CHAPTER 1

What Is School Mental Health?

KEY IDEAS

1. *School mental health* refers to supports and interventions to enhance social, emotional, and behavioral well-being in schools.
2. Promotion, prevention, and response efforts can improve student and educator mental health.
3. Educators play an important role in providing school mental health supports and referring students to more specialized interventions.

The National Center for School Mental Health (NCSMH, n.d.) defines *school mental health* as supports and interventions to enhance social, emotional, and behavioral well-being in schools. These supports can range from schoolwide efforts to individualized treatment provided by a specialized clinician. Some supports are intended to promote mental health or prevent mental health concerns and may be provided to all students or staff as universal intervention. Others are more intensive supports and are intended to treat or respond to existing concerns. Therefore, school mental health supports can be thought of as on a continuum, from those intended to promote mental health, followed by those intended to prevent concerns from developing or intensifying, and finally, those intended to respond to existing concerns. School mental health involves all school community members, not just students (National Academies of Sciences, Engineering, and Medicine, 2019a). As authors, we take the stance that the mental health and well-being of all school community members can and should be

actively promoted as a primary strategy, and we will share evidence that these promotion and prevention efforts can reduce mental health concerns.

In this chapter, we will first define key terms used in this book. Then, we will describe the current need for mental health supports in schools as well as the roles of various school mental health providers. We will then explain the organization of this book and our rationale for organizing the chapters into sections on promotion, prevention, and response. Finally, we will introduce "goodness-of-fit" as a framework for prioritizing next steps in implementing what you learn from this book into your own practice.

To begin, we invite readers to peruse Figure 1.1, which lists and defines some key terms that appear throughout this book. These terms will prove important for understanding our discussion of student and educator mental health. The World Health Organization (WHO, 2022) defines *mental health* as "a state of well-being that enables us to cope with the stresses of life, realize our abilities, learn well and work well, and contribute to our community." WHO further clarifies that mental health exists on a continuum, is more than the absence of mental health concerns, and is

School mental health: Supports and interventions to enhance social, emotional, and behavioral well-being in schools (NCSMH, n.d.).

Mental health: "A state of well-being that enables us to cope with the stresses of life, realize our abilities, learn well and work well, and contribute to our community" (WHO, 2022). Mental health exists on a continuum, is more than the absence of mental health concerns, and is likely to fluctuate over time.

Well-being: "Well-being is a complex combination of a person's physical, mental, emotional and social health factors" (Victoria Department of Health, 2022).

Social: How a person *interacts* (Chafouleas, 2020).

Emotional: How a person *feels* (Chafouleas, 2020).

Behavioral: How a person *acts* (Chafouleas, 2020).

Promotion: Efforts to develop skills that promote mental health and well-being, such as self-regulation, self-efficacy, goal setting, and positive relationships (National Academies of Sciences, Engineering, and Medicine, 2019a).

Prevention: Efforts to prevent mental health concerns from emerging, intensifying, or going unnoticed (adapted from National Academies of Sciences, Engineering, and Medicine, 2019a).

Response: Efforts implemented with individuals who are demonstrating mental health challenges or have been diagnosed with a mental health disorder (adapted from National Academies of Sciences, Engineering, and Medicine's [2019a] definition of *treatment* to reflect the nonclinical role of educators).

FIGURE 1.1. Key definitions.

likely to fluctuate over time. Although we primarily focus on mental health throughout this book, we sometimes use the term *well-being* when sharing broader implications. We particularly appreciate the Victoria Department of Public Health's (2022) definition of well-being as "a complex combination of a person's physical, mental, emotional and social health factors" (p. 1).

Next, we frequently use the terms *social*, *emotional*, and *behavioral development* or *well-being*. By *social*, we mean how a person interacts with others (Chafouleas, 2020). By *emotional*, we mean how a person feels (Chafouleas, 2020). By *behavioral*, we mean how a person acts (Chafouleas, 2020). We also refer to supports and services that can be provided to students and educators. Generally, we conceptualize *services* as documented interventions and *supports* as more general actions taken to facilitate positive outcomes. We tend to refer to negative mental health symptoms as *mental health concerns* to capture the range of impairment that can occur (e.g., experiencing some symptoms that are distressing but do not qualify for an official mental health diagnosis; symptoms that cause substantial impairment and qualify for an official diagnosis). When using the term *mental health disorder*, we are referring to conditions that meet criteria for a medical diagnosis. We use the term *educators* to refer to teachers, paraprofessionals, related service providers, and any other staff members regularly interacting with students in schools. When discussing specific research studies, we use terms (e.g., *teachers*, *administrators*) employed by study authors to accurately reflect their findings or conclusions. We refer to those with specific mental health training and credentials (e.g., school social workers, school psychologists, school counselors) as *school mental health professionals* or *licensed clinicians*. We use the terms *caregivers* and *family caregivers* to refer to the people who are responsible for taking care of a child. These might be parents, grandparents, aunts, uncles, older siblings, or foster care providers.

As we describe in greater detail at the end of this chapter, this book is divided into three sections: promotion, prevention, and response. When discussing *promotion*, we are referring to efforts to develop skills that promote mental health and well-being, such as self-regulation, self-efficacy, goal setting, and positive relationships (National Academies of Sciences, Engineering, and Medicine, 2019a). When discussing *prevention*, we mean efforts to prevent mental health concerns from emerging, intensifying, or going unnoticed (adapted from the National Academies of Sciences, Engineering, and Medicine, 2019a). Last, when discussing response, we mean efforts implemented with individuals who are demonstrating mental health challenges or have been diagnosed with a mental health disorder. We have adapted this definition from the National Academies of Sciences, Engineering, and Medicine's (2019a) definition of *treatment* to account for

educators' nonclinical role (e.g., not providing treatment) in responding to mental health.

At times, we refer to Tier 1, 2, or 3 interventions. By *Tier 1*, we mean interventions or curriculum provided to all students in a classroom, grade level, or school. By *Tier 2*, we mean targeted interventions provided in response to identified concerns (e.g., social skills groups). Finally, by *Tier 3*, we mean intensive 1:1 or small-group interventions provided to those requiring the most support (e.g., behavior support plans).

This book is for preservice and inservice K–12 educators. Although much of the content could apply in schools around the world, we focus on implementation in the United States context because that is where we can offer the most experience and expertise. We draw upon international peer reviewed literature, but when providing statistics or examples of specific policies and practices, we focus on those from the United States.

Schools range in their provision of mental health supports to students and educators. The National Center on School Mental Health suggests seven components to a *comprehensive* school mental health system. These seven components are summarized in Table 1.1. Although not all schools have the resources to enable a comprehensive school mental health system, they may engage in some or many of these practices. For example, schools may offer some universal and targeted mental health supports (e.g., universal social and emotional learning [SEL], skills groups for students exhibiting a need for targeted instruction). They may have a process for educators to refer students about whom they are concerned, or screen for specific mental health concerns (e.g., anxiety, depression). A comprehensive school mental health system requires many parties—school administrators, school mental health professionals, teachers, related service providers, and community leaders, for example—and no one educator can feasibly develop a comprehensive school mental health system on their own.

We encourage growing capacity in schools to develop comprehensive school mental health systems but also understand that a key component to enabling such a system is strengthening the knowledge and skills of personnel within the school. In this book, we focus on what individual educators can do within their spheres of influence. We aim to build educators' knowledge, skills, and self-efficacy related to mental health with full recognition that they are not trained school mental health providers. As we will do often in this book, we invite readers to stop and reflect for a moment.

STOP AND REFLECT

1. Looking at Table 1.1, what elements of a comprehensive school mental health system are present in your setting?
2. How could you become more involved with these processes in your setting?

TABLE 1.1. Components of a Comprehensive School Mental Health System (NCSMH, 2023)

Component	Example structures or practices
Teaming	• Assembling a multidisciplinary school mental health team • Involving students and families in school mental health planning and improvement • Using data to determine the mental health services and supports needed by students • Providing referrals to school and community-based mental health services
Needs assessment/ resource mapping	• Conducting a needs assessment of student mental health strengths and needs • Mapping existing school and community mental health services and supports • Seeking out additional services to match unmet student needs
Screening	• Planning and conducting mental health screening • Determining who will be screened (e.g., which grade levels) and on what schedule (e.g., annually) • Deciding the areas in which to screen (e.g., anxiety, depression, suicidality, substance use, trauma, strengths)
Mental health promotion services and supports	• Assessing and working to improve school climate • Assessing and working to improve educator well-being • Engaging strategies to build healthy relationships and school community • Increasing students' social and emotional skills • Providing professional learning in Tier 1 services and supports
Early intervention and treatment services and supports	• Providing evidence-informed early intervention and treatment services and supports to students identified through screening or referral • Ensuring resource capacity to provide early intervention and treatment services and supports • Providing professional learning in early intervention and treatment services and supports • Monitoring student progress across tiers • Implementing a crisis response plan
Funding and sustainability	• Using multiple funding sources to provide a continuum of mental health services and supports • Enacting strategies to retain staff • Maximizing opportunities for professional learning • Maximizing reimbursement opportunities for eligible services
Impact	• Documenting the number of students accessing school mental health services • Measuring impact of school mental health services on student academic, social, emotional, and behavioral outcomes • Sharing outcomes with key groups (e.g., youth, families, school and community partners)

Current Need for Mental Health Supports in Schools

The need for school mental health supports is urgent. In 2023, more than 50% of U.S. girls and nearly 66% of lesbian, gay, bisexual, and questioning (LGBQ+) students reported symptoms of depression in the past year (Centers for Disease Control and Prevention [CDC], 2024a; Verlenden et al., 2024). One in five high school students reported seriously considering suicide (with rates twice as high for LGBTQ+ students), and nearly 10% of high school students reported attempting suicide in the past year (again with rates twice as high for LGBQ+ students; CDC, 2024a; Verlenden et al., 2024).

In addition to these clear indicators of distress, many students reported not feeling safe or supported at school. In 2023, between 40–50% of students of color reported being treated poorly or unfairly at school because of their race or ethnicity (McKinnon et al., 2024). Nearly one in five high school students reported being bullied at school in the past 12 months, and one in twelve high school students reported being in a physical fight on school grounds in the past year (CDC, 2024a). One in eight students reported missing at least one day of school in past month because they did not feel safe there or en route (CDC, 2024a).

Educators are also experiencing poor mental health in schools. Across three national surveys conducted between 2023 and 2025, 59–77% of teachers reported that their work was often or always stressful, in comparison with 33% of working adults in the United States (Doan et al., 2024; Lin et al., 2024; Steiner et al., 2025). Approximately one in five teachers reported having difficulty coping with job-related stress, and one in five experienced symptoms of depression (Steiner et al., 2025). One in four teachers reported fearing for their physical safety at school, most commonly attributing this fear to student behavior or the threat of active shooters (Doan et al., 2023). In summary, there is substantial room for improvement in the mental health of educators and students as well as the conditions in which they are teaching and learning.

A Vision for School Mental Health

Recent decades have brought increased attention to school mental health. This has been, in part, because of the strong connection between mental health and learning. Another compelling consideration has been that many students with mental health concerns never receive clinical care (Bitsko et al., 2022; Duong et al., 2021). Schools may be an opportune site in which to increase access to mental health care because they serve the vast majority of U.S. youth.

Since the early 1900s, professionals in education, psychology, and public health have been engaged in efforts to understand and address the role of mental health in school-aged youth (Flaherty & Osher, 2002). Federal laws such as the Community Mental Health Act of 1963 and the Individuals with Disabilities Act (first introduced as the Education of Handicapped Children Act 1975, and amended and reauthorized in 1990, 1994, and 2004) have catalyzed interaction between mental health professionals and educators (Weist et al., 2017). In the 1990s and early 2000s, the federal government invested in national centers focused on school mental health (Weist et al., 2017). These centers provided training on mental health and helped school districts to hire additional school mental health professionals. Today, there are many academic journals, conferences, and national networks directly focused on school mental health. Despite this progress, the most recent data from the National Center for Education Statistics (NCES; 2021–2022 school year) reports that only 49% of public schools provided diagnostic mental health services and only 38% provided mental health treatment services to students (NCES, 2024b). Given the high rates of mental health challenges among today's students, continued growth in the area of school mental health is urgent. *And so, we ask: What would it mean for schools to be places in which students and educators perceive positive mental health in themselves and their peers?*

STOP AND REFLECT

1. If you work in a school, what would you need to experience positive mental health there? What would your students need? What would it take for this to become a reality?
2. Thinking back to your own experiences in school, how was the mental health of students and educators promoted? How could this have been improved upon?

Introducing the Dual-Factor Model of Mental Health

Social, emotional, and behavioral well-being and poor mental health are sometimes thought of as mutually exclusive. However, a growing body of research suggests a dual-factor model of mental health (Magalhães, 2024; Suldo & Shaffer, 2008). This model suggests that although there are strong associations between subjective well-being and mental health concerns (i.e., those with severe mental health concerns generally have lower subjective well-being), they are not mutually exclusive (e.g., Magalhães, 2024; Suldo & Shaffer, 2008). Said differently, only measuring levels of mental health concern does not provide direct information about someone's subjective well-being (i.e., how they appraise their own well-being). Consider, for

example, a person who is apathetic or indifferent—they may not demonstrate mental health concerns but may also not experience subjective well-being.

What does this all mean for work in schools? We suggest three primary considerations that inform our guidance and recommendations throughout this book:

1. **Promotion work is a valuable investment.** Promoting mental health in schools helps students and educators to productively cope with the stresses of life, learn to their full potential, and positively contribute to their communities. It can also prevent the onset of mental health concerns. It is estimated that every $1 invested in social, emotional, and behavioral promotion work saves society $11 in future costs related to substance use, delinquency, and sexual risk behaviors (Belfield et al., 2015), all of which are associated with poorer mental health.

2. **Prevention work is needed.** Even with optimal mental health promotion efforts, some individuals will still be susceptible to mental health concerns. Prevention efforts can help to identify these concerns early and prevent them from intensifying or causing enduring distress. Schools are opportune sites for this work given that they serve the vast majority of children and adolescents. Preventing mental health concerns from emerging, intensifying, or going unnoticed will also likely improve students' academic outcomes (a key benchmark for schools).

3. **Responsive supports should focus on both reduction of symptoms and strategies for promoting well-being.** Reducing concerning symptoms does not ensure well-being. Therefore, response strategies need to include those that promote well-being. Examples include building coping and social skills to strengthen relationships in students' lives. These skills will help to improve well-being and provide support for coping when symptoms arise.

Educators' Roles in Promoting School Mental Health

Educators play a key role in supporting the mental health of their students. In a 2023 national survey of teachers, more than half of participants (57%) reported helping students with mental health challenges at least a few times a week (Lin et al., 2024). More than one-quarter of participants (28%) reported helping students with mental health needs daily. The importance of educators' actions in promoting mental health in schools cannot be overstated. Yet the majority of educators are not trained as mental health professionals. School mental health, however, is promoted through educators' everyday interactions with students and families, classroom climate, and

collaboration with colleagues regarding concerns and proactive supports. Educators are an important source of referral to mental health supports for students (Green et al., 2022) and are uniquely positioned to recognize concerns and refer students for additional support. Although caregivers hold tremendous expertise about their children, they do not have the concentrated knowledge about specific developmental periods that educators do, nor the accumulated experience with dozens or hundreds of students (Whitcomb, 2017). Thus, educators' knowledge and large amounts of time spent with students can help them to recognize when mental health concerns may be present and impacting students' success and well-being. Conversations with caregivers, school mental health professionals, or administrators can be pivotal in connecting students to needed supports or services.

The presence of school mental health professionals varies greatly school-to-school. Across the United States, recommended ratios of school mental health professionals to students are rarely achieved (American School Counseling Association, 2025; National Association of School Psychologists, 2025; School Social Work Association of America, 2025). Schools and districts also invest in school mental health professionals with varied training, and for educators less familiar with this training, their roles and expertise may be less clear. Table 1.2 summarizes common school mental health professional roles as well as the minimum required training and common areas of focus for each of these professionals. As can be seen in the table, there is considerable overlap across roles related to delivering services and interventions across multi-tiered systems of support, establishing relationships with families and community partners, and providing direct counseling services to specific students. Notably, school psychologists are the only providers listed in this table that are credentialed to administer psychological assessments (e.g., intelligence tests given as a part of special education evaluations).

It is also important to note that since 2015, U.S. schools have also been allowed to hire independently licensed mental health professionals (e.g., licensed professional counselors, licensed clinical psychologists, licensed clinical social workers; Frey et al., 2022). Unlike the school mental health professionals listed in Table 1.2, these professionals are qualified to provide clinical services, diagnose mental health conditions, and bill Medicaid for services in most states. However, they are not required to have any school-based experience to become licensed. Therefore, it is important for schools to consider the needs in their setting when hiring new school mental health professionals.

In addition, because schools are often not meeting recommended ratios for school mental health professionals to students, roles may evolve over time or be more constrained. We encourage educators to seek out information about the roles and responsibilities of any school mental health

TABLE 1.2. Roles and Minimum Training of Various School Mental Health Professionals

Role name	Minimum required training	Common areas of focus
School counselor[a]	Masters in school counseling with a practicum in a school setting	• Work with students to address academic, mental health, college preparation, and career preparation goals
School psychologist	Education Specialist (EdS) in school psychology with a practicum in a school setting	• Conduct psychological assessments • Provide direct service (e.g., counseling) to a caseload of students • Consult with school staff and administrators regarding social, emotional, and behavioral needs • Support school-wide services (e.g., universal screening, mental health literacy) • Collaborate with families and community partners
School social worker	Masters in Social Work (MSW), including school-specific course work and practicum	• Deliver services and interventions across tiers of intervention • Foster relationships between families, school, and community to strengthen school climate • Provide direct counseling support to a caseload of students

Note. Based on Frey et al. (2022).
[a]Schools may also have other counselors with similar areas of focus (e.g., school adjustment counselors).

professionals in their settings. For example, in one setting, a school psychologist may only conduct psychological assessments, and all counseling referrals are routed to the school social worker. In a different setting, the school psychologist might see students with Individualized Education Plans (IEPs) for counseling services whereas the school counselor might facilitate small skills groups for students in need of social or emotional support but not yet evaluated for special education services.

Organization of This Book

Using a public health model, we organize this book into three sections: promotion, prevention, and response (National Academies of Sciences, Engineering, and Medicine, 2019a). This model aligns with best practices in schools, which focus on universal instruction for all students, and more targeted and intensive supports for students demonstrating additional need

(e.g., Sugai & Horner, 2009; Walker et al., 1996). Although educators might be most familiar with the language of multi-tiered systems of support (MTSS), Response to Intervention (RTI), or Tiers 1, 2, and 3 (i.e., the "triangle" image), we made an intentional choice to organize this book into sections on promotion, prevention, and response. This was for multiple reasons. First, educators sometimes misperceive Tier 2 or Tier 3 services as requiring specialized training (e.g., special education, school psychology) and thus being out of their purview for implementation. **In this book, all of the strategies shared are available for educators to use. They do not require specialized training.** Next, mental health can be supported universally by both promotion and prevention efforts. What differentiates promotion and prevention efforts is their respective goals, rather than who receives the supports. Promotion efforts are implemented to develop skills that promote mental health and well-being, such as self-regulation, self-efficacy, goal setting, and positive relationships (National Academies of Sciences, Engineering, and Medicine, 2019a). Prevention efforts aim to prevent mental health concerns from emerging, intensifying, or going unnoticed. Stated differently, whereas promotion efforts seek to increase positive behaviors, prevention efforts seek to prevent or minimize negative symptoms. Last, response strategies are provided to support students demonstrating mental health need. In this book, we specifically focus on strategies that can be used in the general education setting without any specialized or clinical training. Although these strategies will likely be most useful with individuals who are demonstrating mental health challenges or have been diagnosed with a mental health disorder, this does not prevent educators from using the strategies more broadly. The three sections of this book and their respective chapters are summarized in Figure 1.2.

The aim for this book is for it to be applicable to educators working in schools, regardless of their role. The strategies shared across its three sections do not require specialized training. Instead, promotion, prevention, and response are within the purview of all educators. We hope to equip educators with a range of strategies to promote mental health in their settings; prevent concerns from emerging, intensifying, or going unnoticed; and skillfully respond to those mental health needs that are impacting learning.

Chapters 2–5 focus on school mental health *promotion*. This section investigates universal efforts to develop skills that promote the mental health and well-being of school community members. We focus specifically on facilitating mental health and well-being by promoting a positive school climate, facilitating whole-child instruction, fostering social and emotional learning, and supporting educator mental health. Next, Chapters 6–9 address *prevention*. This section discusses universal strategies to prevent mental health concerns from emerging, intensifying, or going unnoticed.

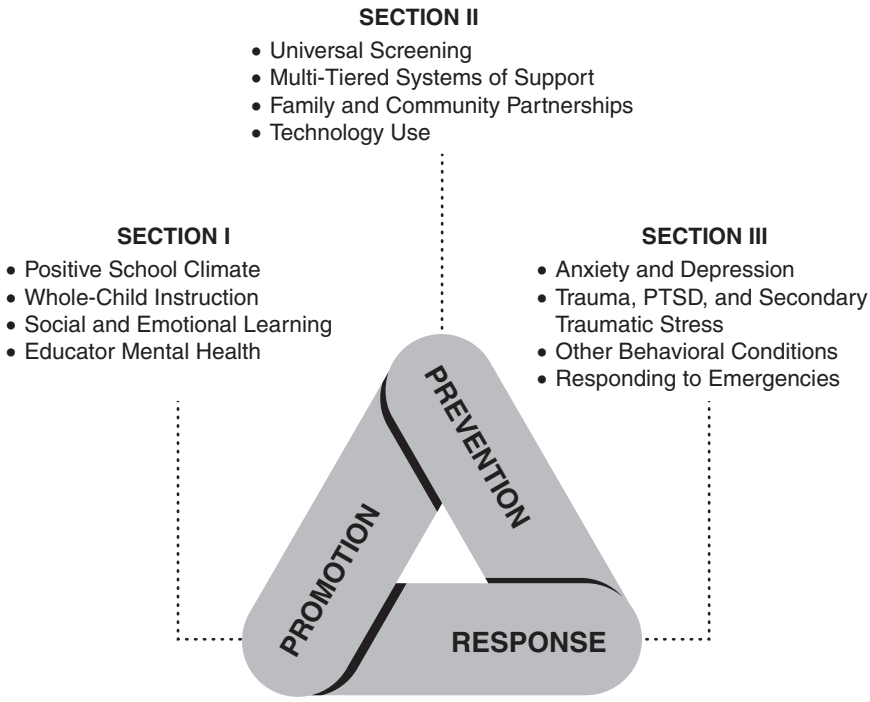

FIGURE 1.2. Promotion, prevention, and response.

We specifically address four types of school mental health prevention work: universal screening, multi-tiered systems of support, family and community partnerships, and intentional use of technology. Finally, Chapters 10–13 focus on *response* to mental health needs. These chapters include strategies educators can use to support students demonstrating mental health need in the school setting. We specially review strategies that do not require specialized or clinical training and can be implemented by an educator. We discuss how symptoms of various mental health concerns may present in the classroom, the skills students might be developing through evidence-based treatment, and how educators can augment this skill-building in their classrooms. Specifically addressed are anxiety and depression; trauma; post-traumatic stress disorder (PTSD) and secondary traumatic stress; and other behavioral conditions. The section concludes with a chapter on responding to emergencies, equipping educators with knowledge and skills to use when emergencies arise. Throughout the book, we aim to build educators' understanding and agency needed to support their students while validating their nonclinical role in responding to mental health need. Each chapter includes evidence-based strategies that are shown to improve mental health for both

individuals and school communities, vignettes illustrating key points, and reflection questions prompting educators to pause and consider applications in their own settings and work.

We wrote this book to increase educators' knowledge, skills, and confidence with which to promote, prevent, and respond to mental health in their schools. Each educator working in a school has an important role in promoting school mental health, and there is substantial research to support a range of strategies that promote school mental health. Although entire books have been dedicated to each of the chapters we have included, we aim to show how these supports can be used to provide a range of mental health promotion, prevention, and response efforts in schools and classrooms. Next, we share some key strategies for selecting where to focus one's efforts. Rather than becoming overwhelmed by the many different ways one could improve their practice, we aim for readers to select a few recommendations that are most relevant and feasible in their settings. Concrete guidance for doing so is provided.

Planning for Success

This book is intended to enhance educators' current practice and well-being. We are not asking educators to do more—instead, we present research and practical strategies to inform educators' daily interactions and instruction. It is our hope that the knowledge and recommendations in this book build educators' confidence and agency with which to promote mental health in their settings through their interactions, decision making, and instructional practices. Inevitably, educators will witness or experience mental health concerns in their students, colleagues, or themselves—and we hope this book equips them with knowledge and strategies with which to respond to those concerns. But how might educators choose where to focus their efforts? How can they avoid becoming overwhelmed by the many options or possibilities?

Implementation science is a field of research focused on how interventions get implemented with fidelity (i.e., implemented as they were intended or designed to be; Lyon, 2017). Implementation science tells us that if we try to do too many new things at once, we will not be able to do any of them well. Here, *quality* over *quantity* matters. Implementing new practices often requires replacing, or unlearning, previous practices (Evidence for Learning, 2020; McKay et al., 2018), many of which may be ingrained habits (Hobbiss et al., 2021). We encourage educators to offer themselves grace as they navigate this change process.

Educators can increase their chances for success by proactively considering the goodness-of-fit of planned changes. This allows educators to prioritize those changes that are most feasible and actionable in their

setting. Congruence theory (Nadler & Tushman, 1980) offers a framework for considering the goodness-of-fit of a proposed change. Specifically, congruence theory refers to the goodness-of-fit between the *work* that needs to be done, the *people* who need to do the work, the formal *structure* of the system, and the *culture* of the system. Even when educators are considering implementing a new practice on their own, proactively considering congruence can help them to identify potential barriers to successful implementation. This, in turn, allows them to adjust their plan or strategy to increase chances for success. Consider the following questions related to goodness-of-fit:

- **Work:** Is this a priority for our setting? Is there data indicating need (e.g., student, family, community, staff perceptions of need)?
- **People:** Are there sufficient personnel to implement this initiative? Do personnel have the necessary knowledge and skills to implement, or is professional learning needed?
- **Structure:** Are the resources necessary for implementation available (e.g., data systems, curriculum, time)? Is the initiative aligned with school or district priorities?
- **Culture:** Is the initiative aligned with community values? Are there positive attitudes about the initiative (e.g., staff buy-in)?

After considering goodness-of-fit, one might choose to pursue an idea as is, modify the idea (e.g., change the timetable, seek out professional learning), or put aside the idea for the time being. None of these decisions are wrong and proactively identifying that an idea is not set up for success frees up resources to focus on something else. Educators' time and energy are finite resources. Being strategic allows educators to make the most of their time and energy to support students, colleagues, and their own mental health.

Let's consider two different scenarios to see how congruence theory can help educators to check goodness-of-fit and strengthen plans for implementation.

> Consider Jamie. Jamie is a third-grade teacher at a small elementary school. The school does not use a consistent SEL program across grade levels, but Jamie would like to build her students' emotion regulation, conflict resolution, and social skills. Jamie is contemplating implementing weekly SEL mini-lessons during her morning meeting. Next, consider Ryan. Ryan is a high school history teacher. He is concerned that his students are having difficulty planning for long-term assignments, and the associated stress this is causing. Ryan is considering incorporating instruction on goal setting, organization, and tracking progress with the next long-term assignment.

In Figures 1.3 and 1.4, we show how Jamie and Ryan each consider the goodness-of-fit of their planned changes. We also show how Jamie proactively strengthened her plan for implementation based on her informal assessment of goodness-of-fit whereas Ryan confirmed he was ready to move forward.

Context: Third-grade grade general education classroom
Idea: SEL mini-lessons during morning meeting to build social and emotional skills

Consideration	**Answer**
Work: Is this a priority for our setting? Is there data indicating need?	Yes, administrators are supportive of SEL instruction. Students would benefit from proactive instruction in emotion regulation, social skills, and conflict resolution.
People: Are there sufficient personnel to implement this initiative? Do personnel have the necessary knowledge and skills to implement, or is professional learning needed?	Yes, Jamie can implement on her own. She feels comfortable reviewing lesson plans and implementing them.
Structure: Do we have the necessary resources to implement? Is the initiative aligned with school or district priorities?	Jamie's school does not use a consistent SEL program across grade levels. She has found some freely available materials aligned with standards and her goals for students but has not yet vetted these with others in her setting (colleagues, administrators).
Culture: Is it aligned with community values? Are there positive attitudes about the initiative?	Administrators are supportive of educators providing SEL instruction. Jamie believes families will also be supportive but does not have concrete evidence of this.
Plan	Jamie plans to proceed with modifications. Her modifications are to run the plan by her administrator and grade-level colleagues to see if they have any feedback. She decides to also include information about the mini-lessons in her weekly newsletter to families to proactively share what she is teaching and increase opportunities for students to practice the skills at home.

FIGURE 1.3. Jamie's proactive planning for implementation by considering goodness-of-fit. Questions adapted from Chafouleas and Koslouski (2026).

Context: Eleventh-grade history teacher
Idea: Executive functioning instruction to reduce student stress

Consideration	**Answer**
Work: Is this a priority for our setting? Is there data indicating need?	Yes, students are getting overwhelmed as deadlines approach and turning in incomplete or late work. The students' distress is causing Ryan to question whether he needs to lower his expectations. Ryan is frustrated by the students' incomplete and late work.
People: Are there sufficient personnel to implement this initiative? Do personnel have the necessary knowledge and skills to implement, or is professional learning needed?	Yes, Ryan can implement on his own. In previous years, he has taught ninth-grade history and provided graphic organizers and intermediate deadlines to students to help with planning, organization, and tracking progress. He feels he has the skills to adapt these materials to match the eleventh-grade assignments.
Structure: Do we have the necessary resources to implement? Is the initiative aligned with school or district priorities?	Yes, Ryan will need to invest some extra time to prepare materials for the next unit, but feels this investment will be worthwhile for both him and his students' learning and mental health.
Culture: Is it aligned with community values? Are there positive attitudes about the initiative?	Yes, the school community has high expectations for student achievement. Ryan's plan also aligns with the school's focus on providing responsive, tiered supports.
Plan	Ryan plans to proceed as planned.

FIGURE 1.4. Ryan's proactive planning for implementation by considering goodness-of-fit. Questions adapted from Chafouleas and Koslouski (2026).

As shown in Figure 1.3, Jamie anticipates that she will be able to implement SEL mini-lessons on her own during her morning meeting. She has identified freely available lesson plans that align with established standards and address her goals for students. She realizes that sharing her plan with her administrator and grade-level colleagues would allow for her to proactively identify other considerations. Jamie also realizes that although she assumes families will be supportive, providing proactive information in her weekly newsletters may reduce confusion about what she is teaching and increase opportunities for students to practice the skills at home. Based on this quick assessment, Jamie decides to proceed with small modifications (sharing the idea with her administrator and grade-level colleagues; planning to

include information about SEL mini-lessons in her weekly newsletter to families).

Recall that Ryan is concerned about the challenges his students are having planning for long-term assignments, and the associated stress this is causing. In considering goodness-of-fit (Figure 1.4), Ryan recognizes that he has data indicating need and the idea aligns with school and family priorities in his setting. He also realizes that he has previous instructional materials that he can draw upon and adapt for his eleventh graders. Based on this information, Ryan decides to move forward with his plan.

As shown in the examples of Jamie and Ryan, a quick assessment of goodness-of-fit can help educators to foresee potential strengths and challenges to implementation. Although not shown in the examples, it can also help them to prioritize among multiple ideas. After considering the goodness-of-fit of multiple ideas, educators can choose to focus on those that will be most feasible for implementation. In the appendix of this book, we provide reflection questions for educators to consider recommendations or practices that resonate throughout the book, evaluate goodness-of-fit, and action plan for meaningful and sustainable change. We encourage readers to engage with this resource as they navigate this book.

RELATED RESOURCES

School Mental Health Quality Guides

www.schoolmentalhealth.org/resources/school-mental-health-quality-guides

Offers guidance for strengthening each component of a comprehensive school mental health system.

The Landscape of School-Based Mental Health Services

www.kff.org/mental-health/the-landscape-of-school-based-mental-health-services

Provides an overview of school-based mental health services offered in U.S. schools as well as who provides these services and how they are funded.

Mental Health and Schools: Best Practices to Support Our Students

www.bakercenter.org/application/files/5616/8235/2328/Baker_Center_-_Mental_Health_and_Schools_Report_-_April_2023.pdf

Provides an overview of school mental health services, including case studies and implications for policy and practice.