a smaller school so hopefully, teachers are able to form meaningful relationships with students.
Drug testing and education, meditation classes, PE, staffing, emotional wellness education
School Counseling, Mental Health curriculum in Life Skills and Health classes
We have a wellness curriculum (full year in 9th, Semester in 10th, 11th, and 12th), parent educational programs in the evening, and special speakers for students.
2 counselors, a health team, a psychologist, peer groups, advising program
full-time school counselor, social/emotional awareness activities and resources

Counselors in each division, health and wellness programming, student-initiated clubs and mental health awareness.
Social skills classes, counseling on site; not enough
Chapel, SEL Advisory lessons, Licensed Professional Counselor onsite full-time
Mental health counselor, Choices counselor, multitude of others for support, education, programming, etc.
Guidance classes, social emotional lessons in advisory, grade level retreats, counselors have parent pd programs
wellness classes, availability of counselors, programs such as Project Wayfinder, mental health clubs, etc.
Speakers, programs, work with division heads, advisory program
We have a class that the counselors teach to educate about mental health and well-being, we bring in speakers and programs to talk about issues like depression, substance abuse, etc.
Wellness Days, Conversations with the counselor in large and small groups, parent enrichment nights, resources sent to parents on mental health and wellness
We have a counselor onsite, offer advisory lessons on mental health hygiene, offer mindfulness groups
We have one counselor and two learning specialists. They run different programs throughout the year - One Love, Teen Screen, FCD, and some others.
We collaborate with a local therapeutic provider for services for PK-5. This includes parent education, intervention with children and families, training (largely of administrators), minimal training of faculty, assistance with families in crisis. For grades 6-12, we have a counselor on site who provides services to students, families and sometimes faculty. He also offers events (we call Clear & Share) for faculty and education for parents. We have also committed to offering our own version of the Youth Risk Behavior Survey and programming based on that data.
Clubs and programming that educate on: Stress management Mental Health and Wellness Mood management Healthy relationships Substance use/ abuse Legality related to devices and substance
Largely through our advisor program, we lift up and educate students on how to manage these issues. We have 'special' programs on wellness topics from time to time.
Divisional counselors, individual wellness plans, advisory, wellness director and quarterly programming to educate students (as we come across good resources to share and as needs arise, but that seems about quarterly).
Divisional counselors, individual wellness plans, advisory, wellness director and quarterly programming to educate students (as we come across good resources to share and as needs arise, but that seems about quarterly).
Counseling services, referral services, group counseling and support groups, "health topic days" where students learn about prevention and treatment of mental illness, other MH programming
Licensed counselors for each division. They do professional development and offer resources and bring in programs (speakers, Sudden Impact/Mock Crash), offer quarter-long classes (Life Skills in the middle school; Interpersonal Communication in the upper school), are available for counseling. We have an Active Minds chapter too!

Wellness program throughout our curriculum.
Social emotional support, guidance and counseling from church
On site psychological counseling (3 licensed psychologists and 1 LPC for the 3 divisions) presentations on MH issues and wellness for parents students and faculty.
Counseling, student mental health club, dorm proctor support, annual school-wide programming, and some mental health classes in health course offer in 4 out of 7 grades.
We have professional counselors at each division (LPCs) LS, MS, US. We've also done work with the social institute, but that is only partly about mental health.
Upper school counseling department, weekly emails to student body
2 full time counselors, a consulting psychologist, extensive social and emotional learning programming, mental health first aid training for staff and students, peer support
We have in the past- we had a bullying expert come in, counselors come in and try to engage in any programs that we can get from the community.
3 full time SEL Counselors one each for lower, middle and upper. Lots of activities for advisors and teachers. Implementing the RULER program next year to help bring structure to some of these issues
school counselor, weekly mindfulness exercises, mindfulness elective
SEL/counseling
Advisory lessons have been provided. Interested in providing a more structured format for students.
Counselors in each Division, Guidance Teams in each Division, educational programming, etc.
Counselor, Programs from Counselor, Advisory - Habitudes and Social Institute, Assemblies
Our school psychologist offers counseling and classroom lessons related to mental health. We also have school-wide professional development guest speakers on mental health for our teachers and administrators and sometimes for parents too. In middle school, the Wayfinder curriculum has provided another opportunity for building our students' social emotional health.
school counseling office, SEL lessons via Advisory, some related health lessons in science classes, parent ed guest speakers, parent discussion series
assembly, mentorship, direct resources to families for further assistance
counselor access, programs for students and parents, resources on demand, referrals outside when needed, accommodations with academics when needed, partnerships with local and national 3rd parties

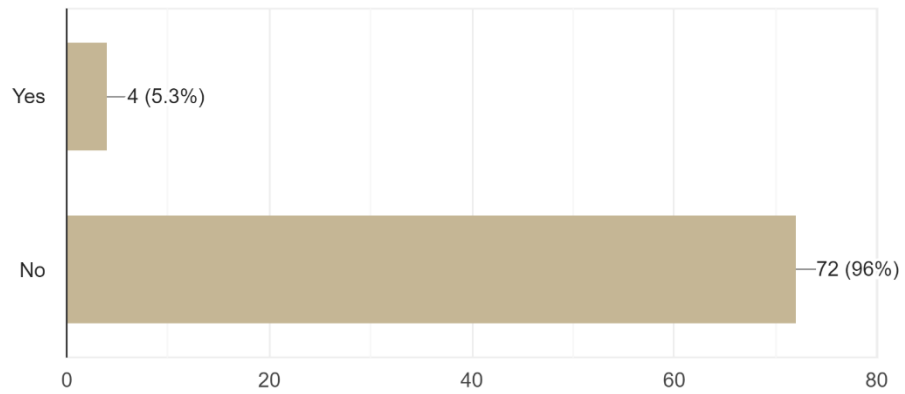
11. Does your school provide mental health resources, activities, programs, or events?

75 responses



15. Prior to this survey, have you heard of the Active Minds Organization?

75 responses



16. If so, how did you hear of Active Minds?

11 responses

