

2022-08-15

Finding the Strength: A Case Study of School District Leadership of Mental Health Promotion in One School District in British Columbia

Turner, Jennifer Louise

Turner, J. L. (2022). Finding the Strength: A Case Study of School District Leadership of Mental Health Promotion in One School District in British Columbia (Doctoral thesis, University of Calgary, Calgary, Canada). Retrieved from <https://prism.ucalgary.ca>.

<http://hdl.handle.net/1880/115125>

Downloaded from PRISM Repository, University of Calgary

UNIVERSITY OF CALGARY

Finding the Strength: A Case Study of School District Leadership of Mental Health Promotion in
One School District in British Columbia

by

Jennifer Louise Turner

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE
DEGREE OF DOCTOR OF EDUCATION

GRADUATE PROGRAM IN EDUCATIONAL RESEARCH

CALGARY, ALBERTA

AUGUST, 2022

© Jennifer Louise Turner 2022

Abstract

Mental illness is a public health emergency threatening our national youth's social, physical, and economic vitality (OECD, 2019). Despite K–12 public schools being an ideal setting to address mental health promotion and early intervention, literature indicates that system-level adoption and delivery of evidence-based practices across school settings are filled with challenges. This single-site case study explored the relationships and interdependencies that exist between district and school-based leaders in implementing mental health promotion and early intervention practices in one public school system in British Columbia. Social network analysis was used to identify the relationships and interdependencies that exist. Qualitative network analysis was used to create a rich description of the leadership practices within this system. Eleven findings were identified that are categorized into three key findings: 1) the school district was an interconnected, networked school district, 2) the leadership focused on student strengths and proactively engaged in intervention, and 3) the leaders across the district actioned social justice. The findings indicate that a school district and school leaders that develop strong internal connections across their leadership team also intentionally cultivate strong connections with community-based mental health services and support programs. Despite the strong interconnected, networked relationships, this study also found school-based leaders were reliant on specific leadership roles within the system, including the Assistant Superintendent, the Director of Instruction, the District Principal, and school-based counselors in their leadership of mental health promotion. Implications of these findings and recommendations for practice are included in this study.

Key words: educational leadership, social network analysis, qualitative network analysis, mental health, promotion, multi-tiered systems of support

Preface

This thesis is original, unpublished, independent work by the author, J.L. Turner. The survey and interviews reported in chapters 3–5 were covered by Ethics Certificate number REB20-1801, issued by the University of Calgary Conjoint Health Ethics Board for the project “Finding the Strength: A Case Study of School District Leadership of Mental Health Promotion” on February 5, 2021. This thesis was professionally edited by a copyeditor with the approval of my supervisor. Editing was limited to grammar, spelling, and checking for internal consistency of capitalization. Under no circumstance, did the copyeditor alter the content, structure, or contribution of the dissertation.

Acknowledgments

This proposal has been accomplished with the cooperation and support of many individuals. I would like to express my gratitude and appreciation for the following people:

- Dr. Sharon Friesen who served as my supervisor. Her thoughtful insights, deep knowledge, and willingness to support my learning have been invaluable to me in my practice as an educational leader and as a developing educational researcher. Thank you for your guidance, instruction, support, and humor.
- Committee members Dr. Meadow Schroeder and Dr. Gabriella Alonso Yanez. I am grateful for your instruction, insight, and feedback provided during this journey.
- In memory of Dr. Jim Brandon. I will be forever grateful for his mentorship and support.
- To my husband Darryl for his unwavering support, love, and understanding. You have sacrificed so much to support this journey. I don't have the words to express the depth of my appreciation.
- To my children Jordan, Kelsey, and Malcolm. I could not be prouder of you. You are kind, caring, inquisitive, and innovative human beings that have much to offer the world. Your support, encouragement, and patience while I pursued my dreams have been so very appreciated.
- It is my hope that this work will contribute to an enhanced educational environment for my grandchildren, Lochlan and Porter.
- My parents Daryl and Kathryn (in memoriam) Hardwicke. Your journey as parents and as partners in education have been the source of inspiration for my professional work and for this study. Public education must be a place in which all children have an opportunity to grow and learn. Parents, family members, and siblings are critically important partners

and need a place of belonging in education. Thank you for demonstrating courage, passion, wisdom, advocacy, love, and support as you showed me a way forward.

- My dear colleagues and friends who helped me grow in my practice. Your words of encouragement, unwavering support, and cheerleading made all the difference. You know who you are, and I hope you know how deeply I appreciate your support.

For all the students and families with lived experience with mental illness who have allowed me to be a small part of their journey. Thank you.

Dedication

This study and my work in the field of educational leadership is dedicated to my brother, Michael Wade Hardwicke, in the hope that in some way this work may contribute to improved mental health promotion and early intervention in K–12 school setting for students with diverse needs. Until we meet again.

Table of Contents

Chapter 1: Introduction	1
Context of the Study	3
Role of Public Education	4
Statement of the Research Problem	5
Purpose of the Study	7
Research Question(s)	7
Research Approach	7
Theoretical Framework	9
Researcher Positionality	12
Researcher Assumptions	12
Researcher Worldview	14
Rationale and Significance	15
Key Terminology	17
Summary	19
Chapter 2: Literature Review	20
The Burden of Mental Illness and the Moral Imperative for Education Leadership	21
Mental Health Defined	21
Why Focus on Mental Health for Children and Youth?	22
Implications of Mental Illness on Student Outcomes	23
School Attendance	24
School Completion Rates	25
Academic Achievement	26
Self-reported Mental Health Measures	28
Social Justice and Educational Leadership	30
Influential Elements Within the Education System	31
Modern Governance	32
Distributed Education Governance in Canada	32
Five Key Principles of Modern Governance	35
Educational Leadership	36
Leadership Practice	36
Finding Strength in Leadership	38
Distributed Leadership	39
Origins of Distributed Leadership	39
Core Elements of Distributed Leadership	40

Leadership Practice is Stretched Over People	41
School Subject Shapes Leadership Practices	41
Processes of Authority and Legitimacy	43
The Practice of Distributed Leadership	43
Positive School Leadership	46
Origins of Positive School Leadership	46
Core Elements of Positive School Leadership	47
The Practice of Positive School Leadership	48
Evidence-based Mental Health Intervention in K–12 Education Settings.....	48
Wellness Promotion and Prevention Through Mental Health Literacy	49
Mental Health Promotion and Prevention Through Multi-Tiered System of Support	49
Seamless and Integrated Evidence-based Intervention Practices	50
Challenges in School-based Mental Health Promotion and Prevention	51
Conceptual Framework	53
Chapter Summary	55
Chapter 3: Research Design and Methodology	57
Statement of the Research Problem	57
Research Approach	58
Qualitative Research	58
Methodology	59
Exploratory Case Study	59
Use of Case Study Methodology	60
Site and Participant Selection	60
Site Selection	61
Participant Selection	63
Method	64
Survey	64
Interviews.....	66
Policy Documents	68
Field Notes	69
Analysis.....	69
Analysis of Survey Data	70
Analysis of Interview and Document Data	72
Trustworthiness.....	73

Credibility	75
Dependability	76
Confirmability	77
Transferability	77
Limitations and Delimitations	78
Limitations	78
Delimitations	80
Ethical Considerations	80
Conflict of Interest	81
Informed Consent.....	81
Privacy and Confidentiality	83
Potential Risks or Benefits to Participants.....	83
Summary	84
Chapter 4: Findings.....	85
Context.....	85
Declared Gender Identification.....	86
Formal Education and Area of Specialization	86
Years of Experience in Education and Current Leadership Role	87
Current Assignment Within the System	88
Findings.....	89
Primary Research Question: Relationships and Interdependencies of the Leaders Within the School District	89
Finding # 1: Most Leaders at the School and District Levels are Engaged in the Work, in Systems Effectively Implementing Mental Health Promotion and Multi-Tiered Systems of Support (MTSS).....	90
Finding #2: An Interconnected, Networked Model Best Describes the Relationship and Interdependencies of Leaders Within the School District	92
Finding # 3: Interconnected, Networked Relationships Exist at all Layers of the System – Between Province and District, District and Schools, School System and Community Partners	101
Finding #5: Information Seeking is Primarily Unidirectional Between the District and School-Level Leaders, With Little Information Seeking Between School-Level Leaders on Mental Health and MTSS	113
Secondary Research Question: How Might Knowledge of Network Attributes Inform District and School-Level Leadership Practice?.....	115
Finding #6: Viewing the SNA Graph Allowed District and School-level Leaders to Identify Strengths Within Their System.....	116

Finding #7: Making Network Attributes and Patterns of Communication Visible Provided District and School-Based Leaders with Discernable Areas for Intervention and Growth	117
Finding #8: The SNA Graph Allowed Leaders to Recognize the Fragility of Their Mental Health and MTSS Work Because of a Reliance on a Few Key Roles Within the System That Hold Expertise	119
Secondary Research Question: What Ways Did the Leadership Engage the School Community in Implementing a Vision of Mental Health Promotion and MTSS?	120
Finding # 9: Educational Leaders at the District and School Level Intentionally Challenged Status Quo Values and Priorities with a Social Justice Orientation	120
Finding #10: District Leaders Built a Shared Vision and Priority Across the School System Leadership by Communicating Common Values, Allocating Targeted Financial and Human Resources, and Implementing Strategies to Support Professional Collaboration and Learning	122
Finding # 11: District and School-Based Leaders Intentionally Explored Organizational Structures and Partnerships That Were Seen to Enhance Collaboration and Interconnection Within the School District and Between the School District and Regional and Provincial Partners	125
Chapter 5: Interpretation of Findings.....	132
An Interconnected, Networked School District	134
Modern Governance.....	134
Distributed Leadership.....	143
Areas of Strengths, Intervention, and Growth	149
Positive Leadership.....	150
System Improvement	153
Actioning Social Justice.....	155
Conclusion	158
Conceptual Framework Revisited.....	159
Research Assumptions Revisited.....	162
Chapter 6: Conclusions and Recommendations	165
An Interconnected, Networked School District	165
Areas of Strength, Intervention and Growth.....	170
Actioning Social Justice.....	172
Recommendations for Practice	174
Recommendations for Further Research.....	176
Reflection	177
References.....	180
Appendix A: Letter of Invitation	195

Appendix B: Description for Participants 196
Appendix C: Survey Questions..... 198
Appendix D: Interview Questions 204

List of Tables

Table 1	
<i>Educational Leadership Theories, Authors, and Perspectives</i>	37
Table 2	
<i>What Successful Leaders Do</i>	45
Table 3	
<i>Measures of Cohesion: Network Attributes</i>	98
Table 4	
<i>Reason for Information Seeking</i>	114

List of Figures

Figure 1	
<i>Elements Among District Leadership of Mental Health in Public Education</i>	53
Figure 2	
<i>Social Network Analysis Example</i>	70
Figure 3	
<i>Area of Specialization of Participants</i>	87
Figure 4	
<i>Current Level of Assignment within the Education System of Participants</i>	88
Figure 5	
<i>Social Network Analysis of Relationships and Interdependencies of Leaders within Virtus School District</i>	94
Figure 6	
<i>Example of a Hierarchical Organizational Chart of a School District</i>	96
Figure 7	
<i>Ministry of Education Provincial Policy on Mental Health</i>	103
Figure 8	
<i>District Mental Health Plan</i>	103
Figure 9	
<i>Community Partner Roles within the Network</i>	106
Figure 10	
<i>Assistant Superintendent Role within the Network</i>	108
Figure 11	
<i>Director of Instruction Role within the Network</i>	109
Figure 12	
<i>District Principal Role within the Network</i>	109
Figure 13	
<i>School-Based Counsellor Role within the Network</i>	110
Figure 14	
<i>Directionality of Information Seeking</i>	113
Figure 15	
<i>Elements Among District and School-Level Leadership of Mental Health in Public Education</i>	160

Chapter 1: Introduction

Across many jurisdictions in North America, the purpose of public education is to support each student's growth and development so that they may live productively in a democratic society. Next to classroom teaching, leadership is the second most important factor influencing student achievement (Hallinger, 2011; Hallinger & Heck, 2012; Hargreaves & Fullan, 2012; Leithwood & Louis, 2012). Leadership also directly and indirectly influences the creation of environmental conditions and context in which wellbeing, a sense of belonging, and mental health is fostered (Locke et al., 2019; Roffey, 2016). Boards of Education, along with district and school-level leaders, hold the responsibility for operationalizing this expansive vision of public education.

Despite this noble statement of purpose, many children do not achieve the full promise of public education or gain the skills necessary to participate in or contribute productively to a democratic society (Roffey, 2016; Hall et al., 2019). Children and adolescents suffering from mental illness experience poor outcomes in school including higher absenteeism, higher rates of suspension and expulsion, and higher rates of dropout (Dalsgaard et al., 2020). Mental illness such as anxiety, depressed mood, or psychotic experiences interfere with learning and can be a barrier to school engagement, homework completion, and test performance (Dalsgaard et al., 2020).

Mental illness is a significant issue facing young people today, with approximately one in five reporting mental illness (Doran, 2019; Kessler et al., 2007; Mental Health Commission of Canada, 2017). Although people in all populations experience mental health problems, social inequality and disadvantage lead to disparities in mental health outcomes (Hall et al., 2019; MHCC, 2017). Poor academic achievement leads to lower levels of social capital and decreased

ability to escape exposure from adverse events, chiefly poverty, and thus, the cycle of exposure to chronic trauma is transmitted from generation to generation (Rich et al., 2009). Many individuals with mental illness are excluded from participating in and contributing to a democratic society due to stigmatization, discrimination, or social exclusion (Hall et al., 2019). However, this does not have to be the outcome for all children with mental illness. The earlier people get help managing mental health, the better their long-term outcomes (MHCC, 2017; Roffey, 2016).

Literature indicates that multi-tiered, school-based systems of support for promoting mental health can significantly mitigate the lifetime impact of mental illness (August et al., 2018; Fabiano & Evans, 2019). Despite this, many school districts and schools are reactive in their response to students experiencing mental health challenges without fully enacting mental health promotion or prevention programs that could change the trajectory of illness for many children and youth (August et al., 2018; Locke et al., 2019; MHCC, 2017; Papa, 2003).

This case study addresses a concerning gap in practice. A review of literature indicates it is possible to create a proactive practice in public education settings; however, this requires current understanding and application of how these elements come together within a complex learning environment such as a public school district (August et al., 2018; Contandriopoulos et al., 2017; Locke et al., 2019; McIssac, 2016; Neumerski, 2013; Whitcomb et al., 2017). Modern governance (Organisation for Economic Co-operation and Development, 2016) distributed educational leadership practices (Hallinger & Heck, 2009; Hallinger & Lee, 2012; Leithwood, 2017), positive and distributed leadership practices (Cherkowski, 2018; Cherkowski & Walker, 2016; Diamond & Spillane, 2016; Murphy & Louis, 2018), and school-based intervention (Ferguson & Power, 2014; Locke et al., 2019) are critical components of contemporary school

district leadership. This study examined how education leaders work together within a system to promote multi-tiered school-based interventions aimed to promote mental health. Using a case-based methodology, social network analysis (SNA) describes the connections within the system as well as the strength of those connections (Hoppe & Reinelt, 2010). To date, there are few examples of social network analysis used in school district settings to analyze relationships, network attributes, and knowledge transmission throughout an organization (Whitcomb et al., 2017).

This chapter outlines the problem statement, the purpose of the study, and the research questions. I explain the research approach, my perspectives, the chosen research methodology, and my assumptions. I conclude with an explanation of this study's rationale and significance and an overview of key terminology used.

Context of the Study

Mental illness is a public health emergency threatening our national youth's social, physical, and economic vitality (OECD, 2019). Mental disorders account for one of the largest and fastest-growing categories of the burden of disease worldwide, with one in five children living with mental illness and one in two adults experiencing difficulties with their mental health over their lifetime (OECD, 2019). Mental illness also places a significant burden on the families, employers, community, and economy, with estimated cost to the Canadian economy at \$50 billion per year (Mental Health Commission of Canada, 2017). The tremendous burden of mental illness has not gone unnoticed by educational leaders in public school systems. In today's inclusive education environments, children and young people's behaviour is a perennial concern for educators and the wider public (August et al., 2018; Hart, 2010; O'Toole, 2017).

Role of Public Education

Due to the significant social and economic burden of mental illness, the World Health Organization “has suggested that prevention is the only sustainable approach to reducing the burden of illness associated with mental disorders” (Waddell et al., 2007, p. 174). The efficient prevention programming of mental disorders requires placing children at the centre of a public health strategy before developing illness (Waddell et al., 2007). As children spend a significant portion of each day in a school setting, school environments have been identified as an essential setting for universal mental health service delivery (Engelhardt, 2016; Locke et al., 2019; O'Toole, 2017).

Despite being an ideal setting, the literature indicates that system-level adoption and delivery of evidence-based practices across school settings are filled with challenges. Researchers (MHCC, 2013; Waddell et al., 2007) were unable to identify national or provincial/territorial prevention programs specific to children's mental health in Canada. Additionally, where prevention programs were established locally, research indicates that many implementation efforts achieve only 25–50% with fidelity (Locke et al., 2019). Inconsistent or ineffective implementation of prevention programming represents a tremendous waste of limited financial resources, human resources, and instructional time that may otherwise provide the necessary supports and interventions children and youth require to support their mental health.

Schools are uniquely positioned to address universal mental health promotion and interventions to offer the necessary support for early intervention, ease the burden of mental illness, and improve children's and youth's life chances (Allen et al., 2017; Papa, 2003). Furthermore, district and school leaders have been identified as a critical mediating influence for addressing the challenges of adopting proactive, evidence-based mental health programs within

school settings (Ferguson & Power, 2014). Public education is poised to play an essential role in promoting mental health and the provision of effective early intervention efforts.

Statement of the Research Problem

This single-site case study is predicated on the belief that individuals and their actions are interdependent. It is the relationship between people that provides an opportunity for the transfer of knowledge, practice, or resources, and that the pattern and strength of these relationships will restrict or enable the transfer of knowledge (Whitcomb et al., 2017). The principles of modern governance (Burns & Koster, 2016; Fahey & Koster, 2019), distributed (Diamond & Spillane, 2016, Harris & DeFlaminis, 2016) or positive (Louis & Murphy, 2018) educational leadership, or multi-tier systems of supports have been explored separately within the literature. In contrast, this case study investigated district leadership of mental health programming by examining the interdependencies and relationships between these elements within one school system. The results of this study provide insight into how leadership practices might be leveraged to create more proactive responses. Studying the interdependencies and relations draws upon a "complexity metaphor" (Alonso-Yanez et al., 2016). "The use of the complexity metaphor in educational research challenges the reductionist, top-down approach of earlier organizational models and provides a non-linear alternative to describe school systems and school organizational change" (Alonso-Yanez et al., 2016, p. 13). Top-down implementation approaches within education have been shown to fail as they represent a mechanistic and reductionist view of an education system. Although top-down works well in linear systems, when working within human systems, this orientation to implementation has significant limitations. Individuals within a human system have agency and rather than following a deterministic, fixed pathway to implementation, they may resist implementation efforts or

modify the requests to fit their context and knowledge. It has been described that, when working in a human system, individuals will deviate from the idealized implementation pathway, necessitating an alternative approach to top-down (Braithwaite et al., 2018).

District and school leaders play a significant role in ensuring government directives and policies are implemented across a school system. Using top-down approaches to implementation generally fail to produce the results policymakers envision (Hargreaves & Ainscow, 2015). This is also the case with many mental health promotion and intervention initiatives. Despite ample evidence that school-based mental health promotion and multi-tiered systems of support can provide necessary early intervention of mental illness, school districts inconsistently implement policy-level and leadership practices in a system-wide manner across school sites (Locke et al., 2019; Whitcomb et al., 2017).

Acknowledging the limitations of a top-down approach to implementation, school and district leaders are starting to draw upon more relational approaches to implementation (Murphy, 2018; Sims & Melcher, 2017). Relational approaches require the ability to identify and understand what relationships and interactions exist among and between educational leaders within a school district when implementing an initiative such as a proactive mental health strategy. As school and district leaders have a strong influence on student achievement (Hallinger, 2011; Hallinger & Heck, 2012; Hargreaves & Fullan, 2012; Leithwood & Louis, 2012). In understanding the relationships and interdependencies within the system, school and district leaders are better equipped to address mental health promotion and multi-tiered systems of support in their educational context. This enhances the opportunity for all students to realize the full promise of public education.

Purpose of the Study

The purpose of this qualitative single-site case study was to explore the relationships and interdependencies that exist between district and school-based leaders in implementing mental health promotion and early intervention practices including MTSS in school systems (MHCC, 2017). By identifying the existing relationships and interdependencies, a deeper understanding of a school system and how district and school-based leaders implement mental health promotion and early intervention practices in their school system was created.

Research Question(s)

The research was guided by the following primary question: What is the relationship and interdependencies among educational leaders within a school district that successfully implements multi-tiered systems of support to promote mental health in schools? The following two secondary questions were posed:

1. How might knowledge of network attributes inform district and school leaders work in leading mental health promotion and multi-level systems of support?
2. In what ways did the leadership engage the school community in implementing a vision of mental health promotion and multi-level systems of support?

Research Approach

The research approach most appropriate for this study was a single-site case study (Bloomberg & Volpe, 2016; Creswell, 2015; Merriam, 2009; Merriam & Tisdell, 2016). A case study is an in-depth description and analysis of a bounded system (Bloomberg & Volpe, 2016; Merriam, 2009; Merriam & Tisdell, 2016). The bounded system in this study was one public school district in the Province of British Columbia.

Merriam's (2009) approach to a case study is a constructivist approach, looking to create "an intensive, holistic description and analysis of a bounded phenomenon such as a program, an institution, a person, a process, or a social unit" (Yanzan, 2015, p. 148). A constructivist approach assumes that social reality is constructed intersubjectively through meanings, and understandings developed socially and experientially. Within this approach, the defining characteristics of case and case study research are *particularistic*, focusing on a particular situation, event, or phenomena; *descriptive*, specifying a detailed description of the phenomena under study; and *heuristic*, illuminating the reader's understanding of the phenomena (Yazan, 2015). This research approach arose "out of situations, actions, and consequences rather than antecedent conditions" (Volpe & Bloomberg, 2016, p. 44). This study's research questions were best addressed through a qualitative research paradigm using Merriam's approach to the case study. Knowledge gained from answering these research questions focused on a *particular* phenomenon. This study includes a detailed and comprehensive *description* of the phenomena under study and illuminates for the principal researcher a deeper understanding of the phenomena under question.

A school system and the relationships and connections among layers and components of a system are complex. Merriam and Tisdale's (2016) approach to qualitative case study provides researchers with the opportunity to collect and gather data through multiple methods. As a result, I developed a phased (iterative) multi-step data collection process. The methods I used were surveys, followed by a semi-structured interview and document analysis. Participants who completed the survey included district and school-level leaders as well as individuals holding a district or school-level position, making them primarily responsible for the promotion of mental health or were tasked with supporting the implementing of multi-tiered systems of support.

Survey data was analyzed using social network analysis. Participants identified through social network analysis as having key roles within the network were invited to participate in a semi-structured interview. Throughout the survey and semi-structured interview phases, provincial and local policy documents were collected. As a final data collection method, I maintained observations in a fieldnotes journal to record reflective observations. With permission from the participants, all interviews were recorded to allow for verbatim transcription.

Theoretical Framework

In framing this case study, I have drawn on two theories, *complexity theory* (Davis & Sumara, 2006, 2009; Kowch, 2013; Morrison, K., 2002) and *intersectionality* theoretical framework (Cole 2008; Grzanka, 2020). Complexity theory is associated with non-linear and adaptive systems (Brown et al., 2020). It offers an alternative approach to historical hierarchal structures of power and authority traditionally found within school systems. Described as a relational, adaptive, and networked framework, this concept of shared control draws attention away from individual actions and toward consensual domains of authority (Davis & Sumara, 2006). As a result, leadership in the context of an adaptive system is not represented by a single person or the attributes of a single person; instead, leadership within an adaptive system is many enacted events that together reveal unfolding patterns within the organization's ecosystem (Hazy, 2011). Examining contemporary organizations through the theoretical lens of complexity, such as a school system, should be understood as complex adaptive systems of people who interact within an environment and not as structures with corporate-style top-down leadership. (Kowch, 2013). Rather than characterizing leadership as a one-way process in which information is disseminated from leader to follower, leadership in this context is conceptualized as a process that occurs between people with mutual influence.

A second theoretical lens that I have drawn upon is intersectionality. Intersectionality has been depicted as a lens, a revolutionary framework, and a political tool to study oppression and privilege (Grzanka, 2020). Originating from interdisciplinary literature, intersectionality is an analytic approach that considers the effects of multiple social group membership categories at multiple levels (Collins, 1986; Cole 2008 Crenshaw, 1995). Crenshaw (1986) first proposed the concept within legal studies to explore discrimination and racism in women of colour. Collins (1986) further explored the concept within black feminist thought in the discipline of sociology. In this work, intersectionality was viewed both as a structural and relational theory and an analytic tool. According to Grzanka (2020), intersectionality is:

- A critical framework for conceptualizing human experience, particularly power and inequity.
- An approach to understanding multiple social identities and how they function in a contextualized system of inequality.
- A metaphor that exposes the complexity of social life, including the simultaneity of oppression and privilege for all social actors.
- A way of connecting or linking scholarship and activism, how can the systems and people we study change the academic institution in which we work?

Scholars from a wide variety of disciplines, including education, health, history, sociology, feminist studies, ethnic studies, and queer studies, have engaged with, expanded upon, and debated the parameters and merits of intersectionality (Bailey et al., 2019). Crenshaw has indicated that intersectionality has moved from concept within a narrower field of legal research to a widely known and debated concept within social justice and human rights studies (Coaston, 2019). “The incorporation of intersectionality theory and praxis has led to important

developments with respect to health, economic, and legal justice reforms for members of marginalized communities (Bailey et al., 2019). To adequately examine and address inequity issues, the researcher must recognize how they are socially located to recognize their place within complex systems of inequality (Bailey et al., 2019). Underlying the criticism of intersectionality is a belief that by exploring these power relationships and social inequities and marginalized status of individuals, special treatment, special conditions, or standards provide an unfair advantage. This is an essential part of the dialectic between the privilege imperative and educational leadership concerned with equity, diversity, and social justice (Blount, 2013; Coaston, 2019).

As a special educator and district leader with extensive experience as an advocate for marginalized individuals within established educational institutions, I have come to question the role of educational leadership in perpetuating power relationships and social inequity with respect to mental health. In my work, I have encountered those who would oppose work to elevate mental health promotion or multi-tiered systems of support in practice. In those moments, there has been an expressed concern about special treatment, special conditions, or standards that provide an unfair advantage to those identified as requiring mental health support over those who do not. The opposing voices have advocated that these services remove or take away educational opportunities from those who were determined not to need mental health supports. By exploring how modern governance, educational leadership, and multi-tiered systems of support are connected through the theoretical lenses of complexity theory and intersectionality, new and practical educational leadership practices were learned.

Researcher Positionality

I have worked as a classroom teacher, special education teacher, principal, district principal, registered psychologist, assistant superintendent, and superintendent. My position as a white, middle class, Canadian-born female have provided me with opportunities to access education, services, and supports to support my personal and professional development. As a daughter, sister, friend, or educator, I have directly observed individuals who were not able to access supports and services that I had access to because of their age, race, gender, sexuality, or socio-economic status. I have worked to develop, support, and sustain equitable, inclusive experiences for all individuals that I interact with from each of the roles in which I am situated. My teaching and leadership philosophy is grounded in positive, relationally grounded, and value-centred leadership (Cherkowski, 2018; Cherkowski & Walker, 2016; Murphy & Louis, 2018), which emphasizes the ideals of integrity, equity, inclusion, and diversity.

Working as a school psychologist and an educational leader, my practise is grounded in supporting the whole child (Garcia & Weiss, 2016; Roffey, 2016), including the development of academic, physical, social, and emotional competencies. I recognize that expression of skills acquired within each of these developmental domains may appear differently across environmental contexts – the home, classroom, community. In each of these environments, I believe human action, behaviour, and identity exists within a complex social web or network and that multiple perspectives and contexts contribute to a detailed, in-depth description in a way that cannot be understood through a single perspective or context.

Researcher Assumptions

To adequately examine and address the research questions while hoping to address the inequities that exist within educational environments, it is crucial to recognize how I am socially

located within this context and to acknowledge the fundamental assumptions that I held ahead of initiating this study. The dominant assumption I held is that school leadership is a moral and ethical task to support all students' growth and development. I also assumed that leadership within an educational context is a social endeavour through which individual people and their social settings interact and construct knowledge. These assumptions provided the foundation in which I formulated my research problem, identified my research questions, and determined the most appropriate methodology and data collection method for my study.

For this study, I assumed that school and district leaders will be those with supervisory authority. I acknowledge that these descriptions of leadership are traditional, formal leadership roles. In public education settings today, formal, and informal roles provide leadership within a school setting, including teacher leadership, community partners' involvement, and parent engagement that also provide leadership and influence on the school setting's climate and culture. Nonetheless, student achievement and outcome measures for public education are recognized by both government and public accountability structures as the responsibility of formal roles within the system at both the district and the school level.

Furthermore, I assumed that public school systems have the necessary components listed in the literature to promote mental health and provide early intervention practices, including a clearly stated mandate and policy, district and school-level leadership, evidence-informed programming, and staff capacity. I assumed that all school and district leaders want students in their district to achieve successful learning outcomes. A further assumption was that there was something in which each of these elements works with one another that influences the degree to which mental health promotion and early intervention efforts are achieved. There was not an assumption of causation but an expectation that the connection and the strength of the

relationship between the district and school-based leadership, with additional system components and the local context, play a role in creating organizational conditions that promote student mental health.

In closing, this study was also built on the assumption that relational approaches to implementation efforts, such as a Positive Distributed District Leadership approach, developed on the combined principles from distributed leadership and Positive School Leadership are practical approaches to create organizational conditions to support improved individual and organizational mental health. Practical leadership strategies and policy recommendations emerged by exploring and finding the strength within the people, the relationships, and the connections within the education system promoting mental health and intervention of mental illness made explicit through social network analysis.

Researcher Worldview

My early personal and professional experiences helped shape an interpretivist-constructivist worldview (Lincoln et al., 2018). An interpretivist-constructivist worldview is grounded in the idea that reality is subjective. That people interpret and experience the world uniquely, and that language is used to construct and communicate meaning. A part of my ontological assumptions included understanding and believing that individuals' perspectives and realities are unique, complex, and constructed (Lincoln et al., 2018). Language can be used to construct and communicate meaning to what one knows. In this way, “the investigator and the object of investigation are linked such that who we are and how we understand the world is a central part of how we understand ourselves, others, and the world” (Lincoln et al., 2018, p. 114). From an interpretivist-constructivist worldview, I do not situate myself in a place where there is only one truth, one research approach, one methodology, or one paradigm to study

phenomena. Research questions drive the methodology and methods used. Onwuegbuzie and Leech (2005) offered alternative ways to view ontological pluralism as a need to de-emphasize the terms quantitative and qualitative research and instead, they offered to consider the subdivision of research into exploratory and confirmatory methods. One of the methodologies consistent with an interpretivist-constructivist worldview, the phenomenon under study, the purpose, and the question in this research is a case study.

Rationale and Significance

Research on student-level achievement outcomes for students who have been diagnosed with a mental illness reveals that these students may experience poorer grade-to-grade transitions, unsatisfactory attendance, reduced performance on achievement measures, and that they do not complete school at the same rate as peers without a mental health diagnosis (Contandriopoulos et al., 2017; Doran, 2019; MHCC, 2017). Over the past twenty-seven years, my work in schools has centred around the leadership of mental health promotion and intervention efforts as a teacher, special education teacher, principal, and assistant superintendent. To better understand and support this work, I obtained training and qualification as a registered school psychologist. I worked to deeply understand education and learning at the level of the student. Through this work, I had the opportunity to observe both positive and poor student outcomes that are referenced in the literature. During this time, I worked alongside students who struggled to transition between grades with their peers, did not performed academically as well as we understood they might have been able to and some of these students dropped-out and did not graduate from high school. Due to the length of my career, I have also observed these students as they grew into young adults. I witnessed many of them face additional life challenges after leaving school, including substance use, marital discord, and at times legal

challenges. I recall students who were unable to engage productively in their surrounding community, and for a few, they ended their life by suicide, seeing no other options before them. My observations are not unique to my personal experiences with other districts and school-level leaders sharing similar startling results in discussions over the years. In my review of provincial and national literature, the same disturbing trend is evident across other jurisdictions across Canada (Canadian Association of Mental Health, 2019; MHCC, 2019).

Schools are uniquely positioned to address universal mental health promotion and implement systems of support. Early mental health promotion and interventions may ease the burden of mental illness and improve children and youth's life chances (Allen et al., 2017; Papa, 2003). Schools that are the most effective at promoting student mental health embed core promotion and intervention activities into their everyday practices. In a multi-tiered system of support, these core practices occur at a *universal level* and are provided to all students. These core practices include connection, community, positive relationships, high expectations, and direct instruction in evidence-based social, emotional learning programs (Roffey, 2016). Through my personal experience, direct observation, and exploration of research literature, I recognized a gap between theory and practice (Allen et al., 2017; MHCC, 2017; Papa, 2003; Roffey, 2016). If schools are uniquely positioned to implement universal systems of support, enhance mental health, ease the burden of mental illness, and improve the life chances of the children and youth in our classrooms, then what are the relationships between layers of the school system with responsibilities for this work? How do they interact and engage with one another to promote student mental health and intervention? The future life chances of the children and youth enrolled in public education today are counting on policymakers, educational leaders, and educators to understand and to help them all realize the promise offered by public

education. Through this case study, I hope to positively contribute to the current body of knowledge on educational leadership with an illustrative example of how leadership work is enacted in public education in one school district in British Columbia in the interest of the promotion of student mental health and the intervention of mental illness.

Key Terminology

Several key terms are explicitly defined for this inquiry. The terms are defined as:

- **District leadership** – includes the superintendent, assistant superintendent, or director of education or curriculum coordinators. These formal roles have supervisory authority within their local education system.
- **Intersectionality** – Intersectionality is an analytic approach that simultaneously considers the effects of multiple categories of social group membership (race, class, and gender), takes place at multiple levels (Crenshaw, 1995; Collins, 1986, Cole 2008).
- **Mental health** – is the state of your psychological and emotional wellbeing. Good mental health allows individuals to feel, think and act in ways that contribute to the enjoyment of life and the skills to cope with life’s challenges. The Mental Health Commission of Canada extends the definition further in stating that mental health is more than the absence of illness; mental health acts as a buffer from the stress and hardship of life (Government of Canada, 2015).
- **Mental illness** – represents a range of behaviour, thoughts, and emotions that can result in distress or impairment in areas of life, including activities of daily living, work, school, and family interactions. The type of intensity, recurrence, and duration of symptoms of mental health problems and illness can vary from person to person and by type of illness (MHCC, 2013).

- **Multi-tier system of support (MTSS)** – This is an overarching phrase to describe a data-driven, problem-solving framework to improve all students' outcomes. MTSS relies on a continuum of evidence-based practices matched to student needs. Positive Behavioural Interventions and Supports (PBIS) is an example of MTSS centred on social behaviour.
- **Promotion of mental health** – enables people to increase control over and improve their health. This often refers to positive mental health rather than mental ill-health (World Health Organization, 1986).
- **Qualitative network analysis (QNA)** - Complementary to social network analysis, qualitative network analysis allows collecting details on (a) the meaning individual actors attach to their network ties and the network as a whole, (b) data on informal policy networks not available through quantitative analysis, and (c) an insider view on the relationship.
- **School district** – is used within the Province of British Columbia to refer to a collection of schools, organized by local geography and governed by a board of trustees.
- **School-based leadership** – formal roles within a school such as principal, vice-principal, or a role with formal responsibility for mental health programming leadership.
- **Social Network Analysis (SNA)** – is the process of investigating social relations and patterns formed by these relations. These relations can be mapped and analyzed using principles of network theory derived from mathematics. SNA characterizes networked structures in terms of nodes (individual actors, people, or things within the network) and the ties, edges, or links (relationships or interactions) that connect them (Borgatti et al., 2018).

- **System** – a group of interacting or interrelated entities that form a unified whole or interconnecting network (Betts, 1992).
- **Wellbeing** – a state when “individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge” (Dodge et al., 2012, p. 230).

Summary

This chapter provided an overview of the context, problem, and purpose of this research study and outlined the overarching questions guiding this inquiry. The research approach, positionality, and study assumptions were explained. The study's rationale and significance were described, and some of the key terminology used within the context of the study was defined.

The following chapters continue to define the framework and parameters of my study. In Chapter 2, I engage in a critical literature review related to my study's conceptual framework. Chapter 3 outlines the research methodology and methods of my research, including data collection and analysis methods, and I discuss issues of trustworthiness, limitations, delimitations, and ethical implications of the study. Chapter 4 will provide the findings of the study. Chapter 5 will include a discussion of the findings and their relationship to the current body of educational leadership literature. Chapter 6 will provide conclusions and recommendations identified through the study. The appendices outline documents that were used throughout the study.

Chapter 2: Literature Review

School-based mental health improvement includes all actions, such as policies and practices, that are applied to improve the mental health of students (Littlecott et al., 2019). This chapter offers a critical review of literature pertaining to elements within a school system that directly or indirectly influence school-based mental health promotion and multi-tiered systems of support (MTSS). This review will begin with examining the burden of mental illness. It will then focus on modern district governance elements, educational leadership, specifically distributed leadership and positive school leadership, and an overview of evidence-supported practices that support mental health promotion and MTSS in school. Additionally, I draw upon the school system's context, including climate, culture, and trust and relationship values. This review will conclude with a presentation and description of the guiding conceptual framework representing public education's influential elements.

I limited my searches primarily to ERIC and google scholar for peer review journal articles to conduct this review. I also reviewed special issue journals, books, and government of Canada publications on school-based mental health promotion and intervention. Diamond and Spillane (2016), Leithwood (2016), Pitt and Spillane (2009), Murphy and Louis (2018), and Sims and Melcher (2017) served as key professional resources. My search then expanded using the concepts of educational leadership, social justice, complexity, positive school leadership, and distributed leadership in addition to crucial terms identified within my conceptual framework, including mental health promotion, mental health intervention, and district and school-based educational leadership. Finally, I looked for scholarly literature on policy development, governance and education, and governance and educational leadership.

This literature review situates my case study in the context of previous research and scholarly material pertaining to educational leadership and school-based mental health promotion and MTSS. I will present a critical synthesis of empirical literature according to relevant themes or variables and support the assertion that this study addresses a gap or problem in the literature (Bloomberg & Volpe, 2016).

The Burden of Mental Illness and the Moral Imperative for Education Leadership

Mental illness is a public health emergency threatening our youth's social, physical, and economic vitality (Doran & Kinchin, 2019; Larson, 2017; MHCC, 2017; Waddell et al., 2007). School districts and individual school settings are uniquely positioned to address this health emergency through enactment of modern governance practices, the cultivation of positive organizational climate and culture, and the system-wide implementation of multi-tiered promotion and early intervention practices. Educational leadership and key contextual factors such as funding cycles, access to professional development activities and resources, and the school environment mediate how these factors are implemented across a school or district setting (Rowling & Samdal, 2011).

Mental Health Defined

The terms mental health and mental illness are often used to describe an individual's general mental health. The World Health Organization defines mental health as a state of wellbeing in which every individual realizes their potential, can cope with the everyday stresses of life, can work productively and fruitfully, and contribute to her or his community (2007). Equally, the Public Health Agency of Canada defines mental illness as alterations in thinking, mood or behaviour associated with significant distress and impaired functioning (Government of Canada, 2017). As a result, the discussion and use of mental health within this study is not just

the presence or absence of mental health, but also the presence or absence of subjective wellbeing that is necessary for individuals to participate in and contribute to their community. Whereas the terms mental health intervention or MTSS reflect practices or programs used within a school environment by educators to enhance an individual's general mental health or wellbeing or used to mitigate the impact of mental illness.

Why Focus on Mental Health for Children and Youth?

Mental health and the prevention and early intervention of mental illness is an issue that will impact a substantial number of Canadians over their lifetime. The Mental Health Commission of Canada (2013) identified nearly one in four young people between the ages of 9–12 live with a mental illness, with approximately 70% of adult mental illness beginning before the age of 25. Adolescence and early adulthood are critical periods in developing life-long mental illness (MHCC, 2017). Mental health has been identified as the leading health problem facing Canadian children after infancy, with a lifetime disability impact second only to cardiovascular illness (Waddell et al., 2007). Additionally, studies demonstrate close links between the socioeconomic determinants of health and measures of mental health and wellbeing in childhood and adolescence (Larson, 2017; MHCC, 2017).

Mental health and mental illness are a significant health concern for Canadian children, but not all children experience this health issue equally. While mental health problems and mental illness affect people across populations, social inequality, and disadvantage lead to more significant disparities in mental health outcomes (Larson, 2017; MHCC, 2017). Individuals who are already vulnerable in our population, such as those from identified racial minority groups and low socioeconomic circumstances, experience increased rates of mental illness. Furthermore, issues experienced by this population are then compounded, as those with mental illness are at

increased risk of dropping out of school, achieving lower levels of academic skills, experiencing poor social outcomes and higher rates of unemployment, increasing dependency on social assistance, lacking physical health, and putting themselves at increased risk of substance abuse and mortality rates (Doran, 2019; Larson, 2017; Mental Health Commission of Canada, 2013).

Not only are there significant implications for mental and physical health, low academic achievement, and reduced opportunity for employment experienced by those with a mental illness but cost of illness studies also suggest that mental illness poses a significant burden on families, businesses, and other non-government organizations through out-of-pocket expenses, career and family costs, and lost productivity (Doran & Kinchin, 2019). The Mental Health Commission of Canada (2017) stated the overarching economic cost of mental health problems and illness to the Canadian economy at \$50 billion per year. In the Province of British Columbia, mental illness's impact required a 6.6 billion annual investment into social supports (British Columbia Ministry of Mental Health, 2019). The burden of mental illness does not only fall to those who experience mental illness. The burden of mental illness is an important education, health, and economic issue for Canada and all Canadians. The onset of mental illness in adolescence and early adulthood has significant implications for academic, social, and emotional development and the health of our local, provincial, and national community.

Implications of Mental Illness on Student Outcomes

Education is a crucial determinant of young people's future employment and income prospect (Hjorth et al., 2016). However, mental illness has the potential to impact attendance, negatively impact education attainment, and reduce life chances for children and youth (Hjorth et al., 2016; Lawrence, 2019; Smith et al., 2019). As a cohort, students with mental illness often do not meet academic expectations to the same extent as students without identified mental illness.

Students with identified mental illness may experience lower attendance, poorer grade-to-grade transitions, more unsatisfactory performance on achievement measures, and do not complete school at the same rate as peers without a mental health diagnosis (Dalsgaard et al., 2020; Doran, 2019; Larson, 2017; Mental Health Commission of Canada, 2013). Students with mental illness also have poorer outcomes on self-reported mental health measures. Mental health and the presence of mental illness has a profound impact on student educational outcomes.

School Attendance

Regular school attendance is recognized worldwide as a critical aspect of school engagement and an essential pre-requisite for academic success. The literature demonstrates that for truancy, chronic absenteeism, and school refusal, there is a link to mental health and life outcomes.

For example, chronic absenteeism and persistent truancy are related to a range of adverse life outcomes, including school dropout, unemployment, poverty, substance use and contact with the criminal justice system. Chronic absenteeism has also been shown to be associated with concurrent poor mental health. (Lawrence, 2019, p. 6)

More recently, the literature finds that higher attendance rates are associated with higher academic achievement levels and that school performance declines consistently with increasing rates of absence from school (Lawrence, 2019). The McCreary Adolescent Health Survey, representing over 95% of BC youth aged 12–19, reported 15% of youth missing school at least one day in the past month due to mental health challenges, including 5% who missed three or more days for this reason. Additionally, 14% of youth surveyed reported being too anxious or depressed in the past year to participate in sports or extra-curricular activities (Smith et al., 2019). Student attendance and engagement in community-based activities are negatively

impacted due to mental health, but there are ways in which schools can support student engagement and increased attendance.

Kearney and Graczyk (2014) have outlined a multi-tier model for promoting school attendance and decreasing absenteeism. Their model has three tiers – a framework for promoting regular attendance for all students (Tier 1), targeted interventions for at-risk students (Tier 2) and intensive interventions for students with chronic absenteeism (Tier 3). They have identified the support of mental health and social and emotional wellbeing as crucial strategies in both Tier 1 and Tier 2. These strategies are recommended to include health promotion and prevention strategies and school-based mental health services. Health promotion and mental health prevention strategies may help build resilience, help students learn and develop strategies for managing and improving their mental health and wellbeing, and help students understand when they should seek additional help and how to do so (Australian Government Department of Health, 2014). Strategies that improve student mental health and wellbeing may also improve student attendance (Hoagwood et al., 2007).

School Completion Rates

Poor mental health (Hjorth et al., 2016) and chronic absenteeism (Lawrence, 2019) enhance students' risk of dropping out of school and not attaining high school graduation. In member countries of the OECD, as many as 20% of adolescents end their education before graduation. Individuals who do not complete their education are at higher risk of unemployment, poverty, increased mortality, and morbidity than peers who have completed their education (Hjorth et al., 2016). The Ministry of Education in British Columbia carefully monitors provincial and local graduation rates or school completion rates as an essential measure for student mental health and achievement in the annual Student Success Report. As reported in the

Student Success Report (2020), the five-year average graduation rate or school completion rate is 86–89%, with the overall provincial rate for the 2018–2019 school year at 89%. This 5-year graduate rate reflects the graduation rate for all students in British Columbia and is slightly better than the OECD rate of 80% completion. However, British Columbia also monitors and reports school completion rates for students identified with a special need. This category includes students identified as requiring mild, moderate, or intensive behaviour support or students with a diagnosed mental health condition. In this category, students with a diagnosed learning disability, students with hearing or vision impairment, and students with a diagnosis of autism spectrum disorder are also included in the report. For this same period, students with an identified special need achieved a five-year average school completion rate of between 65-72% and for the 2018–2019 school year, a school completion rate of 72%. Over the past five years, there is a reported annual discrepancy for school completion rates between students with and without identified special needs for British Columbia youth. Nearly 30% of youth in British Columbia with an identified special need, including a diagnosed mental illness, do not complete school at the same rate as their peers.

Academic Achievement

Low educational achievement in children and youth is associated with a range of poor outcomes in adulthood. Children and adolescents at-risk of or who suffer from mental illness experience poor outcomes in school (Dalsgaard et al., 2020), including higher absenteeism, higher rates of suspension and expulsion, and higher rates of dropout. Inattention, anxiety, depressed mood, or psychotic experiences interfere with learning while in the classroom and can be a barrier to school engagement, homework completion, and test performance (Dalsgaard et al., 2020). Furthermore, students with mental illness or whose family members are more likely to

have a mental illness, may receive less support in completing homework or receiving additional academic support from home (Dalsgaard et al., 2020). Larson et al. (2017) conducted a review of empirical studies completed between 2003 and 2013 in the United States, which focused on childhood trauma, mental health, and academic achievement. In this review, behavioural symptoms and mental health disorders that predicted poor academic achievement included aggressive behaviour, post-traumatic stress disorder, anxiety, and depression. Among the eight studies identified with significant findings, the effects of violence on academic performance differed based on gender, with aggressive behaviour in females associated with lower overall academic achievement and less student-teacher connectedness. Poor academic achievement leads to lower levels of social capital and decreased ability to escape exposure from adverse events, chiefly poverty, and thus, the cycle of exposure to chronic trauma is transmitted from generation to generation (Rich et al., 2009). A Danish nationwide population-based study of nearly 629,622 children found that, on average, 88% of students completed a final academic assessment, whereas only 52% of students with an identified mental illness completed the final academic assessment. Additionally, the mean grade of those with a mental disorder was significantly lower on the examination than peers without a mental illness. "Poor academic performance at the end of high school can have negative educational implications across one's life span" (Dalsgaard et al., 2020, p. 803).

The purpose of the British Columbia school system is to enable the approximately 553,000 public school students, 81,000 independent school students, and over 2,200 home-schooled children to develop their potential and to acquire the knowledge, skills, and abilities needed to contribute to a healthy society and a prosperous economy (Government of British Columbia, 2020). This purpose statement extends beyond the academic skills of reading, writing,

or mathematics to include achievement of developmental and social milestones. Addressing barriers to academic achievement for all children and youth must be a priority for educational leaders.

Self-reported Mental Health Measures

The Conference Board of Canada has monitored the overall health of Canadians since the 1960s. Over this time, the health of Canadians has fallen. In the most recent health survey by the Conference Board of Canada (2013), Canada received an overall grade of 'B' on the health report card and was middle of the pack in rankings compared to other peer countries. When looking at overall health, British Columbia (BC) and Ontario were the top-placing provinces in the country with an overall score of a 'B.' Not only does BC rank at the top when compared to provinces and territories within Canada, but BC also placed third behind Switzerland and Sweden when compared to peer countries. Based on these results, the overall health of individuals within BC can be reported as being strong. The overall health of individuals focuses on the physical health of individuals. When looking at self-reported indicators of mental health, BC received a grade of 'C' with 67.8 percent of the population aged 12 and over-reporting their mental health as 'excellent' or 'very good.' Although ranking among the top in overall health rating, adolescents and young adults in BC rank third from the bottom, only ahead of the Yukon and Northwest Territories, in self-reported measures of mental health. There is a significant discrepancy between the reported physical health and the mental health of British Columbians.

As part of the Healthy Families BC provincial strategy, student health data is gathered in seven priority areas of health across the 16 regional health service delivery areas. Of the seven priority areas, mental health, learning to stay healthy at school, and school connectedness are among them. The information is gathered through the *Student Learning Survey* and the *BC*

Adolescent Health Survey. There are three mental health indicators included in these surveys: self-reported mental health, mental health or emotional condition, and suicide ideation (Provincial Health Services Authority, 2014). The BC Adolescent Health Survey has demonstrated a concerning trend over the past ten years. Students were less likely in the 2018 survey than in the 2013 survey to self-report excellent mental health. BC youth in 2018 self-reported rates of mental health as fair (20%) or poor (7%), with fifteen percent of all youth reporting having a mental health condition (Smith et al., 2019). Consistent with the pattern in previous survey years, females were more likely than males to self-report having a mental health condition. A worrying 43% of youth who identify as non-binary self-reported a mental health condition (Smith et al., 2019). Similarly, rates of extreme stress were higher in 2018 than in 2013, with 12% of youth reporting that they were so stressed that they could not function properly and 17% of students reporting they had seriously considered killing themselves (Smith et al., 2019). Students reported a concern for who might learn about the mental health problem, fear that someone may see them accessing help, uncertainty in where to access help, and fear of what they may learn as the top reasons for not seeking timely mental health services (Smith et al., 2019).

There is a discrepancy between physical and mental health for adolescence and youth in BC. In a country and province that ranks among the best globally, the self-reported measures of mental health for adolescent and youth adults in BC are concerning. Nearly a quarter of all young people in Canada today will be impacted by mental illness. Based on academic achievement, health outcomes, self-reported quality of mental health, it is evident not all young people achieve the outcomes offered by public education. The moral imperative belongs within the school system to create conditions that address mental health promotion for all students and

minimize conditions that contribute to or exacerbate mental illness in children and youth. Educational leaders should create a school environment that offers a proactive element in creating the conditions in which people flourish (Cherkowski & Walker, 2013).

Social Justice and Educational Leadership

As a result of the rapid pace of economic globalization, our communities and their economies continued to grow beyond local borders or boundaries; characterized as dynamic, interconnected, and increasingly independent. School districts and schools can no longer offer an industrial model of education with standardized delivery of a standard program of study, age-based grade levels, and uniform performance outcomes and expect to meet all individuals' needs within each layer of the system (Davis et al., 2015). The social justice movement prompts academics and educational leaders to “assume an activist stance in practice and urges them to practice liberation and emancipatory pedagogy in all facets of their work” (Brooks & Miles, 2006, p. 7). James Ryan (2006) shares that social justice is difficult to define but offers most commentators on social justice concede that it is about legitimacy, fairness, and welfare. Social movement looks at educational leadership as being based on “an ethic of care and the moral imperative of improving practice and student outcomes for minority, economically disadvantaged, female, gay/lesbian, and other students who have not traditionally served well in schools” (Brooks & Miles, 2006, p. 8).

The impact of rapid economic globalization has resulted in growing inequality, one of the world's critical issues today (Stiglitz, 2014). Social and economic inequality is strongly linked to the strength of the social fabric of societies. Poor health and mental illness impact education achievement, subsequently impacting long-term economic and social opportunities, health and wellbeing and participation within a democratic society (Blackmore, 2013). In addition to rapid

economic globalization, a recent history of managerial approaches informing policies based on efficiency, narrow measures of effectiveness, and parental choice have exacerbated old inequalities in new ways (Blackmore, 2013). As a result of these growing inequalities, social justice theories and practices have seen a resurgence in research and policy. However, Ryan (2006) asserts that leadership and social justice are not natural bedfellows. The extent to which leadership serves to improve learning conditions for all students, including those who are marginalized or who have diverse abilities, depends on the way that relationships are envisioned among members of institutions, in the roles that are prescribed for individuals and groups, and in the ends to which leadership activities are directed (Ryan, 2006).

Influential Elements Within the Education System

The British Columbia Ministry of Education (2020) website stated that the mandate of universally provided public education is to help students develop their potential and acquire the knowledge, skills, and attitudes needed to contribute to a healthy society and a prosperous and sustainable economy. Although across Canada, each province and territory ministry of education expresses slightly different value statements, in general, the intended purpose of public education has remained relatively the same in its effort to ensure future citizens can fully participate in and contribute to the greater community and the economy. However, the expressed goals of education and educational leadership approach to achieve this purpose continue to be shaped and altered by the social and political context of the time. Key elements within public education settings explored in this literature review include modern governance of educational systems, educational leadership frameworks including distributed and positive school leadership, and school-based evidence-supported mental health promotion and multi-tiered intervention systems of support.

Modern Governance

Theisens (2016) in the OECD report on *Governing Education in a Complex World* defined governance as establishing, formulating, and implementing policies and being accountable in a complex network with many layers and individual actors. The position of centralized governments with centralized power and authority has shifted over the past three decades as our societies have become more global, more flexible, and dynamic and more independent (Burns & Koster, 2016). Education in Canada today represents an array of provincial and territorial political mandates, policies, and priorities (Friesen & Jacobsen, 2020). As a result of these factors, education governance cannot be represented by a linear or straightforward framework. Education systems cannot be considered as “isolated (or devoid of context), limited connectivity or interdependency (devoid of collaborative governance and decentralization), or static (devoid of interdependence over time)” (Fahey & Koster, 2019, p. 9). The education system in Canada today “can be best thought of as a system of systems” (Friesen & Jacobsen, 2020, p. 1). Through this shift, educational governance retains among its principal responsibilities, initiating and sustaining positive change – whether a system, district, or school level (OECD, 2016).

Distributed Education Governance in Canada

The system of education in countries such as Australia and the United States is not governed by a single central level of government but are distributed across several levels of government which have varied levels of authority and accountability (Burns & Koster, 2016; OECD, 2019). In these countries, the federal government level retains some aspect of governance (Friesen & Jacobsen, 2020). The Canadian education system also has distributed control of education across multiple jurisdictions, including the federal, provincial, and territorial

governments (Friesen & Jacobsen, 2020). However, the Canadian federal government does not retain governance responsibilities for all citizens of Canada. In Canada, the federal government's responsibility for education is limited to the K–12 education programs and services of registered First Nations people and Inuit people. The Canadian federal government also retains authority for the education of members of the Canadian Armed Forces and individuals within the Correctional Service of Canada (Friesen & Jacobsen, 2020). For all other citizens of Canada, education is governed at the provincial or territorial level to establish overall direction, develop curricular learning outcomes, and provide public assurance monitoring through assessment programs. Due to the broad geographic, historical, and cultural makeup of a province and territory, each province's educational priorities and policies vary greatly.

When examining the role of governance in Canada's education system, it is essential to understand that provincial and territorial priorities and policies for education are embedded in and influenced by Canada's historical and social foundations (Friesen & Jacobsen, 2020). Although First Nations and Inuit people have occupied the geographical land for thousands of years, Canada's formation and the initial design of education in its provinces and territories did not reflect the cultural knowledge, language, or beliefs of the first peoples. "Emerging from the culture, language, and values of early British and French immigrants, education played a significant role in shaping the national character of Canada" (Friesen & Jacobsen, 2020, p. 3). At the time of formation as a country, the Canadian Constitution provided public education, including public schools, catholic schools, and francophone schools, which were funded through local and provincial taxes. Although provincial and territorial governments retain sole authority over education, there is an additional layer of distributed governance in some Canadian jurisdictions with local boards of education.

Provincial and territorial governments in Canada have the authority to delegate power to local boards of education. This delegation does not absolve the provincial government from responsibilities, however. Movement of certain aspects of the delivery of an education program to boards of education allows for the development and application of locally developed curriculum and assessment practices and the oversight of local human and physical resources to be responsive to the local context. Local elected officials serve as members of a corporate board. As a corporate body, Boards of Education are delegated local authority and responsibility to govern local education delivery. Local boards of education continue to be accountable to the provincial ministry of education for reporting and public assurance. In the case of federal governance of First Nation and Inuit education, the federal government "shares responsibility with First Nations children ordinarily resident within First Nations communities and attending schools whether those schools are provincial, or First Nations operated" (Friesen & Jacobsen, 2020, p. 7). Additional collaboration by the provincial ministry of education may involve the provincial teachers' association, the provincial school trustee's association, and post-secondary institutions. Although the provinces and territories retain sole authority, provincial and territorial ministers of education also explore pan-Canadian priorities and policies at the national level through the Council of Ministers of Education, Canada (Friesen & Jacobsen, 2020).

A central government does not hold power and responsibility for publicly funded education in Canada at the national or federal level. Although provincial and territorial governments hold sole responsibility for the system of education, delegation and collaboration with local boards of education have resulted in a distribution of educational governance. Theisens (2016) argues it is no longer feasible to return to a strong central government, but more important to focus on the types of individuals, notably their competences and skills, which are

working within these governance structures – proposing instead that governance through networks where informal and dynamic networks take the place of central planning (OECD, 2016). In a distributed, networked governance model, the central (provincial) level remains necessary in holding steering and enabling roles, providing the overall framework in which the networks (boards of education) function. District and school-based leaders looking towards government policy will find themselves outside of a top-down, traditional hierarchical model of governance. Instead, direction, responsibility, and accountability are within a layered and networked governance model. Distributed leadership networks respond to a rapidly changing world that is increasingly interconnected – one requiring more significant learning and collaboration for solving complex problems (Hoppe & Reinelt, 2010).

Five Key Principles of Modern Governance

The OECD report on *Governing Education in a Complex World* (2016) outlines five fundamental principles of modern governance. First, almost all governance structures can be successful in education under the right conditions. The number of levels and the power at each level are not what makes or breaks a sound system. Instead, it is the strength of the alignment, the actors' involvement, and the processes involved in governance and reform (OECD, 2016). Second, a whole system approach is essential. Education systems must resolve tensions between potentially conflicting forces such as accountability and trust, innovation and risk-avoidance, and consensus-building and making difficult choices (OECD, 2016). When a whole system is involved, alignment of roles and responsibilities occur, improving efficiency and reducing potential overlap or conflict (OECD, 2016). The third principle is that effective governance works through building capacity, open dialogue, and stakeholder involvement. There is a caution – broad stakeholder involvement is efficient only when there is a strategic vision and set of

processes to harness their ideas and input (OECD, 2016). The fourth fundamental principle is that the mid-level most often provides the system-wide vision needed to enable effective reform delivery. It can also help develop clear guidelines and goals, provide feedback on progress on those goals, and serve as the building blocks of any successful governance and reform process (OECD, 2016). Finally, the governance and decision-making used to achieve those goals would be open, inclusive, positive, and evidence-informed (OECD, 2016). There is an essential underlying theme of modern governance in a complex system, and that is trust. Trust is essential to good governance across a variety of policy areas, including education. Trust is essential for systems' functioning for both the ownership and implementation of policies and reforms, and fundamental collaboration and teamwork (OECD, 2016).

Educational Leadership

Educational leadership at the district and school level mediates how the strategic vision and direction of provincial and local governance and policy are implemented across a school or district setting. In their review of education leadership across a span of decades, Hitt and Tucker (2015) affirmed that school leadership contributed to positive student functioning. Further exploration of leadership identified that “school leadership has a significant effect on the school organization's features, positively influencing teaching and learning quality. While moderate in size, this leadership effect is vital to the success of most school improvement efforts” (Leithwood et al., 2019, p. 6). Educational leadership is a foundational component in effectively meeting the mandate of public education.

Leadership Practice

There are many theories, frameworks, and perspectives that address the topic of educational leadership in literature. This review of educational leadership literature is a brief

overview of prevailing leadership approaches, including instructional leadership, transformational leadership, student-centred leadership, distributed leadership, and positive school leadership. Table 1 provides a brief overview of the educational leadership style, key authors or researchers within the leadership style, and critical perspectives found within the leadership approach.

Table 1

Educational Leadership Theories, Authors, and Perspectives

Style of Educational Leadership	Key Authors and Researchers	Perspectives of the Leadership Approach
Instructional	Hallinger (2011), Robinson (2011), Leithwood (2008), Timperley (2011)	The leadership and management of instructional practice as a part of the effective school literature.
Transformative	Downton (1973), Bass (1985), Burns (1978)	Leadership where a leader creates a vision to guide the change through inspiration. Services to enhance motivation, morale, job performance, and individual ownership for work performance.
Student-centred	Robinson (2011)	Includes methods of teaching, such as behaviour and strategies used by educational leaders to improve student outcomes.
Distributed	Spillane (2006), Diamond (2016)	Rather than look to characteristics of an individual leader or action of the leader, Distributed looks to how actors engaged in tasks are stretched or distributed across an environment – based on activity theory and distributed cognition.
Positive	Murphy & Louis (2018)	A grounded theory of educational leadership drawing on instructional leadership, leadership effectiveness, and positive psychology.

Researchers in educational leadership are expressing growing concerns that existing leadership models may not fully capture the leadership dynamics operating in today's complex environments (Murphy et al., 2017). Current research about instructional leadership indicates that it is not enough for principals to create a vision for instructional improvement. If principals are to act effectively as instructional leaders, instructional actions must complement their instructional vision (Leithwood & Louis, 2012). Similarly, findings indicated that collective leadership has a stronger influence on student achievement than individual leadership practices or approaches. This suggests that the current emphasis on distributing and sharing leadership might have potential (Leithwood & Louis, 2012). This calls for a more social, relational, and connected approach to leadership that emphasizes networked linkages among leaders for diverse and innovative instructional leadership practices.

Finding Strength in Leadership

Past scholarly work in educational leadership has focused on creating academic press, including raising course rigour, implementing higher standards, monitoring, and evaluating teaching, student testing, and ending social promotion (Louis et al., 2016). The practice of leadership in school settings is vital to the success of most school improvement efforts. There is substantial support in the literature for the claim that school leadership can have a significantly positive influence on the specific school and student-level outcomes (Leithwood et al., 2019). “Recently, social network analysis has gained traction to understand how leadership takes place through social relationships” (Moolenaar, 2014, p. 9). Cherkowski and Walker (2013) asserted that a critical mass of scholarship encourages researchers to give increased attention to what is working – researching what individuals want more of and figuring out how to sustain all that results in thriving learning communities. Rather than looking at what is not working or from a

deficit perspective, a growing body of research seeks to find the strength in each set of circumstances and understand what works well. "Schools have long been considered significant, surrogate and generative contexts for the intentional promotion and facilitation of human flourishing and wellbeing" (Cherkowski & Walker, 2013, p. 140). The school district and school-level leadership through the lens of positive and distributed leadership provide an alternative leadership model to top-down, hierarchical structures and as a way in which to challenge the heroic leadership expectations and diminished mental health experienced by individuals within the education system.

Distributed Leadership

Leadership theory, practice, model, or perspective? Depending on which author or assertion is being made, distributed leadership may invoke different thoughts and opinions. Distributed leadership has been used synonymously in literature as shared or democratic (Harris & DeFlaminis, 2016; Diamond & Spillane, 2106). Distributed leadership has been used to examine the impact of leadership and organizational outcomes through a practical or applied view (Harris, 2009). Diamond and Spillane (2016) structured distributed leadership as a perspective or conceptual framework for researchers studying or practitioners and policymakers examining school leadership. With this view, leadership practice is distributed in an interactive web of actors, artifacts, and situations (Spillane et al., 2003). In a distributed perspective, leadership is a situated practice. The situation or context is not viewed as an independent variable but a fundamental component of leadership practice.

Origins of Distributed Leadership

Rooted in dissatisfaction with traditional approaches to research in school leadership, distributed leadership came from a desire for a "framework that captured the social nature of

human practice because it is not what people ‘do’ that matters, but how they do so ‘together’” (Diamond & Spillane, 2016, p. 148). To develop an approach that enhanced understanding of how people in education came together, literature from distributed cognition, socio-cultural activity theory, and micro and organizational sociology was explored. The result of this exploration was a distributed leadership framework that accounted for individuals, cognition, and context simultaneously (Diamond & Spillane, 2016). Additionally, some scholars have looked to distributed leadership perspective through a practical or applied approach to leadership where leadership is concerned with engaging many people in leadership activities (Harris, 2005; Harris & DeFlaminis, 2016).

Diamond and Spillane's (2016) view of a distributed leadership perspective as a framework of analysis. In exploring educational leadership through a distributed perspective there is a shift from focusing on individual leaders' attributes or characteristics to examining leadership activity itself: the leadership practice. A distributed perspective frames leadership practice as a product of the interactions of leaders, followers, and their situation. Instead, the situation, including the materials that facilitate people's interactions, the organizational structures that shape their interactions, and the cultural context in which they are embedded, are constitutive of leadership practice (Diamond & Spillane, 2016; Shirrell & Spillane, 2020).

Core Elements of Distributed Leadership

There is a growing body of empirical research using the distributed perspective. Core elements or themes that have emerged regarding this work. These findings include the ideas that leadership is stretched over people; school subjects shape leadership practice; and processes of authority and legitimacy influence the link between the policy environment and instruction.

Leadership Practice is Stretched Over People

An idea coming from the distributed perspective is that leadership does not reside within an individual. Leadership is viewed as activities understood by organizational members to influence their motivation, knowledge, affect, or practices. Leadership can extend to individuals with formal leadership roles in addition to those without a formal role, both inside schools and outside schools. "Taking a distributed perspective is about more than acknowledging that leadership is distributed; it pushes us to interrogate how it is disturbed" (Diamond & Spillane, 2016, p. 148). A distributed leadership perspective recognizes the interdependencies across individuals and practices within a particular setting. Using the distributed perspective as a framework for the study, the analysis is then grounded in leadership practice. Spillane et al. (2003) identified three types of distributed practice: collaborative, collective, and coordinated. Collaboration is defined as two or more people working together at the same time, place, and on a particular activity or task. Collective distribution refers to two or more people, working separately but interdependently but without the awareness of the other players or parts of the system. Finally, the coordinated distribution looks at situations where interdependent actors are engaged in implemented or acted upon tasks in a known order or sequence. These types of distributed practice describe how leadership is stretched over people in different but recognizable ways. These practices, however, are not consistent across subject areas.

School Subject Shapes Leadership Practices

Diamond and Spillane's (2016) distributed perspective perceive teaching as complex and multifaceted. With this understanding, three areas have been identified in distributed leadership literature regarding school subject variability: a shift in advice and information-seeking

behaviour by subject, perceived formal support role differences by subject, and perceived expertise within or outside the school system subject.

Distributed leadership studies have variation in the practice of leadership in primary schools by subject area. For example, school leaders and teachers were more likely to seek advice and information about instruction in English Language Arts than in Math or Science (Hopkins & Spillane, 2014). In another example, distributed leadership research found that formal positions and organizational routines also reflect differences by school subject matter. Again, English Language Arts is more likely for Math or Science to have a formally identified school or system leadership position. A vital difference found that school and teacher leaders "were more likely to think of expertise for Language Arts as residing within their school staff members whereas expertise for Math resided in experts beyond the schoolhouse" (Diamond & Spillane, 2016, p. 149).

The school subject of social and emotional development is less defined or concrete than English Language Arts or Mathematics. Mental health is a topic that also has a tremendous stigma associated with it, reducing staff or students' likelihood of seeking assistance. Despite individuals experiencing symptoms of mental illness, many do not receive the appropriate treatment they need due to related stigma (Vidourek & Burbage, 2019). In a settings-based approach to school health, "the concept of distributed leadership is particularly valuable in understanding school participation and ownership" (Rowling & Samdal, 2011, p. 352). Advice and information seeking for school leaders, specifically with the topic of mental health promotion and early intervention in public school settings, are of specific interest in this study.

Processes of Authority and Legitimacy

Critics of a distributed perspective on education leadership have argued that a distributed perspective sustains administrative power (Lumby, 2013), avoids political questions (Flessa, 2009), and undertheorizes power in relationships (Hartley, 2009). Diamond and Spillane (2016) counter that power and authority relationships to leadership practice have been central to work using a distributed perspective. In response, they offer the construct of *coupling* and *recoupling*. "Coupling captures how organizations are made up of interdependent elements that are more or less responsive to, and more or less distinctive from, each other" (Diamond & Spillane, 2016, p. 150). The term 'elements' then refers to the organization's components, including the individual people, the layers within a school system, educational policy, and teaching practices. Research that applies a distributed perspective to processes of authority and legitimacy in educational leadership may then look to how principals mediate policy and practice (Spillane et al., 2002) or how school leaders use organizational routines as coupling mechanisms between policy, leadership, and teaching (Spillane et al., 2011).

The Practice of Distributed Leadership

Researchers Leithwood, Harris, and Hopkins (2019) explored the distributed leadership perspective through an applied or practical approach, seeking to understand what leadership practice looks like. What is it that individuals in a formal or informal leadership position do? Their findings identified four domains of practice: setting direction, building relationships and developing people, redesigning the organization to support desired practices, and improving the instructional program. These domains can be further described with specific leadership practices, as described in Table 2. More critical than actions themselves, distributed leadership is premised on the patterns of distribution and interaction.

Over the past ten years, there have been many empirical studies that support a distributed leadership perspective (Harris, 2005; Harris & DeFlaminis, 2016; Leithwood et al., 2019; Spillane, 2019; Shirrell & Spillane, 2020). Studies have indicated that both the leadership distribution patterns and how leadership practices are enacted when distributed, influence organizational performance (Leithwood et al., 2019). Context plays a particularly important role in how distributed leadership is practiced within and across educational environments; however, the literature supports the claim that it is the enactment of distributed leadership in practice that makes a positive difference to organizational and student outcomes (Leithwood et al., 2019).

Table 2*What Successful Leaders Do*

Domains of Practice	Specific Leadership Practices
Set Directions	<ul style="list-style-type: none"> • Build a shared vision • Identify specific, shared, short-term goals • Create high-performance expectations • Communicate the vision and goals
Build Relationships and Develop People	<ul style="list-style-type: none"> • Stimulate growth in the professional capacities of staff • Provide support and demonstrate consideration for individual staff members • Model the school's values and practices • Build trusting relationships with and among staff, students, and parents • Establish productive working relationships with teacher federation representatives
Develop the Organization to Support Desired Practices	<ul style="list-style-type: none"> • Build a collaborative culture and distribute leadership • Structure the organization to facilitate collaboration • Build productive relationships with families and communities • Connect the school to its wider environment • Maintain a safe and healthy school environment • Allocate resources in support of the school's vision and goals
Improve the Instructional Program	<ul style="list-style-type: none"> • Staff the instructional program • Provide instructional support • Monitor student learning and school improvement progress • Buffer staff from distractions to their instructional work

(Leithwood et al., 2019)

Positive School Leadership

Seligman and Csikszentmihalyi (2000) argued that the exclusive focus on pathology results in a model of the human being lacking the positive features that make life worth living. While schools are tasked with socializing the next generation of citizens, Louis and Murphy (2018) have noted the prevalence of deficit thinking in the literature about marginalized populations and students from less advantaged circumstances. As a result, in formulating the Positive School Leadership (PSL) approach, Louis and Murphy (2018) begin with “the perspective that the role of leadership is to create positive environments in which all human beings can thrive” (p. 1). Different from other traditional or generic leadership theories, PSL is a grounded theory that looks to “pull ideas from other models and weave them into a macro-level understanding of leadership for leaders in general and school administrators specifically” (Louis & Murphy, 2018, p. 4).

Origins of Positive School Leadership

A positive leadership model is an asset-focused approach to understanding educational leadership based on Murphy and Louis’s (2018) comprehensive review of over 4000 leadership publications on positive psychology, organizational management, and educational leadership. Through the application of grounded theoretical methods (Corbin & Strauss, 1990; Glaser & Strauss, 1967), the authors pulled what they considered to be the best pre-existing models from transformational leadership, distributed leadership, authentic leadership, servant leadership, and ethical leadership. Although the concept of positive leadership had been established in the organizational literature, it had not been included broadly in school and educational leadership literature (Murphy & Louis, 2018). The purpose of proposing the positive school leadership perspective was not to create or share a unique approach to educational leadership. Instead,

Murphy and Louis (2018) looked to contextualize positive school leadership and positive school organizations into a larger organizational research body. Based on a positive organizational framework and empirical studies from multiple countries and disciplines, Murphy and Louis (2018) propose asset-based adult relationships are a precondition for creating student wellbeing and that only where all or most of the school members are thriving are they able to make a positive contribution to the larger society (Louis & Murphy, 2012). Furthermore, they argue that the emphasis of positive organizational research on the centrality of relationships to human flourishing, both in and out of organizations, is connected to the broader theme of overall organizational effectiveness.

Core Elements of Positive School Leadership

The PSL approach identified nine principles to guide leadership actions based on four underlying *orienting dimensions*. The four unique dimensions of practice to guide educational leaders include (a) Positive Orientation, (b) Moral Orientation, (c) Relational Orientation, and (d) Spiritual Stewardship Orientation (Murphy & Louis, 2018, p. 30).

Individuals engaging in PSL use human connections through small gestures to create meaning within a formal educational structure. It is through connection and relationship that the practice of leadership generates change. Louis and Murphy (2018) stated that significant transformational work (like strategic planning and visioning) is less often the leadership site. It is the "small transformational work that cements values and relationship through individual attention and articulation of values and has an impact on the significance that people see in their jobs" (Seashore Louis & Murphy, 2018, p. 38). In the case of using PSL in schools, Louis and Murphy (2018) stated that "being a 'good person' is not enough to create a positive impact on schools. Leadership is always assessed through the eye of the beholder, who cannot see inside a

person but draws inferences based on actions” (p. 139). If system leaders are to meet the demands of educational leadership today, they require understanding and applying a leadership model that fosters positive interactions with others, are grounded in empirical research, and can guide and frame their leadership work.

The Practice of Positive School Leadership

PSL looks to “disrupt the assumption that a focus on individual motivation and commitment is the most effective means to create productive work settings” (Murphy & Louis, 2018, p. 115). Empirical research studies suggest that leaders whose behaviour reflects the above values positively impact individual members, teams, and the organization's climate and culture (Murphy & Louis, 2018).

Evidence-based Mental Health Intervention in K–12 Education Settings

The World Health Organization has suggested that prevention may be the only sustainable approach to reducing the burden of illness accompanying the risk of, or a diagnosis of, mental illness (Kutcher & Wei, 2020; Littlecott et al., 2019). The British Columbia provincial policy document *Pathway to Hope* (2019) was developed to guide mental health promotion and intervention initiatives across the province. This strategy to address mental health and addiction is based on four pillars: (a) wellness promotion and prevention; (b) seamless and integrated care; (c) equitable access to culturally safe and effective care; and (d) indigenous health and wellness. As the age of onset of many lifelong mental illnesses falls within childhood and adolescence, the promotion of wellbeing and the early identification and intervention of mental illness is best provided during childhood and adolescence (Kutcher & Wei, 2020; Littlecott et al., 2019).

Wellness Promotion and Prevention Through Mental Health Literacy

Recent literature has identified mental health literacy as the foundation for mental health promotion, prevention, early identification and intervention, and ongoing care (Kutcher & Wei, 2020). Mental health literacy has been defined as knowledge and competencies that encompass five separate but intertwined domains: (a) understanding how to obtain and maintain good mental health; (b) understanding mental disorders and their treatments; (c) decreasing stigma; (d) enhancing help-seeking efficacy (knowing when and where to seek help, and (e) learning skills to apply in the help-seeking interaction (Kutcher & Wei, 2020).

It is essential that mental health literacy interventions are provided universally, across a school system, are evidence-based, developmentally appropriate, integrated into the curriculum, applied by appropriately trained teachers, and easily accessible in the school setting.

Mental Health Promotion and Prevention Through Multi-Tiered System of Support

School-based health promotion and intervention efforts specifically addressing children and adolescents' mental health benefit from multi-tiered systems of support across key areas of mental health conditions (Fabiano & Evans, 2019). MTSS include tiers of the intervention of increasing intensity and complexity, offered to children as needed. At Tier 1, or the universal tier, supports are provided to all students focusing on mental health promotion and prevention. At Tier 2, or the targeted tier, supports are provided to students at risk of mental health concerns or who require additional mental health promotion support. Finally, at Tier 3, or the intensive tier, students with identified mental health concerns or mental illness diagnosis are provided interventions specific to their condition. Tier placement is guided by whole-school screenings, progress monitoring, and students' responses to interventions. Students can be moved from more-or-less intensive tiers, as indicated by ongoing assessments. "Therefore, school-based mental

health services can meet students where they are and tailor interventions to the current needs related to skill-building and problem reduction” (Fabiano & Evans, 2019). Some models that reflect a MTSS framework include Positive Behaviour Intervention and Supports (PBIS) and Response to Intervention and Instruction (RtI) frameworks.

Although MTSS appears promising in response to school-based mental health promotion and intervention, these approaches are only effective when adequately and systemically implemented in a school setting. “That gap between identification of evidence-based programs and implementation of those same programs is critical because students will not benefit from interventions that they do not receive” (Sims & Melcher, 2017, p. 339). Fidelity of assessment and intervention implementation is also emphasized within these frameworks (Fabiano & Evans, 2019; Sims & Melcher, 2017).

Seamless and Integrated Evidence-based Intervention Practices

School-based health centres, which comprise full health and human services embedded into schools, may be the most effective approach to addressing student's mental health care needs while concurrently supporting their other health care needs and social service requirements (Kutcher & Wei, 2020). Some of their advantages are: a) they provide the greatest ease of access for the largest number of young people; b) they are designed to be youth friendly; c) they can provide a full range of health/mental health interventions (from promotion to prevention to care); d) they can be seamlessly linked to primary health care providers; e) they are relatively inexpensive to establish (i.e., require limited new infrastructure costs); f) they provide an easily accessible site for additional human health services; g) they can be enhanced by adding human resources such as mental health clinicians; and h) they have a reasonable evidence base of

positive results, that include better and more equitable academic, health, and social outcomes (Kutcher & Wei, 2020, p. 175).

Challenges in School-based Mental Health Promotion and Prevention

“School mental health programs can improve access to services for children and adolescents but implementing and sustaining such programs can be a challenging and multifaceted process” (Sims & Melcher, 2017, p. 339). One of the challenges identified in exploring effective school-based mental health promotion and intervention practices is rooted in the way researchers and practitioners approach this task. O’Toole (2017) highlighted the work of critical education theorists Freire (1970) and Hooks (1994), who looked to place structures and processes that maintain inequity at the centre of their work. When exploring child and youth mental health from this perspective, any attempt to improve wellbeing necessarily involves critical awareness of oppressive conditions and understanding of individual and collective actions necessary to change those conditions. They further argued that exploration of child and youth mental health programming must move from a “simple, reductionist model of human functioning towards innovative and dynamic prevention and intervention approaches” (O’Toole, 2017, p. 453). Similarly, when looking at mental health intervention programs, O’Toole (2017) recognized that there is a tendency towards individualized, short-term, discrete approaches that focus on symptom change rather than reworking problematic relationship patterns or confronting structural inequalities. Similar to examining the complexity in education policy, governance and leadership, our understanding of mental health can also be viewed through the lens of complexity. A linear representation no longer adequately describes all factors influencing school-based mental health promotion and successful student outcomes. O’Toole (2017) cautioned that understanding children's mental health and approaches to intervention tend to be individualistic

and de-contextualized in the absence of satisfactory hypothesized relationships. This view is problematic because it assumes that the cause of the children's mental illness resides within children themselves, and it places the burden for change on the individual child rather than broader social structures and relational networks found within the school, community, or family environments (O'Toole, 2017). By contrast, social network analysts argue that causation is not located in the individual but within the surrounding social structure (Marin & Wellman, 2014). If mental health promotion and early intervention efforts in school settings are to be effective, Schroeder & Rowcliffe (2019, p. 5) state they need to:

be multi-level, including provincial, regional, and local actors. It must be multi-institutional, with a key focus on health, education, and child development systems. It must be multidisciplinary, harnessing the expertise of educators, physicians, social workers, and public health, among others. It must recognize the diversity of children, families, and communities we aim to support. Most importantly, it must build leaders' capacity at every level to work within and between systems. (Schroeder & Rowcliffe, 2019, p. 5).

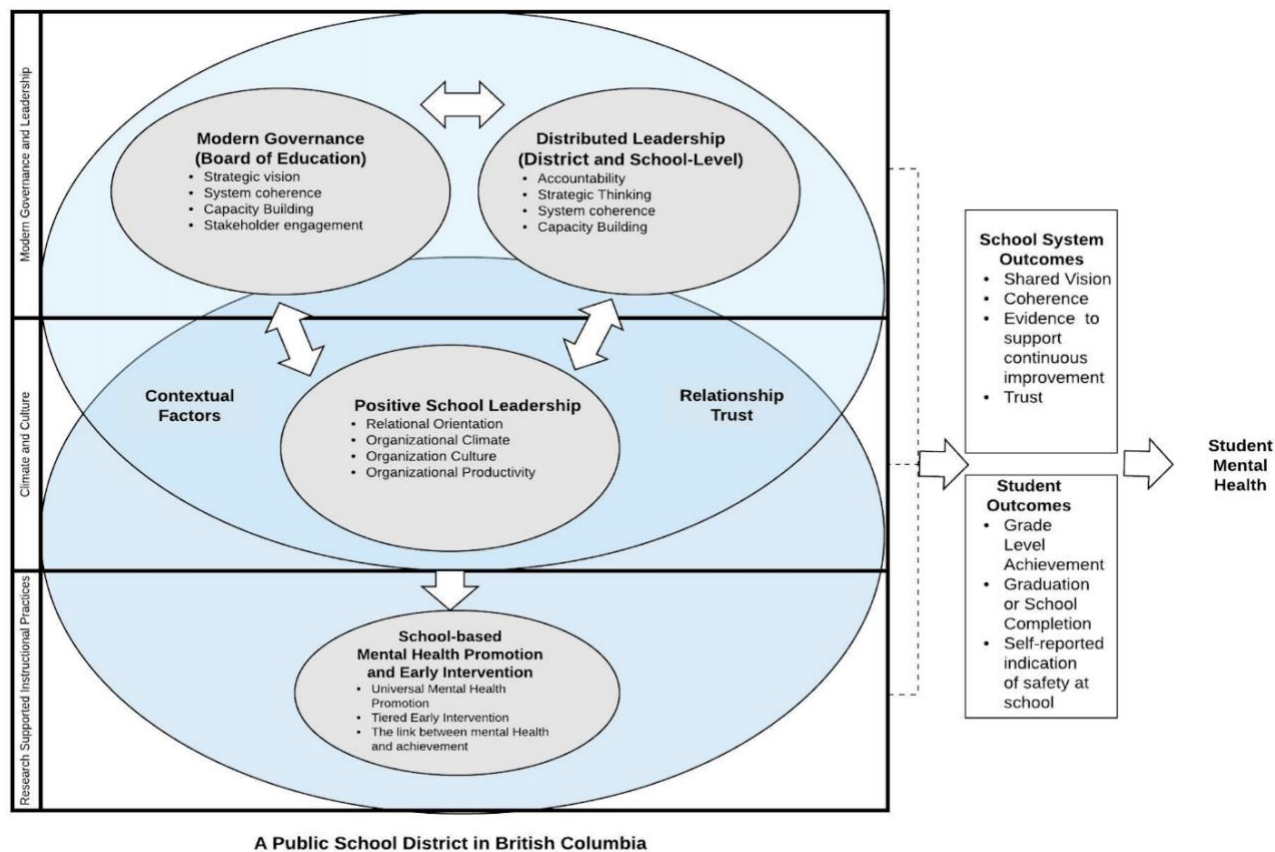
This case study explored distributed and positive and educational leadership, the relationships and interdependencies that exist between district and school-based leaders, and the policies and practices that guide the implementation of mental health promotion and early intervention practices in one school system. By exploring the relationships, social circumstances, and context in which district leaders address mental health promotion and intervention practices, practical leadership strategies emerged.

Conceptual Framework

A conceptual framework is a structure or heuristic that guides your research (Bloomberg & Volpe, 2016). A conceptual framework guides academic inquiry, informs problem development and refinement, and provides structure to a literature review. By situating the study within a scholarly conversation, the conceptual framework connects the researcher to an existing knowledge body. The conceptual framework developed within this inquiry was based on my experiences, assumptions, beliefs, and the literature informing and impacting the study. The conceptual framework in *Figure 1.0* formed a model that guided my literature review.

Figure 1

Elements Among District and School-Level Leadership of Mental Health in Public Education



As shared on the British Columbia Ministry of Education website (2020), the purpose of the British Columbia school system is to enable each student to develop their potential and

acquire the knowledge, skills, and ability needed to contribute to a healthy society, prosperous and sustainable economy. The province's school systems are guided by provincial government policies and the ministry of education policies and expectations. Boards of education provide governance at the local level. The provincial government tasks boards of education to ensure that BC students' interests are met through local decision-making with an engaged community, providing a representative voice to the province, improving student achievement, and supporting the continuous improvement of a high-quality public education system (BCSTA, 2020). Local school boards hire a superintendent of schools responsible to the board for improvement of student achievement in the local context (School Act, 1996).

Superintendents work with other system leaders such as assistant superintendents and directors of education in collaboration with school principals to operationalize policy, guidelines, and curriculum outlined by provincial and local government at the school and classroom level. Modern governance and educational leadership expectations for school systems in BC are established through provincial legislation and policy and by professional organizations such as the British Columbia School Trustees Association (BCSTA), the British Columbia School Superintendents Association (BCSSA), and the British Columbia Public School Employers' Association (BCPSEA). The work of educational leadership and improving student achievement is a human and social practice. The local boards, superintendents, district, and school-level leaders are influenced by and interact with the local context. The work within schools is conducted by and between people. As a result, relationships and trust are variables that facilitate or impede work at the local level.

Researchers have been able to establish an interconnected relationship between academic achievement, attendance, school completion, and mental health (Dalsgaard et al., 2020; Doran,

2019; Kutcher & Wei, 2020; Larson, 2017; Lawrence, 2019). To monitor student outcomes as a product of school and system-based outcomes, the provincial government, and local boards of education monitor school system performance and look for indications of continuous improvement. Through provincial assessment programs, academic achievement, school attendance, school completion, self-reported safety measures, and school connection are used by provincial and district -based system leaders. These leaders then work with school-based leadership to deliver multi-tiered systems of support and evidence-informed curricular resources and programming to contribute to improving student-level outcomes.

Chapter Summary

The literature examining educational leadership or mental health response has historically been focused on the individual level. This research approach has examined leadership characteristics, attributes, or strategies and the outcomes of specific mental health interventions based on the assumption that an individual is independent, isolated, and distinct from other people and from the context in which they work (Patterson & Goodson, 2019; Rutter et al., 2017). There remains a significant gap in the literature on how these individual elements are connected. What is the relationship and connection among these elements, and how do they come together in a public education setting to ensure that leadership practices and mental health interventions are distributed, implemented, and sustained over time across complex and multilayered education environments? (Littlecott et al., 2019; Reed, 2018; Rutter et al., 2017). This single-site case study was based on the underlying assumption that an educational system is more than the sum of its parts: provincial and board governance, district and school-based educational leadership, and universal and tiered intervention mental health programming. The aims of this study were to (1) explore the relationships and connections among governance,

educational leadership, and mental health programming in public education through social network analysis; (2) identify how knowledge of these network attributes influence how district and school leaders may use the information about these relationships and connections in their leadership practice; and (3) to identify ways leadership engaged their school community in implementing a vision of mental health promotion and intervention.

Chapter 3: Research Design and Methodology

Statement of the Research Problem

At the heart of this case study was a desire to develop a deeper understanding of the relationships and interdependencies among system-level leadership in mental health promotion and multi-tiered systems of support within a school system. Additionally, there was a desire to generate a comprehensive depiction of the network attributes and leadership practices that enact this work in a public education setting in one school district in British Columbia. Positive and distributed educational leadership, through the theoretical lenses of complexity and intersectionality, informed this inquiry into district leadership.

Students with diverse learning needs, students who live in poverty, and students with behavioural problems, or diagnosis of mental illness are at greater risk of experiencing problems with achievement and relationships at school and social exclusion from their peers (School-Based Mental Health and Substance Abuse Consortium, 2013). Despite ample evidence that school-based mental health promotion and school-based multi-tiered system of support can provide necessary early intervention of mental illness for children and adolescents, there are inconsistencies in the application of mental health-related policy and leadership practices across school sites (Contandriopoulous et al., 2017; Locke et al., 2019; Whitcomb et al., 2017). As a result, the promise of mental health related policy and multi-tiered systems of support are not fully realized for all members within a school community. This gap between theory and practice underscores the significance of this study. This study explores the connection and relationship between provincial and district-level system policy and governance, district and school-based educational leadership practice, and how public school district and school-based leadership

engage with their school community in implementing mental health promotion and tiered intervention in public education settings.

Research Approach

As a practitioner working as a senior district-level leader in a public-school system, I selected an applied research approach to improve my practice and contribute to a body of knowledge that other practitioners or policymakers (Merriam & Tisdell, 2016) may draw upon.

Qualitative Research

Research in the field of education leadership frequently involves the study of people. Qualitative research is used when a research question involves understanding how people interpret their experiences, how they socially construct their worlds, and what meaning they attribute to their experiences (Guba & Lincoln, 2005; Merriam & Tisdell, 2016). This research study did not intend to find a definitive truth or determine a cause or effect. Instead, the purpose of this applied research study was to improve the quality of the practice (Merriam & Tisdell, 2016). Specifically, this study aimed to generate greater insight into the connection and relationship among school district leaders, guiding policies and practices, and how leaders engaged their school community in promoting mental health and the early intervention of mental illness across multiple school-based leaders within one school system. This research study was an exploration of a socially constructed process (Guba & Lincoln, 2005; Merriam & Tisdell, 2016, Yazan, 2015). In this approach, knowledge is not discovered, tested, or examined. In constructivism, knowledge is produced through a meaningful exchange between individuals. As a result, human beings construct and interpret knowledge and its meaning as they interact and interpret the world around them (Guba & Lincoln, 2005; Miles et al., 2020).

Methodology

Exploratory Case Study

Case Study is a methodology commensurate with my worldview and adequately reflects the phenomena of interest (Bloomberg & Volpe, 2016; Creswell, 2015; Merriam, 2009; Merriam & Tisdell, 2016; Stake, 1995; Yazan, 2015; Yin 2018). A case study is an in-depth description and analysis of a bounded system (Bloomberg & Volpe, 2016; Merriam, 2009; Merriam & Tisdell, 2016; Yazan, 2015). School systems and the relationships and connections among layers and components of a system are complex. A case study allowed me to investigate a bounded system through in-depth data collection methods involving multiple data sources (Bloomberg & Volpe, 2016; Merriam, 2009; Merriam & Tisdell, 2016; Yazan, 2015). Additionally, case study was a form of inquiry that afforded significant interaction with research participants, providing an in-depth picture of the connections and relationships between members of the system (Bloomberg & Volpe, 2016; Creswell, 2015; Merriam, 2009; Merriam & Tisdell, 2016; Yazan, 2015; Guba et al., 2005). There are three seminal authors in case study methodology: Yin (2018), Stake (1995), and Merriam (1998). However, the underlying assumptions and epistemological stance of each author's approach varies. These underlying assumptions shift the case study's description, the approaches used, the data collection and analysis methods. Yin's approach to a case study is oriented toward a realist perspective, which assumes the existence of a single reality that is independent of any observer (Yin, 2018) whereas Stake's (1995) approach to case study relies heavily on an interpretive and existential approach (Yazan, 2015). Merriam's (1998) orientation to a case study is grounded in a socially constructivist approach (Yazan, 2015). No one approach is wholly commensurate with the purpose of this case study. In case studies where one approach is not wholly commensurate with the purpose of the study, Guba & Lincoln (2005)

contend “commensurability is an issue only when researchers want to pick and choose among the axioms of positivists and interpretivist models, because the axioms are contradictory and mutually exclusive” (p. 211). Where axiomatic elements “are similar or resonate with one another, they are clearly commensurable” (Guba & Lincoln, 2005, p. 211). The guiding inquiry paradigm to this exploratory case study was “to understand and interpret through meaning of phenomena obtained from the joint construction of meaning of lived experiences” (Lincoln et al., 2011, p. 106), which is best explored through a socially constructivist and interpretive approach (Guba & Lincoln, 2005; Merriam & Tisdell, 2016, Yazan, 2015).

Use of Case Study Methodology

Merriam and Tisdell’s (2016) work informed this case study design. My research plan consisted of interconnected, sequential phases: (a) planning; (b) collecting data; (c) analyzing data; (d) reporting the findings; and (e) synthesizing, interpreting, and discussing findings to develop conclusions, recommendations and implications for practice and identifying areas of further research. Although the research study phases are described in sequential order, a key feature of case study research is iterative movement between the stages and concurrent data collection and analysis (Miles et al., 2020). With each stage of the research study, methods to ensure trustworthiness and rigour were used. The specific details of each phase are outlined in the following sub-sections.

Site and Participant Selection

A purposeful sampling technique (Miles et al., 2020) was utilized to select the site for the case study and the selection of individuals who were invited to participate in the data collection.

Site Selection

To be included as a possible case study site, school districts that met the following inclusion criteria were considered: (a) an average-sized urban community with a population of approximately 80,000–120,000 individuals and (b) a publicly available measure of mental health and achievement as measured by the *Framework for Enhancing Student Learning (2019)*. The mental health and achievement measures included: (a) student achievement measures; (b) rates of school completion; and (c) self-reported school climate measures for the school district in addition to (d) a comparison to provincial average results for all school districts in British Columbia. In BC, the following are considered indicators of achievement and mental health:

1. The grade-to-grade transition for students with identified special needs.
2. Provincial English 12 examination results for students identified with special needs.
3. Provincial English 12 examination results for all students.
4. Completion Rates for students identified with special needs.
5. Completion Rates for all students.
6. Early development percentage of students considered vulnerable in social development.
7. Early development percentage of students considered vulnerable in emotional development.
8. Self-reported response to Student Satisfaction Elementary (percentage of students responding ‘many times’ or ‘all of the time’ to Do you feel welcome in your school?).
9. Self-reported response to Student Satisfaction Secondary Students (percentage of students responding ‘many times’ or ‘all of the time’ to Do you feel welcome in your school?) (Information to support student learning, February 2022)

During the 2019/2020 year the Learning Division of the Ministry of Education implemented a three-year grant program. These funds were accompanied by a Mandate Letter that outlined the requirement for each school district to address mental health and wellbeing programming within their system. As a result, it was understood that all sixty public school districts in the province had a system level goal to address mental health promotion. All 60 public school districts were included in the initial site selection pool. Independent schools, private schools, or home-school programs were not included in the initial site selection pool. Based on the initial selection criteria of community size, 10 school districts were identified for consideration. All 10 districts were then rated against the additional nine measures listed in the selection criteria as being below provincial average, within provincial average, or above provincial average. These provincial standings were determined by the provincial ministry of education and were publicly available in the *Framework for Enhancing Student Learning (2019)*. The total number of categories above provincial average was calculated for each of the 10 school districts. The districts were then placed in rank order from the greatest number of categories above provincial average to the least number of categories above provincial average. The top five rated potential sites (districts) were then selected to be invited to participate in this research study. Each site's superintendent of schools was contacted by email and a Letter of Invitation (Appendix A) and a Description for Participants (Appendix B), which described the study in more detail for consideration, was provided. Virtus Public School District (pseudonym) was the first system to respond affirmatively from this list of top five districts and was selected for participation in the study. Virtus Public School District consists of 20 elementary schools, five middle schools, and five secondary schools. The schools within the district are in a mid-sized urban community and smaller outlying rural communities.

Participant Selection

Data collection from participants within the school division included two separate stages – a widely distributed survey and a subsequent interview with select individuals who had completed the survey. As a result, two separate participant selection processes were conducted. The first participant selection process identified district and school-based leaders using a purposeful sampling strategy based on the following three criteria:

- (a) Individuals who held a formal leadership role. This consisted of all school system members in a leadership position at the district level with the title of superintendent, deputy superintendent, associate superintendent, assistant superintendent, director, supervisor, or coordinator. In addition, all school-based principals were included in the participant pool. A total of 37 individuals were identified as holding a formal leadership role.
- (b) Individuals within the school district who held a formal role in the delivery of programming to promote mental health or in the implementation of tiered early-intervention practices. This included four generic descriptions such as school counsellor, mental health teacher lead, child and youth worker, and community partner.
- (c) All 37 individuals with a formal leadership role had one or more years of experience in the chosen school system.

Of the 37 individuals identified in this process, 31 individuals participated in an online survey.

The second sampling procedure considered all participants who completed the survey. The individuals selected through this second purposeful sampling procedure were participants I could learn a great deal from with respect to “issues of central importance to the purpose of the

inquiry” (Merriam, 2009). All 31 survey participants were identified within the SNA graph and then each participant carefully considered based on the following criteria:

- (a) those that were central to the network,
- (b) at the periphery of the network, or
- (c) in the position of a bridge between sections of the network.

This selection process resulted in the identification of five individuals who were identified to participate in the semi-structured interview. All five individuals consented and participated in the semi-structured interview. Of the five individuals, there were representatives who held formal leadership roles at both the school and district level.

Method

Following the case study research approach outlined by Merriam and Tisdell (2016), I collected four types of data: surveys, interviews, documents, and field notes.

Survey

To better understand the gap in practice between the knowledge of mental health promotion and multi-tiered systems of support in a school setting and the practical leadership of this work, a comprehensive understanding of how information is distributed across leaders within a school system was necessary. An examination of organizational charts and hierarchal role descriptions was not sufficient to ensure adequate knowledge translation or program application occurs across a school system (Cross et al., 2002; Pitts & Spillane, 2009) or that the knowledge or application of programming was equitably distributed to each member of the network. “Informal relationships among employees are often far more reflective of the way work happens in an organization than relationships established by position within the formal structure. However, these informal relationships are often invisible” (Cross et al., 2002, p. 26). Collecting

data through a survey for use in social network analysis and network visualization software quantified relationships between people within a defined group and made the invisible connection between network members and how information is shared between these members visible (Wasserman & Faust, 2012; Ahrens, 2018; Crosley, 2010).

Of the potential participants identified, 31 of 37 leaders or 84% of the leadership team participated in the survey. Survey data were collected using an online application called Qualtrics. Participants took an average 35 minutes to complete the survey. Participants provided responses to three distinct sections within the survey: demographic information, information-seeking, and open-ended responses.

In the first section of the survey, participants provided demographic information, including their formal role, how long they had been in the district, and how long they had been in their current position. They also provided information on their formal education background, area of specialization, and which grade configuration they are currently working in (Elementary, Secondary, K–12, or at the District Office). These questions provided an additional opportunity to confirm participant eligibility and the participants' formal role prior to data analysis. These questions also serviced a specific purpose within SNA. Social network survey questions are:

Unique in that we [researchers] are not simply asking about some attribute of the respondent; we are asking them about their web of social relations that may evoke emotional responses or tax their abilities to recall aspects of their network relationships or network behaviours. (Borgatti et al., 2018 p. 52)

In the second section, survey participants were asked to identify whom they have gone to for advice in the past year about mental health promotion and multi-tiered systems of support. These questions were developed using a roster format, where the participant was able to select one or

more options offered in a list format (Borgatti et al., 2018; Pitts & Spillane, 2009). All previously identified leaders at the district level were included in the roster by first and last name. Only district leaders who consented to participate in the survey were included in the roster while the six individuals who did not respond to the survey invitation were removed from the roster list of options. In addition to the formal leaders, the roster list included the four previously identified school level generic roles of school counsellor, mental health teacher lead, child and youth worker, and community partner. Finally, two policy documents were also included in the roster as options. This included the Provincial Mandate Letter to school districts and the corresponding district plan. “The main advantage of using rosters is that the respondents are less subject to recall errors. All they have to do is respond to each name [role, or policy document] they are asked about” (Borgatti et al., 2018, p. 54). The survey participants were then asked to rate the frequency and perceived benefit of how influential they perceived that relationship for each identified name.

The final section of the survey included open-ended questions. Open-ended questions provided participants with an opportunity to expand, extend, or clarify their responses. A broadly distributed survey (Appendix C) allowed for an effective and economical collection of data from the leadership team (Pitts & Spillane, 2009).

Interviews

Survey data alone would not create the comprehensive depiction of the network attributes and leadership practices that enact the complex work of mental health promotion and multi-tiered systems of support in a public education school system that I was hoping to create. The quantitative tools of survey and SNA help to transform “the hurly burly of social life in such a way to create a very abstract, formal, and structural mapping ... affords a perspective and

facilitates a type of investigation [of relationships and interdependencies] not otherwise possible” (Crossley, 2010, p. 2). When analyzing and visualizing networks, SNA “tends to disregard individuals and their role in influencing the network and anything belonging to it” (Ahrens, 2018, p. 3). Qualitative Network Analysis (QNA) starts exactly here, with the individual actor, and aims to tease out the subjective interpretation of networks (Ahrens, 2018; Crossley, 201).

The interaction [of quantitative tools such as SNA and qualitative tools such as interviews] generates and reproduces the ties that constitute a network, also generates and reproduces various emergent properties, including shared meanings, conventions, norms, and identities, which the quantitative tools of SNA are inclined to overlook but which qualitative analysis is well placed to identify and analyse, and which a proper analysis of networks cannot afford to ignore. (Crossely, 2010, p. 2)

QNA addresses the shortcoming of SNA by applying a micro-perspective to the network relationships rather than solely the broad macro-perspective of SNA (Ahrens, 2018).

Interviews were conducted with five individuals. These individuals were identified as being central to the network, at the periphery of the network, or in the position of a bridge between sections of the network. During the interviews, participants were asked to share their thoughts and interpretations of the network attributes, relationships, and interdependencies depicted in the SNA graph created earlier in the data collection and analysis process. Participants were also asked to describe ways that district and school leaders engaged their school community in implementing a vision of mental health promotion.

As a result of provincial health restrictions due to the global pandemic of COVID-19, interviews were conducted using Zoom, an internet video conference system. Interviews were scheduled to last one hour and followed a semi-structured interview format (Appendix D).

Before starting the interview, I explained that some of the interview questions would require the participant to view the results of the survey. The results of the survey were represented in a social network graph and each participant was shown the graph and a colour-coded legend using the screen share feature of Zoom. I reviewed the network attributes and features of the graph with each participant, including nodes, ties, and network direction. Each participant was provided with time to make meaning of the graph for themselves. Clarifying questions were responded to, ensuring that each participant had an accurate understanding of the features and attributes within the graph. Once the participant indicated that they understood the graph, I proceeded with the interview. The interview questions were designed to determine how knowledge of network attributes may influence the leadership of promotion and MTSS of mental health by district and school leaders. Interview questions were also designed to elicit practical examples of how leaders engaged their school community in implementing a vision of mental health promotion and multi-tiered systems of support across their system. While the questions were deliberate and tied to the phenomenon under study (Appendix D), they were sufficiently open-ended to create space for participants to narrate their experiences.

Policy Documents

Provincial and district-level policy documents were included as a source of information available to leaders within the survey and interview data collection stages. “SNA is a useful approach to investigate form and structure of a broad variety of networks. It also offers well-developed formula to quantify and visualize various policy networks and to turn them into clear, abstract, and comparable network maps in a way necessitated by research projects” (Ahrens, 2018, p. 1). There were two documents on child and youth mental health direction. These documents were the Provincial Mandate Letter to School Districts on Mental Health Promotion

and Intervention, and the corresponding School District Mental Health Promotion and Intervention plan. The provincial mandate letter provided by the ministry of education was part of a multi-year investment in supporting “continued and sustainable mental health resources in the district” (Ministry of Education, Provincial Mandate Letter, 2020, September 25, 2020). A corresponding district-level document from Virtus School District (pseudonym) was also identified in the survey and in the interview data collection process as a source of information available to district and school leaders. This document outlined the school district's response to the provincial direction. SNA “studies tend to focus less on the crucial role played by individual in setting up, maintaining and changing these network” (Ahrens, 2018, p. 3). As a result, these provincial and policy documents were included in the survey and subsequent SNA graph and in the interview questions.

Field Notes

Researcher notes collected at phone contact, during interviews, and during data analysis were identified by date, the type of activity being conducted, the participants involved, the setting of the observation, the role of the researcher at the time of observation and the role of the observed (Merriam & Tisdell, 2016). During field notes production, I noted if they served a descriptive or reflective purpose (Creswell & Guetterman, 2019). I also noted impressions, themes, insights, prompts, and inquiries that emerged during the observation (Miles, 2020).

Analysis

To understand what the relationship and interdependencies among educational leaders withing a school district that is successfully implementing MTSS to promote mental health in schools, I used two data analysis methods. The first data analysis method consisted of social network analysis and the creation of a network visualization of survey data. The second data

analysis method was a Qualitative Network Analysis. QNA “makes use of common qualitative research strategies, like interviewing, observing, and analyzing documents and archival material” (Ahrens, 2018, p. 3). Unlike frequently used QNA tools such as unstructured maps, or structured maps (Ahrens, 2018), in this QNA I utilized the SNA graph (Figure 5) within a semi-structured interview. Interview transcripts, provincial and district policy documents, and field notes were then analyzed using first and second cycle coding (Miles et al., 2020).

Analysis of Survey Data

The primary research question asked what are the relationships and interdependences (social network attributes) of the leaders within a school system? There are two approaches to Social Network Analysis (SNA); socio-centric (whole) network analysis and egocentric (personal) network analysis. A socio-centric approach was used in this study to examine the defined group of district and school-based leadership of one school division. A socio-centric or whole network approach quantifies relationships between people within a defined group (Wasserman & Faust, 2012). “The network perspective allows new leverage for answering standard social and behavioral science research questions by giving precise formal definition to aspects of the political, economic, or social structural environment” (Wasserman & Faust, 2012, p. 3). As demonstrated in Figure 2, one can quickly see connections, divisions, and sub-groupings within a network.

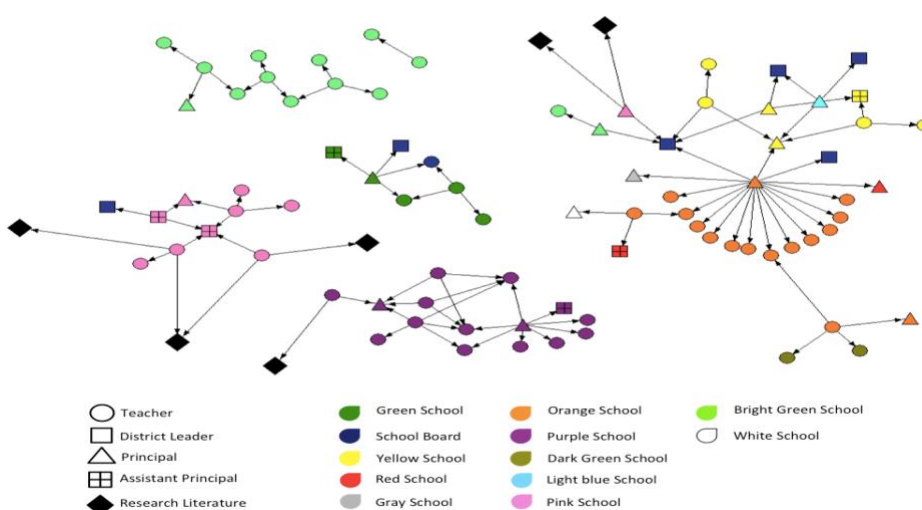
In this approach, information collected through a survey is entered into a matrix in Microsoft Excel. The rows and columns within the matrix represent the group members, and each cell of the matrix contains a measurement of the connection or tie between the members.

After all data were recorded into the matrix, the information was uploaded from an Excel spreadsheet to a network visualization application called Gephi (version 0.9.2). Gephi is an

online, open-source, free visualization software that can graph and analyze network data (Bastian et al., 2009). This type of software lets the researcher simultaneously see all the connections within a network and display network members in different colours, according to characteristics like gender, race, age, or leadership role.

Figure 2

Social Network Analysis Example



Note: Used with permission from S. Friesen

A visual representation of the survey data, which describes the relationships between leaders in the system and the strength of those relationships, was produced. Within the visualization, the role of School-based Leader, District-based Leader, School-based Counselor, School-based Mental Health Lead, and Provincial and District-based documents were identified by role label and differentiated by colour to increase network clarity and readability (Bastian et al., 2009).

Analysis of Interview and Document Data

The collection of survey data and analysis using social network analysis was used to research the form and structure of the relationship and interdependencies of leaders within a school district. Two secondary research questions were designed to ascertain how knowledge of the social network attributes influenced how mental health promotion and multi-tiered systems of support were understood and distributed by district and school-level leaders and to elicit practical examples of how district and school leadership engaged the school community in implementing a vision for mental health promotion and multi-tiered systems of support. “QNA stipulates those networks depend on the actions of individuals and that these are essential to any aspect of networks. Simultaneously, networks may enable as well as constrain individuals in their actions” (Ahrens, 2018, p. 3). Use of the SNA graph and the inclusion of policy documents within the network was a methodological strategy used to “describe, understand, and explain what has happened in a single, bounded context – the case or site” (Miles et al., 2020). Interview transcripts, open-ended survey questions, provincial and local documents, and field study notes were analyzed using first and second cycle coding.

Cyclical in nature, coding is a heuristic that occurs both during and after data collection as an analytic method (Saldaña, 2016). Creswell & Poth (2018) outlined five stages of a coding process. These include:

1. There was an initial read-through of text data.
2. The text was divided into segments of information.
3. Segments of information were labelled with codes.
4. An overlap and redundancy of codes were further reduced, and
5. Collapsed codes were organized into themes.

The coding process can be further described as occurring in two stages: first cycle and second cycle coding. During the initial data analysis stage, the first coding cycle involved assigning a code to segments using an elemental and affective method (Saldana, 2016). In this approach, information was categorized as descriptive or as an emotion. After all smaller segments were coded, the process was repeated. During the second cycle of coding, smaller segments were examined for shared characteristics or themes. Analogous small segments were then grouped into larger segments. These larger segments were then "linked to consolidate meaning and develop explanation" (Saldaña, 2016) of how leaders were influenced by knowledge of the network attributes of their school system and in what ways leaders engage their school community in implementing a vision of mental health promotion and intervention across their system. Data collected interviews, provincial and local publicly available documents, and field notes went through a similar coding process.

Trustworthiness

In qualitative research, trustworthiness is established using the following four criteria: credibility, dependability, confirmability, and transferability (Lincoln & Guba, 1985; Merriam & Tisdell (2016). The language of reliability, internal validity, external validity, objectivity, and generalization are situated in a positivist or post-positivist paradigm and associated with establishing trustworthiness within quantitative research. The ontological and epistemological commitments of positivist and post-positivist paradigms contrast with the ontological and epistemological commitments in constructivist and interpretivist paradigms, expectations, concepts, and language that underlies this case study approach (Merriam, 1998; Guba & Lincoln, 2005; Yazan, 2015). Merriam (1998) notes one of the assumptions underlying qualitative research is that reality is holistic, multidimensional, and ever-changing; it is not a single, fixed,

objective phenomenon waiting to be discovered, observed, and measured as in quantitative research. As a result, in looking to ensure trustworthy research findings, qualitative researchers look to different criteria to establish trustworthiness. Merriam & Tisdell (2016) offers strategies to enhance the trustworthiness of a qualitative case study.

- Credibility/construct validity: i) using multiple sources of data, multiple methods of data collection, multiple theories, and/or multiple investigators (triangulation), ii) establishing a chain of evidence, and/or iii) having key informants review draft case study report (member-checking),
- Confirmability/internal validity: i) pattern matching, ii) explanation building, iii) addressing rival explanations, and/or iv) using logical models to show a degree of neutrality or the extent to which the respondents shape the findings of the study and not researcher bias, motivation, or interest,
- Dependability/external validity: using replication logic by laying out procedures and research instruments in such a way that others can attempt to collect data under similar circumstances,
- Transferability/reliability: Yin (2009) uses the term reliability referring to tests that can be carried out to determine the extent to which case study research findings can be replicated. However, Merriam and Tisdell (2016) indicate that within qualitative case studies, "there is no benchmark by which to take repeated measures and establish reliability in the traditional sense" (p. 249). Instead, within a qualitative case study, the research needs to provide sufficient descriptive data to make transferability possible, i.e., showing that the findings have applicability in other contexts. Merriam and Tisdell (2016) indicate that "the extent to which a

study's findings apply to other situations is up to the people in those situations."
(p. 256)

In this section, I explore issues of trustworthiness and describe the measures I took to ensure the credibility, dependability, confirmability, and transferability of my study (Bloomberg & Volpe, 2016; Lincoln & Guba, 1985; Merriam & Tisdell, 2016; Yin, 2009). It is important to note that Merriam and Tisdell (2016) contend that the researcher's training, experience, and intellectual rigour determines the credibility of a qualitative research study. Methods alone will not ensure the trustworthiness of a study. The researcher's integrity and ethical stance, in addition to rigorous critical thinking at every stage of the proposed study, contributes to the overall credibility of the study. An additional discussion of these ideas is included in the following section on ethics.

Credibility

Credibility in qualitative research is comparable to the term construct validity in quantitative research. It is the criterion that identifies if the participants' perceptions match how the researchers portrayed them. Credibility is obtained using two critical techniques – triangulation and member checking.

Triangulation involves using multiple methods (survey, interview, and documents) and data sources (various leaders, district reports, provincial reports, etc.) to understand the phenomenon being studied. There are four types of triangulation researchers can employ when attending to issues of credibility: methods triangulation, triangulation of sources, analyst triangulation, or theoretical triangulation. In this case study I employed multiple methods of triangulation. I first employed methods triangulation. As part of my research design, I utilized different data collection methods to check the findings' consistency. A second type of

triangulation that I used in my study was triangulation of sources. I utilized different data sources and used a purposeful sampling technique to selected participants at a different leadership level within the organization and other participants revealed by SNA. Finally, I employed analyst triangulation as I consulted with my supervisor when analyzing survey data to create the SNA and coding interview data. I engaged with my supervisor to ensure interrater reliability of coding and theme development.

To further attend to credibility issues, I used a process called “member checking” (Saldaña, 2016, p. 37), whereby using peer support, sharing field notes, and discussing coding strategies and dilemmas can increase dependability. Member checking is a technique where data, interpretations, and conclusions are shared with the participants. Through this process, participants could clarify their intentions, correct errors, and provide additional information.

This study gathered data from multiple sources and used multiple analysis methods to understand the phenomenon under review. Researcher bias and assumptions were identified and declared. I regularly engaged in critical discourse about my study, data sources, collection methods, coding, and analysis within my supervisory committee and discussed analysis and interpretation with my supervisor. These activities allowed me to address issues of credibility.

Dependability

Dependability in qualitative research is comparable to external validity in quantitative research. In qualitative research, dependability is not assessed using statistical measures (Bloomberg & Volpe, 2016). Instead, dependability is demonstrated by detailed and thorough descriptions of how the data was collected and analyzed. During data collection and coding, other processes can address researcher bias issues. This study was conducted as part of an EdD program at the University of Calgary. This program included students as a cohort supported by

doctoral collaborators and seminars. The provision of a supervisory committee, a scholarly peer group, and regular opportunity for critical discourse “provided opportunities not only to articulate your internal thinking processes, but also to clarify your emergent ideas, and possibly make new insights about the data” (Saldaña, 2016). To attend to dependability issues, I provided a detailed outline and description of my context, procedures, data collection methods, research instruments and data analysis. A process such as an audit trail was used to “demonstrate dependability, including a record of field notes and transcripts” (Bloomberg & Volpe, 2016).

Confirmability

Confirmability in qualitative research aligns with objectivity in quantitative research (Bloomberg & Volpe, 2016). Confirmability requires that no claims can be made that are not supported by data collection and analysis. Within this research study, all findings and interpretations match the data and are not a product of my biases or subjective interpretation (Bloomberg & Volpe, 2016). Survey data was collected from a majority of leaders across hierarchical layers of leadership through both survey and semi-structured interview formats. Documents and field notes also provided a large amount of data to identify patterns and themes.

Transferability

Qualitative research that is socially bounded, such as case study, is not generalizable to all other settings. However, the concept of transferability “is about how well the study has made it possible for readers to decide whether similar processes will be at work in their settings and community by understanding in-depth how they occur at the research site” (Bloomberg & Volpe, 2016). As a result, transferability may be achieved when the reader determines the similarities between the research site and its local site. As a researcher, I will accomplish transferability

goals by meeting the trustworthiness components of credibility, confirmability, and dependability.

As transferability is one of the criteria to establish the trustworthiness of a qualitative research study, achievement measurements and descriptive language used by the Ministry of Education in British Columbia were selected. It was intended that the applicability of findings arising from this research study would be easily understood by district and school-level leaders in BC.

Limitations and Delimitations

Limitations

Limitations are inherent weaknesses in research, such as external conditions and problems associated with the study's design or methodology, potentially restricting, or constraining the study's scope and influencing the findings (Bloomberg & Volpe, 2016). Acknowledging the limitations of your study ensures that the reader knows that you have thought critically about your study, about the design of the study and the limitations of the study. It also allows you to comment on where the design may be improved or extended in future research (Bloomberg & Volpe, 2016).

I inquired about how district and school-based leaders understand and enact leadership practices to enhance mental health and tiered early intervention services in their district and school context. There is potential that the description of this phenomenon may not be precise enough for others to recognize similarities to their understanding or circumstance. The topic of mental health continues to be impacted by stigma, shame, and value-based blame. It is also possible that district and school-based leaders may recognize the phenomenon but are not comfortable discussing this topic or may lack a comfort level to speak about the practices

specific to mental health in their context. This would diminish the credibility and transferability of this study.

The data analysis in this study included social network analysis. Balkundi (2005) described its inherent limitation. SNA is less likely to identify nodes or ties within organizations if there is equal opportunity for all organization members with the same opportunities. Balkundi (2005) further identified that even under ideal conditions, there would likely be some actors that are more impacted within the network than others. A further limitation is the extent of work interdependence. The effects will be minimal in environments with minimal or low interdependence between actors or nodes. A further limitation of social network analysis is that it stays at the macro level, never getting to a micro level or understanding what might be occurring at the individual node or actor level (Borgatti et al., 2014). Finally, SNA may lack credibility as it may not reflect the complete system but a limited perspective from within the system.

This research study was under development and consideration over the past two years; however, its data collection stage occurred during the 2020-2021 school year. In the spring of 2020, COVID-19 was declared a global pandemic. Students and staff were asked to remain home throughout the spring months of the 2019-2020 school year, with students in British Columbia experiencing a gradual return to school. The beginning of the 2020-2021 school year was delayed across the Province of British Columbia, and a considerable amount of uncertainty about the school year had possible implications for student and staff health across the province and the nation. The impact of the global pandemic delayed the analysis and completion of findings over the spring and summer of 2021.

Delimitations

Delimitations refer to the researcher's choices about the study's overall design (Bloomberg & Volpe, 2016). Delimitations include site selection and participant selection. In British Columbia, there are several different education systems, including public school districts, catholic school districts, francophone school districts, private schools, independent schools, and faith-based schools. My professional practice has been in the public system; thus, the study excludes all other school systems from site selection outside of public-school systems. A further delimitation of the study is participant selection. Both informal and formal leaders employed by a school system may influence individuals within a school system. A delimitation of this study is that only individuals with a formal, paid leadership position within the school system were eligible for participant selection. This study's participant selection pool excludes informal leaders, student or parent voices, and other community partners. Future research may explore this topic through the lens of either the role of informal leadership networks in promoting mental health and tiered early intervention of mental illness in public education or social media's role on student mental health.

Ethical Considerations

The study of human behaviour and how people collaborate within an organization requires researchers to work with and gain information from other people. "As researchers, we are morally bound to conduct our research in a manner that minimizes potential harm to those involved in the study" (Bloomberg & Volpe, 2016). As a result, researchers must pay careful attention to ethical considerations.

Ethical issues can indeed arise in all phases of the research process: data collection, data analysis and interpretation, and dissemination of the research findings. For the most part, ethics

issues focus on establishing safeguards that will protect participants' rights and include informed consent, protecting participants from harm, and ensuring confidentiality (Bloomberg & Volpe, 2016).

Additional issues and measures not yet disclosed are discussed in the following subsections.

Conflict of Interest

I have not received funds or financial grants to complete my doctoral studies or conduct this proposed study. This proposed research study is unfunded. Furthermore, none of the investigators or their immediate families or family members receive any personal remuneration from funding of this study that is not accounted for in the study budget. None of the investigators of this study or their immediate families have any proprietary interests in the phenomenon under study or the research outcome, including patents, trademarks, copyrights, or licensing agreements. There is no compensation for this study affected by its outcome for the principal investigators or their immediate families. Additionally, the investigators or their immediate family are not members of a board of directors, scientific advisory panel or comparable body connected to this proposed study. As a result, there are no conflicts of interest to declare for this study.

Informed Consent

Informed consent “is the principle that seeks to ensure that all human subjects retain autonomy and the ability to judge for themselves what risks are worth taking to further scientific knowledge” (Bloomberg & Volpe, 2016). All participation in this study was voluntary. As such, no participant was coerced or received compensation for their participation.

Each participant was provided with an information letter and an informed consent form. Those items were either provided by email or embedded in the survey software and collected prior to survey participation. After compiling a list of participants who consented to participate, the initial survey link was sent using my secure University of Calgary email address. The study's purpose and the participants' role were outlined in the information letter. This information letter also indicated that some participants who completed the survey would be contacted for a follow-up interview. Before scheduling the semi-structured interviews, a second information letter and an informed consent form were sent out to selected participants.

The informed consent process included ensuring that the participants were aware of any risks and discomforts or benefits due to participation in the study. The informed consent process also included steps taken to manage and minimize risks and mitigate harm. A statement that outlined explicitly that there would be no disadvantages to not consenting or participating and that no value judgements will be placed on their responses and no evaluation would be made of their participation was included in the informed consent form. Participants were also made aware in the written informed consent form that they could withdraw their participation in the study at any time up to the time that I began to analyze the data collected.

Copies of the signed informed consent have been retained for each participant. Also, each participant was provided with a copy of their signed form for their records. Before conducting the semi-structured interviews, I reviewed the informed consent form and confirmed that the participant wished to continue participating. I then reviewed the process they could use to ask questions, receive prompts, or withdraw their participation.

Privacy and Confidentiality

Efforts were made to ensure the privacy and confidentiality of the site and the participants within the study. Individual participants in the initial survey and the semi-structured interviews used their original names, however, during the analysis and reporting the findings of the survey and interviews, participants were referred to by their formal leadership role. I have also replaced the name of the school district with a pseudonym. All participant personal information and assigned pseudonyms will be kept separate from the data and used only as necessary.

All interviews were conducted by Zoom video conference and recorded to maintain the integrity of the participants' communication. During the interview, this recording allowed for a natural and authentic conversation to occur without needing to pause, stop, or work to write a written record of the interview during our time together. Recording the interview also contributed to smooth and efficient transitions between interview questions. The researcher then transcribed each recording to maintain the privacy and confidentiality of the participants' identities. The participants were provided with an opportunity to review the transcribed notes and offer edits, additions, or requests for deletions before final submission. Recordings are stored on my personal computer, which is password protected. After my successful oral defence, all digital copies of the recordings will be destroyed.

Potential Risks or Benefits to Participants

Participants in this qualitative single-site case study were provided with an overview of the potential risks or benefits of their participation. The information letter, informed consent form, and discussion of risks and benefits ensured that the risk of harm resulting from participation in the study was no more significant than encountered in their everyday work

environment. Additionally, an intentional effort was made to ensure their privacy and confidentiality was maintained throughout and after the study. The study did not provide any direct benefit or compensation to the participants. However, there may be an indirect benefit to participation. These include an increased understanding of educational leadership research by practicing educational leaders or developing a deeper understanding of how practical leadership strategies and educational research occur. It is believed that these benefits will outweigh the potential risk of harm to individual participants.

Summary

This chapter has provided a detailed description of the methodology, methods and analysis used to conduct my research. I first situated myself as a constructivist who looks to social constructionism and interpretivism. I provided a specific rationale for using Merriam and Tisdell's (2016) case study methodology. Following this, I included a detailed outline of my research design and methods. I began by describing the process used for site selection and the purposeful sampling criteria used to select participants. Data collection methods were commensurate with the case study methodology and included a survey, interview, documents, and field notes. I described each of these data collection methods, how the information was organized and stored, and how I analyzed this data. I included a discussion on ethical implications and issues of trustworthiness and explored the study's potential limitations and the purposeful efforts of delimitation to narrow the focus of the study. I concluded with an acknowledgement of this study's ethical implications and the efforts I undertook to minimize the risk of harm to participants to ensure compliance outlined by the Conjoint Faculties Research Ethics Board with the University of Calgary.

Chapter 4: Findings

The intention of this case study was to explore and better understand the relationships and interdependencies that exist between district and school-based leaders in implementing mental health promotion and early intervention practices in school systems. It was believed that having a better understanding of these relationships and interdependencies would inform and enhance the leadership practice of system leaders at the school district and school level in the implementation of future mental health promotion and early intervention programs in K–12 education settings. In this chapter, I outline the findings of my study, which are the result of the analysis of data obtained from 31 surveys, five in-depth semi-structured interviews, and an analysis of two policy documents in one school division in British Columbia during the spring of 2021. The research was guided by the following primary question: What is the relationship and interdependencies among educational leaders within a school district that successfully implements multi-tiered systems of support to promote mental health in schools? The following two secondary questions were posed:

1. How might knowledge of network attributes inform district and school leaders work in leading mental health promotion and multi-level systems of support?
2. In what ways did the leadership engage the school community in implementing a vision of mental health promotion and multi-level systems of support?

A thorough analysis of the data revealed eleven key findings. Following an overview of the context, I discuss each of the findings.

Context

Virtus Public School District is a mid-sized school district in British Columbia. It was selected for this study as it met the established site selection criteria established for this study.

Virtus Public School District had a well-developed mental health plan for the district, as required by provincial direction. Despite differences in participants' gender, formal education and area of specialization, years of experience in education, current assignment within the system and job title, the graph I produced through SNA depicts district and school leaders collectively engaged in the work of mental health promotion and MTSS. Based on a SNA analysis that resulted in the visualization of the interconnected and networked relationships between provincial and local policy, district and school leaders, and district and school specialist staff, I interpret that mental health promotion and MTSS are not the sole responsibility of a few experts within this district, but the full spectrum of individuals with formal leadership roles who participated in this study are engaged in this work. In this study, 31 of the possible 37 leaders participated in the survey.

Declared Gender Identification

Survey participants were asked to indicate their gender. All survey participants responded to this question, with 52% identifying as male and 48 % identifying as female. Although provided as options, no participants identified as trans, non-binary, or other.

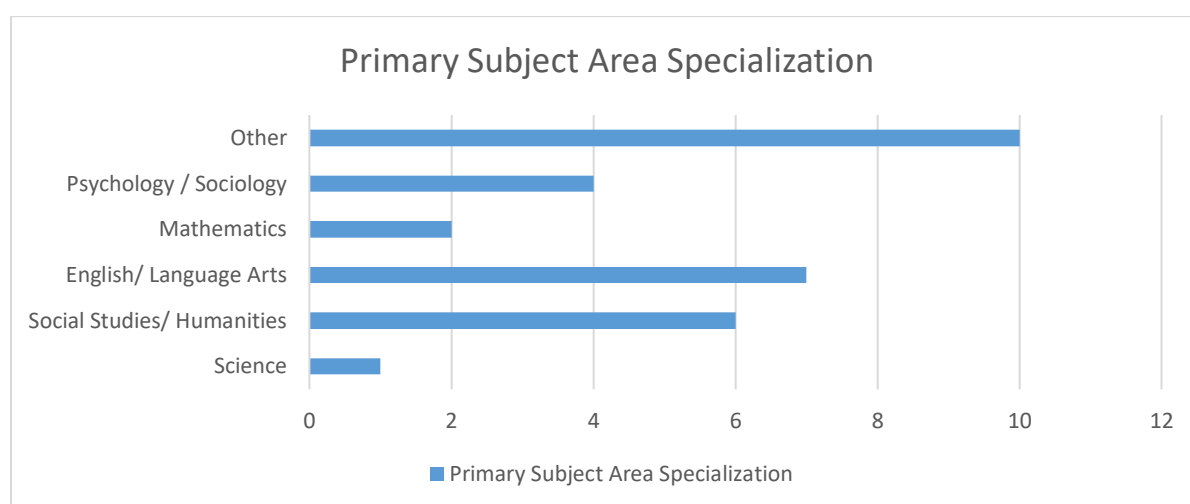
Formal Education and Area of Specialization

Participants were asked to comment on their formal education and area of specialization in their training. All survey participants responded to this question, and 100% of survey participants had completed a bachelor's degree and a master's degree. In addition to the undergraduate and graduate degrees, three participants also had a college diploma. No participant identified having a doctoral degree or coursework towards a doctoral degree. Participants were then presented with options that reflect subject areas found in K–12 education settings. Participants identified an area of specialization within their post-secondary training, as outlined in Figure 3.

In addition to the level of post-secondary education they had obtained, survey participants were asked to indicate if their area of specialization was something other than a K–12 school subject area of specialization. English language arts, social studies, and humanities were the most frequent subject areas of specialization, followed by psychology, mathematics, and science.

Figure 3

Area of Specialization of Participants



A majority of survey participants responded to the other category. Participants were not provided with an opportunity to comment on their area of specialization if they had selected other.

Years of Experience in Education and Current Leadership Role

Participants were then asked to provide the total number of years of experience working in K–12 education and the total years of experience they had in their current leadership role.

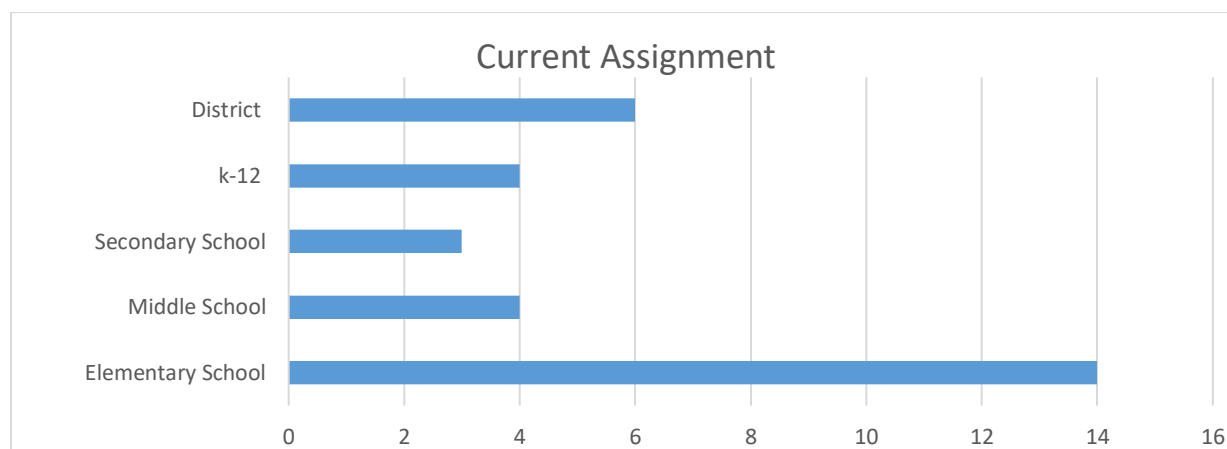
Participants had an average of 26 years of experience working in K–12 education with 13 to 35 years of experience. When asked about their current leadership role and the length of time they have been in that position, the years of experience in their current leadership role ranged from 1 to 23 years with an average of 8.7 years.

Current Assignment Within the System

Experience, practice, and leadership activity can vary depending on the current assignment within a school system. Informed by personal leadership experience, I have found that leaders working at elementary or secondary school may have differing perspectives, organizational structures, and processes from leaders at elementary school, middle school, or the district office. Researchers on mental health promotion and MTSS programming suggest that school staff implement a developmentally different approach to age ranges across the K–12 continuum to increase help-seeking efficacy (Kutcher & Wei, 2020). As a result, participants were asked to identify the current assignment they were working in to ascertain if leaders working across the full K–12 continuum were reflected within the study. Participants were asked to indicate whether they worked at the district level, at all levels across K–12, at secondary school, middle school, or elementary school. Responses from participants in the survey confirmed there was representation from elementary, middle, and secondary, and from the district office, with most of the participants working within an elementary school environment, as shown in Figure 4.

Figure 4

Current Level of Assignment within the Education System of Participants



Findings

I conducted this case study to explore and better understand the relationships and interdependencies between district and school-based leaders in implementing mental health promotion and early intervention practices in school systems. This research was guided by the following primary question: What is the relationship and interdependencies among educational leaders within a school district that successfully implements multi-tiered systems of support to promote mental health in schools? The following two secondary questions were posed:

1. How does knowledge of these network attributes influence how district and school-level leaders disseminate mental health promotion and intervention?
2. In what ways did the leadership engage the school community in implementing a vision of mental health promotion and multi-level systems of support?

This chapter presents the 11 findings of my case study. The findings are organized and presented by the primary and secondary research questions and are listed in order in the conclusion of this chapter.

Primary Research Question: Relationships and Interdependencies of the Leaders Within the School District

“While educational scholars worldwide acknowledge the importance of interpersonal relationships and social interaction for continuous school improvement and organizational change, knowledge about the social structures in which school reforms take place is scarce” (Daly et al., 2010, p. 360). This study drew upon social network theory and analysis to better understand social structures within the district by looking at the relationships and interdependencies of the leaders within a school district. Of the 11 total findings, five distinct

findings describe the social structures, relationships, and interdependencies of the leaders within the school district.

Finding # 1: Most Leaders at the School and District Levels are Engaged in the Work, in Systems Effectively Implementing Mental Health Promotion and Multi-Tiered Systems of Support (MTSS)

The primary research question asked what are the relationship and interdependencies among educational leaders within a school district that successfully implements multi-tiered systems of support to promote mental health in schools? The initial finding was that most leaders within the school district at the school and district levels are engaged in the work and have a connection or a relationship with one or more other leaders.

This finding is first supported by the number of actors within the social network graph. In this study, 31 of the possible 37 leaders or 84% of the leadership team participated in the survey. Of the 31 actors or participants within the network structure, all actors had at least one connection to another actor. The social network analysis revealed that most of the leaders at the school and district level were engaged in the work of mental health promotion or MTSS. Simply knowing that each district and school-based leader had a connection or relationship did not provide a complete and rich description of the leaders within the system.

Demographic information was gathered from each survey participant and described in detail in the context section of this chapter. Despite differences in gender, age, formal education and area of specialization, years of experience in education, current assignment within the system and job title, the SNA Figure depicts that a majority of district and school leaders are collectively engaged in the work of mental health promotion and MTSS. “Social network analysis holds that relationships and connections between people in a network are critical

conduits through which many types of resources, knowledge, information, advice, or material may flow” (Woodland & Mazur, 2019, p. 820). To better understand the relationships and interdependencies between leaders within the school district, it was important to determine if these connections and interdependencies were distributed across areas of specialization, years of experience, formal education, and roles within the system or if these relationships and connections were clustered around specific demographics like hierarchical position within the school district, educational background, or areas of specialization. Despite the many differences between the leaders' backgrounds and experiences, the SNA Figure depicts that most district and school leaders are collectively engaged in the work of mental health promotion and MTSS.

Triangulation involves using multiple methods (survey, interview, and documents) and data sources (various leaders, district reports, provincial reports) to understand the studied phenomenon. This finding was supported by creating an SNA visual representation of the structure of the network from survey data and through interviews and document QNA. During the QNA, the interconnected relationships across the district and school leaders were noted during an interview with a district-based leader. This district-based leader shared:

I'm really happy ... I think almost all of those different school administrators are all going to the counsellor dot, which is a good thing. We want them to have good working relationships [with their school counsellor]. I'm glad to see that because they have somebody in their building that they can that they can talk to or connect with about mental health promotion. I think positively; it shows that there are district people that are very involved with multiple administrators around mental health promotion, which is good. We want leaders to have relationships that can provide support.

A school-based principal also noted the high level of engagement by district and school-level leaders. During the interview, this school-based principal remarked that it made sense that most leaders were engaged in this work.

[Mental health promotion and intervention] it's part of who we are now. It's something that's just embedded into our school culture. And it's, it's not something that's just a one-off. That's, you know, we talked about mental health. Oh, we talked about mental health last year, so we're going to move on to social-emotional development next year, or you know, self-regulation or, you know, some of these buzz words that come and go. But mental health literacy, mental health, promotion, mental health, aspects, and wellness are here to stay. Which is, I think, a good thing.

In systems effectively implementing mental health promotion and multi-tiered systems of support, despite differences in areas of specialization, years of experience, formal education and roles within the system, most leaders at the school and district levels are engaged in this work.

Finding #2: An Interconnected, Networked Model Best Describes the Relationship and Interdependencies of Leaders Within the School District

The second finding that describes the relationships and interdependencies of leaders within a school district effectively implementing mental health promotion and MTSS is that an interconnected, networked model best describes the relationships and interdependencies of leadership with the school district.

Rather than looking at a hierarchical organizational model of a school district, SNA provides a way of describing, measuring, analyzing, and then visualizing relationships between actors, or in this case, school leaders, within a social system. SNA assumes that an actor's position in a network determines the constraints and opportunities that he or she will encounter

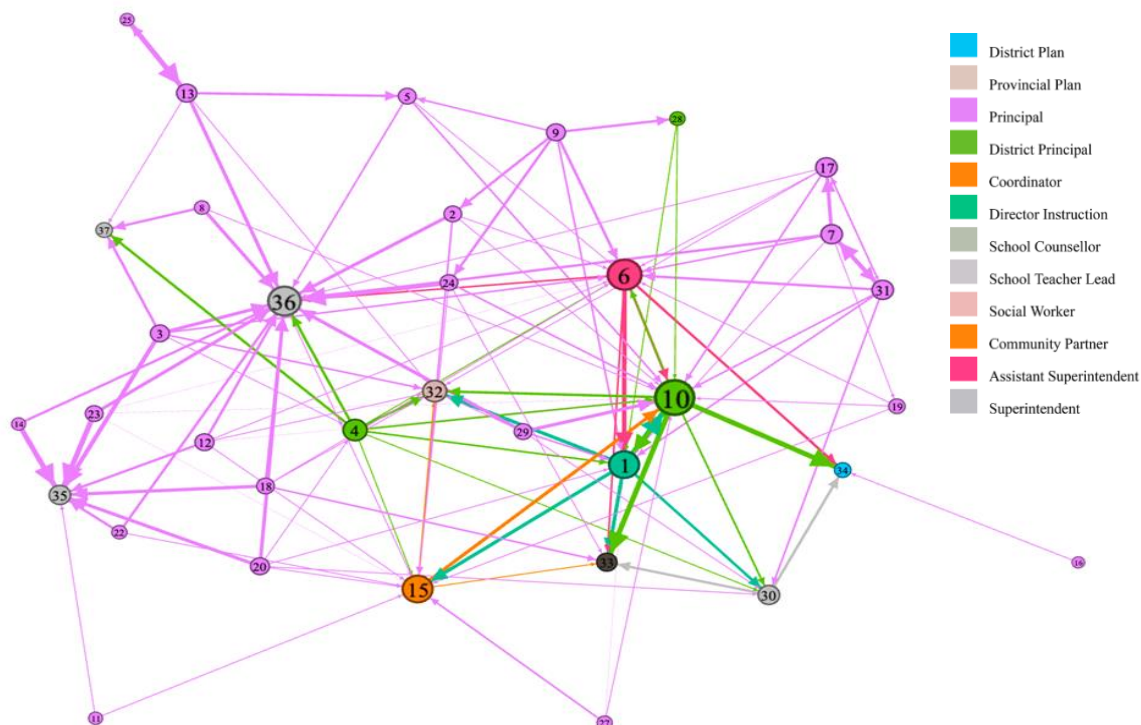
(Borgatti et al., 2013). Each actor within the network is viewed as independent; their position determines their behaviour. As a result, “social network analysis holds that relationships and connections between people in a network are critical conduits through which many types of resources, knowledge, information, advice, or material may flow” (Woodland & Mazur, 2019, p. 820). I analyzed survey data collected from participants at different levels of formal leadership positions within the organization, in addition to provincial and local policy documents, through SNA to create a visual representation of the connection between provincial policy, district strategic plan, district and school leaders found in Figure 5. The visual representation of the relationships and interdependencies within the district can best be described as an interconnected, networked model.

Each circle within Figure 5 is called a node or an actor, and every actor represents one member of the network. There were 37 nodes or actors in this network, and they are colour-coded and numbered. The colour coding represents the various leadership roles within the system at the school and district level: principal, district principal, district coordinator, director of instruction, assistant superintendent, and superintendent. Each leadership role represents a person within the school district who participated in the survey. In addition to individual roles within the system, there were roles at the school and district levels included in the survey that did not reflect individual people. These roles are generally known to have formal training and a specific role in addressing mental health programming in a school district and include community partner, school counsellor, school mental health teacher lead, and child and youth care worker. Individuals responding to questions were able to identify these general roles within their responses, and these roles are represented within the network. Two policy documents were also included in the survey and are found within the network; the policy documents include the

provincial mental health mandate letter issued to all school districts in the Province of British Columbia and the corresponding school district mental health plan from Virbus School District.

Figure 5

Social Network Analysis of Relationships and Interdependencies of Leaders within Virtus School District.



In addition to the colour coding of each actor within Figure 5, they also have a numerical label. The numerical label represents a way to differentiate actors with similar leadership roles within the Figure for analysis and discussion.

Between each node or actor is a line. That line in social network analysis is referred to as a tie. A tie has two distinct features that can help better understand actors' relationships and

interdependencies. The first feature is a directional arrow, and the second feature is the thickness of the tie. These concepts will be discussed in greater detail later in this chapter.

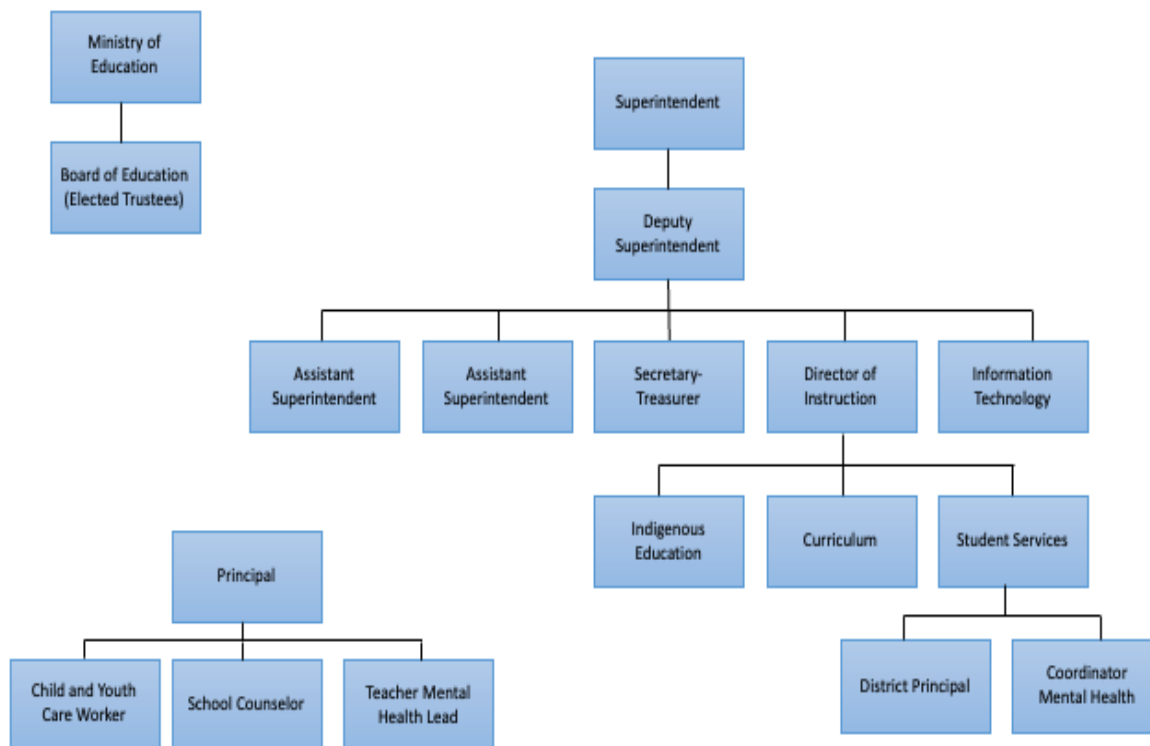
When examining the relationships and interdependencies of leaders within the school district in Figure 5, it is evident that each actor within the network is connected to another actor within the network by at least one tie. There are no actors within the Figure that are isolated from others within the network, and there are no small groups of actors connected by a tie that is isolated from another group of actors, as was depicted by the purple school and orange school example in Figure 2.

In the network analysis for the Virbus School District, all actors who participated in the study are connected with other actors or actors within the network. Without the benefit of colour coding, it is impossible to identify or distinguish provincial policy from district policy, or district leadership roles from school leadership roles or specialist roles within the system. This depiction of relationships and interdependencies between leaders and mental health professionals within a school district contrasts significantly with a hierarchical representation of a school district's leadership roles and relationships, as depicted in Figure 6.

School district leadership organization models are often hierarchal, like the fictional example included in Figure 6. In the Province of British Columbia, the Ministry of Education provides vision and direction for student success and achievement. Locally elected representatives form a board of trustees. The mandate of school trustees is to "build and maintain a school system that reflects local priorities, values, and expectations and work with their school district to set plans, policies, and formula an annual budget" (BCSTA website, March 5, 2022).

Figure 6

Example of a Hierarchical Organizational Chart of a School District



Within this model, the provincial government, represented by the Minister of Education, provides information to elected school board trustees and the superintendent of schools who is a board employee. The most senior school district leadership position, the superintendent of schools, is located at the top of a hierarchical district leadership structure. Formal leadership positions theoretically flow from most senior positions to subordinate positions. From the position of superintendent, the next senior leadership role may be a deputy superintendent, followed by an associate or assistant superintendent. Directors of instruction support these senior leadership roles, followed by district principals and school-based principals. These formal leadership roles are supported by roles with a clearly defined mandate in a particular area but do

not hold an administrative position. In this example, a district-based support role has the title of coordinator, and at the school level, this might include a teacher mental health lead, a child and youth care worker or a school counsellor role. Across school districts in BC, there are variations in terms of the number of district administrative positions or support positions, or the combination of responsibilities assigned to each role; however, the organizational hierarchy can be represented by this structure.

In a hierarchical organizational chart, it is possible to visually represent a chain of command, levels of management, and reporting structures, but a hierarchical depiction of the district and school leaders within a school district does not adequately represent the relationships between people in a network that serves as critical conduits of resources, knowledge, information, advice, or material may flow (Woodland & Mazur, 2019, p. 820). In contrast to this hierarchical organizational chart, I created a visual representation of district and school leadership of mental health promotion and MTSS that may allow the reader to visualize a network of actors and how these actors relate or do not relate to each other *in practice*. This model can shed light on how different actors, district and school leaders, or provincial or local policy engage with and further mental health promotion and multi-tiered systems of support within their school district.

Measures of Cohesion. Within this study, indicators of network cohesion such as network size, density, network diameter, average degree, and network direction (Table 3) were considered to better understand the relationships between individuals within the network.

Table 3*Measures of Cohesion: Network Attributes*

Measures	Attribute
Network size (nodes/ actors)	37
Number of edges	123
Overall network density (ratio of actual connections to possible connections)	0.92
Network Diameter	4
Average degree	3.3

Measures of cohesion or exploring the measures of relationship between actors within a network contrast with many leadership studies that examine individual attributes or leadership properties (Borgatti et al., 2013). Wasserman & Faust (2012) highlight the fundamental difference between a social network explanation and a non-network explanation of the inclusion of concepts and information on relationships among units in a study.

Within a social network explanation, theoretical concepts are relational, pertinent data are relational, and critical tests use distributions of relational properties. Whether the model employed seeks to understand individual action in the context of structured relationships or studies structures directly, network analysis operationalizes structures in terms of networks of linkages among units. Regularities or patterns in interactions give rise to structures. Standard social science perspectives usually ignore the relational information. (p. 6-7)

In this case study and the primary research question, the unit of study is not an individual leader, leadership attribute, or leadership property, but rather the relationship and relational properties between the district and school leaders and provincial and local policy. Utilizing

cohesion measures allowed the examination and description of the whole network structures, resulting in a rich description of the structural relationships and interdependencies found between the actors within the network.

Network Size. Thirty-one of the possible 37 individuals of individuals holding district or school-based leadership positions within the Virbus School District, participated in the study. In addition, six generic role descriptions such as community partner, school-based child and youth care worker, school-based counsellor, school-based mental health teacher lead, the Provincial Policy Mandate and the corresponding District Mental Health Plan were included in the survey for a total of 37 nodes or actors within the network. The number of connections or relationships between the 37 nodes in this network are called edges. In the Virbus School District, there were 123 edges or connections between the 37 actors with an identified role in mental health promotion and MTSS.

Exploring network size is critical to understanding the structure of social relations because each individual within a social network has limited resources and capacities for building and maintaining connections and relationships. Network size reflects its number of nodes. The term nodes are used interchangeably with the term actor. Between the nodes or actors within the network are ties. These ties represent a connection between the nodes or actors within the network. In-network visualization, the thickness of the lines or ties between actors represents the frequency of connection between the actors.

Network Density. The network density found within Virbus School District was found to be 0.92. Network density is the number of connections between people divided by the number of possible connections. The density of a network can be considered a measure of network connectedness or network cohesion (Daly et al., 2010). In this study, density was scaled from 0

(indicating no relationships between actors) to 1 (representing a social network in which all actors are connected). Daly et al. (2010) found that dense networks have healthier collaborative partnerships between staff members and higher student outcomes. A dense area within a network has many nodes with ties to other nodes indicating tight social connectivity.

Network Diameter. The network diameter found within Virbus School District was 4. The network diameter describes the shortest distance between the two most distant nodes in the network or the shortest path from every node to all other nodes. So, the farthest distance between any two actors within the district is four. Because it is not likely that every actor within a network has a direct relationship with every other actor, in the same way, it is crucial to understand how close each of the actors is to one another. The distances between actors in a network may be essential to understanding how relationships and interdependencies between actors within the network share information, resources, materials, or practices. Where distances are great, it may take a long time for information to diffuse across a population. Network diameter can also be described as the average graph distance between all pairs of nodes or the longest graph distance between any two nodes in the network, i.e., how far apart are the two most distance notes. Connected actors would be described as having a graph distance of 1.

Average Degree. The average degree found within the Virbus School District was 3.324. This means that each actor's average number of connections within the network is just over three other actors. Average degree is a measure that looks at the average number of connections each actor has within the whole network. This, again, is a measure to determine the strength of relationships and interdependencies between the leaders at the district and school level who are implementing mental health promotion and multi-level systems of support. The more

connections each actor has within the network, the stronger or more dense or cohesive the network is.

Network Direction. To understand the direction of the relationship between actors within the network, survey participants were asked, using a rostered question format, to select from a list of individuals within their school district whom they turned to during the current school year for advice and or information about mental health promotion or MTSS. Participants considered all forms of communication, including face-to-face, video conference platforms such as Zoom, Skype, Google Meet, and email, telephone, text, or other communication methods they may have used. Figure 5 illustrates the direction of the relationship between actors within the school district using a directed or undirected tie.

Between each node or actor is a line or a tie. Ties can have an arrow on one end or an arrow on both ends of the tie. Ties with one arrow represent a directed relationship in which one node does something for the receiving node, but it is not reciprocated. An undirected tie has arrows on both ends and represents a reciprocal relationship in which the nodes each provide something to the other node. Ties provide helpful information about a network and illustrate an important facet of the relationship between actors. In Virbus School District, the predominant direction of a relationship between actors is a directed relationship, meaning most ties have an arrow on only one end of the tie. However, some ties have arrows on both ends in some instances, representing a reciprocal relationship between those actors.

Finding # 3: Interconnected, Networked Relationships Exist at all Layers of the System – Between Province and District, District and Schools, School System and Community Partners

The third finding that describes the relationship and interdependencies of the leaders within the school district is that interconnected, networked relationships exist at all layers of the

system – between province and district, district and schools, school system and community partners.

Through social network analyses, the relationship and interdependencies of roles within the district were examined, including provincial policy, the district mental health plan, and the generic role of community partners, within the social network graph. This finding is supported by both SNA and QNA processes.

Ministry of Education Provincial Mandate Letter and Corresponding School District Plan. The BC Ministry of Education issues a mandate letter for mental health promotion and intervention to every school district in the province. The provincial mandate letter requires that each school district in the province develop and implement a corresponding mental health plan. The provincial and local school district mental health plan was included in the network to better understand the relationship between the provincial plan and the corresponding district plan with the district and school-based leaders responsible for enacting the mental health vision. Using the SNA visualization software, I was able to isolate the location of the Ministry of Education provincial plan (Figure 7) and the corresponding district plan (Figure 8) on mental health care within the network. Each document was identified as a source of information that individuals in the district and school-based leadership roles referred to for information on mental health promotion and MTSS.

The SNA process revealed the connection of these documents to individuals within the leadership network; however, SNA could not reveal perspectives on these documents by individual leaders within the system or why leaders referenced these documents.

Figure 7

Ministry of Education Provincial Policy on Mental Health

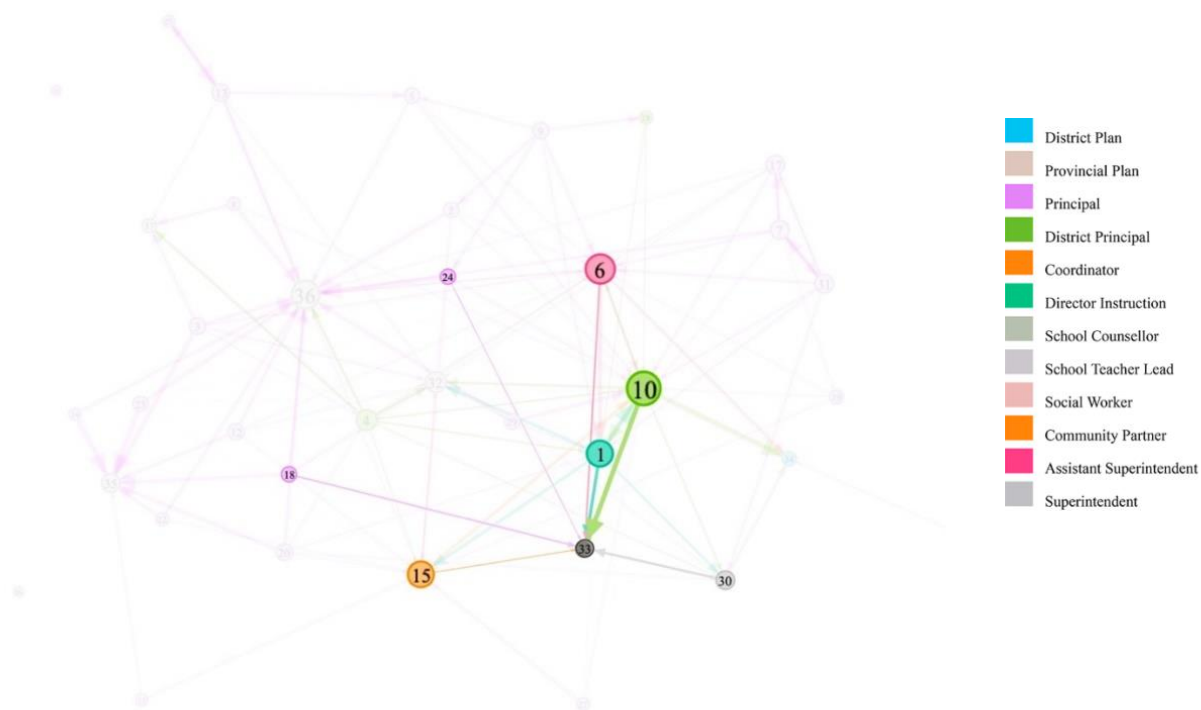
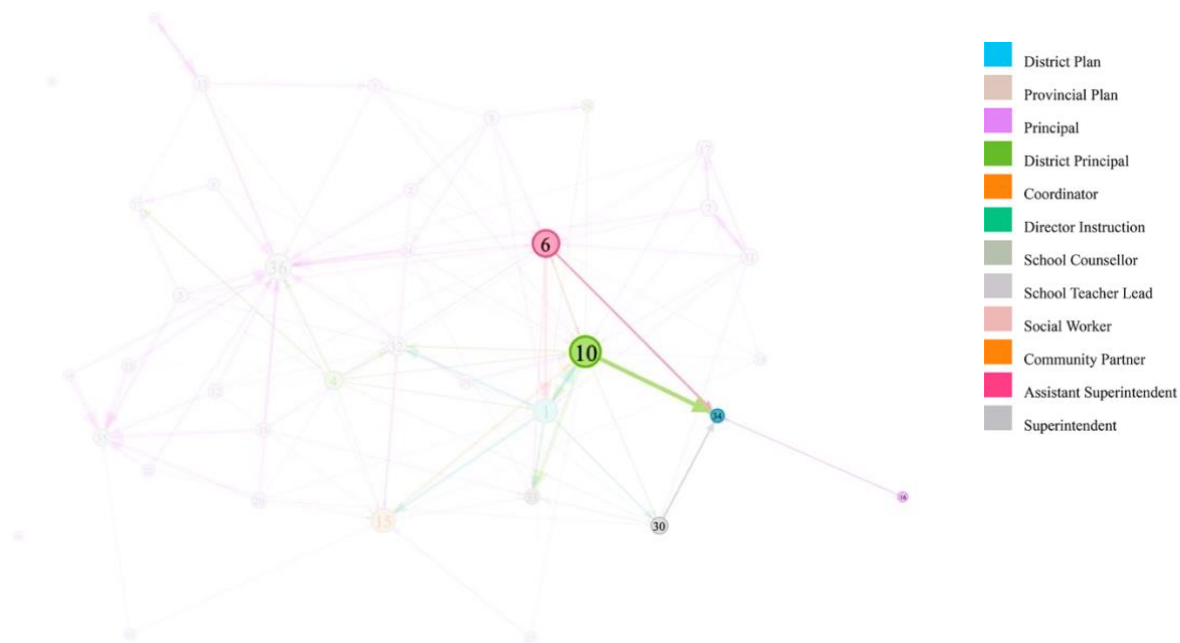


Figure 8

District Mental Health Plan



Using a QNA approach, five district and school-based leaders were interviewed using a semi-structured interview format. They were shown the SNA graph and were asked to respond to the placement of these documents within the network. During the interview, one District Leader shared that the ministry document had helped guide the conversation of MH promotion and intervention within their school and district. This district leader stated that although their district had been engaged in the work of mental health promotion and MTSS for a long time, "the provincial mandate letter created a bit of a push for us [as districts across the province] to go in that direction." In addition to the provincial mandate letter for mental health promotion, this district leader shared that they believe that:

The creation of the early learning framework [by the provincial government] also created a push [for mental health promotion]. The early learning initiatives that are coming out of the Ministry of Education have helped move this forward, too, because much of the early learning framework is having a solid understanding of the underpinnings of social-emotional states of children and that if we intervene early, we know that we can set students up for success.

In discussion with this district leader, the role of the ministry of education in the production of provincial policy, mandate, and direction for mental health promotion and MTSS was identified as being important in supporting direction setting for work at the district and school level.

In discussion with a second district leader, they mentioned the Provincial Safe Schools Network as a significant provincial network of support for district and school-based leadership of mental health promotion and MTSS. This leader saw the Safe School Coordinator Network as implementation support for the Ministry of Education Provincial Policy on Mental Health:

We have a network of safe schools' coordinators that meet regionally and provincially. The whole Safe Schools portfolio, even though it sounds like it's violent threat risk assessment and suicide prevention protocols and critical incident, every single one of them has a very large mental health component that is a support for districts.

In discussion, a school-based leader commented on the intentional practice that occurred within the district that is represented in the District Mental Health Plan. This leader shared within the QNA interview that "there's a whole lot of intent...it is about bringing people together, starting those conversations, and moving towards a collaborative problem-solving model within a family of schools." Both the provincial policy and mandate letter and the district mental health plan were identified as having a relationship and interdependencies with district and school leaders within the SNA and the QNA.

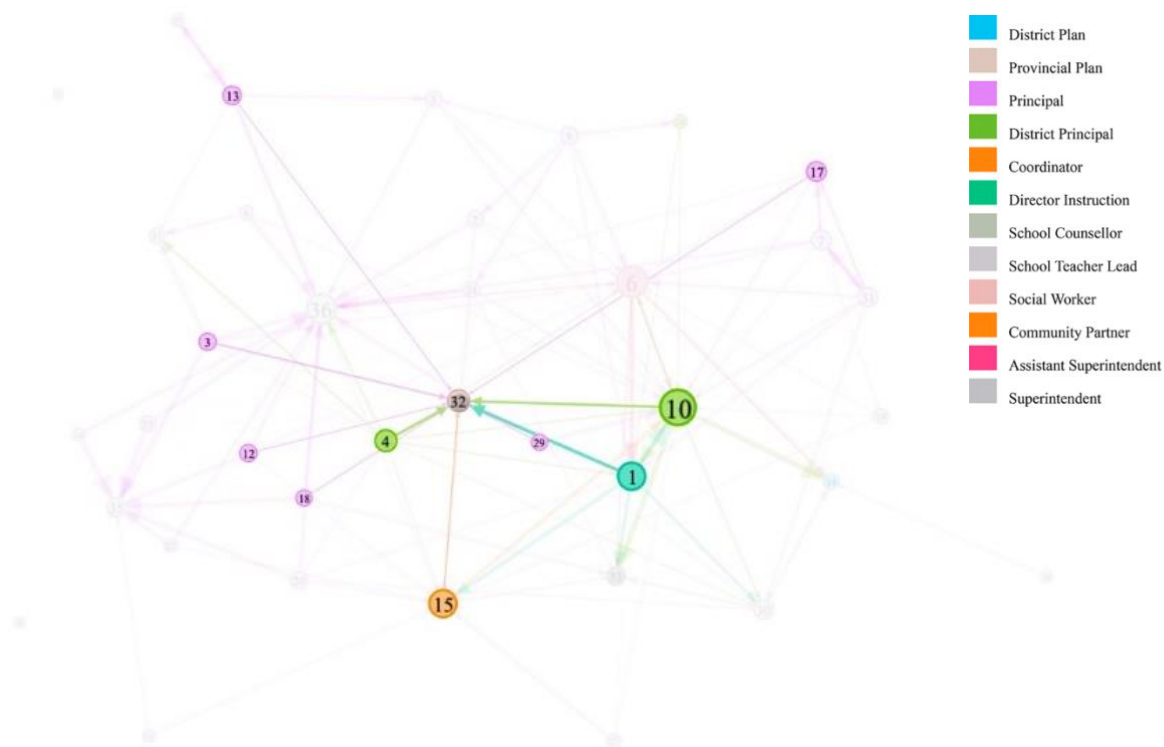
Community Partners. Within the social network analysis, community partners, as indicated in Figure 9, were significant in mental health promotion and MTSS. During the qualitative network interviews and analysis, district and school-based leaders also indicated the importance of a relationship with community partners.

Community partners within the rostered survey question included a wide range of partners within the community. This included government-funded, non-profit, and for-profit agencies that have a mandate to support mental health promotion or MTSS. Figure 9 depicts many connections between school-based and district-based leaders. The structural presentation of the network and the position of community partners with a number of connections to leaders' positions across the district shows that there are relationships and interdependencies between district leaders and community partners. However, this visual representation stops short of

exploring what these partnerships mean to the leadership work of mental health promotion and MTSS.

Figure 9

Community Partner Roles within the Network



During the qualitative network interviews, school leaders and individuals with roles that have formal responsibilities for mental health promotion and multi-tiered systems of support frequently identified community partners as an essential part of the network. In these situations, community partners described various government-funded and non-profit support agencies collaborating with the district and schools. During the interview, one school-based leader commented that:

Our community partnerships are really strong. And some of our schools have lots of community partnerships built right within the school environment. So, it's not a separate

thing where you have community agencies and organizations that address mental health, for example. They're not separate from the schools; they're part of the schools.

In a separate interview, another school-based leader indicated that they:

... can't emphasize enough that the team, not only the local teaching team that we have here but our community partners and what they do for these families, is just next to extraordinary. [Emphasizing] it's a narrative that doesn't get told ... that the general public doesn't hear.

Through qualitative network analysis, I was able to gain a deeper understanding of the relationships and interdependencies within this school district that extends beyond the schoolhouse or the district boundaries to collaboratively develop promotion and intervention protocols and capacity-building processes. During an interview, one district leader indicated:

We have tremendous community partnerships [and community protocols that outline how we work together with our community partners]. Examples include a community violent threat risk assessment protocol; a community suicide prevention protocol; and a school police protocol. When I talk about the community protocols. It's not just the protocol, we have community teams, so we do joint training sessions around these protocols.

Provincial policy and mandates, provincial networks, and partnerships with mental health-promoting community partners are an integral part of this interconnected and networked model of the district and school leadership.

Finding #4: District and School-based Leadership Roles with Formal Responsibility for Mental Health Play a Central Role within the Interconnected Network within a School System

The fourth finding is that although every actor within the network is connected to another actor, some roles identified within this network have a greater number of connections or

relationships than others. Isolating these positions within the SNA graph revealed numerous connections between school and district-based leaders within the whole network. Several district and school-based roles appear to play a central role in the network in providing information, knowledge, or support for MH promotion or MTSS. These roles included the assistant superintendent (Figure 11), director of instruction (Figure 12), district principal (Figure 13), school counselling role (Figure 14) and the superintendent. A depiction of the position of these roles within the whole network, in addition to excerpts from the interviews, supports this finding.

Figure 11

Assistant Superintendent Role within the Network

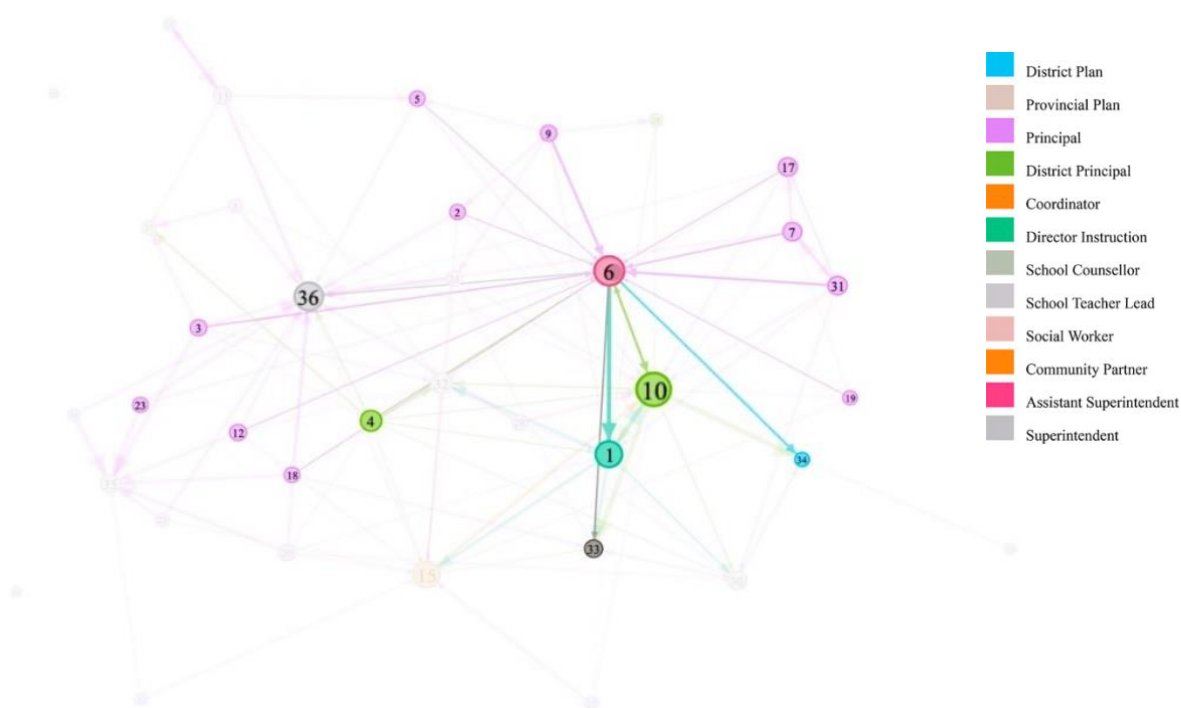


Figure 12

Director of Instruction Role within the Network

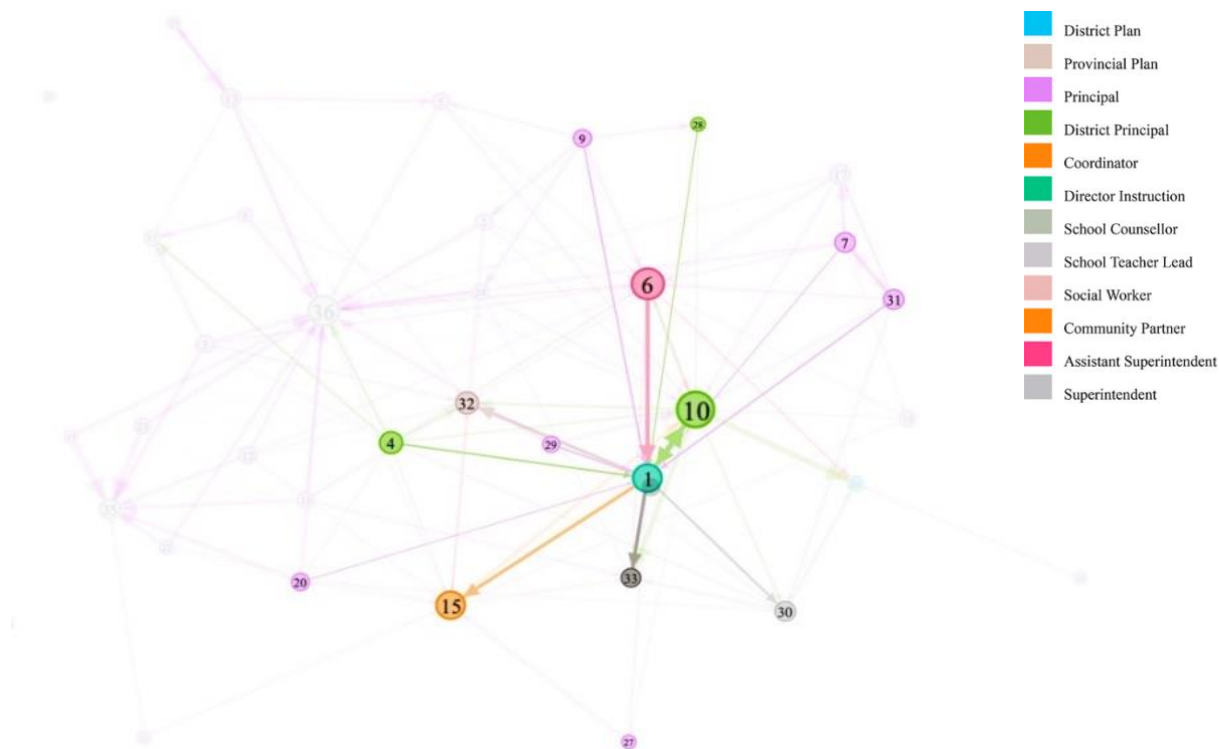
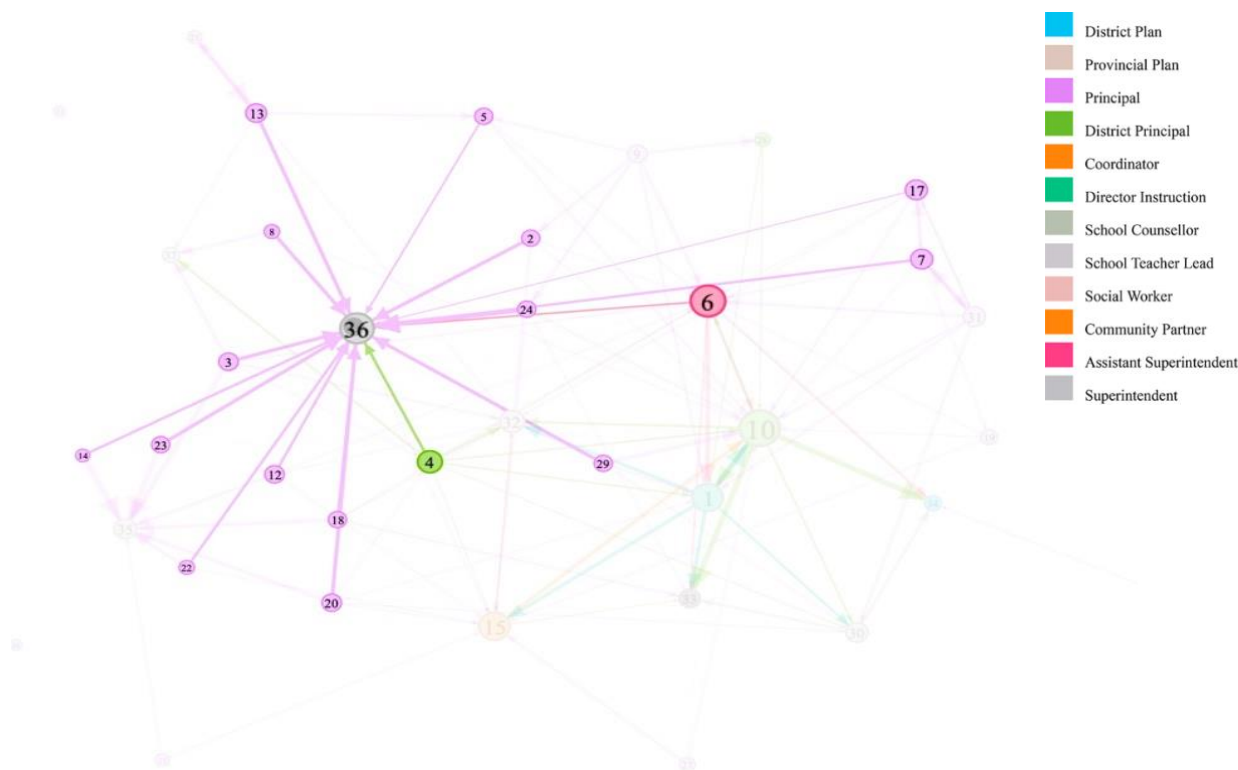


Figure 13

District Principal Role within the Network



Figure 14*School-Based Counsellor Role within the Network*

The relationships and interdependencies of the leaders within these portions to the whole network can be explored by viewing the visual depiction created by the visualization software and the SNA process. To better understand the relationships and interdependencies of the district and school leadership of mental health promotion and MTSS, it is important to also explore these central positions within the network through measures of cohesion as described in Table 3. In each of these roles, the assistant superintendent (Figure 11), director of instruction (Figure 12), district principal (Figure 13), and the school-based counselling role (Figure 14), multiple actors are connecting to these positions. Although the average degree found within the Virbus School District was 3.3 points of connection per actor, these roles had between 17 and 22 points of connection. This means that while the average number of connections each actor has within the network is just over three other actors, the roles mentioned above have significantly more

connections. These district and school-based leadership roles have the most connections with other actors within the network. Wasserman & Faust (2012) states that an actor is central if they can quickly interact with all other actors. Additionally, they share:

In the context of relaying communication, such actors need not rely on other actors to relay information or put forth an idea. Actors occupying central locations with respect to closeness can be very productive in the communication of information to other actors if the actors are engaged in a problem and the focus is on communication link ... efficient solutions occur when one actor has a concise communication path to others. (Wasserman & Faust, 2012, p. 183)

Through SNA, the positions of assistant superintendent, director of instruction, district principal, and the school counsellor were central to the network and have strong interdependencies and relationships within the network.

In a hierarchical organizational chart, the superintendent of schools holds the most senior leadership position within the school district; however, within the SNA, the role of the superintendent does not appear at the top of the network, nor is this role identified as a central role for leaders seeking information about mental health promotion or MTSS initiatives within the district. Although the average degree for this position is slightly higher than the average degree for all leaders within the network, it was not comparable to the other roles discussed. Understanding the central position of this role is better described in the qualitative network interviews and analysis conducted with district and school leaders. During the interview portion of data collection and data analysis, the role of the superintendent was highlighted. Without the use of both social network analysis and qualitative network analysis, the central but distinct roles

of the assistant superintendent, director of instruction, district principal, the school counsellor role and the role of the superintendent would not have been identified.

During the qualitative interview process, the role of the superintendent was described as being central to the leadership of mental health promotion and MTSS within the district. Across all five interviews, the role of superintendent was described as the position responsible for establishing a clear vision and area of priority for the system. Establishing a clear vision was followed by the role the superintendent played in developing a corresponding strategic plan that focused on mental health and wellbeing. During an interview with one district leader, the central role of the superintendent was described as follows:

I think the leadership came when we had our superintendent say, yes, this is important enough that in the summer, I'm going to take four days out of my busy life and go with school-based leaders [to a training focused on mental health literacy] ... after that, everyone committed to coming together and going that training during the summer. I think that was probably a decisive leadership moment. When we came back from that training, the work that [one of our district leaders] had been doing for many, many years had another level of credibility.

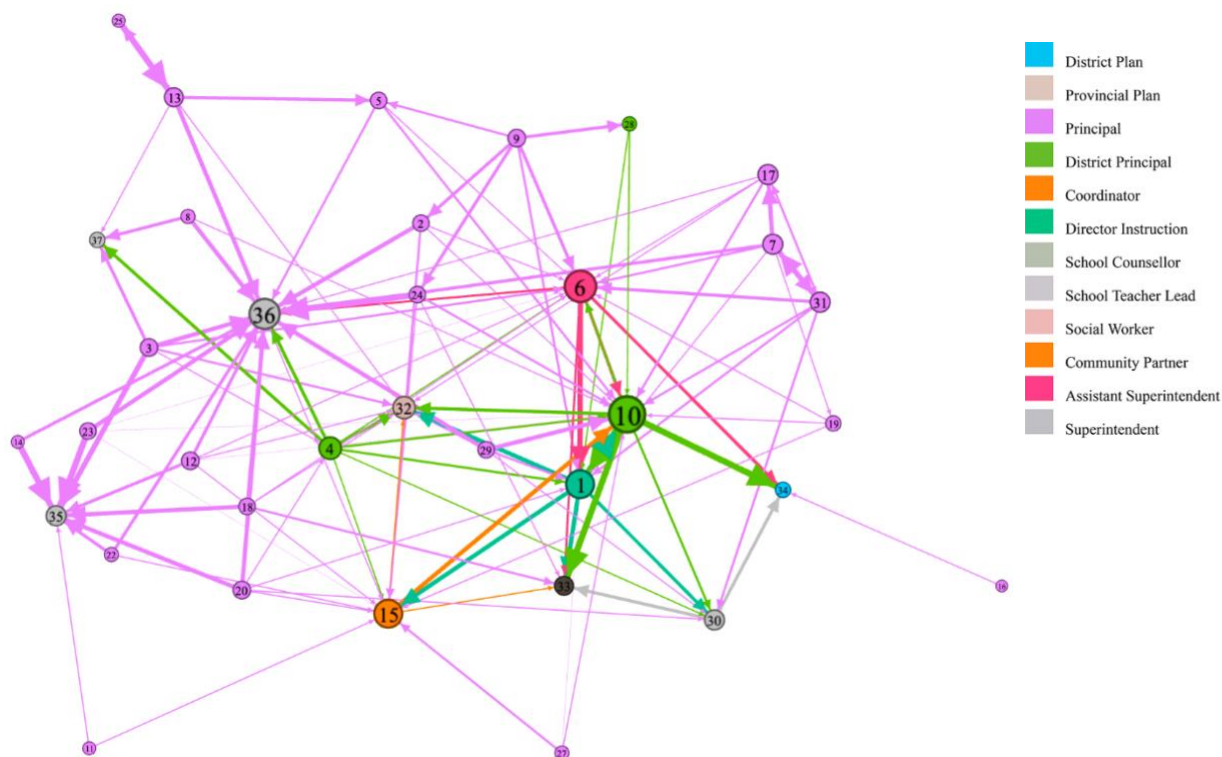
The role of the superintendent was central to establishing a clear vision and area of priority for the system, where key district roles and the school counsellor position play a central role in the implementation of this vision across the network.

Finding #5: Information Seeking is Primarily Unidirectional Between the District and School-Level Leaders, With Little Information Seeking Between School-Level Leaders on Mental Health and MTSS

The final finding that describes the relationship and interdependencies between the leaders within the school district is that information seeking was primarily unidirectional between the district and school-level leaders, with little information seeking between school-level leaders on mental health and MTSS as depicted in Figure 14. The directionality of these relationships and interdependencies was identified through SNA; gaining insight into the nature of the directional relationships required qualitative network analysis and interviews with actors within the network.

Figure 14

Directionality of Information Seeking



In Virbus School District, the predominant direction of the relationship between actors can be described as a directed relationship, meaning most ties have an arrow on only one end of the tie. There are some examples where there are ties that have arrows on both ends, representing a reciprocal relationship between those actors. There are a few examples of reciprocal relationships at the school level between principals and again at the district level between district staff; however, this does not occur in most connections.

Ties provide helpful information about a network and illustrate an important facet of the relationship between actors. However, the SNA depiction of directionality does not provide additional insight into the nature of this direction. QNA contributed to a deeper understanding of this unidirectional relationship between the district and school-level leaders by clarifying survey questions and exploring individual semi-structured interviews.

Although most of the connections between principals were unidirectional, not all of the reasons to seek information between pairs of actors were the same. A follow-up question was asked within the survey to understand better why individuals requested information or advice on mental health promotion or multi-tiered systems of support from others within the system. Results of the reasons for information seeking are found in Table 4.

Table 4

Reason for Information Seeking

Question	Count
Deepen knowledge of mental health	5
Seeking opinion regarding implementation of new initiative/program	7
Plan or select programs, resources, or materials for instruction	5
Seek support for a change in practice	1
Other	1

Individual responses to the survey identified that seeking opinion or information regarding implementing a new initiative or program was the most frequent reason for seeking information from another leader or mental health professional within the school district. This was followed by individuals seeking to deepen their knowledge of mental health promotion and multi-tiered systems of support, followed by seeking information to support planning or selecting programs, resources, and materials used for instructional purposes with students. Understanding why system leaders reached out to seek additional information or understanding about mental health promotion and multi-tiered systems of support may offer an opportunity for future interventions or additional support. Observations raised about the unidirectional relationship between the district and school-level leaders will be discussed in the context of another finding later in this chapter.

Secondary Research Question: How Might Knowledge of Network Attributes Inform District and School-Level Leadership Practice?

Social network data gathered through a widely distributed survey provided data necessary to investigate and depict the quantitative structure and organization of the informal school networks found within Virbus School District in response to the primary research question. However, the SNA graph alone did not provide information on how knowledge of these network attributes may influence leadership practice or help to identify what ways leadership engaged the school community in implementing a vision of mental health promotion or MTSS within the school district that were the focus the secondary research questions. QNA starts with the individual actor and aims to tease out the subjective interpretation of networks (Ahrens, 2018; Crossley, 2010).

Interview questions were designed to gather information on how knowledge of the network attributes might inform future leadership practice and gain further insight into how district and school-based leadership of mental health engaged the community. An analysis of interview data provided deeper insight and illuminated critical leadership practices summarized in three distinct findings.

Finding #6: Viewing the SNA Graph Allowed District and School-level Leaders to Identify Strengths Within Their System

All interviewed participants were given an opportunity to view the SNA graph. The first finding concerning how knowledge of the network attributes would influence future leadership practice was that constructing personal understanding and knowledge of their school network depicted by the SNA graph allowed district and school-level leaders to identify strengths within their system. On viewing the SNA graph, one district leader stated:

I think positively, it shows that there are district leaders that are very involved with multiple administrators around mental health promotion, which is good. We want that. I'm also glad to see that [principals] have somebody in their building they can talk to or connect with about mental health promotion.

While viewing strengths within their system, district leaders also identified an unexpected area of strength during their interview. One district leader commented, "the provincial plan or the district plan? Yeah. Okay. That's good. I'm surprised and kind of pleased to hear that that was coming through for people [at the school level]."

Cherkowski and Walker (2013) asserted that a critical mass of scholarship encourages researchers to give increased attention to what is working, research what individuals want more of, and figure out how to sustain all that results in thriving learning communities. Rather than

looking at what is not working or from a deficit perspective, a growing body of research seeks to find the strength in a given set of circumstances and understand what works well. The SNA graph allowed individual district and school-based leaders to visually identify that all members of the district and school leadership team were, to some extent, engaged in the work of mental health promotion and MTSS. Additionally, this visual representation allowed members of the leadership team to identify unexpected areas of strength that may have otherwise been invisible.

Finding #7: Making Network Attributes and Patterns of Communication Visible Provided District and School-Based Leaders with Discernable Areas for Intervention and Growth

A second finding was identified in response to the secondary question of how knowledge of the network attributes might inform future leadership practice; making network attributes and patterns of communication visible also provided district and school-based leaders with discernable areas for intervention and growth.

When viewing the social network graph produced through social network analysis and then explored with district and school-based leaders through QNA, district and school leaders were able to identify areas for intervention and growth within their system. It was evident that every member of their leadership organization was involved in promoting mental health and implementing MTSS to some degree. Initially, leaders became curious about the direction of information sharing and capacity building visible within the SNA. One district leader noted:

This kind of web shows that there's almost like a pollinating effect like if someone gets the information, the information is shared with others ... so it also speaks to the importance that all Principal-Vice-Principal (PvP) meetings are really important to make sure that they all get it, get the information.

However, the strength of those relationships and the direction of those connections were quickly noted as being an area that required further exploration and perhaps intervention. During their interview, another district-based leader exclaimed, “I’m desperately trying to see those arrows, you know, those lines where they have arrows on both sides.” With yet another district leader remarking, “So, my wonder is why there aren’t more reciprocal connections? The connections look very much one way. It seems like the school-based administrator to school-based administrator is not having conversations.” Throughout the interviews, more than one leader also wondered how to nurture and support the development of reciprocal relationships, particularly between school-based principals, with one district leader identifying a possible area for intervention and support when they remarked, “I also see the even amount of interaction with school-to-school kind of speaks to the need for mentorship.”

On seeing a limited number of reciprocal relationships, all five school and district leaders interviewed began to verbally explore solutions and ask questions about possible interventions or leadership practices that might nurture these relationships and support reciprocal conversations about mental health promotion or MTSS. One district leader concluded that:

Conversations are needed with site-based principals and vice-principals to ask what is it that they need at their sites to build capacity? So, whether it is more professional development, whether it is some coaching sessions, maybe it’s co-teaching sessions? In order to develop and nurture reciprocal relationships with one another.

In addition, district leaders were curious about the kinds of information these school-based leaders were seeking from their peers and how they might better support their school-based leadership team as district staff. One district staff wondered if school-based leaders were:

Reaching out for information, maybe some infrequently, perhaps they don't know whom they can connect with? They're not reaching out to other principals. They're reaching out to district services. So, I do have some questions about that. But maybe that goes to the actionable item of connecting with our PVP group to understand what our school-based leaders need at their sites to move mental health literacy forward.

On seeing unidirectional communication patterns in the graph, district leaders noted that few leaders from the district seemed to be reaching out to other leaders or community members to seek information about MH or MTSS, noting that relationships do not appear reciprocal. District and school-level leaders also indicated that attention to organizational structures, capacity building, and the development of the district and school-leader reciprocal relationships were important leadership areas to attend to in the future.

Finding #8: The SNA Graph Allowed Leaders to Recognize the Fragility of Their Mental Health and MTSS Work Because of a Reliance on a Few Key Roles Within the System That Hold Expertise

A third finding was identified in response to the secondary question of how knowledge of the network attributes might inform future leadership practice. The SNA graph allowed leaders to recognize fragility within their mental health and MTSS work because of the reliance on a few critical roles with the system that holds expertise in this area.

The SNA graph quickly allowed district and school-based leaders to recognize that all members of their system were involved in mental health promotion and MTSS. This was identified as an area of strength and celebrated by the five leaders who were provided with the opportunity to view the social network analysis results. However, district and school-based leaders expressed concern about the sustainability of their mental health and MTSS work –

identifying an over-reliance on a few individuals, prevention of burnout, and succession planning as essential issues to consider. As a result, the leaders unanimously concluded which was best captured by one of the leaders:

I also think our district folks that are leading this work, you know, those are really, they're central to make sure that we are, if nothing else, thinking about succession planning and all that stuff because they're so, so integral to our organization right around this mental health work. So, when you look at that like it's three or four dots that are leading, you know, that they are kind of the go-to people, which makes sense. But it also really stresses the importance of those roles and thinking about preventing burnout for these few individuals.

Having a very few individuals hold expertise and responsibility for a system promotion or intervention program was identified as a possible risk within their system; network diagrams can help determine who these people are and what might be done to both allow other connections and work to occur around them as well as protect the organization should these people decide to go elsewhere or are unable to continue within their role (Cross et al., 2002).

Secondary Research Question: What Ways Did the Leadership Engage the School Community in Implementing a Vision of Mental Health Promotion and MTSS?

Finding # 9: Educational Leaders at the District and School Level Intentionally Challenged Status Quo Values and Priorities with a Social Justice Orientation

Through analysis of interview transcripts, I identified three findings that highlight the way district and school leaders engaged the school community in implementing a vision of mental health promotion and intervention. The first finding is that educational leaders at the district and school level intentionally challenged status quo values and priorities with an orientation to social justice.

Interview participants were invited to share stories that they believed highlighted successful experiences in mental health promotion or implementing MTSS within their school district. Each educational leader interviewed shared how they intentionally challenged the status quo values and priorities often held within a school district. Their stories spoke of leadership practices that intentionally created shifts in practices or procedures and the way schools engage with children and youth to ensure best outcomes for the child remained at the centre of their work. One district leader shared how important it was “to ensure that good questions are asked around challenging that status quo at the district and school level.” In addition to asking questions that challenge the status quo either at the district or the school level, a second district leader indicated that their school district had a dedicated team with the primary mandate of

Going out looking for our most disenfranchised or disengaged kids, this dedicated team then meets both them and their families where they're at. It's all about building that connection, the relationship, you know, regaining trust, and then starting to legitimately meet them where they're at and reconnect them back to school.

There was also recognition by a school-based principal that the work of examining and challenging status quo values and priorities has not been finished. This leader shared:

For me, it is having a better understanding of where kids are and what kids are bringing to the table and then being able to create the support needed in different ways. Now, one of the things I struggle with is we're still very much about taking those kids out and trying to fix them, to get them back into our regular system versus, you know, changing our system to support all those kids in the way that they need. I think that's been our work right now, looking for ways to change our system to meet the kids' needs.

Ryan (2006) asserts that leadership and social justice are not natural bedfellows. The extent to which leadership serves to improve learning conditions for all students, including those who are marginalized or who have diverse abilities, depends on the way that relationships are envisioned among members of institutions, in the roles that are prescribed for individuals and groups, and in the ends to which leadership activities are directed (Ryan, 2006).

Finding #10: District Leaders Built a Shared Vision and Priority Across the School System Leadership by Communicating Common Values, Allocating Targeted Financial and Human Resources, and Implementing Strategies to Support Professional Collaboration and Learning

A second finding revealed the way that district and school-level leadership engaged the school community in implementing mental health and MTSS was through the development of a shared vision and priority across the school system. Communicating common values, allocating targeted financial and human resources, and implementing strategies to support professional collaboration and learning were identified as important leadership practices.

Engaging the school community in implementing a vision of mental health promotion and MTSS, district leaders and provincial leaders first needed to build a shared vision and an identified area of priority across the school system. This priority area was recognized in a provincial letter of direction to school districts. In this mandate letter, the provincial government indicated an ongoing commitment to mental health promotion as a provincial priority to school district leadership. The mandate letter stated:

The 2020/2021 grant funding represents year 2 of the 3-year \$8.87-million investment that the province announced on September 4, 2019, as well as the additional \$2-million boost announced on September 2, 2020. This funding intends to: Use existing student data (as chosen by the school district from any relevant and appropriate data source) to fund the

development of new/enhanced evidence-based, inclusive mental health and well-being activities; Mental Health activities may be universal or targeted in support of students, families, and/or educators.

The need to formally prioritize the work of mental health promotion and MTSS as a district priority was also identified by district and school leaders. During one interview, a district leader indicated that "the first action is recognizing that it is important, it's the essential work of our business." A school-based leader shared that they had:

Just had an admin meeting today with our new strategic plan. And one of our goal directives is a district strategic plan, not just a school plan, with one of the goals being human and social development. And mental health was received being very much in the front of that.

In addition to identifying this as an area of priority both at the provincial level and at the district level, targeted funding for human resources and professional collaboration and learning were identified as essential areas required to operationalize the shared vision. Examples of how targeted human resources and professional collaboration and learning were shared within the interviews. Resources and support were prioritized to enhance capacity building within the school district. A school-based leader shared that this included "retreats done at different levels, elementary level, middle level and high school level; it was a mental health retreat. And it started to bring to the forefront mental health literacy within all of our contexts." In addition, district leaders shared that they:

Attended to the provision of accessible capacity-building programs for school leaders. Examples of this have included our after-school Learning Series. So, every Tuesday after school, our mental health team offers training on various topics. This year, we focused on trauma and trauma-informed practices. We did what it can look like in the classroom for

students coming with trauma, how to support social and emotional learning in the classroom using strong kids, which is a curriculum or by using EASE. We also did maintain your mental health, supported students, and understood the new normal in COVID-19. And we had quite a bit of uptake on that from our teaching staff and our educational assistants.

District and school-based leaders described leadership practices they used to communicate common values, allocate targeted financial and human resources and their efforts to implement strategies to support professional collaboration and learning as a multi-year priority. However, these stories of leadership practice did not begin with leadership practice or describe these leadership practices as discrete or distinct activities specific to mental health promotion; rather social-emotional learning and mental health promotion were at the centre of their work, with these leadership areas flowing through this shared priority. A district base leader described leadership within the district this way:

As its district, we talk about it right. So, we talked about literacy intervention. We talk about numeracy intervention. And we also talk about interventions for our students who need support concerning social-emotional learning. So, do we have a policy? Not necessarily; we have teams set up to support learning. We have a curriculum department that looks after literacy, numeracy, and social-emotional learning; we have a team that can provide at the district level that can provide that tiered support for schools when they have students who require levels of support. [Tiered intervention] has been on our agendas for PVPs, so our principals and Vice Principals have learning sessions to bring that back to their other staff. I can also share that as part of our strategic plan refresh for our district, it's built in. It is one of our pillars that's built into our plan. I shouldn't even say it's a pillar on

its own. Because it's well, the beautiful part is, it's woven through our strat plan. And I think that's what makes it the most effective.

District leaders build a shared vision and a shared priority for mental health promotion and MTSS across the school system. As a shared priority, mental health promotion and MTSS are found throughout leadership practices of resource allocation and professional collaboration and learning.

Finding # 11: District and School-Based Leaders Intentionally Explored Organizational Structures and Partnerships That Were Seen to Enhance Collaboration and Interconnection Within the School District and Between the School District and Regional and Provincial Partners

The third and final finding that highlights how district and school-level leadership engaged the school community in implementing mental health and MTSS is that district and school-based leaders intentionally explored organizational structures and partnerships that were seen to enhance collaboration and interconnection with the school district and between the school district and regional and provincial partners.

District and school-based leaders intentionally developed and implemented organizational structures that supported the development of relationships and collaborative community partnerships. A school-based leader described a district organization structure used to enhance collaboration and interconnection between schools in the district.

One of the structures in our district is that we have a concept called a family of schools. So, we have a high school, the middle schools that feed into the high school, and the elementary schools that feed into the middle school. So, we call those families of schools. So, our downtown family of school, I started a couple of years ago, having intentionally

much more dialogue with those elementary principals, vice principals, having regular meetings, and not just not strictly just administrative things, but like planning together doing things that that we see, we see as issues in all of our schools.

This organizational structure supported interschool collaboration, information sharing, and planning. This idea of intentionally attending to how groups of individuals are pulled together to focus on practice collectively was also extended to building professional capacity as described by this school leave leader:

We struggled because our in-service was done in discrete groups when I first came into the district. So, we would pull out our learning assistance teachers, and we would do in service, and it was like, skill-specific is I go, Okay, so here, you know, you need to, you know, know how to do these groups, and this and that. And then we thought, this isn't working because we weren't getting much transference back into the building. So, it was great that the LA knew it or the RT or the counsellor, right. And, you know, oftentimes we're saying the same thing, but we were doing it in separate rooms. And so, we moved three years ago to a more inclusive model, where we were meeting with RT, LL, and Indigenous education, and then we had child youth care workers, counsellors, you know, so we had two bigger groups. But this year, we said, no, you know, what, we need to get the training in teams, like with their school-based team, right? So, they're all hearing the same information. And we need to take on those bigger pictures. It was kind of like parallel play. Right? So, we were in the same sandbox but just playing side by side. Now, we're really shifting that with this family of schools model and sharing information and practice.

District and school leaders in Virbus School District also intentionally develop and cultivate organizational structures with community-based partners in support of mental health promotion and MTSS. One school-based leader shared:

Our community partnerships are really strong. And some of our schools have lots of community partnerships built right within the school environment. So, it's not a separate thing where you have community agencies and organizations addressing and using the example of mental health. They're not separate from the schools; they're part of them. I think that's a huge piece.

They provided additional information and insight into what community collaboration looks like within the school environment stating:

Every Tuesday, there's a drop in Child and Youth Mental Health, there's counsellors there, there's a pediatrician there. There's a psychiatrist there. And that happens right within the school context. As I mentioned before, the school has a wraparound service built right into the elementary school; we have at least six community partners that work within our school. They are not part of the K to 12 system. They are there as a community agency. It is seamless. We have after-school programming for the downtown, which is important. Community partners support that. So, you know that that mental health piece around direct community involvement in schools.

In more than one example, the school leader shared how important it was to have intentionally organized structures to support school and community partnerships; the best example shared within the interview is as follows.

One of the highlights of my career was being part of an elementary community school. It was a community school, so it was a three-storey building, and on the main floor of that

building was complete access to community resources. So, we had outside agencies operating within the school context. And we had; it was a wraparound service. So, it looked at not just the kids' education but early learning; we had a child-supported development preschool, we had programs called better beginnings. We had Family Resource programs for educating parents who struggled with raising children because many of them had mental health issues themselves, they needed support and, you know, wanted to be good parents but couldn't be the parents they wanted and needed to be. And so, we provided that service in-house. So, the parents would drop their kids off to regular programming, school programming from kindergarten to grades five and six. And then, they would stay in the basement or the main floor and have their adult-based programs on the same site. And we took away the barriers like childcare by providing infant care and preschool and child-supported preschool for kids with special needs. So, it was looking at the whole family. And to me, that solidified how I felt about dealing with mental health. It was not just an add-on; it was necessary to have the families feel supported.

To advance mental health and MTSS, district and school-based leaders intentionally explored and implemented organizational structures and partnerships that were seen to enhance collaboration and interconnection within the school district and between the school district and regional and provincial partners in support of mental health promotion and MTSS.

Conclusion

This chapter presented eleven findings identified within this qualitative case study. Findings were organized according to the research question, falling under the primary and secondary research questions. These research questions guided data collection and analysis. Participant responses gathered through open-ended survey questions or semi-structured

interviews were included in the presentation of findings. Using varied evidence from participants ensures that the findings are supported by the analysis of survey responses, interview transcripts, and field notes. This practice is intended to assure readers that this case study accurately represents the individuals and the situations studied.

The eleven findings, organized by the research question, are as follows:

What are the relationships and interdependencies (social network attributes) of the leaders within the school district?

1. Most Leaders at the School and District Levels are Engaged in the Work, in Systems Effectively Implementing Mental Health Promotion and Multi-Tiered Systems of Support
2. An Interconnected, Networked Model Best Describes the Relationship and Interdependencies of Leaders Within the School District
3. Interconnected, Networked Relationships Exist at all Layers of the System – Between Province and District, District and Schools, School System and Community Partners
4. District and School-based Leadership Roles with Formal Responsibility for Mental Health Play a Central Role Within the Interconnected Network Within a School System
5. Information Seeking is Primarily Unidirectional Between the District and School-Level Leaders, With Little Information Seeking Between School-Level Leaders on Mental Health and MTSS

How does knowledge of these network attributes influence how mental health promotion and MTSS are disseminated by district and school-level leaders?

6. Viewing the SNA Graph Allowed District and School-level Leaders to Identify Strengths Within their System
7. Making Network Attributes and Patterns of Communication Visible Provided District and School-Based Leaders with Discernable Areas for Intervention and Growth

8. The SNA Graph Allowed Leaders to Recognize the Fragility of Their Mental Health and MTSS Work Because of a Reliance on a Few Key Roles Within the System That Hold Expertise

In what ways did the leadership engage the school community in implementing a vision of mental health promotion and MTSS?

9. Educational Leaders at the District and School Level Intentionally Challenged Status Quo Values and Priorities with a Social Justice Orientation
10. District Leaders Built a Shared Vision and Priority Across the School System Leadership by Communicating Common Values, Allocating Targeted Financial and Human Resources, and Implementing Strategies to Support Professional Collaboration and Learning
11. District and School-Based Leaders Intentionally Explored Organizational Structures and Partnerships That Were Seen to Enhance Collaboration and Interconnection Within the School District and Between the School District and Regional and Provincial Partners

The primary finding in this study was the production of a visual graphic (Figure 5) and a rich description of the relationship and interdependencies among educational leaders within a school district that is successfully implementing multi-tiered systems of support to promote mental health in schools. Research participants then had an opportunity to respond during a semi-structured interview to how the knowledge of their network attributes influences their understanding of how mental health promotion and intervention programming practices are disseminated by district and school-level leaders within their school district. Leaders were also invited to share powerful examples of where mental health promotion and intervention were working well and how the knowledge of these leadership attributes and network attributes might

further their leadership values, perspectives, and actions in the future. In the next chapter, Chapter 5, I will provide a discussion and interpretations of these findings.

Chapter 5: Interpretation of Findings

The purpose of this case study was to better understand the relationships and interdependencies that exist between the district and school-based leaders in implementing mental health promotion and early intervention practices in one school system. Specifically, this study aimed to generate greater insight into the connection and relationship among school district leaders, guiding policies and practices, and how leaders engaged their school community in promoting mental health and the early intervention of mental illness across multiple school-based leaders within one school system. I had hoped that practical leadership strategies would emerge by identifying the leadership network structure and attributes, describing the relationships and interdependencies, and revealing descriptive examples how leaders engage their school community.

The previous chapter presented the findings of this study by research question to produce a readable narrative. Where Chapter 4 split apart and separated these findings by the research question, this chapter aims to provide interpretive insight into these findings through a holistic effort. Therefore, the eleven findings are organized for discussion in this chapter in three analytical categories:

1. An Interconnected, Networked School District
2. Areas of Strength, Intervention, and Growth
3. Actioning Social Justice

The development and implementation of this case study was guided by the primary research question: What is the relationship and interdependencies among educational leaders within a school district that successfully implements multi-tiered systems of support to promote mental health in schools? This primary questions was followed by two secondary questions

1. How does knowledge of these network attributes inform district and school leaders work in leading mental health promotion and multi-leveled systems of support?
2. In what ways did the leadership engage the school community in implementing a vision of mental health promotion and multi-level systems of support?

The primary and secondary research questions and the study's theoretical framework steered the development of the three analytic categories. The conceptual framework served as a guide by situating the study's findings within a scholarly conversation. Elements of educational leadership articulated in the conceptual framework (see Figure 1) in Chapter 2 of this dissertation also informed the development of the analytic categories.

The first analytic category includes significant findings related to the primary research question and is situated within the literature on modern governance and distributed leadership as outlined in the top layer of the conceptual framework. The second analytic category is situated within the second layer of the conceptual framework and literature on positive leadership, a relational orientation to educational leadership, and organizational productivity. The final analytic category does not address the individual items listed within the bottom layer of the conceptual framework explicitly but rather is situated within the contextual factors and values that are a foundation for effective mental health promotion and early intervention initiatives.

I begin this discussion with a focus on governance and distributed leadership. I will then discuss positive, relational leadership and organizational productivity at the district and school levels. To conclude this discussion, I will offer an interpretive insight into the underlying values and orientations necessary to implement effective mental health promotion and MTSS initiatives.

An Interconnected, Networked School District

The first analytic category draws on the first four findings and the tenth finding in response to the primary research question. Through this study, I found that a majority of district and school-based leaders were engaged in the work of mental health promotion and MTSS in an interconnected, networked model. These findings are consistent with the literature on modern governance and distributed leadership. These findings were generated by extending previous methodological approaches to social network analysis by creating an SNA graph, then pairing the graph with qualitative network analysis. Additionally, a novel depiction of an interconnected and networked leadership model as an alternative to a hierarchical model of educational leadership was generated.

Modern Governance

Based on my assumption that district and school leadership of mental health promotion and MTSS is a complex, multi-layered system that is not adequately depicted through a hierarchical representation of school district leadership, I used SNA to generate an alternate graph representing interconnected relationships between layers of the system (Figure 5). Through my analysis, I found that a majority of leaders within this school district were connected to this work. An interconnected, networked model better describes the relationship and interdependencies of leaders within a school system, effectively implementing mental health promotion and MTSS. Furthermore, I found that in this model, interconnected, networked relationships exist at and between all layers of the system – province and district, district and schools, school system and community partners. Theisens (2016) defined modern governance as establishing, formulating, and implementing policies and being accountable in a complex network with many layers and individual actors. By including actors from across this complex

network, including (a) a provincial mandate letter (policy) to school district leadership, (b) a subsequent school district strategic plan, (c) formal district leadership roles, (d) school-based leadership roles, (e) generic labels for school and district mental health specialist roles, and (f) community partners, I found explicit, intentional leadership practices that established and implemented mental health policies and practices across a complex multi-layered network. Through the creation and examination of the social network graph, the provincial mandate (Figure 7) and the subsequent district strategic plan (Figure 8) were found embedded within the network, connected to the district and school leaders. SNA alone would not provide a rich description of the relationships between provincial policy, local strategic planning, and district and school leaders who hold responsibility for implementing these policy directions. During the interviews, district and school leaders were asked to offer their perspective on leadership policies that deepen their understanding of mental health promotion or MTSS, comment on attributes within the social network graph, and share a story of leadership that made a significant difference to a student (Appendix D). Triangulation of SNA findings with QNA allowed greater insight into these relationships and interdependencies and revealed practical strategies. Additional insights will be discussed later in this chapter.

On viewing the SNA Figure 5, district and school leaders provided their insight into the position of the provincial and district policy within the school district network. They also offered their interpretation and understanding of the relationships and connections that were visible between the provincial policy and the district strategic plan to the work district and school-based leaders engaged in when establishing, formulating, and implementing mental health promotion and MTSS policies and practices within their district. The position of these policy documents embedded with the networked leadership model – supported by observations of the district and

school leaders during interviews – revealed the important role provincial and local policy played in the identification of mental health promotion and MTSS as an area of priority and direction for the district and school leaders. During the interview, a district-level leader indicated that this provincial direction was possible to support school districts across the province that may not have been previously engaged in this work. These findings are consistent with the scholarly literature on modern government and serve as an applied example for jurisdictions looking to enhance school-based mental health promotion. Supporting this assertion, Theisens (2016) reasoned that in a distributed, networked governance model, the central (provincial) level remains necessary in holding steering and enabling roles, providing the overall framework in which the networks function. “The combination of [social network graph] and narrative allowed for a ‘thick description’” (Ahrens, 2018, p.5) of the relationship and interdependencies of mental health promotion and MTSS within a social leadership network. The methodological decision to combine the resulting social network graph produced through a whole network, SNA, with semi-structured interviews and document analysis in qualitative network analysis represents an extension of social network and qualitative network methodology (Ahrens, 2018; Crossley, 2010; Pitt & Spillane, 2009).

A Whole System Approach. Through SNA, I found that the relationship and interdependencies between leaders were best described as an interconnected and networked model, where the hierarchical structure is indiscernible, and a dense web of connection remains. In this study, 84% of the leadership team in the school district participated, and 100% of these leaders had a connection to one or more leaders and/or policies (Figure 5). There was no evidence of policies or participants isolated or disconnected from other actors within the network. There was also no evidence of clusters, pockets, or “cliques” of relationships separated

from one another. When describing effective modern governance, Theisens (2016) suggested that the number of levels and the power at each level are not what makes or breaks a sound system. Instead, it is the strength of the alignment, the actors' involvement, and the processes involved in governance and reform (OECD, 2016). The social network attributes of this system indicate strong relationships and interdependencies, alignment between a) provincial policy; b) district strategic planning, and c) district and school-level leadership, which formed a dense, cohesive network. Additionally, each layer of this system demonstrated a coherent common vision and plan of addressing mental health promotion and MTSS. Theisens' (2016) argument reinforced this whole system approach in support of networked governance structures when he identified that a whole system approach is essential to effective governance. Education systems must resolve tensions between potentially conflicting forces such as accountability and trust, innovation and risk-avoidance, consensus-building, and making difficult choices (OECD, 2016). Through QNA, interview participants offered insight into trust-building practices that furthered innovation, increased the legitimacy of efforts made by leaders across the system, and furthered equitable access to mental health programs and services within the district. Literature on the effective implementation of mental health promotion programs emphasizes that mental health initiatives are only "effective when fully implemented with high fidelity" (Sims & Melcher, 2017, p. 339) across the intended population. Sims and Melcher extend this by indicating that:

both the education and the mental health systems can be complex, fragmented systems which threaten the successful implementation of a school mental health program ... the establishment of routine practice-policy feedback loops can create supportive, adaptive systems that enable and sustain newly adopted evidence-based programs. (p. 347)

This study's findings align with the scholarly literature on modern governance and the effective implementation of school-based mental health programs. The production of a social network graph depicting an alternate organizational structure of the leadership of mental health and MTSS in a school district represents a novel contribution to the literature.

Stakeholder Engagement and Partnerships. Based on my assumption that district and school leadership of mental health promotion and MTSS are complex, multi-layered systems, I also wanted to better understand the relationship and interdependencies between school leaders with external stakeholders. Community partners were included as a general category of support and discussed in the semi-structured interviews. Through combined SNA and QNA tools, I found that interconnected, networked relationships exist at all layers of the system – between province and district, district and schools, school system and community partners. Community partners in the survey and interviews were considered to include government-funded, non-profit, and for-profit agencies that have a mandate to support mental health or MTSS for children, youth, and their families. In the SNA, community partners were identified by district and school leaders as a source of information for mental health promotion and MTSS (Figure 9). Additionally, within the QNA, community partners were identified as essential partners in building the capacity of staff, providing intervention services for individual students, and essential partners in providing multi-sector wrap-around services for families with multi-layered, complex dynamics including unemployment, poverty, food or housing-security, and mental illness. During their interview, one district leader described the extensive network of collaboration and coordinated leadership of mental health and MTSS between community partners and system leaders.

We have tremendous community partnerships [and have co-created] numerous community protocols. [These include a] Child and Youth committee CIC, community violent threat risk assessment protocol, and community suicide prevention protocol focusing on mental health. We have our school police protocol, which looks at our relationship with our school liaison officers. When I talk about the community protocols, it's not just the protocol; we have community teams. And so, we come together frequently. We do joint training sessions. We also have a primary prevention committee that works around substance use, and we have a sexually exploited youth committee, and then a specific task group that looks at our most vulnerable students. When we meet to consider our most vulnerable, it's not just looking at like where are they now? It's also talking about what interventions and what supports are in place, what is needed, and what kind of additional supports are needed. So, there is a really solid relationship all across our community.

During the interview with district and school leaders, co-located community partnerships were identified as a significant factor in reducing barriers to services and a critical strategy in supporting the most vulnerable families within the community. As a result, in this case study, I understand that district and school leaders who develop strong internal connections across their leadership team also intentionally cultivate strong connections with mental health services and support programs outside of their school system. Through these interconnected and network relationships, I further determined that school districts and community agencies improve access to mental health programming and remove some systemic barriers to intervention services for some students and their families. These findings are consistent with the scholarly literature on

modern government and serve as a novel, applied example for jurisdictions looking to enhance school system-based mental health promotion.

The Different Roles of Visioning and Implementation. As previously discussed, Theisens (2016) reasoned that in a distributed, networked governance model, the central (provincial) level remains necessary in holding steering and enabling roles, providing the overall framework in which the networks function. But does that signify that the role of the district strategic plan, the role of the superintendent, and the role of other district and school-based leaders are redundant? Or that all roles within the system serve the same function? In this study, SNA resulted in a graphic where the hierarchical organizational structure of a provincial policy and district and school leadership was indiscernible. It was only through QNA that it was possible to determine that these roles served an essential and distinct function in leading mental health promotion and MTSS. The two distinct functions identified were establishing a shared vision and direction for the district and implementing and operationalizing the vision.

I found that provincial policy and the leadership practices of district leaders, specifically the role of the superintendent, were essential in the development of a shared vision and priority across the school system leadership. Leadership actions that contributed to the development of this shared vision included communicating common values, allocating targeted financial and human resources, and implementing strategies to support professional collaboration and learning as a multi-year priority. Separate from developing a shared vision and direction, I found district and school-based leadership roles with formal responsibility for mental health play a central role within the interconnected network within a school system in the implementation of the policy and district vision for mental health promotion. This included the role of district leaders, including the assistant superintendent, director of instruction, district principal and school

leaders, school counsellors and other key roles that were essential in the implementation of the vision across the school system.

I looked to the scholarly literature on modern governance and policy implementation when considering the differentiated leadership roles identified within this study. The OECD (2016) indicates that effective governance works through building capacity, open dialogue, and stakeholder involvement. In this, capacity building and stakeholder engagement are efficient only when there is a strategic vision and set of processes to harness their ideas and input (OECD, 2016). In this case study, interview participants provided examples of provincial and district leadership actions that prioritized system values of equity, inclusion, belonging, and partnership and established a strategic vision and set of processes to address mental health promotion across the school system. A common strategic vision was established through coordinated community working groups, and corresponding community protocols and processes were developed. The provincial mandate letter, corresponding district strategic plan, leadership meetings, and observable commitment to this work by the superintendent to system leaders were essential to developing a shared vision and contributed to system coherence. Provincial policy and leadership practices of the superintendent were central to setting the vision and direction for the system, where mid-level district leadership and school-based leaders were central to the implementation of mental health and MTSS programming. Fixsen et al. (2005) identified that

implementation is defined as a specified set of activities designed to put into practice an activity or program of known dimensions. According to this definition, implementation processes are purposeful and are described in sufficient detail such that independent observers can detect the presence and strength of the “specific set of activities” related to implementation. (p. 5)

Through SNA and QNA, I found that the role of assistant superintendent, director of instruction, district principal, and school-based counsellor was central to implementing the system vision of the leadership of mental health promotion and MTSS. Leaders at this level also helped develop clear guidelines and goals, provide feedback on progress on those goals, and helped to create the building blocks of any successful governance and reform process (OECD, 2016). Extensive district and community partnerships, co-developed school-community protocols, and collaborative professional learning programs were offered to ensure that all members of the system could implement mental health structures, programs, and supports effectively. Sims and Melcher (2017) summarize three approaches to supporting implementation and sustaining effective mental health programs. These approaches are: (a) letting it happen. A passive spread of knowledge that leaves administrators, educators, and mental health professionals to make use of research findings on their own; (b) helping it happen refers to the provision of supports such as manuals and web-based information to help implementation occur; and (c) making it happen indicates that organized implementation teams take responsibility for actively supporting the implementation of a new program (p. 347). Rather than using a passive approach to implementation, the role of the assistant superintendent, director of instruction, district principal, and school-based counsellor was central to making it happen. In this study, district and school-based leaders described their active implementation of the system vision of mental health promotion and MTSS. Through interconnected and network relationships, school district leaders and community agencies enhanced access to mental health programming and reduced systemic barriers to intervention services for students and families.

Scholarly literature on educational governance and policy implementation practice has previously identified developing a shared vision, setting a clear organizational direction, building

capacity, and allocating human and financial resources as important leadership practices (Fixsen et al., 2005; Theisens, 2016; Leithwood et al., 2019). In my review of this literature, I was not able to locate an applied example of how these governance practices are distributed within a school district, how these practices may be differentiated by role, or how the differentiation and application of these guiding governance practices across provincial and district leaders are essential in the implementation of effective mental health or MTSS programs within a school district. I believe that this study is a novel, applied example that extends the literature.

Distributed Leadership

The top layer of the conceptual framework presented in Chapter 2 of this dissertation (Figure 1) was informed by literature on modern governance and literature on distributed educational leadership. The primary findings of this research study were that an interconnected and networked leadership model best describes the leadership of a district successfully implementing mental health promotion and MTSS. I also found that provincial policy, district strategic planning initiatives, and community partners were essential partners in this work and that actors within each layer of the system enacted leader's practices differentiated and distributed by their role. Distributed leadership has been presented in the literature as synonymous with shared and dispersed. A critical examination of distributed leadership may even define distributed leadership as devolved leadership (Harris, 2008) or a “bossless team or a self-managed team” (Harris, 2008, p. 174). Findings in this study were consistent with the literature indicating that “distributed leadership does not imply that the formal leadership structures within organizations are removed or redundant” (ibid.). Instead, Diamond and Spillane (2016) suggest that when exploring educational leadership through a distributed perspective, there is a shift from focusing on individual leaders' attributes or characteristics to examining the

leadership activity itself. A distributed perspective frames leadership practice as a product of the interactions of leaders, followers, and their situations (Diamond & Spillane, 2016; Harris, 2008). Instead, the situation, including the materials that facilitate people's interactions, the organizational structures that shape their interactions, and the cultural context in which they are embedded, are constitutive of leadership practice (Diamond & Spillane, 2016; Shirrell & Spillane, 2020). "Taking a distributed perspective is about acknowledging that leadership is distributed; it pushes us to interrogate how it is disturbed" (Diamond & Spillane, 2016, p. 148). SNA and QNA directed the focused inquiry of this study to better understand how leadership is distributed by exploring the relationships and interdependencies among the leadership of mental health promotion, their context, and the product of these interactions.

Leadership Stretched Over People. Through SNA, I found that the relationship and interdependencies between leaders are best described as an interconnected and networked model, where the hierarchical structure is indiscernible, and a dense web of connection between provincial, district, school, and community actors remain. It is through these relationships and interconnections between the province and district-based leaders, district and school leaders, and the district and community partners that mental health promotion and MTSS are successfully enacted across a school district. Spillane et al. (2001) first described distributed leadership as being best understood as "practice distributed over leaders, followers, and their situation and incorporates the activities of multiple groups of individuals" (p. 20). Examining the leadership of mental health promotion through this distributed leadership perspective "implies the social context and the inter-relationships therein, are an integral part of the leadership activity" (Harris et al., 2007, p. 339). The SNA portrayed an alternate organizational structure to examine how

educational leaders enacts this work. Leithwood et al. (2007) explored patterns of leadership distribution. His findings identified:

that in order for distributed leadership to be used effectively to improve organizational performance, two conditions are necessary. First, leadership needs to be distributed to those who have or can develop the knowledge or expertise required to carry out their expected leadership tasks. Second, effective distributed leadership needs to be coordinated, preferably in some planned way. (Harris et al., 2007, p. 343).

Through qualitative analysis and semi-structured interviews with district and school-based leaders, I was able to identify that interconnected, networked relationships exist at all layers of the system – between province and district, district and schools, school system and community partners and that leadership practices were differentiated by role. Leaders in district roles held the knowledge and expertise required to carry out their expected leadership tasks. These findings are supported by Leithwood et al. (2007) regarding necessary organizational conditions.

In earlier studies, Spillane et al. (2003) identified three types of distributed leadership practice: (a) collaborative, (b) collective, and (c) coordinated distributed leadership practice. Collaboration was defined as two or more people working together at the same time, place, and on a particular activity or task. Collective distribution refers to two or more people working separately but interdependently but without the awareness of the other players or parts of the system. Finally, the coordinated distribution involves situations where interdependent actors act upon tasks in a known order or sequence. These types of distributed practice describe how leadership is stretched over people in different but recognizable ways. As previously discussed in this chapter, the leadership practices within this network were in collaboration and a coordinated fashion. Collaboration with community agencies and stakeholders allowed district and school-

based leaders to work in a coordinated practice towards a shared vision, enact co-created, shared practices, and address consistent barriers to mental health services.

As a result of the findings of this case study, I suggest a distributed leadership approach that includes differentiated leadership roles, working with a collaborative and coordinated approach with district and school-based leaders and community partners, that emphasizes networked linkages among leaders may enhance the leadership of mental health promotion and MTSS across a school district.

School Subjects Shape Leadership Practice. In this study I found that information seeking was primarily unidirectional between the district and school-level leaders, with little information seeking between school-level leaders on the topic of mental health and MTSS. I also found that district and school-based leadership roles with formal responsibility for mental health played a prominent, central role within the interconnected network within a school system. Diamond and Spillane (2016) identified three areas in distributed leadership literature regarding school subject variability that are of note. In distributed leadership studies, they found that there was a shift in advice and information-seeking behaviour by subject, perceived formal support role differences by subject, and perceived expertise within or outside the school system by subject area.

Advice and information seeking for school leaders, specifically on mental health promotion and early intervention in public school settings, were of specific interest in this study. In a settings-based approach to school health, "the concept of distributed leadership is particularly valuable in understanding school participation and ownership" (Rowling & Samdal, 2011, p. 352). On reviewing the network graph produced by SNA, all participants currently working in the role of school-based principal identified either their school counsellor, a district

leadership role, or the provincial or district policy as sources of information for mental health promotion or intervention. Very few school-based principals identified another school-based principal as a source of information on the leadership of mental health promotion or the leadership of a MTSS in a school. When provided an opportunity to view the SNA graph during the interview process, district and school-based leaders, immediately identified the distinct lack of two-way communication between school-level leaders. Although school-based leaders who participated in this study worked in similar settings, either at the elementary, middle, or senior high; had similar formal education backgrounds, including a bachelor's and master's degree; and similar years of leadership and teaching experience, as a group, school-based principals did not identify other school-based principals as a source of information on the leadership of mental health within a school environment leading one district leader to exclaim:

Our principals are not reaching out to other principals. They're reaching out to district services [or school counsellors]. So, I do have some questions about that. But maybe that goes to the actionable item of connecting with our PVP [Principals and Vice-Principals] group to understand what our school-based leaders need at their sites to move mental health literacy forward.

Distributed leadership studies have found a variation in the practice of leadership in primary schools by subject area. Diamond and Spillane (2016) found that there was a vital difference that school and teacher leaders "were more likely to think of expertise for Language Arts as residing within their school staff members whereas expertise for Math resided in experts beyond the schoolhouse" (p. 149). Although I could not find previous studies that explored variation in the practice of district or school-based leadership of mental health, it would seem from findings in this study that school-based principals perceive expertise for mental health promotion and MTSS

beyond the school principalship and residing with formal district and school-based leadership roles with assigned responsibilities to mental health promotion and MTSS. After viewing the social network graph, during the interview, district leaders recognized there was some vulnerability within their system as the role of school counsellors and district staff with a formal portfolio of mental health promotion were central to the network. Careful attention to building capacity for school-based principals to provide school and district leadership of mental health programming should be contemplated. District staff may also wish to consider the potential impact of factors that diminish or limit school-based principal access to a district or school-based expertise, such as staff turnover, absenteeism, or shifting workload priorities. This observation extends the work of Diamond and Spillane (2016), finding that there is also variation by subject in the practice of leadership of mental health promotion and MTSS within a school district.

Previously identified barriers to successfully implementing distributed leadership across a school system included “distance and the geographic separation of schools, culture and the top-down model of school leadership and organizational structure, and finally, school system organization structure that compartmentalizes subjects, pupils, and learning into discrete but managed boxes” (Harris, 2088, p. 184). In this case study, the school district appears to have overcome each of these challenges by: co-locating school and community services reducing geographic separation; leaders at all levels are engaged in an interconnected, networked model rather than a top-down hierarchical structure; and the leadership of mental health promotion was stretched across subjects, roles, and learning that extended beyond compartmentalized silos. The findings of this study support previous literature recommendations that "taking a distributed perspective on leadership means that it is grounded in activity rather than position or role and in practical terms will require some facilitation and the creation of the internal conditions where it

might thrive" (Harris, 2008, p. 183). In my review of literature, I did not encounter another SNA graph or description of distributed leadership of mental health promotion or MTSS in a school district. As a result, I believe this is a novel finding and extends the literature on distributed leadership (Harris et al., 2008; Diamond & Spillane, 2016; Leithwood et al., 2019; Shirrell & Spillane, 2020).

Areas of Strengths, Intervention, and Growth

In their review of leadership literature, Heck and Hallinger (1999) concluded that detailed accounts of how school leaders develop and maintain conditions that enable instruction are lacking and that this gap in practice needs to be examined. Despite being identified over twenty years ago, how leaders develop and maintain conditions that enable mental health promotion and MTSS within a school district remains a gap in literature. Through the initial stages of this case study, I addressed the primary research question to understand the relationships and interdependencies of the social network attributes of leaders within a school district. Through SNA, an interconnected and networked organizational structure was revealed. This alternate organizational structure was insightful but alone could not adequately contribute a rich description of how the leadership of mental health promotion occurs across this social structure.

Careful examination of this new organizational structure, by district and school leaders, identified practical strategies through the secondary research questions in this study. Of the initial survey participants, a combined total of five district and school-based leaders were interviewed to understand how knowledge of the network attributes of their system will influence how they enact mental health promotion and intervention programs. These district and school leaders were also asked to share stories of how they engaged their school community in

implementing mental health promotion and an intervention vision. The second analytic category draws on the findings five through eight and the eleventh finding.

Positive Leadership

This case study combined social network and qualitative data collection and analysis methods to better understand the relationships and interdependencies between the district and school-based leaders while implementing mental health promotion and tiered intervention practices. On viewing the social network graph, I found that district and school-level leaders identified strengths within their system and were able to describe practical strategies and leadership practices of how district and school-based leaders worked collaboratively with stakeholders and community partners to create the observed positive results found within the social network graph. Previous literature has indicated that SNA is a powerful managerial tool primarily because it makes visible the patterns of information sharing within and across strategically important networks. Simply reviewing these diagrams with members within the network usually results in myriad recommendations, as people immersed in the patterns of relationships define and resolve issues affecting group performance (Cross et al., 2002).

Mental health promotion and tiered intervention practices had been a multi-year priority for the district and school-based leaders. On viewing the SNA graph, district and school-based leaders quickly and efficiently identified that every leader within the study was connected to another leader in the system. During their interview, one district leader shared that they had been worried the social network graph might reveal a leader or more than one leader who was left out or isolated from this work. In listening to their observations after viewing the SNA graph, this district leader commented that they were happy, pleased, and even relieved to see how many connections were present between the district and school leaders. In general, participants

communicated excitement on learning about the high participation rate of their leadership team. Each interview participant went on to identify that every participant was connected to at least one other participant. Additionally, on viewing the SNA graph, district and school-level leaders identified the provincial mandate and the district strategic planning process as being embedded within their network to a greater extent than anticipated. Murphy and Louis (2018) propose that asset-based adult relationships are a precondition for creating student well-being and that only where all or most of the school members are thriving are they able to make a positive contribution to the larger society. Through connection and relationship, the practice of leadership generates change and well-being for school community members.

Louis and Murphy (2018) begin with “the perspective that the role of leadership is to create positive environments in which all human beings can thrive” (p. 1). Different from other traditional or generic leadership theories, positive school leadership is a grounded theory that looks to “pull ideas from other models and weave them into a macro-level understanding of leadership for leaders in general and school administrators specifically” (Louis & Murphy, 2018, p. 4). Louis and Murphy (2018) offer that significant transformational work (like strategic planning and visioning) is less often the site of leadership. It is the “small transformational work that cements values and relationships through individual attention and articulation of values and impacts the significance that people see in their jobs” (Seashore Louis & Murphy, 2018, p. 38). During the interview portion of the study, a school-based leader shared that observing the superintendent give his time towards developing his understanding of mental health literacy made a significant difference to their work. This school-based leader indicated that this observable action by the superintendent and the subsequent collaborative learning and informal conversations with the superintendent solidified the value and importance of mental health

promotion and intervention as a district priority. A further example found within this study is the role of the provincial policy and district strategic plan. Provincial policy and the district strategic plan were included in this study, can be found within the social network graph, and were mentioned during an interview with district and school-based leaders; however, these items alone were not identified as being central elements in how mental health promotion and community engagement occurred. These items were essential in identifying priorities within the system; however, they do not address how the priorities are operationalized. Findings of this study identify personal relationships and interdependencies between school-based leaders and district staff, school-based leaders and school-based counselling roles, the district and provincial networks and community partners that were collaboratively focused on mental health promotion that made a significant difference to children and youth in their district. Relationships between district leaders and the leadership of community partner agencies resulted in the co-creation of services, programs, streamlined referral pathways and wrap-around services. Louis and Murphy (2012) contend that positive organizational research emphasizes the centrality of relationships to human flourishing, both in and out of organizations, and is connected to the broader theme of overall organizational effectiveness.

As individual interview participants continued to examine the social network graph, they were able to generate novel questions about the relationships, connections, and leadership practices that were meaningful to their leadership practice but outside of the scope of this study. It is possible the social network graph could have provided additional insight into the school district network attributes and positive leadership practices that contributed to successfully enacting mental health promotion and community engagement.

System Improvement

Making network attributes and patterns of communication visible also provided district and school-based leaders with three discernable areas for intervention and growth.

The relationship and interdependency between leaders addressed previously were not consistently established between school-level leaders or between school-based leaders and the school-based mental health teacher leads. The reason for this inconsistency between interconnection and directionality in this system is not fully understood within the scope of this study. However, it was noted by district and school-based leaders during the interview as an area that warrants further attention.

A second observation was made by district and school leaders when they examined the SNA graph concerning system improvement. Leaders recognized there is some vulnerability in the leadership work of mental health promotion and MTSS within their district due to an unintentional reliance on a few critical roles within the system that hold expertise. One district leader observed that in the event of unexpected staff turnover, increasing demands and burnout, or extended absenteeism in these critical roles, school-based leaders and school teams would be potentially left without support for mental health promotion and intervention. This was also identified as an area that warrants further attention.

Making network attributes and patterns of communication visible provided district and school-based leaders with a third discernable area for intervention and growth. During the interview portion of this study, district-based leaders shared that to advance mental health and multi-tiered systems of support, they had been intentionally exploring organizational structures and processes within their school district that were seen to enhance collaboration and interconnection between leaders. After observing the limited connection between school-based

leaders with other school-based leaders, one district leader shared that school district staff had previously offered professional learning sessions and team meetings by job category. Although the agenda might have included mental health as an example for each meeting, the support teachers, counsellors, and principals would have met with their role alike groups. They have been utilizing team meeting structures recently that would include a variety of roles on a school team. It was shared that the intention of changing this structure was to shift the meeting from an information-sharing task to an opportunity for a school team to think about the application of this information. It was also identified that this shift might have strengthened the connection between school-based leaders and school counsellors. Additionally, in discussion with a school-based leader, they mentioned that district leadership had been considering shifting to a family-of-schools model. In this model, the principal explained that a family-of-schools would include an elementary, middle, or junior high, and senior high school that would be a K–12 experience for a community of children. The principal described that exploring this organizational structure was intended to better meet the needs of students across their K–12 continuum rather than thinking about student achievement or system improvement as discrete units. This school-based leader indicated that based on viewing the SNA graph, they would intentionally reach out to the other principals within their family-of-schools to talk about how they are leading mental health promotion and intervention in their schools.

The work of educational leadership and improving student achievement is a human and social practice. Local boards of education, superintendents, and district and school-level leaders are influenced by and interact with their local context. After viewing the social network graph, district and school leaders observed three discernable areas for intervention and growth. Both district and school leaders shared that the social network graph fortified their commitment to

exploring organizational structures, internal relationship building, and capacity-building activities as important leadership areas to attend to in the future. Based on these findings, I suggest that a combined SNA and QNA approach could be used as a tool to support continuous improvement work within K–12 school settings. Based on my review of literature I believe this is a novel contribution to education leadership and an extension of the use of SNA in organizational management.

Actioning Social Justice

The final analytic category draws on finding number nine. Educational leaders at the district and school level intentionally challenged status quo values and priorities with a social justice orientation to enhance mental health promotion and MTSS to identify and meet the needs of marginalized members of their community.

The impact of rapid economic globalization has resulted in growing inequality, one of the world's critical issues (Stiglitz, 2014). Social and economic inequality is strongly linked to the strength of the social fabric of societies (Stiglitz, 2014). Poor health and mental illness impact education achievement, which in turn may limit long-term economic and social opportunities, health and well-being, and participation within a democratic society (Blackmore, 2013). The final analytical category addressed within this study has been described as actioning social justice. In this case study, I found that district and school-based leaders of mental health and MTSS prioritized a critical mindset to understand and identify marginalized populations within their school system. I further identified that once district and school leaders recognized an individual in need or a marginalized population, they prioritized addressing the needs of this individual or group. In the survey, participants were offered an opportunity to provide any final comments. One school leader offered a final comment that effectively exemplifies this finding:

I think it is crucial that within our school and then in the wider District perspective, we all be very conscious that everyone's mental health is at risk from time to time. We need to always be mindful of how we interact with others and be sure to address their humanity before we address our work. We need to be reflective and understand our own mental health and practice the things that support our health to better support others.

Education is a crucial determinant of young people's future employment and income prospect (Hjorth et al., 2016). However, mental illness has the potential to impact attendance, negatively impact education attainment, and reduce life chances for children and youth (Hjorth et al., 2016; Lawrence, 2019; Smith et al., 2019). As a cohort, students with mental illness often do not meet academic expectations to the same extent as students without identified mental illness. Students with identified mental illness may experience lower attendance, poorer grade-to-grade transitions, more unsatisfactory performance on achievement measures, and do not complete school at the same rate as peers without a mental health diagnosis (Dalsgaard et al., 2020; Doran, 2019; Larson, 2017; Mental Health Commission of Canada, 2013). When looking at mental health intervention programs, organizations have tended towards individualized, short-term, discrete approaches that focus on symptom change rather than reworking problematic relationship patterns or confronting structural inequalities (O'Toole, 2017).

In this case study, I found district and school leaders are cognizant of the significant impact mental illness can have on student achievement and subsequent life chances. District and school-based leaders during the interview expressed an understanding their position of authority and of the contribution educational structures and student achievement can play in perpetuating social inequities. This finding is bigger than making a statement of commitment to social justice or using the vernacular of student-centered leadership. It extends beyond a simple focus on

changing the presentation of symptoms at an individual level. In this district, there are district and school-based organizational structures, relationships, and practices that work in collaboration across the K–12 continuum, and with community partners, to ensure mental health promotion and intervention programs are accessible to all students. Through these collaborative partnerships, district and school-based leaders intentionally identified structural inequalities and worked to ensure these barriers were addressed. During the interview process, district and school leaders were asked to share stories of the leadership of mental health promotion or MTSS within their district or school that make a difference to a student. A school-based leader offered this final statement in their survey response that effectively represents the leader approach used.

In our school, we meet as a school-based team and talk about students and the support that we could put into place for them. We recently identified that we have five boys that need a positive male role model [to strengthen their] connection to school, so we partnered up with a secondary school, and three grade-12 boys come weekly and connect with our students. I also am in constant contact with my child and youth care worker, and we are coming up with different approaches to support our students.

Each example shared by leaders in the survey and interviews included intentional decisions and actions by staff to confront structural inequalities or reworking relationship patterns between staff, students, families, and community partners to enhance educational experiences and access to mental health supports and services for their students. These practices are intentional, proactive approaches that look to address a crisis well in advance and focus on the promotion of well-being. These examples were not described by the district or school leaders during the interview as intentional actions 'done to vulnerable individuals,' but they communicated their understanding that each person comes with strengths and can experience barriers that any

human-being may face during their lifetime. The leaders in this school district prioritized meeting people with dignity, respect, and care to help them, help themselves, and improve their life chances.

The bottom layer of the conceptual framework included components of school-based mental health promotion and early intervention. These included universal mental health promotion, tiered intervention, and recognizing the link between mental health and achievement for students. What was not explicitly identified in this section of the conceptual framework was the importance of actioning principles of social justice in meeting the needs of marginalized students. The extent to which leadership serves to improve learning conditions for all students, including those who are marginalized or who have diverse abilities, depends on the way that relationships are envisioned among members of institutions, in the roles that are prescribed for individuals and groups, and in the ends to which leadership activities are directed (Ryan, 2006). In this district, it appears that educational leaders “assume an activist stance in practice and ... practice liberation and emancipatory pedagogy in all facets of their work” (Brooks & Miles, 2006, p. 7). Social justice and educational leadership are not often spoken of; it is rare to find examples of this occurring. This finding provides a novel example of the district and school-level social justice leadership action.

Conclusion

The discussion of the findings, guided by the theoretical and conceptual framework, provides insight into the various ways findings from this study support, extend, and contribute new insights to the literature on school leadership of mental health promotion and MTSS. The findings answer the three research questions, indicating that an interconnected and networked model best describes the leadership of mental health promotion and MTSS in a school district.

The viewing of social network graphs provided district and school-level leaders an opportunity to identify strength within their system and discernable areas for intervention and growth.

Finally, to advance mental health and MTSS, district and school-based leaders intentionally challenged status quo values and priorities with a social justice orientation. Network diagrams, such as the one generated in this study, can be a very compelling tool with which to re-focus leadership attention on how organizational design decisions and leadership behaviours affect the relationships and information flow that are at the heart of how work is accomplished (Cross et al., 2002).

Conceptual Framework Revisited

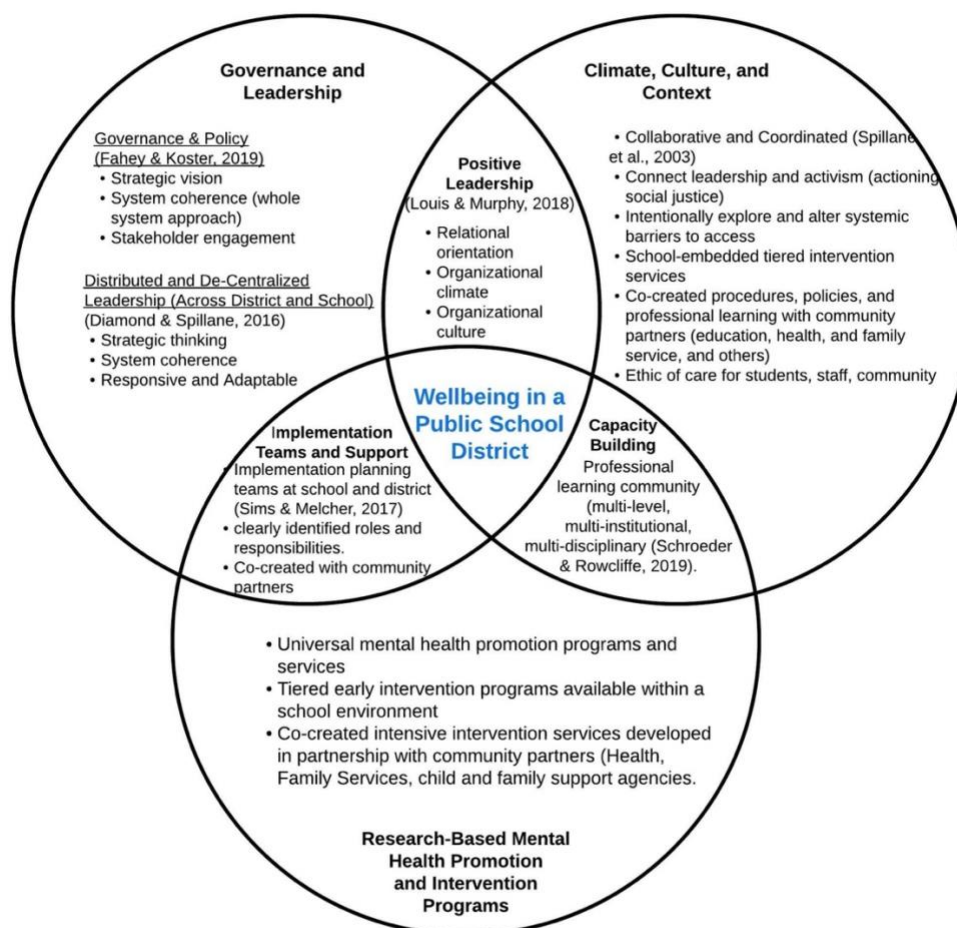
My original conceptual framework (Figure 1) was based on my experiences, assumptions, beliefs, and the literature informing and impacting the study. Based on my research findings, I have revised my conceptual framework (see Figure 15) and incorporated the new knowledge gained as a result of my case study.

Initially, my conceptual framework formed a model that guided my literature review. In this model elements of a school system were presented in a layered framework. The top layer consisted of modern governance and leadership practices. The middle layer consisted of contextual factors including relationship and trust, the foundational layer consisted of research supported school-based mental health promotion and intervention programs. Based on my experiences and assumptions these layers interacted with one another and resulted in district, school, and individual outcomes. Intersecting circles represented areas of interconnectedness amongst the areas. Although recognizing the complexity of a school system at the outset of this study, the original conceptual framework did not adequately represent the complexity of the education system or the complexity of leadership within the system. Rather the initial draft

included elements of leadership of mental health promotion and intervention within a school district which was presented within a hierarchal or layered structure. Although circles of overlap or interconnection or overlap was included in the original conceptual framework, they were not the dominant feature of the model. Based on the findings of this study and the resulting social network structure (Figure 5), elements are shown in an overlapping circle better representing the networked and connected structure found within my study.

Figure 15

Elements Among District and School-Level Leadership of Mental Health in Public Education



Note: New Conceptual Framework – Post Data Collection.

Based on a deeper understanding of the complexity that exists within a school system and the illustrative example created through social network analysis depicting the ways in which elements within the system are connected to one another acquired from this study, additional elements were identified and added to the revised conceptual framework. These additions include the formation of district and school-level implementation teams and co-created policies, practices, and professional learning approaches that are multi-level (provincial, regional, cross school), multi-institutional (education, health, family services, not-for-profit agencies), and multi-disciplinary (teacher, nurse, physician, addictions, counselor).

Finally, an underlying assumption I held prior to completing this study was that an education system is more than simply a sum of its parts. I believed that there was something special in the way these elements came together that make a positive impact on system-level, school-level, and student-level outcomes. However, the special way that these elements come together had been elusive. Findings in this study identified an essential element or special way in which these elements come together that had not been included in the initial conceptual framework. The final addition to the revised conceptual framework is that a positive (Murphy & Louis, 2018), distributed-de-centralized (Davis et al., 2012) leadership structure that consists of individuals across formal leadership roles who intentionally examine their environment for systemic barriers to mental health promotion and intervention services and intentionally take action to reduce or remove barriers by linking leadership and activism. Actioning social justice across layers of leadership and a school system is one special way in which these elements come together to positively impact system, school, and student-level outcomes.

Research Assumptions Revisited

At the conclusion of this study, it is beneficial to revisit the initial assumptions I stated in Chapter 1. These assumptions resulted from 27 years of experience working as a teacher, psychologist, school-based principal, assistant superintendent, and most recently as a superintendent of schools. I revisit my assumptions in relation to the findings presented in this study.

At the outset of this study, the dominant assumption I held was that school leadership is a moral and ethical task to support all students' growth and development. I also assumed that leadership within an educational context is a social endeavour through which individual people and their social settings interact and construct knowledge. These assumptions provided the foundation for formulating my research problem, identifying my research questions, and determining the most appropriate methodology and data collection method for my study. The findings confirmed these assumptions through comments and observations shared with district and school-based leaders during the interview.

In identifying potential research participants, I assumed that school and district leaders would be those with a supervisory authority. I acknowledged that these descriptions of leadership are traditional, formal leadership roles. In public education settings today, formal and informal roles provide leadership within a school setting, including teacher leadership, community partners' involvement, and parent engagement that also provide leadership and influence the school setting's climate and culture. This assumption was supported by selecting research participants and their placement on a supervisory organizational chart. Although not included in this study, most participants spoke about the critical role informal leadership plays within a school community during the interview. The interconnected, networked model demonstrated that

despite the supervisory structure of the formal leaders, their relationships and interdependencies did not fall along with the supervisory structure as assumed by the district organizational chart.

At the outset of this study, I also assumed that public school systems have the necessary components listed in the literature to promote mental health and provide early intervention practices, including a clearly stated mandate and policy, district and school-level leadership, evidence-informed programming, and staff capacity. Findings from this study confirmed this assumption. Results also indicated that the role of provincial policy and the superintendent was central to the development of a clearly stated mandate and district policy.

I had assumed that all school and district leaders want students in their district to achieve successful learning outcomes. This assumption was confirmed by each district and school leader who was interviewed. They shared a deep desire to see all students achieve their full potential through their leadership stories.

A further assumption identified that there was something in which each of these elements works with one another that influences the degree to which mental health promotion and early intervention efforts are achieved. I believe that this assumption was supported by identifying the third analytic category. Each element mentioned in the literature was evident in the school district. However, the district and school leaders intentionally actioned social justice principles within their school culture. They ensured that marginalized community members would also benefit from mental health promotion and MTSS offered by their staff.

There was not an assumption of causation but an expectation that the connection and the strength of the relationship between the district and school-based leadership, with additional system components and the local context, play a role in creating organizational conditions that promote student mental health. The findings of this study support this assumption.

In closing, the final assumption of this study was that relational approaches to implementation efforts, through a combination of Positive and Distributed and De-centralized Leadership practices, would be a practical approach to creating the necessary organizational conditions required to implement mental health programming successfully. This study's research findings also supported this assumption. By exploring and finding the strength within the people, the relationships, and the connections within the education system promoting mental health and intervention of mental illness made explicit through SNA, practical leadership strategies and policy recommendations emerged.

Chapter 6: Conclusions and Recommendations

The purpose of this case study was to generate greater insight into the connection and relationship among school district leaders, guiding policies and practices, and how leaders engaged their school community in promoting mental health and the early intervention of mental illness across multiple school-based leaders within one school system.

The research was guided by the following primary question: What is the relationship and interdependencies among educational leaders within a school district that successfully implements multi-tiered systems of support to promote mental health in schools? The following two secondary questions were posed:

1. How might knowledge of these network attributes inform district and school leaders work in leading mental health promotion and multi-level systems of support?
2. In what ways did the leadership engage the school community in implementing a vision of mental health promotion and multi-level systems of support?

An Interconnected, Networked School District

The first significant finding of this case study, in response to the primary research question, is that a majority of district and school-based leaders are engaged in the work of mental health promotion and MTSS in an interconnected, networked model. Hierarchical organizational charts often represent reporting structures found within the public education system in BC, from Minister of Education and ministry staff to Boards of Education and superintendents, superintendents to deputy superintendents, association or assistant superintendents, directors of education, to school principals and school staff. This organizational structure does not adequately describe how these roles collaborate as they lead mental health promotion or MTSS across their school system. Through SNA, I found that the relationship and interdependencies between

leaders are best described as an interconnected and networked model, where the hierarchical structure is indiscernible, and a dense web of connection remains. Within this network, 84% of the leadership team participated in the study, and 100% of these leaders had a connection to one or more leaders. Based on these participants, there was no evidence of participants who were isolated or disconnected from other leaders, and there was no evidence of clusters or pockets of relationships that were separated from others. As a result, I concluded that all leaders who participated within this study were a part of an interconnected and networked model. It was impossible to determine where the remaining 16% of leaders would be positioned in the network. It may be possible that these individuals are not connected to the overall network; it may also be possible that these individuals are connected to the overall network but had other reasons that prevented them from participating in the study. A conclusion that can be drawn from this finding is that the leadership of mental health and MTSS in this school district are provided through a closely connected network of relationships and interdependencies with distributed responsibility across clearly identified roles and responsibilities. I recommend that leaders within a school district intentionally examine and develop relationships and interdependencies within a distributed leadership model that extends beyond hierarchical reporting structures in implementing mental health and MTSS.

In addition to the densely connected relationships and interdependencies found between leaders in this school system, there were also extensive relationships and connections between the school system and partners from outside of their school system. Leaders in this interconnected network model cultivated interconnected, networked relationships within the school system and externally with the province, district, school, and community-based resources and supports. Through these partnerships, school district leaders co-created shared practice

guidelines, streamlined interagency referral practices, and offered collaborative professional development activities with their external partners. District and school leaders identified these co-developed and shared practices, streamlined referral processes and collaborative professional development activities as a positive outcome of these relationships. During the interviews, district and school-based leaders also suggested that these partnerships and shared practices were effective approaches that increased access to mental health promotion and MTSS for children and families and removed some historic systemic barriers to mental health services. During interviews with district and school leaders, it was also identified that district leaders of education and community organizations recognized the benefit shared spaces may offer traditionally marginalized and vulnerable populations. District leaders recognized that a barrier to accessing targeted and intensive support for children and families included navigating the complex layers of the support system network. The school district and community organization worked together to embed community hubs within the school environment, allowing families to access educational supports, family supports, and health supports in one physical location within the schoolhouse. From these findings, I conclude that district and school leaders who develop strong internal connections across their leadership team also intentionally cultivate strong connections with community-based mental health services and support programs. Building on this finding, I also conclude that systems that effectively implement mental health promotion and MTSS intentionally and purposefully develop innovative ways to remove barriers for families by creating school-community service hubs located physically within the school environment. Through these interconnected and network relationships, I further conclude that school districts and community agencies improve access to mental health programming and remove some systemic barriers to intervention services for some students and families. I recommend from this

finding that district leaders of mental health promotion and MTSS consider developing relationships with provincial-, district-, school-, and community-based resources to co-create shared practice guidelines, streamlined interagency referral practices, and collaborative professional development and learning opportunities for their staff.

A final significant finding in response to the primary research question relates to identifying roles that were determined to be central to the interconnected and networked model of mental health promotion and MTSS. In this school system, the leadership of mental health promotion and intervention remained a topic that was held central to a few critical roles at the division and school level. These roles included the superintendent, assistant superintendent, director of instruction, district principal, and school-based counselling role. The superintendent was identified by district and school leaders as holding primary responsibility for cultivating a shared vision, setting district direction, prioritizing, and allocating human and financial resources. He was also observed by district and school leaders to be personally invested in and willing to give his personal time to support the topic of mental health. I conclude from this finding that the role of the superintendent was critical in establishing mental health promotion and MTSS as a priority within the school district through an observable commitment to this work. This finding is consistent with leadership literature on the role of senior leaders within a school system and the importance of strategic planning. An extension of that work is the importance school-based leaders place on the observable actions taken by the superintendent. In this case study, this superintendent ensured that mental health promotion was a priority in the strategic planning conversations and his personal actions. In this finding, the role or office of the superintendent or the individual person holding this role was not the significant difference. It was the combination of a position with the role, responsibility and authority for strategic planning

coupled with a personal commitment, and observable actions that resulted in a meaningful connection for the district and school-based interview participants. However, the role of the superintendent was not frequently identified as an individual whom leaders looked to for information on the implementation of mental health promotion or intervention programs in the SNA or through QNA. The roles leaders most frequently sought out as holding expertise or knowledge, as identified in the social network graph by having many points of relationship or contact with other members of the network, were the roles of assistant superintendent, director of instruction, district principal, and school-based counsellor. Building on this finding, it can be concluded that both the role of the superintendent and the roles of the assistant superintendent, director of instruction, district principal and school-based counsellor are central in the leadership of mental health promotion and MTSS but that they do not serve the same purpose. I recommend that system leaders looking to enhance mental health promotion and MTSS ensure that both leadership purposes are addressed within their implementation efforts; superintendent leadership which cultivates a shared vision, setting district direction, prioritizing, and allocating human and financial resources in addition to demonstrating a personal commitment followed by observable actions in addition to a district and school leadership team who hold central, distributed, interconnected responsibility for implementing the vision across the system. I further recommend that district and school leaders consider the creation of implementation teams that would, according to Sims and Melcher, (2017) ... guide the implementation process with the development of formalized, regularly scheduled, purposeful communication protocols between implementation teams at adjacent system levels helps establish a cohesive system of implementation" (p. 348).

Areas of Strength, Intervention and Growth

This research study utilized social network and qualitative data collection and analysis methods to better understand the relationships and interdependencies between the district and school-based leaders in implementing mental health promotion and tiered intervention practices in school systems.

On viewing the social network graph, district and school-level leaders were immediately able to identify strengths within their system and within their own leadership practices. The graph provided a visible representation of the leadership work that had been happening at the district and school level over time. Interview participants shared they were able to visibly see that a majority of their district and school leaders were engaged in leading mental health promotion and MTSS and they identified this level of engagement by their leadership team as an indication of strength within their system. Additionally, school-level leaders identified the provincial mandate, the district mental health plan, and the district strategic planning process as being important contributions to the work of mental health promotion and MTSS in their system. They shared that these strong provincial and local policies and priorities provided positive support and affirmation of their local identification of mental health programming as a system priority and served as a necessary requirement for others to prioritize mental health promotion and intervention programming within their system. By pairing the social network graph with semi-structured interviews, district and school leaders were able to identify leadership practices that they believe they would need to engage in as they lead the initiatives going forward. They were also able to identify practical examples of how they had engaged their school community in a way that had not previously been possible in response to the secondary research questions.

Making network attributes and patterns of communication visible also provided district and school-based leaders with discernable areas for intervention and growth. The relationship and interdependency between leaders addressed previously were not consistently established between school-level leaders or with the school-based mental health teacher leads. The reason for this inconsistency between interconnection and directionality in this system is not fully understood. There are many connections between school-based leaders and school counsellors and school-based leaders, and the district-based positions previously mentioned, however, there are very few connections between school-based leaders with other school-based leaders or with school-based mental health leads. In addition, there are very few instances where district-based leadership roles are identifying school-based leaders, community partners, or community agencies as relationships where they seek information about mental health promotion or MTSS. On seeing unidirectional communication patterns in the graph, district and school-level leaders indicated that time and attention to organizational structures, internal relationship building, and capacity building are important leadership areas to attend to in the future. Therefore, it is recommended that further exploration of the development of bi-directional relationships across the network be considered to support the development of interconnected and networked relationships between district and school-based leaders on the topic of mental health promotion and MTSS.

On viewing the social network graph, a final growth area was identified. District leaders quickly recognized the central role a few key positions played within the overall school system or network. The social network graph allowed district and school-based leaders to quickly recognize the fragility of their mental health promotion and MTSS work because of a reliance on a few central roles within the system who hold expertise. District and school-based leaders

expressed concern about the sustainability of their mental health promotion and MTSS work, identifying an over-reliance on a few individuals, prevention of burnout, and succession planning as important issues to consider in the future. In response to this observed vulnerability, I recommend that district and school leaders seek opportunities to build expertise across their leadership team. School-based leaders could engage in the task of leading mental health promotion activities, serving on school-community partnership committees or reviewing shared practice guidelines or streamlined interagency referral practices. These activities would also allow members of the leadership team to grow their expertise and share this increased capacity with their school community.

Based on these conclusions, it is recommended that school leaders consider the use of a combination of social network and qualitative analysis tools as an organizational management tool to examine how organizational design decisions and leadership behaviours affect the relationships and information flows that are at the heart of how mental health promotion and MTSS initiatives are implemented within a school district.

Actioning Social Justice

The final analytical category addressed within this study has been described as actioning social justice. In this case study, I found that district and school-based leaders of mental health and MTSS prioritized a critical mindset to understand and identify marginalized populations within their school system. I further identified that these district and school leaders intentionally worked to identify and understand at the individual, school, and system level who may be excluded from the system and what are the needs of individuals within a marginalized population. District and school-based leaders acted purposefully and intentionally as they

prioritized addressing the needs of this individual or group. Actions described by interview participants included:

- exploring and altering district attendance and disciplinary policies,
- seeking alternate locations within the community to engage with students,
- developing community-based learning projects to ensure learning and school engagement could continue outside of a traditional attendance model, and
- inviting staff members from within traditional learning environments to celebrate the accomplishments and achievements of the community-based learning projects to foster new student-teacher relationships and connections.

Each of these small steps and actions held the individual child's needs at the centre of their leadership decisions and practice. District- and school-based leaders described not only a commitment to meeting the needs of students, but practical actions that ensured students who were disengaged from the school system due to mental health challenges maintained a relationship with an adult from the school system. Strengthening the connection and relationship between students and the school community allowed students and their families to meet school staff in a place where they felt a sense of safety and belonging, even when outside of a traditional schoolhouse. Staff then provided the students with meaningful community-based learning experiences allowing the student to grow in their confidence as a learner. Findings indicate that school leaders that provide effective leadership of mental health promotion and MTSS within a school district practice an activist and emancipatory pedagogy in their work. This requires awareness of principles of social justice in education, relational and positive leadership practices, and an understanding of factors that contribute to the marginalization of people. By supporting

district and school leaders' understanding and commitment to action social justice, leaders will enhance the mental health promotion and MTSS services for children, youth, and families.

Recommendations for Practice

The following recommendations pertain to district and school-based leaders within a school district. This includes the roles of the superintendent, assistant superintendent, director of instruction, school principal and district level coordinators of mental health promotion and multi-tiered systems of support. It is recommended that:

1. Provincial government and policymakers recognize the essential role of provincial policy in determining mental health promotion and intervention as a priority within a school district for district and school-level leaders. Further, it is recommended that provincial governments provide policy makers and school jurisdictions with clear policy direction and expectations for prioritizing mental health promotion and multi-tiered systems of support within the K-12 school system.
2. Provincial government, boards of education, and superintendents recognize their essential role in building a shared vision and priority for mental health promotion across a school district.
3. The provincial government, boards of education, and superintendent of schools recognize the distinct and essential functions of establishing a distributed, positive, relational leadership team to operationalize and effectively implement a vision for mental health promotion and intervention across a school district.
4. District and school leaders develop their understanding of contemporary leadership theory and practice, focusing on distributed, networked, positive, relational leadership theory and practice.

5. District and school leaders build a shared vision and priority for mental health promotion and MTSS across the school system leadership by communicating common values, allocating targeted financial and human resources, and implementing strategies to support professional collaboration and learning as a multi-year priority.
6. District leaders intentionally explore organizational structures and partnerships that were seen to enhance collaboration and interconnection within the school district and between the school district and regional and provincial partners – province and district, district and schools, school system and community partners with a focus on mental health promotion and MTSS.
7. District leaders develop a succession plan for specific central roles focusing on mental health promotion and MTSS within a school system, including but not limited to assistant superintendent, safe school coordinator, director of instruction, district principal, and school counselor.
8. District leaders or educational researchers consider using social network analysis partnered with qualitative network analysis to plan for and monitor the implementation of mental health and MTSS policies, programs, and practices across a school division.
9. District leaders, post-secondary, and professional learning programs provide opportunities for new and established educational leaders to develop a critical mindset to understand and identify marginalized populations within their school system.
10. District leaders, post-secondary, and professional learning programs develop leadership practices that address barriers for marginalized populations to access promotion and MTSS within a school system.

Recommendations for Further Research

Based on the conclusions from the analytic categories of this study, there are several recommendations for further research.

This study explored the relationship and interdependencies of individuals who held formal leadership positions. As this study was in partial fulfillment of a doctorate in educational leadership and I was working as a senior leader within an education system, I was keenly interested in the relationships and interdependencies of individuals in formal leadership roles not unlike my own, this excluded informal leaders from participating in this study. Leadership in school systems can be found throughout the system; students, classroom teachers, support staff, parents, and community partners are critical partners within a school culture and provide leadership in many areas, including mental health promotion and MTSS. Future studies could explore the relationship and interdependencies between individuals in informal leadership roles in promoting and implementing MTSS in a school or across a school district or between formal and informal roles.

At the heart of this research study was the recognition that the promise of school-based mental health-related policy and MTSS interventions are not fully realized for all school community members. A second recommendation for further research would be to explore the relationships and interdependencies within the school system from the student's perspective. Missing from this study is the voice of children, youth, and their families. Interviews with these groups would likely have provided meaningful insight into the relationships and interdependencies that are most meaningful to them and may have offered additional insight into areas for future intervention and growth for district and school leaders.

The educational leaders interviewed in this study communicated a deep personal commitment to critically understanding the lives and experiences of the children they served. They recognized that although all students in their system lived in the same community and attended the same schools, not all students had equal access to mental health promotion and MTSS for mental health offered by the school system. The educational leaders in this school district recognized that age, family backgrounds, social, economic status, employment status, gender, race, cultural and linguistic diversity, and other factors can serve as barriers to access to services and support. Recognizing these factors, these educational leaders took intentional action to reduce barriers to access. A final recommendation for further research is in the exploration of leadership practices that enable the examination of a school system through a critical lens. Future studies could seek to identify educational structures or leadership practices that may serve as a barrier for individuals or groups in accessing mental health promotion and MTSS within public education settings.

Reflection

Prior to beginning my doctoral journey, my professional experiences as a special educator, school psychologist, principal, assistant superintendent, and superintendent provided insight into the challenges of effectively implementing mental health promotion and MTSS in a school system. My personal experiences as a family member of a sibling who suffered from mental illness provided a personal insight into the struggles one individual with mental illness experienced within a school setting. At the outset of this doctoral journey, I had what I believed was the necessary urgency and commitment to engage in doctoral work, paired with a clearly identified professional and personal vision of what I had hoped to learn. However, I had not anticipated how transformative this journey would be.

During the past four years, I have regularly reflected on my worldview, my positionality within the education system, and how I came to understand the work of mental health promotion and intervention within a school system. I also reflected on the governance role of provincial and local policy, the importance of leadership roles, and the impact of these components on individuals within the education system. Through framing the study, examining the literature, and designing and describing the methodology, my mind was always considering who I was as a school leader and the impact on my professional practice and personal development.

As a new researcher, I gained a tremendous appreciation for the research design process and the careful alignment between worldview, research questions, data collection and analysis. I designed this case study to include both social network and qualitative network data collection and analysis methods with this emerging understanding. As a result, I was able to better understand the leadership work of mental health promotion and MTSS; each data collection and analysis method provided a unique insight into the research topic and together provided me with a more detailed depiction of the leadership of mental health promotion and MTSS than if I had only used a single approach. Having now completed this study, I recognize I gathered more information than the primary and secondary research questions required during the survey and interview portion of the study. This recognition has contributed to an even deeper appreciation for careful research design; there is still very much to learn, and I appreciate the patience, guidance, and support provided throughout this process.

The implications of this research study and its findings have strengthened my current understanding of district leadership of mental health promotion and MTSS within school districts. As I write the final chapter of this dissertation, I find that where I began with urgency, I now feel affirmation. Where I began with certainty, I now find curiosity. Where I began with

concern, I now find hope. Engaging in an iterative process of thinking, planning, and reflecting has been transformative, and I am grateful for the opportunity to engage in this learning journey.

In closing, I find myself thinking about district or school level educational leaders and of children, youth, and their families within public education who are struggling with mental illness. The educational leaders who participated in this study demonstrated care for their students. They prioritized every individual child within their system, they actively identified and removed systemic barriers to mental health service and supports for their most vulnerable children and families, and they rejoiced in their student's success and in each other. Learning about their story and documenting their leadership relationships and practices has been a privilege. I sincerely hope that I have adequately described the relationships, network attributes, and these distributed, networked, positive, relational leadership practices found within this case study in a way that may inform leadership practice for other practitioners and, most importantly, improve the lives of children, youth, and families who are struggling with mental illness.

References

- Allen, K.A., Kern, M.L., Vella-Brodrick, D., & Waters, L. (2017). School values: a comparison of academic motivation, mental health promotion, and school belonging with student achievement. *The Educational and Developmental Psychologists, 34*(1), 31-47.
- Ahrens, P. (2018). Qualitative network analysis: A useful tool for investigating policy networks in transnational settings? *Methodological Innovations, 11*(1).
<https://doi.org/10.1177/2059799118769816>
- Alonso-Yanez, G., Brown, B., Friesen, S., & Jacobsen, M. (2016). Innovative methods to study school system dynamics. In Takeuchi, M., Preciado Babb, A.P., & Lock, J., *IDEAS 2016: Designing for Innovation Selected Proceedings*. Paper presented at IDEAS 2016: Designing for Innovation, (12-21). Werklund School of Education, University of Calgary.
<http://hdl.handle.net/1880/51204>
- Bailey, J., Steeves, V., Burkell, J., Shade, L.R., Ruparelia, R., & Regan, P. (2019). Getting at equality: Research methods informed by the lessons of intersectionality. *International Journal of Qualitative Methods*. <https://doi.org/10.1177/1609406919846753>
- Balkundi, P. (2005). The ties that lead: A social network approach to leadership. *The Leadership Quarterly, 16*, 941-961.
- Balkundi, P. & Kilduff, M. (2015). The ties that lead: A social network approach to leadership. *The Leadership Quarterly, 16*, 941-961.
- Barithwaite, J., Churruca, K., Long, J., Ellis, L., & Herkes, J. (2018). When complexity science meets implementation science: A theoretical and empirical analysis of systems change. *BMC Medicine, 16*(1). <http://dx.doi.org.ezproxy.lib.ucalgary.ca/10.1186/s12916-018-1057-z>

- Bass, B.M. (1985). *Leadership and performance beyond expectations*. New York: Free Press.
- Bastian M., Heymann S., Jacomy M. (2009). *Gephi: an open source software for exploring and manipulating networks*. International AAAI Conference on Weblogs and Social Media.
- Betts, F. (1992). How systems thinking applies to education. *Educational Leadership*, 50(3), 38-41.
- Bloomberg, L., & Volpe, M. (2016). *Completing your qualitative dissertation: A roadmap from beginning to end (3rd ed.)*. SAGE Publications.
- Brannlund, A., Strandh, M., & Nilsson, K. (2017). Mental-health and educational achievement: The link between poor mental-health an upper secondary school completion and grades. *Journal of Mental Health*, 26(4), 318-325.
- Brea, L.P., Pescosolido, B.A., & Borgatti, S. (2018). *Egocentric network analysis: Foundations, methods, and models*. Cambridge University Press.
- Borgatti, S., Halgin, D., & Brass, D. (2014). Social Network Research: Confusions, Criticisms, and Controversies in D.J. Brass, G. Labianca, A. Mehra, D.S. Halgin, & S.P. Borgatti (Eds.), *Research in the Sociology of Organizations*. Vol 40. Emerald Publishing: Bradford, UK.
- Borgatti, S., Everett, M., & Johnson, J. (2018). *Analyzing social networks*. SAGE Publications.
- Borgatti, S. P., & Halgin, D. S. (2011). On network theory. *Organization Science*, 22(5), 1168. Retrieved from <https://link-gale-com.ezproxy.lib.ucalgary.ca/apps/doc/A270283507/EAIM?u=ucalgary&sid=EAIM&xid=afale270>
- Borgatti, S., Everett, M., & Johnson, J. (2013). *Analysing Social Networks*. Thousand Oaks, CA.

- Brown, B., Alonso-Yanez, G., Friesen, S., & Jacobsen, M. (2020). High school redesign: Carnegie Unit as a catalyst for change. *Canadian Journal of Educational Administration and Policy*, 193, 97-114.
- Burns, J.M. (1978). *Leadership*. New York: Harper & Row.
- Bush, T. (2013). Distributed leadership: The model of choice in the 21st century. *Educational Management Administration & Leadership*, 41(5), 543-544.
doi:10.1177/1741143213489497
- Cabrera, D., & Cabrera, L. (2015). *Systems thinking made simple: New hope for solving wicked problems*. Cabrera Research Lab.
- Canadian Association of Mental Health. (2019). Mental illness and addiction: Facts and statistics. Retrieved from <https://www.camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics>
- Canadian Association of Mental Health. (2019). Mental health and criminal justice policy framework. Retrieved from http://www.camh.ca/-/media/files/pdfs---public-policy-submissions/mh_criminal_justice_policy_framework-pdf.pdf
- Cherkowski, S. (2018). Positive teacher leadership: Building mindsets and capacities to grow wellbeing. *International Journal of Teacher Leadership*, (9), 63-78.
- Cherkowski, S., Kutsyuruba, B., & Walker, K. (2020). Positive leadership: Animating purpose, presence, passion and play for flourishing in schools. *Journal of Educational Administration*, 58(4), 401–415. <https://doi.org/10.1108/JEA-04-2019-0076>
- Cherkowski, S. & Walker, K. (2016). Flourishing leadership: Engaging purpose, passion, and play in the work of leading schools. *Journal of Educational Administration*, (54), 378-392.

- Cohen, L., Manion, L., & Morrison, K. (2018). *Research methods in education*. Routledge.
- Collins, J. C. (2001). Good to great: Why some companies make the leap ... and others don't. *Principal Leadership for Diffusing Innovation*. Harper Collins.
- Creswell, J. (2013). *Qualitative inquiry and research design: Choosing among five traditions (3rd ed.)*. SAGE Publications.
- Creswell, J. (2015). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research (5th ed.)*. Pearson Education Inc.
- Creswell, J. & Guetterman, T.C. (2019). *Educational research. Planning, conducting, and evaluating quantitative and qualitative research*. Pearson Education Inc.
- Creswell, J.W. & Poth, C.N. (2018). *Qualitative inquiry and research design choosing among five approaches (4th ed.)*. SAGE Publications.
- Cross, R., Borgatti, S.P., & Parker, A. (2002). Making invisible work visible: using social network analysis to support strategic collaboration. *California Management Review*, 44(2), 25-46.
- Crossley, N. (2010). The social world of the network. Combining qualitative and quantitative elements in social network analysis. *Sociologica*, 1-33.
- Crotty, M. (1998). *The foundations of social research. Meaning and perspective in the research process*. SAGE Publications.
- Contandriopoulos, D., Benoît, F., Bryant-Lukosius, D., Carrier, A., Carter, N., Deber, R., Duhoux, A., Greenhalgh, T., Larouche, C., Leclerc, B., Levy, A., Martin-Misener, R., Maximova, K., McGrail, K., Nykiforuk, C., Roos, N., Schwartz, R., Valente, T., W., Wong, S., Perroux, M. (2017). Structural analysis of health-relevant policy-making

- information exchange networks in Canada. *Implementation Science*, 12(1), 116–111.
<https://doi.org/10.1186/s13012-017-0642-4>
- Dalsgaard, S., McGrath, J., Østergaard, S. D., Wray, N., R, Pedersen, C., Bøcker, M., Preben B., & Petersen, L. (2020). Association of mental disorder in childhood and adolescence with subsequent educational achievement. *JAMA Psychiatry (Chicago, Ill.)*, 77(8), 797–805. <https://doi.org/10.1001/jamapsychiatry.2020.0217>
- Daly, A.J., Moolenaar, N.M., Bolivar, J.M., & Burke, P. (2010). Relationships in reform: the role of teachers' social networks. *Journal of Educational Administration*, 48(3), 359-391.
- Davis, B., & Sumara, D. (2006). *Complexity and education. Inquiries into learning, teaching, and research*. Lawrence Erlbaum Associates Publishing.
- Davis, B., & Sumara, D. (2009). Complexity as a theory of education. *Curriculum Inquiry*, 5(2), 33-44.
- Diamond, J.B., & Spillane, J.P. (2016). School leadership and management from a distributed perspective: A 2016 retrospective and prospective. *British Educational Leadership, Management, & Administrative Society*, 30(4), 147-154.
- Dodge, R., Dodge, R., Daly, A., Huyton, J., & Sanders, L. (2012). The challenge of defining wellbeing. *International Journal of Wellbeing*, 2(3), 222-235. doi:10.5502/ijw.v2i3.4
- Downton, J.V. (1973). *Rebel leadership: commitment and charisma in the revolutionary process*. New York: Free Press.
- Fabiano, G.A., & Evans, S.W. (2019). Introduction to the special issue of *School Mental Health* on best practices in effective multi-tiered intervention frameworks. *School Mental Health* 11, 1–3 (2019). <https://doi-org.ezproxy.lib.ucalgary.ca/10.1007/s12310-018-9283-2>.

- Fixsen, D.,L., Naoom, S.F., Blase, K.A., Friedman., & Wallace., F. (2005). *Implementation Research: A Synthesis of the Literature*. Louis de la Parte Florida Mental Health Institute Publication #231.
- Flessa, J. (2009). Educational micropolitics and distributed leadership. *Peabody Journal of Education* 84(3), 331–349.
- Flyvbjerg, B. (2006). Five misunderstandings about case study research. *Qualitative Inquiry*, 12(2), 219-245.
- Friesen, S., & Jacobsen, M. (2020). The Education System of Canada. Foundations of the Canadian Education System. In Jornitz, M., *The Education Systems of the Americas, Global Education Systems*. https://doi.org/10.1007/978-3-319-93443-3_37-1
- Gable, S.L., & Haidt, J. (2005). What (and why) is Positive Psychology? *Review of General Psychology*, 9(2), 103–110. <https://doi.org/10.1037/1089-2680.9.2.103>
- Galletta, A. & Cross, W. (2013). *Mastering the semi-structured interview and beyond: From research design to analysis and publication*. New York University Press.
- Garcia, E. & Weiss, E. (2016). Making whole-child education the norm. How research and policy initiatives can make social and emotional skills a focal point of children’s education. *Economic Policy Institute*.
- Government of Canada. (2017). *The Public Health Agency of Canada. The Economic Burden of Illness in Canada*, 2010. <https://www.canada.ca/en/public-health/services/publications/science-research-data/economic-burden-illness-canada-2010.html#method2>

Government of British Columbia. (2019). *Pathway to Hope*.

https://engage.gov.bc.ca/app/uploads/sites/121/2019/06/BCMentalHealthRoadmap_2019.pdf

Government of British Columbia. (2019). *Framework for Enhancing Student Learning*.

<https://www2.gov.bc.ca/gov/content/education-training/k-12/administration/legislation-policy/public-schools/framework?keyword=framework&keyword=for&keyword=enhancing&keyword=student&keyword=learning>

Grzanka, P.R. (2020). From buzzword to critical psychology: An invitation to take intersectionality seriously. *Women & Therapy, 43*(3-4), 244-261. DOI: 10.1080/02703149.2020.1729473

Hargreaves, A., & Ainscow, M. (2015). The top and bottom of leadership and change. *Phi Delta Kappan, 42*(8), 42-48.

Hall, T., Kakuma, R., Palmer, L., Minas, H., Martins, J., & Kermode, M. (2019). Social inclusion and exclusion of people with mental illness in Timor-Leste: A qualitative investigation with multiple stakeholders. *BMC Public Health, 19*(1), 702-13.

Hallinger, P. (2011). A review of three decades of doctoral studies using the principal instructional management rating scale: A lens on methodological progress in educational leadership. *Educational Administration Quarterly, 47*(2), 271-306.
doi:10.1177/0013161X10383412

Hallinger, P., & Heck, R. H. (2010). Leadership for learning: Does collaborative leadership make a difference in school improvement? *Educational Management Administration & Leadership, 38*(6), 654-678. doi:10.1177/1741143210379060

- Halverson, R., Kelley, C., & Shaw, J. (2014). A CALL for improved school leadership. *The Phi Delta Kappan*, 95(6), 57-60. doi:10.1177/003172171409500612
- Hallinger, P & Lee, M. (2012). A global study of the practice and impact of distribute instructional leadership in International Baccalaureate (IB) Schools, *Leadership and Policy in Schools*, 11(4) 477-495.
- Hallinger, P., & Heck, R. H. (2009). Distributed leadership in schools: Does system policy make a difference? *Distributed Leadership*, 101-117.
- Harris, A. (2008). Distributed leadership: according to the evidence. *Journal of Educational Administration*, 46(2), 172-188.
- Harris, A. (2009). *Distributed Leadership: Different Perspectives*. Springer.
- Harris, A., Leithwood, K., Day, C., Sammons, P., & Hopkins, D., (2007). Distributed leadership and organizational change: reviewing the evidence. *Journal of Educational Change*, 8, 337-347.
- Hazy, JK, & Uhl-Bien, M. (2015). Towards operationalizing complexity leadership: How generative, administrative, and community-building leadership practices enact organizational outcomes. *Leadership*, 11(1), 79-104. DOI: 10.1177/1742715013511483
- Heck, H.R., & Hallinger, P. (2014). Modeling the longitudinal effects of school systems: Leadership on teaching and learning. *Journal of Educational Administration*, 52(5), 653-681.
- Hjorth, C.F., Bilgrav, L., Frandsen, L., Sjørsløv, O., Torp-Pedersen, C., Nielsen, B., & Bøggild, H. (2016). Mental health and school dropout across educational levels and genders: 4-year follow-up study. *BMC Public Health*, 16(1), 976–12.
<https://doi.org/10.1186/s12889-016-3622-8>

- Hopkins, M., & Spillane, J.P. (2014). Schoolhouse teacher educators: Structuring beginning teachers' opportunities to learn about instruction. *Journal of Teacher Education* 65(4), 327–339.
- Hoppe, B. & Reinelt, C. (2010). Social network analysis and the evaluation of leadership networks. *The Leadership Quarterly*, 21, 600-619.
- Huxley, P. & Thornicroft, G. (2003). Social inclusion, social quality, and mental illness. *British Journal of Psychiatry*, 182, 289-290.
- Information to support student learning*. (February 2022). Government of British Columbia. <https://studentsuccess.gov.bc.ca/>
- Kowch, E. (2019). Building capacity for system enhancement and innovation in education. Class 3. [PowerPoint slides]. Retrieved from D2L, University of Calgary.
- Kutcher, S., & Wei, Y. (2020). School mental health: A necessary component of youth mental health policy and plans. *World Psychiatry*, 19(2), 174- 175.
- Larson, S., Chapman, S., Spetz, J., & Brindis, C., D. (2017). Chronic childhood trauma, mental health, academic achievement, and school-based health center mental health services. *Journal of School Health*, 87(9), 675–686. <https://doi.org/10.1111/josh.12541>
- Lawrence, D., Dawson, V., Houghton, S., Goodsell, B., & Sawyer, M., G. (2019). Impact of mental disorders on attendance at school. *The Australian Journal of Education*, 63(1), 5–21. <https://doi.org/10.1177/0004944118823576>
- Leithwood, K., Harris, A., & Hopkins, D. (2008). Seven strong claims about successful school leadership. *School Leadership and Management*, 28, 27-42.
doi:10.1080/13632430701800060

- Leithwood, K., Harris, A., & Hopkins, D. (2019). Seven strong claims about successful school leadership revisited. *School Leadership & Management*, 40(1), 5–22.
<https://doi.org/10.1080/13632434.2019.1596077>
- Leithwood, K., & Sun, J. (2012). The nature and effects of transformational school leadership: A meta-analytic review of unpublished research. *Educational Administration Quarterly*, 48(3), 387-423.
- Lincoln, Y., Lynham, S., & Guba, E. (2018). Paradigmatic controversies, contradictions, and emerging confluences, revisited. In Denzin, N., & Lincoln, Y., (Ed.), *The SAGE Handbook Qualitative Research (5th ed.)*, 108-150. SAGE Publications.
- Liou, Y., Daly, A.J., Brown, C. & del Fresno, M. (2015). Foregrounding the role of relationship in reform. A social network perspective on leadership and change. *International Journal of Education Management*, 29(7), 819-837.
- Liou, Y., & Daly, A.J. (2018). Broken bridges: A social network perspective on urban high school leadership. *Journal of Educational Administration*, 56(5), 562-584. DOI 10.1108/JEA-01-2018-0010
- Liou, Y., & Daly, A.J. (2019). The networked leader: Understanding peer influence in a system wide leadership team. *School Leadership & Management*. DOI: 10.1080/13632434.2019.1686611
- Littlecott, H.J., Moore, G.F., Gallagher, H.C., & Murphy, S. (2019). From complex interventions to complex systems: Using social network analysis to understand school engagement with health and wellbeing. *International Journal of Environmental Research and Public Health*. 16(10), 1694.

- Locke, J., Lee, K., Cook, C.R., Frederick, L., Vazquez-Colon, C., Ehrhart, M.G., Aarons, G.A., Davis, C. & Lyon, A.R. (2019). Understanding the organizational implementation context of schools. A qualitative study of school district administrators, principals, and teachers. *School Mental Health, 11*, 379-399. doi.org/10.1007/s12310-018-9292-1
- Louis, K. S., Leithwood, K., Wahlstrom, K. L., Anderson, S. E., Michlin, M., & Mascall, B. (2010). *Learning from leadership: Investigating the links to improved student learning*. Center for Applied Research and Educational Improvement, 42 - 50.
- Louis, K.S., & Murphy, J. F. (2018). The potential of positive leadership for school improvement. *Nordic Journal of Comparative and International Education (NJCIE)*, 2(2-3), 165–180. <https://doi.org/10.7577/njcie.2790>
- Lumby, J. (2013). Distributed leadership: The uses and abuses of power. *Educational Management Administration & Leadership* 41(5), 581–597.
- Merriam, S. B. (2009). *Qualitative Research: A guide to design and implementation - Revised and expanded from qualitative research and case study applications in education*. Jossey-Bass.
- Merriam, S.B., & Tisdell, E.J. (2016). *Qualitative research. a guide to design and implementation (4th ed.)*. Jossey-Bass.
- Miles, M.B., Huberman, A.M., & Saldana, J. (2020). *Qualitative data analysis. a methods sourcebook (4th ed.)*. SAGE Publications.
- Morillo-Shone, K. (2014). Mindsets for mentoring 21st century leaders. *Leadership, 43*(3), 32-36.
- Morrison, K. (2002). *School leadership and complexity theory*. Routledge.

- Murphy, J. M., & Louis, K. S. (2018). *Positive school leadership: Building capacity and strengthening relationships*. Teachers College Press.
- Nelson, J. R., Benner, G. J, Lane, K., & Smith, B.W. (2016). Academic achievement of k-12 students with emotional and behavioral disorders. *Exceptional Children*, 71(1), 59–73.
<https://doi.org/10.1177/001440290407100104>
- Papa, D.P. (2003). School leader preparedness for addressing student mental health. *Journal of Educational Leadership and Policy Studies*, 60-76.
- Pitts, V.M., & Spillane, J.P. (2009). Using social network methods to study school leadership. *International Journal of Research & Method in Education* 32(2), 185–207.
- Provincial Health Services Authority (2014). *Student health in BC: Provincial and regional highlights*. Provincial Health Services Authority, Population and Public Health Program.
- Rich, J., Corbin, T., Bloom, S., Rich, L., Evans, S., & Wilson, A. (2009). *Healing the hurt: Trauma-informed approaches to the health of boys and young men of color*. Available at:<http://www.unnaturalcauses.org/assets/uploads/file/HealingtheHurt-Trauma-Rich%20et%20al.pdf>.
- Robinson, V. (2011). *Student-Centred Leadership*. Jossey-Bass Leadership
- Rowling, L., & Samdal, O. (2011). Filling the black box of implementation for health-promoting schools. *Health Education*, 111(5), 347–362.
<https://doi.org/10.1108/09654281111161202>
- Saldana, J. (2016) *The coding manual for qualitative researchers (3rd ed.)*. SAGE Publications.
- Sebastian, J., Huang, H., & Allensworth, E. (2017). Examining integrated leadership systems in high schools: Connecting principal and teacher leadership to organizational processes and

- student outcomes, school effectiveness and school improvement. *International Journal of Research, Policy, and Practice*. DOI: 10.1080/09243453.2017.1319392
- Sims, B. & Melcher, B. (2017). Active implementation framework: their importance to implementing and sustaining effective mental health programs in rural schools. In K.D. Michael, J.P. Jameson (eds.), *Handbook of Rural School Mental Health*, p. 339-360, Springer International Publishing AG, DOI 10.1007/987-3-319-64735-7_22
- Smith, A., Forsyth, K., Poon, C., Peled, M., Saewyc, E., & McCreary Centre Society. (2019). *Balance and connection in BC: The health and well-being of our youth*. McCreary Centre Society.
- Spillane, J. P. (2006). *Distributed leadership*. Jossey-Bass.
- Spillane, J.P. (2005). Primary school leadership practice: How the subject matters. *School Leadership and Management* 25(4), 383–397.
- Spillane, J.P., Halverson, R., & Diamond, J.B. (2001). Investigating school leadership practice: A distributed perspective. *Educational Researcher* 30(3), 23–28.
- Spillane, J.P., Diamond, J.B., Burch, P., Hallett, T., Jita, L. & Zoltners, J. (2002). Managing in the middle: School leaders and the enactment of accountability policy. *Educational Policy* 16, 731–762.
- Spillane, J.P., Diamond, J.B., & Jita, L. (2003). Leading instruction: The distribution of leadership for instruction. *Journal of Curriculum Studies* 35(5), 533–543.
- Spillane, J.P., Halverson, R., & Diamond, J.B. (2004). Toward a theory of leadership practice: A distributed perspective. *Journal of Curriculum Studies*, 36(1), 3-34.

- Spillane, J., & Healey, K. (2010). Conceptualizing school leadership and management from a distributed perspective: An exploration of some study operations and measures. *The Elementary School Journal*, 111(2), 253-281.
- Spillane, J.P., Healey, K. & Kim, C.M. (2010). Leading and managing instruction: Using social network analysis to explore formal and informal aspects of the elementary school organization. In: Daly AJ (ed.). *Social network theory and educational change*. Harvard Education Press. 129–156.
- Spillane, J.P., Parise, L.M., & Sherer, J.Z. (2011). Organizational routines as coupling mechanisms: Policy, school administration, and the technical core. *American Educational Research Journal* 48(3), 586–619.
- Stake, R. (1995). *The art of case study research*. SAGE Publications.
- Theisen in Burns, R. & Koster, F. (2016). *Governing in a Complex World*. Retrieved from <https://www.oecd-ilibrary.org/docserver/9789264255364-en.pdf?expires=1660330077&id=id&accname=ocid57005644&checksum=92B6452C27ED700D4CC5104E3E806CA0>
- Timperley, H. (2011). *Realizing the Power of Professional Learning*. New York, NY: Open University Press.
- Turner, J., Schroeder, M., & Brandon, J. (2021). Positive district leadership for flourishing schools. In K. Walker, S. Cherkowski, & B. Kutsyuruba. *Positive Leadership for Flourishing Schools*. Information Age Publishing.
- Wasserman, S. & Faust, K. (2012). *Social Network Analysis Methods and Applications*. Cambridge University Press. DOI <https://doi.org/10.1017/CBO9780511815478>

- Whitcomb, S.A., Woodland, R.H., & Barry, S.K. (2017). An exploratory case study of PBIS implementation using social network analysis. *International Journal of School & Educational Psychology*, 5(1), 52-64.
- Woodland, R.A., & Mazur, R. (2019). Examining capacity for “cross-pollination” in a rural school district: A social network analysis case study. *Educational Management, Administration & Leadership*, 47(5), 815-836.
- Yazan, B. (2015). Three approaches to case study methods in education: Yin, Merriam, and Stake. *The Qualitative Report*, 20(2), 134-152.
- Yin, R. (2014). *Case study research: Design and methods (5th ed.)*. SAGE Publications.

Appendix A: Letter of Invitation



WERKLUND SCHOOL OF EDUCATION

Graduate Division of Educational Research
2500 University Drive NW
Calgary, AB, Canada T2N 1N4
ucalgary.ca

Dear Educational Leader,

My name is Jennifer Turner. I am a doctoral student in the Werklund School of Education at the University of Calgary. As part of my Doctor in Education with a specialization in k-12 Educational Leadership I am studying district leadership of mental health promotion and intervention in k-12 schools.

I have attached a document titled *Study Description for Participants* which describes my study in more detail for your consideration. This research has been approved through the Conjoint Faculties Research Ethics Board of the University of Calgary (REB20-1801).

It is understandable that research work conducted in-person may present a risk of exposure to COVID-19. As a result, to minimize risk and to prioritize the health and safety of participants, I will use a brief online survey tool, Qualtrics, to conduct an initial survey. A small group of survey participants will be invited to participate in a follow-up interview. Interviews will be established using my institutional zoom account. These efforts are to reduce or eliminate the potential risks associated with Covid-19.

Participants will be provided with token of appreciation for your participation and time of a \$10 Star Bucks or Tim Horton's card.

If you are interested in participating in this study, or you have further questions about the study, please email me at Jennifer.turner1@ucalgary.ca. For additional information my Supervisor Dr. Sharon Friesen can be reached at sfriesen@ucalgary.ca

Thank you for your consideration,

Jennifer Turner
Ed.D. Candidate

Appendix B: Description for Participants



WERKLUND SCHOOL OF EDUCATION

Graduate Division of Educational Research
2500 University Drive NW
Calgary, AB, Canada T2N 1N4
ucalgary.ca

Study Description for Participants

Finding the strength: A case study of school district leadership of mental health promotion in one school district in British Columbia.

Background and Rationale

Mental disorders account for one of the largest and fastest-growing categories of the burden of disease worldwide, with one in five children living with mental illness and one in two adults experiencing difficulties with their mental health over their lifetime (OECD, 2019). Due to the significant social and economic burden of mental illness, the World Health Organization “has suggested that prevention is the only sustainable approach to reducing the burden of illness associated with mental disorders” (Waddell et al., 2007, p. 174).

As children spend a significant portion of each day in a school setting, school environments have been identified as an essential setting for universal mental health service delivery (Engelhardt, 2016; Locke et al., 2019; O'Toole, 2017). School organizations can offer a “source of health and mental health services and supports, which are a protective factor for students’ social, emotional, and physical well-being” (National Academies of Sciences, Engineering, and Medicine, 2019 as cited by Hoffman & Miller, 2020, p. 301).

Prolonged school closures as a result of COVID-19 have” upended life for children and families, and they left educators forced to determine quickly how to remotely education students in an equitable manner (Hoffman & Miller, 2020). The COVID-19 pandemic is shining a spotlight on how important schools are for meeting children's non-academic needs (Hoffman & Miller, 2020). Students’ health and mental health needs are going to be even more acute in the wake of the pandemic given the social, emotional, and economic stresses that are proceeding concurrently and are likely to persist for some period of time once the crisis has been resolved.

Research Purpose

The purpose of this qualitative single-site case study is to explore the relationships and interdependencies that exist between district and school-based leaders in implementing mental health promotion and early intervention practices in school systems (MHCC, 2017). It is anticipated that by identifying the relationships and interdependencies that exist, this study will gain a deeper understanding of a school system and how district and school-based leaders implement mental health promotion and early intervention practices in their school system.

Ethics Approval

This study has been approved by the University of Calgary Conjoint Faculties Research Ethics Board (REB20-1801).

Research Questions

The central research question guiding my proposed study is: *What is the relationship among provincial and local policies, educational leadership practices, and multi-tiered systems of support within a school system to promote mental health in schools?* These secondary questions will guide my data collection:

1. How might knowledge of network attributes inform district and school leaders work in leading mental health promotion and multi-level systems of support?
2. In what ways did the leadership engage the school community in implementing a vision of mental health promotion and multi-level systems of support?

Case Study Research Design

Case study research is often used within educational investigations that focus on understanding processes of events, projects and programs within a particular bounded context (Bloomberg & Volpe, 2016; Creswell, 2015; Merriam & Tisdell, 2016). The nature of this research design focuses on a particular phenomenon, with the researcher's intent to gather data, interpret, and theorize about the impact of specific leadership actions on the promotion and intervention of mental health within a k-12 public school setting.

This single-case study will focus on one school district in British Columbia as an exploratory case to investigate ways in which district and school level leaders enact aspects of positive and distributed leadership in the promotion and intervention of mental health for children and adolescents. The identification of a specific phenomenon (the relationships and interdependencies that exist between district and school-based leaders) within a particular context (one school district in British Columbia) bounds this research, making case study methodology an appropriate choice.

Methods

Within case study methodology, using multiple sources of evidence is recommended (Merriam, 2009; Merriam and Tisdale, 2016). In keeping with this research, data within this case study will be generated from the following sources:

- Survey
- Audiotaped individual interviews with leaders identified through social network analysis as holding a position of core, periphery, bonding, or bridging for a minimum of one year
- Field notes during interviews and focus group conversations
- Documents and artifacts related to leadership, mental health promotion and intervention

Appendix C: Survey Questions



WERKLUND SCHOOL OF EDUCATION

Graduate Division of Educational Research
2500 University Drive NW
Calgary, AB, Canada T2N 1N4
ucalgary.ca

Project Title

Finding the strength: A case study of school district leadership of mental health promotion in one school district in British Columbia.

Project investigator Jennifer Turner

Key Research Questions

The central research question guiding my proposed study is: *What is the relationship among provincial and local policies, educational leadership practices, and multi-tiered systems of support within a school system to promote mental health in schools?* These secondary questions will guide my data collection:

1. How might knowledge of network attributes inform district and school leaders work in leading mental health promotion and multi-level systems of support?
2. In what ways did the leadership engage the school community in implementing a vision of mental health promotion and multi-level systems of support?

Key Terminology

- **Mental health** – is the state of your psychological and emotional wellbeing. Good mental health allows individuals to feel, think and act in ways that contribute to the enjoyment of life and the skills to cope with life's challenges. The Mental Health Commission of Canada extends the definition further in stating that mental health is more than the absence of illness; mental health acts as a buffer from the stress and hardship of life (Government of Canada, 2015).

- **Mental illness** - represents a range of behaviours, thoughts, and emotions that can result in distress or impairment in areas of life, including activities of daily living, work, school, and family interactions. The type of intensity, recurrence, and duration of mental health problems and illness symptoms can vary from person to person and by type of illness (MHCC, 2013).
- **Promotion of mental health** enables people to increase control over and improve their health". This often refers to positive mental health rather than mental ill-health (World Health Organization, 1986).
- **Multi-tiers system of support** – This is an overarching phrase to describe a data-driven, problem-solving framework to improve outcomes for all students. MTSS relies on a continuum of evidence-based practices matched to student needs. PBIS is an example of MTSS centred on social behaviour.
- **Social Network Analysis (SNA)** – is the process of investigating social structures through networks. It characterizes networked structures in terms of nodes (individual actors, people or things within the network) and the ties, edges, or links (relationships or interactions) that connect them (Wikipedia, 2019).
- **System** – a set of things, people, cells, molecules, that are interconnected so that they produce their pattern of behaviour over time. A group interacting, interrelated, and interdependent forms a complex and unified whole (Waters Foundation, 2014).
- **Wellbeing** – a state when “individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge” (Dodge et al., 2012, p. 230).

Survey Questions

Demographics

All information gathered in this section will be kept confidential. Any published data will not contain personally identifiable information.

1. What is your name?
 - a. First name
 - b. Last name

2. In what year were you born? (please enter a 4-digit number).

3. What is your gender?
 - a. Male
 - b. Female
 - c. Other _____

4. What is your ethnic background? (select all that apply) (categories are taken from 2016 Canadian census)
 - a. North American Aboriginal origin (First Nations, Inuit, Metis)
 - b. White or Caucasian
 - c. British European origin
 - d. Western European origin
 - e. Northern European origin
 - f. Eastern European origin
 - g. Southern European origin
 - h. Caribbean origin
 - i. Latin, central, south American origin
 - j. African origin
 - k. Asian origin
 - l. Oceania origin

5. Which degrees have you acquired? (select all that apply.)
 - a. College certificate
 - b. College diploma
 - c. Bachelor's degree
 - d. Master's degree
 - e. Doctoral degree
 - f. None of the above

6. What grade level do you work in? (select all that apply.)
 - a. Early childhood education
 - b. Elementary school
 - c. Middle school
 - d. Secondary school

7. What subject-area specialization do you hold? (select all that apply.)
 - a. English / Language Arts
 - b. Social Studies / Humanities
 - c. Mathematics
 - d. Science
 - e. Psychology, or sociology, or counselling, or special education
 - f. Other

8. How many years of teaching experience do you have? Round up to the nearest whole number and include the current school year.

9. How many years have you been employed at your current school? Round up to the nearest whole number and include the current school year.

10. What is the name of your current position?

11. Please choose the position that best describes your primary role.
 - a. I am a formally designed school-based leader (choose this even if you also have teaching responsibilities).
 - b. I am a formally designated district-based leader with a school support role.
 - c. I am a formally designated district-based member of the senior leadership team.

Advice-Seeking

The next series of questions will focus on professional interactions as they related to your leadership practice. You will be asked to name the people to whom you have turned to for advice and / or information. No names or identifying information will be revealed in reported produced from these data.

1. During this school year, to whom have you turned for advice and / or information about mental health promotion? Please consider all forms of communication, including face-to-face, video conference platforms such as zoom, skype, google meet, email, telephone, or text. Please consider all individuals across content, school, district and roles.
2. Please indicate the role or relationship that best describes each person you identify.
3. What is the role or position the individual has that you sought advice and / or information from?
4. For each person identified, please describe how often you interact with them about mental health promotion and / or multi-tiered systems of support.
5. For each person identified, please describe how recently you interacted with them about mental health promotion and / or multi-tiered systems of support.
6. Why do / did you turn to this person for advice?
 - a. Deepen your content knowledge
 - b. Opinion/perspective regarding the implementation of new initiatives or programs
 - c. Planning or selecting program resources or materials for instruction
 - d. Support for a change in practice
 - e. Other _____
7. How do you communicate with others when you seek advice regarding mental health promotion and / or multi-tiered systems of support (select all that apply?)
 - a. Planned meeting
 - b. Unplanned meeting
 - c. Planned group meeting
 - d. Unplanned group meeting
 - e. Phone
 - f. Email
 - g. Social media (please identify which social media)
 - h. Texting
 - i. Workshop or in-service
 - j. Course work
 - k. Books or articles
 - l. Other

You have reached the end of the survey. Your participation and feedback will provide valuable insight into the existing body of knowledge regarding how educational leadership can support mental health promotion and multi-tiered systems of support for mental illness. Thank you!

You will find an open-ended text box below. Please provide any final thoughts or comments that you have not yet had the opportunity to share regarding mental health promotion and multi-tiered support systems for mental illness in public schools. I would appreciate any further feedback or insight that you may have.

Appendix D: Interview Questions



WERKLUND SCHOOL OF EDUCATION

Graduate Division of Educational Research
2500 University Drive NW
Calgary, AB, Canada T2N 1N4
ucalgary.ca

Project Title

Finding the strength: A case study of school district leadership of mental health promotion in one school district in British Columbia.

Project investigator Jennifer Turner

Key Research Questions

The central research question guiding my proposed study is: *What is the relationship among provincial and local policies, educational leadership practices, and multi-tiered systems of support within a school system to promote mental health in schools?* These secondary questions will guide my data collection:

1. How might knowledge of network attributes inform district and school leaders work in leading mental health promotion and multi-level systems of support?
2. In what ways did the leadership engage the school community in implementing a vision of mental health promotion and multi-level systems of support?

Key Terminology

- **Mental health** – is the state of your psychological and emotional wellbeing. Good mental health allows individuals to feel, think and act in ways that contribute to the enjoyment of life and the skills to cope with life's challenges. The Mental Health Commission of Canada extends the definition further in stating that mental health is more than the absence of illness; mental health acts as a buffer from the stress and hardship of life (Government of Canada, 2015).

- **Mental illness** - represents a range of behaviours, thoughts, and emotions that can result in distress or impairment in areas of life, including activities of daily living, work, school, and family interactions. The type of intensity, recurrence, and duration of mental health problems and illness symptoms can vary from person to person and by type of illness (MHCC, 2013).
- **Promotion of mental health** enables people to increase control over and improve their health". This often refers to positive mental health rather than mental ill-health (World Health Organization, 1986).
- **Multi-tiers system of support** – this is an overarching phrase to describe a data-driven problem-solving framework to improve outcomes for all students. MTSS relies on a continuum of evidence-based practices matched to student needs. PBIS is an example of MTSS centred on social behaviour.
- **Social Network Analysis (SNA)** – is the process of investigating social structures through networks. It characterizes networked structures in terms of nodes (individual actors, people or things within the system) and the ties, edges, or links (relationships or interactions) that connect them (Wikipedia, 2019).
- **System** – a set of things, people, cells, molecules, that are interconnected so that they produce their pattern of behaviour over time. A group interacting, interrelated, and interdependent forms a complex and unified whole (Waters Foundation, 2014).
- **Wellbeing** – a state when “individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge” (Dodge et al., 2012, p. 230).

Interview Questions

1. What formal or informal leadership training, experience, and background do you have?
2. Did your formal or informal leadership training include issues of mental health promotion, intervention, social determinants of health, or issues of equity?
3. Prior to your current role, what background or experiences did you have with mental health promotion or multi-tiered systems of support programs for children and youth?
4. What formal training, professional development, or in-services have you been provided within your current role to support mental health promotion and multi-tiered systems of support?
5. What provincial policies, frameworks, or regulations have you accessed in the past two years to deepen your understanding of mental health promotion and multi-tiered systems of support in schools?
6. What local policies and procedures have you accessed in the past two years to deepen your understanding of mental health promotion and multi-tiered systems of support in schools?
7. What leadership actions have you taken to address mental health promotion in your schools? Please provide an example.
8. What leadership actions have you taken to address multi-tiered systems of support for mental health in schools? Please provide an example.
9. Take a moment to review the social network analysis map prepared in the initial phase of this study. The identifying features of this social network analysis include (bonding, bridging, clusters, nodes, links, core and periphery to be identified during analysis). How

does knowledge of these network attributes impact your understanding of mental health promotion and multi-tiered systems of support in your district?

10. Take a moment to review the social network analysis map prepared in the initial phase of this study. The identifying features of this social network analysis include (bonding, bridging, clusters, nodes, links, core and periphery to be identified during analysis). What actions might you take based on the knowledge of these network attributes concerning mental health promotion and multi-tiered systems of support in your district?
11. Take a moment to review the social network analysis map prepared in the initial phase of this study. Can you identify any additional roles, individuals, community organizations, policies, or practices that have not been identified in the map that have contributed positively to mental health promotion or multi-tiered systems of support in your district?
12. Can you share a story of leadership of mental health promotion that made a difference to students in your district?
13. Can you share a story of leadership of multi-tiered systems of support that made a difference to students in your district?
14. Please provide any final thoughts or comments that you have not yet had the opportunity to share regarding mental health promotion and multi-tiered support systems for mental illness in public schools. I would appreciate any further feedback or insight that you may have.

Your participation and feedback will provide valuable insight into the existing body of knowledge regarding how educational leadership can support mental health promotion and multi-tiered systems of support for mental illness. Thank you!