

Winter 1-9-2014

The Role of Mental Health Counselors in Public Schools

Kimere Corthell

Follow this and additional works at: https://scholarworks.gsu.edu/cps_diss

Recommended Citation

Corthell, Kimere, "The Role of Mental Health Counselors in Public Schools." Dissertation, Georgia State University, 2014.
https://scholarworks.gsu.edu/cps_diss/107

This Dissertation is brought to you for free and open access by the Department of Counseling and Psychological Services at ScholarWorks @ Georgia State University. It has been accepted for inclusion in Counseling and Psychological Services Dissertations by an authorized administrator of ScholarWorks @ Georgia State University. For more information, please contact scholarworks@gsu.edu.

ACCEPTANCE

This dissertation, **THE ROLE OF MENTAL HEALTH COUNSELORS IN PUBLIC SCHOOLS** by **KIMERE K. CORTHELL**, was prepared under the direction of the candidate's Dissertation Advisory Committee. It is accepted by the committee members in partial fulfillment of the requirements for the degree, Doctor of Philosophy, in the College of Education, Georgia State University.

The Dissertation Advisory Committee and the student's Department Chairperson, as representatives of the faculty, certify that this dissertation has met all standards of excellence and scholarship as determined by the faculty. The Dean of the College of Education concurs.

Catherine (Catharina) Y. Chang, Ph.D.
Committee Chair

Brian J. Dew, Ph.D.
Committee Member

Andrea L. Dixon, Ph.D.
Committee Member

Natalie K. Grubbs, Ph.D.
Committee Member

Date

Brian J. Dew, Ph.D.
Chair, Department of Counseling and Psychological Services

Paul A. Alberto, Ph.D.
Dean
College of Education

AUTHOR'S STATEMENT

By presenting this dissertation as a partial fulfillment of the requirements for the advanced degree from Georgia State University, I agree that the library of Georgia State University shall make it available for inspection and circulation in accordance with its regulations governing materials of this type. I agree that permission to quote, to copy from, or to publish this dissertation may be granted by the professor under whose direction it was written, by the College of Education's director of graduate studies and research, or by me. Such quoting, copying, or publishing must be solely for scholarly purposes and will not involve potential financial gain. It is understood that any copying from or publication of this dissertation which involves potential financial gain will not be allowed without my written permission.

Kimere K. Corthell

NOTICE TO BORROWERS

All dissertations deposited in the Georgia State University library must be used in accordance with the stipulations prescribed by the author in the preceding statement. The author of this dissertation is:

Kimere K. Corthell
328 Gentrys Walk
Atlanta, GA 30341

The director of this dissertation is:

Dr. Catherine (Catharina) Y. Chang
Department of Counseling and Psychological Services
College of Education
Georgia State University
Atlanta, GA 30303

CURRICULUM VITAE

Kimere K. Corthell

ADDRESS: 328 Gentrys Walk
Atlanta, GA 30341

EDUCATION:

Ph.D.	2014	Georgia State University Counselor Education and Practice
M.A.	2010	Webster University Mental Health Counseling
B.A.	2005	Indiana University Human Development and Family Studies

PROFESSIONAL EXPERIENCE:

2014- Current	Professional School Counselor Rebecca Minor Elementary School
2010-2014	School-Based Mental Health Counselor GIVE West Alternative School Norcross, Georgia
2007 – 2010	Prevention Educator, Director of Bridge Program Dorchester Alcohol and Drug Commission Summerville, SC

PUBLICATIONS and PRESENTATIONS

Parker, L. K., Chang, C. Y., Corthell, K. K., Walsh, M. E., Brack, G. L., & Grubbs, N.K.. (2014). A grounded theory of counseling students who report problematic peers. *Counselor Education and Supervision, 53*(2), pp. 111-125.

Corthell, K. K., Parker, L. K., & Morillas, C. (2013). Counselors in alternative schools: The last line of defense. In Erford, B. T & Byrd, R.J. (Eds.), *Applying Techniques to Common Encounters in School Counseling: A Case-Based Approach*. Columbus, OH: Pearson.

Corthell, K., Dixon, A., Dew, B., Parker, L. K., and Grubbs, N.K. *Mental health in the middle: School counselors' perceptions of middle school students' mental health needs*. Manuscript under review.

Corthell, K. K., Dixon, A. L., Dew, B. J., Parker, L. K., Grubbs, N.K. (2013, October). *Counselor educators' role in fostering school counseling and mental health counseling*

collaboration. Association for Counselor Education and Supervision Conference. Denver, CO.

Stewart, L. A., Orr, J., Chang, C.Y., Corthell, K.K., O'Hara, C.L., & Levy, D. (2013, October) *Animal assisted therapy as a supervision strategy: Building alliances and prompting discussions*. Association for Counselor Education and Supervision Conference, Denver, CO.

Parker, L. K., Corthell, K. K., Stewart, L. A. & Grubbs, N.K.. (2013, October). *Student whistleblowers: An examination of counselor trainees who report their peers*. Association for Counselor Education and Supervision Conference. Denver, CO.

Chang, C.Y., O'Hara, C. L., Grubbs, N.K., Paige, M., Guvensel, O., Smith, J.A., McDonald, C.L., Parker, L. K., & Corthell, K.K. (2013, March). *The experiences of graduate students learning about professional advocacy*. American Counseling Association Conference. Cincinnati, OH.

Corthell, K. K., Dixon, A. L., Dew, B. J., Parker, L. K., & Grubbs, N. K. (2013, March). *Mental health in the middle: School counselors' perceptions of middle school students' mental health needs*. American Counseling Association conference. Cincinnati, OH.

Grubbs, N.K. & Corthell, K.K. (2012, September). *The ins and outs of supervising school counselors*. Southern Association for Counselor Education and Supervision. Savannah, GA.

PROFESSIONAL SOCIETIES AND ORGANIZATIONS:

2010-Present	Association for Counselor Education and Supervision
2010-Present	Southern Association for Counselor Education and Supervision
2010-Present	Chi Sigma Iota International Counseling Honor Society
2010-Present	American Counseling Association

THE ROLE OF MENTAL HEALTH COUNSELORS IN PUBLIC SCHOOLS

by

Kimere K. Corthell

Under the Direction of Dr. Catherine Chang.

ABSTRACT

Youth living in the United States are experiencing increasing rates of mental health issues (New Freedom Commission on Mental Health, 2003; U.S. Department of Education, 2006) and are less likely to receive mental health services (U.S.DHHS, 2009). Children and adolescent mental health services are fragmented, often times ineffective, and difficult to obtain (Brown, 2006; Center for Mental Health in Schools, 2008; Jacob, 2008). Children of color and children living in poverty (ASCA, 2009; Panigua, 2005; Shavers, 2013; and Vera, Buhin, & Shin, 2006), are more likely than their peers to experience mental health disorders and less likely to receive outside mental health services (U.S. Department of Health and Human Services, 1999; U.S. National Institute of Mental Health, 2001). Professional school counselors, play a significant role in identifying, meeting and connecting students in need of additional mental health services (ASCA, 2012; Jacob, 2008) and are advised to collaborate with community agencies to better meet the mental health needs of all their students (ASCA, 2009; ASCA, 2012).

If left untreated, mental health issues can have a direct impact on students' learning and academic performance (Adelman & Taylor, 2006). In response, there have been many recent initiatives to promote mental health in schools, including H.R. 628: Mental Health in Schools Act currently being considered by a United States congressional committee. *School-based mental health counseling programs* (SBMHCPs) have been implemented to address the fragmented mental health delivery system for children and adolescents needing mental health services (Center for Mental Health in Schools, 2003; New Freedom Commission on Mental Health, 2003; & Surgeon General Report on Mental Health, 1999).

There is limited research about SBMHCPs from the perspective of those who have been addressing the mental health needs of students for decades—professional school counselors and professional school counselor educators. This qualitative study examined professional school counselors' and counselor educators' experiences working collaboratively with school-based mental health counselors. Seventeen school counselors ($n=17$) and five ($n=5$) counselor educators participated in a structured online questionnaire. Phenomenological data analysis methods were used to analyze the results (Hays & Woods, 2011; Moustakas, 1994). Results describe professional school counselor and counselor educator's perceptions about school-based mental health programs, the roles of professional school counselors and school-based mental health counselors, training recommendations, and funding issues related to school-based mental health programs.

INDEX WORDS: School-based mental health counseling programs, School-based mental health counselors, Professional school counselors, Counselor educators, Collaboration

THE ROLE OF MENTAL HEALTH COUNSELORS IN PUBLIC SCHOOLS

by

Kimere K. Corthell

A Dissertation

Presented in Partial Fulfillment of Requirements for the

Degree of

Doctor of Philosophy

in

Counselor Education and Practice

in

the Department of Counseling and Psychological Services

in

the College of Education
Georgia State University

Atlanta, Georgia
2014

Copyright by
Kimere K. Corthell
2014

ACKNOWLEDGEMENTS

I would like to express my gratitude to Dr. Catherine Chang, Dr. Brian Dew, and Dr. Andrea Dixon for playing such an integral role in my professional and personal development. Throughout this process, I have had the great opportunity to work alongside and learn from each one of you and for that I am a better person, counselor, teacher, and supervisor. I would also like to thank Dr. Natalie Grubbs for her guidance and participation as a member of my doctoral committee. Finally, my sincere appreciation goes to my research team members, Dr. Lindy Parker, Amanda Rumsey, and Dr. Leslie Stewart. Lastly, I would like to thank my family for always supporting me and encouraging me through this process.

TABLE OF CONTENTS

ACKNOWLEDGMENTS.....ii

LIST OF TABLES.....iv

LIST OF ABBREVIATIONS.....v

1 COUNSELORS ADDRESSING CHILDRENS’ AND ADOLESCENTS’
MENTAL HEALTH ISSUES IN PUBLICSCHOOLS.....1

 History and Professional Identity of Professional School and Mental
 Health
 Counselor.....3

 Innovative Additional School-Based Mental Health Services7

 References.....15

2 THE ROLE OF MENTAL HEALTH COUNSELORS IN PUBLIC SCHOOLS.....21

 Methodology.....25

 Results.....35

 Discussion.....47

 References.....56

APPENDICES.....62

LIST OF TABLES

Table

1	<i>Composite Description</i>	35
---	------------------------------------	----

LIST OF ABBREVIATIONS

ACA	American Counseling Association
AMHCA	American Mental Health Counselors Association
APGA	American Personnel and Guidance Association
ASCA	American School Counselor Association
CACREP	Council for Accreditation of Counseling and Related Educational Programs
CDC	Center for Disease Control and Prevention
LPC	Licensed Professional Counselor
NBCC	National Board of Certified Counselors
PSCO	Professional School Counselor
SBHCs	School-based health centers
SBMHCs	School-based mental health counselors
SBMHCPs	School-based mental health counseling programs

CHAPTER 1

COUNSELORS ADDRESSING CHILDRENS' AND ADOLESCENTS' MENTAL HEALTH ISSUES IN PUBLIC SCHOOLS

Childrens' and adolescents' mental health continues to be a public health concern in the United States, with powerful implications for the schools serving those students (Adelman & Taylor, 2006; Adelman & Taylor, 2011; Center for Disease Control and Prevention, 2013). It is estimated between 4.5 and 6.3 million children and adolescents living in the United States are diagnosed with a mental disorder (New Freedom Commission on Mental Health, 2003; Walsh, 2012). Adelman and Taylor (2006) reported that the prevalence rates of youth diagnosed with a mental health disorder ranges from 12% and 22%. Merikangas et al. (2010) conducted a study with a sample of 3,024 children and adolescents between the ages of 8 and 15 and found that 8.7% had been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), 3.7% diagnosed with mood disorders, 3.7% diagnosed with a conduct disorder, 0.7% diagnosed with panic disorders and Generalized Anxiety Disorders, and 0.1% diagnosed with eating disorders.

Millions of children and adolescents are experiencing and/or witnessing trauma on a daily basis, and these traumatic events can have a profound impact on otherwise healthy children and adolescent's psycho-social-emotional and mental health. (Shavers, 2013). Over 16.1 million or 29.1% of children under 18 are living below the federal poverty level. The poverty rates for African American and Hispanic children are drastically higher than white children (U.S. Bureau of the Census, 2011). The increased stress of living in impoverished conditions puts students at an increased risk for developing emotional and behavioral problems that may negatively affect their school performance (Anderson-Butcher & Ashton, 2004; Clark & Breman, 2009). If mental health services are not provided, there is an increased risk that U.S. students will not excel educationally, will have low productivity later in life, and may develop substance abuse

issues (Center for Disease Control and Prevention, 2013; New Freedom Commission on Mental Health, 2003). Substance abuse among youth can also have major implications on their mental, emotional, and physical development and puts students at higher-risk for educational failure (Substance Abuse and Mental Health Services Administration, 2013). A study conducted by the U.S. Department of Health and Human Services (2005) found that while two thirds of school districts report more students in need for mental health services since the start of the century, one third of districts also report their funding to meet these needs has since decreased.

The political push to address mental health issues in public educational settings is not a new concept. Jacob (2008) identified schools as the de-facto mental health provider, stating that over three-fourths of the students receiving mental health services are receiving them in an educational setting. The Mental Health in Schools Act of 2013 is the most recent bill to be presented to Congress in regards to the implementation of school-based mental health programs (SBMHPs). Although SBMHPs have been operating in some U.S. schools for over two decades (Adelman & Taylor, 2008), there is limited research about school-based mental health counselors (SBMHCs) in the school counseling literature. In this chapter, the author describes the history and professional identity of professional school and mental health counselors, their respective roles in providing mental health services to public school students, and the emergence of collaborative school-based mental health counseling programs.

History and Professional Identity of Professional School and Mental Health Counselors

Counseling first appeared in U.S. schools in the early 20th century, largely as a response to the effects of the Industrial Revolution and increased immigration (Minkoff & Terres, 1985). The earliest schoolhouse counselors' primary job was to provide the students with vocational counseling and guidance programs (Bradley & Cox, 2001; Brown, 2006; Minkoff & Terres, 1985; Paisley & Borders, 1995). During the First World War, duties of the counselors expanded to include intelligence testing. Soon after, a call was made by leaders in the counseling field to address other developmental issues beyond vocational guidance and assessment (Schmidt, 1999). With government support through actions like the George-Barden Act of 1946 funds were provided for counseling activities in schools. The GI Bill increased World War II veterans' interest in schools and vocational guidance. The reorganization and reestablishment of the Guidance and Personnel Services Section of the U.S. Office of Education also enabled the school counseling profession to flourish (Baker & Gerler, 2008; Minkoff & Terres, 1985; Schmidt, 1999).

Meanwhile, mental health counselors were working to establish their own professional identity during the 20th century. While the history of the mental health counseling profession varies slightly in the literature (Bradley & Cox, 2001; Remley & Herlihy, 2007), there is consensus that mental health counseling and school counseling share the same vocational and guidance counseling origins (Bradley & Cox, 2001; Remley & Herlihy, 2007; Sweeney, 2001). The mental health counseling movement continued to gain momentum from the support of government programs. President John F. Kennedy's Community Mental Services Act of 1963 and President Lyndon Johnson's Economic Opportunity Act of 1964 facilitated the nationwide

expansion of counseling services within a community setting (Bradley & Cox, 2001; Sweeney, 2001). Fueled by the growth of mental health counseling and the momentum aided by government recognition and funding, the American Mental Health Counselors Association (AMHCA) a division of American Personnel and Guidance Association (APGA) was created in 1978 (Sweeney, 2001). The American Counseling Association (ACA) quickly instituted a mental health counselor certification administered by the National Board of Certified Counselors (NBCC) (Sweeney, 2001). While it appears that mental health counseling and school counseling began from similar origins they are still seen as separate specialties (Bobby, 2013; Myers & Sweeney, 2001). During the Council for Accreditation of Counseling and Related Educational Programs (CACREP) inaugural board meeting in 1981, the Standards for counselor training program accreditation included a call for standards related to specialty areas, and by 1984 CACREP had adopted both mental health counseling and school counseling specific standards that had been submitted by AMHCA and American School Counselor Association (ASCA), respectively (Bobby, 2013). These two specialty areas are both present in the existing (2009) Standards and the latest 2016 (2013) Standards draft released by CACREP.

As the counseling profession continued to grow, school counseling and mental health counseling faced the challenge of clarifying the goals of the profession and developing professional identities (Schmidt, 1999). The politics and transition of the United States during the 1960's and 1970's emphasized the need for the school counselor to provide multiple services, including individual and group counseling along with guidance, career and college counseling (Baker & Gerler, 2008; Minkoff & Terres, 1985). The school counseling profession has struggled to establish clear roles and functions of school counselors for many decades (Hatch & Chen-Hays, 2008). The American School Counselor Association (ASCA) developed The

ASCA National Model: A Framework for School Counseling Programs to address the questions about what a school counselor does and provide guidance on how to create an integrated, comprehensive school counseling program that addresses the needs of all students (Hatch & Chen-Hays, 2008). The National Model encourages collaboration of all school personnel, parents, and community agencies and consists of four components: Foundation; Delivery; Management; and Accountability (ASCA, 2012).

The American School Counseling Association (ASCA) published a position statement on The Professional School Counselor and Student Mental Health in 2009 acknowledging unmet mental health issues can have significant effects on students' overall success and also firmly stating that professional school counselors do not provide long-term therapy in schools. This leads to the question, who does provide the needed therapy, or mental health counseling, to these school populations when needed? ASCA (2012) outlines advocating and collaborating with school and community partners to ensure mental health services are accessible to students and their families as part of the professional school counselor role. The debate about the role school counselors and mental health counselors play in addressing the mental health needs of children and adolescents has continued for many years. One thing that has been established, both specialties are needed and collaboration is necessary (ASCA, 2012; Center for Mental Health in Schools, 2008). Walsh and Galassi (2002) asserted that to effectively address the social and emotional issues youth are facing, school and community mental health professionals must establish "collaborations that span the boundaries of professions and agencies" (p. 680).

The majority of schools today have some framework of student support services (Brown, 2006; Jacob, 2008). In-house mental health professionals usually include professional school counselors, social workers, and school psychologists. Often times, the in-house mental health

professionals are responsible for numerous schools and have caseloads into the thousands (Corthell, Dixon, Dew, Parker, & Grubbs, 2013). The ASCA National Model (2012) suggested professional school counselors spend 80% of their time providing direct counseling services to students. Professional school counselors are tasked with addressing normal developmental needs of their students including personal/social, career, and academic development (ASCA, 2012). The school counseling profession has been drastically transformed by the development of the ASCA National Model shifting the profession to a more proactive model (ASCA, 2012; Brown, 2006). Many professional school counselors are equipped with the knowledge and skills necessary to provide short-term individual and group counseling (ASCA, 2012; Brown, 2006), which is very different from the traditional guidance-counseling era. Professional school counselors are eligible to become a Nationally Certified Counselor (NCC) as well as a Licensed Professional Counselor (LPC) if they choose and meet the requirements (Brown, 2006).

Professional school counselors are expected to provide responsive services, including referrals to mental health professionals and short-term counseling, delivering classroom guidance curriculums, and provide individual planning, and develop school wide programs to promote pro social-emotional healthy development (ASCA, 2012). Professional school counselors must be able to identify and refer mental health issues (ASCA, 2012) that include, depression, ADHD, Bi-Polar Disorder, Anxiety Disorders, Eating Disorders, substance use issues, Learning Disorders, self-harming behaviors, grief and loss, interpersonal conflicts with peers and family, trauma, suicidal ideations, issues related to poverty, desire for independence, and sexual identity development (Corthell et al., 2013).

Sadly, many well-trained and competent school counselors lack the time to provide many of these services that address the issues of their students (Lockhart & Keys, 1998; Paisley &

Borders, 1995). School counselors reported non-counseling duties, scheduling, academic-focused conferences, Response To Intervention (RTI) meetings, and parent and teacher consultations as reasons they are not spending the majority of their time providing direct counseling services to students (Corthell et al., 2013). Considering professional school counselors do not provide long-term therapy and often times are too busy to offer even short-term counseling, building strong relationships with community mental health providers is essential. The ASCA National Model (2012) advises professional school counselors to establish effective referral programs for students identified with mental health issues.

Clark and Breman (2009) posit that the increasing number of school aged children in the United States, the increasingly diverse population, and the increasing poverty rates impact the need for counselors to provide additional support services in innovative ways. The percentage of white students has decreased and there has been an increase in Hispanic students (U.S. Department of Education, 2006). There has also been an increase in the number of students who speak a different language than English at home. More specifically, in 1979 there were 3.8 million students whose primary language was not English, this number increased to 9.9 million students by 2004 (Clark & Breman, 2009). Students of color and living in low-income areas are at greater risk for developing mental health issues, but are less likely to receive the services they need (ASCA, 2009; Panigua, 2005; Vera, Buhin, & Shin, 2006)

School psychologists historically have taken the lead in identifying and developing strategies to better meet the mental health needs of students. With recent developments of the ASCA National Model (2012), school counselors have been tasked with advocating for community partnerships and coordinating accessible mental health services for students. According to the American School Counselor Association Position Statement (2009), mental

health concerns are a significant barrier to students' academic, personal-social, and career development. Although school counselors do not provide long-term therapy for their students, they do offer educational, preventative, and crisis and short-term interventions while the student is seeking community resources (ASCA, 2009). Professional school counselors' primary focus is the academic success of their students but addressing mental health issues cannot be ignored. According to ASCA (2012), school counselors are tasked with identifying mental health issues and referring students to outside mental health services. School-based mental health counseling programs have been developed to assist professional school counselors in addressing the mental health needs of students by providing affordable and accessible mental health services (Hoagwood & Erwin, 1997).

Innovative Additional School-Based Mental Health Services

School-based mental health services have been identified as essential services in improving academic and social – emotional well-being of students by the 2001 No Child Left Behind Act, the 1999 Surgeon General Report on Mental Health, and the 2003 New Freedom Commission on Mental Health (Jacob, 2008). In the past decade, there have been intensive reform efforts to integrate mental and behavioral health services into education (U.S. Department of Health and Human Services, 1999; New Freedom Commission on Mental Health, 2003; Mental Health in Schools Act, 2013). *The No Child Left Behind Act* and the *President's New Freedom Commission on Mental* support school-based services that address the psychosocial and mental health issues that impact students' success (Center for Mental Health in Schools, 2003). In 1995, the *Mental Health in School Program* was developed to focus on enhancing the role schools play in addressing mental health issues of children and adolescents (Center for Mental Health in Schools, 2003). The guiding principles are very similar to the goals of the *President's*

New Freedom Commission in Mental Health. The goals of the *President's New Freedom Commission on Mental Health* (2003) include: (a) Americans Understand that Mental Health is Essential to Overall Health, (b) Mental Health Care is Consumer and Family Driven, (c) Eliminating Disparities in Mental Health Services, (d) Early Mental Health Screening, Assessment, and Referral to Service are Common Practice, (e) Delivering Excellent Mental Health Care and Accelerating Research, and (f) Using Technology to Access Mental Health Care and Information.

School-based health centers (SBHCs) were established to provide accessible and affordable health care to students in need (Brown, 2006). SBHC's were later expanded to include mental health services because mental health issues were a primary reason students were visiting school-based health centers (Stephan, Mulloy, & Brey, 2011). SBHCs provide a framework for an innovative way to meet the mental health needs of students (Brown, 2006). Brown (2006) defined SBHCs as an oasis within the school where teamwork helps to meet the physical and mental needs of students. Brown (2006) stated that children using SBHCs are more likely to access mental health services, and result in higher academic achievement, less behavioral issues, and improved attendance. Five common school-based mental health program formats include: school-financed student support services, school-district mental health unit, formal connections with community health services, classroom-based curriculum and special group interventions sessions, and comprehensive, multi-faceted and integrated approaches (Brown, 2006). Expanded school-based mental health programs hire mental health professionals to provide a myriad of prevention, intervention and treatment services (Brown, 2006) in the school setting. School-based mental health programs can drastically decrease the stigma, noncompliance, and inadequate access of mental health services (U.S. Department of Health and

Human Services, 1999; Walter, Armstrong, Krakoff, Tiessi, & McCarthy, 1995). The work of the school-based mental health counselors (SBMHC) is done in partnership with the school and is meant to complement the work of the school counselor (Brown, 2006). The CDC (2013) found 98% of state education agencies, 76% of school districts, and 72% of local schools collaborated with community mental health agencies in some capacity. The details about what these services look like and the services they are providing has not been investigated (Price & Lear, 2008).

Price and Lear (2008) identified a conceptual model for Baltimore schools based on providing students with the optimum environment for learning. The program's goals are focused on primary prevention, early intervention, and treatment services. The CDC published a study on School Health Policies and Programs (2006) arguing a need for school-based mental health professionals to prevent and address the increasing mental health needs of students (Price & Lear, 2008). The Carnegie Council Task Force on Education of Young Adolescents (1989) was ahead of their time in identifying the role schools must play when the mental health needs of their students are directly impacting the learning of their students (Center for Mental Health in Schools, 2003). When stakeholders and administrators in education conceive mental health as an essential part of student supports, they are striving to achieve their mission of school improvement and students' success (Center for Mental Health in Schools, 2008). Howard S. Adelman and Linda Taylor conducted extensive research through the Center for Mental Health in Schools at University of California, Los Angeles identifying a strong need for the helping of professional communities and the educational communities to unite, thus increasing the availability of mental health services for students in need. Adelman and Taylor (2012) identified the impact untreated mental health issues have on students' academic success in their future. ASCA (2009) asserted that student mental health issues are often first identified and initially

treated in a school setting. The quality of the school, the climate of the school, and minimal support services offered can have negative impact on student's academic success. There is a push for a new direction to combine mental health services with the education system, focusing on college and career readiness in high poverty communities, increasing comprehensive services, and family supports (New Freedom Initiative, 2003; U.S. Department of Education, 2006). Adelman and Taylor (2011) point to the importance of addressing barriers to learning as a major component of the educational reform.

There is a dearth of research detailing how school-based mental health programs are aligned with federal school improvement initiatives and the need for additional support for our students. What remains is a gap in the literature that considers SBMHCPs from the perspective of those who have been addressing the mental health needs of students for decades—professional school counselors and counselor educators. There is also limited research explaining the unique roles mental health and school counselors can have in planning and implementing school-based mental health services. While it is clear that the mental health needs of our nation's students should and must be addressed, the road to accomplishing this task is not as clear. A tension, or *turf war*, has been noted between school counselors and mental health counselors, specifically about school-based mental health services that concern, issues such as job roles, responsibilities, liability, and even office space (Baker, 2013; Brown, 2006; Corthell et. al, 2013). The presence of a turf war between counseling specialties is not new—citing Myers and Sweeney (2001). Remley and Herlihy (2007) warned that counselors must decide whether their identities will be rooted in common philosophical and knowledge bases with specialties or whether the specialties will become the dominant professional identities. Remley and Herlihy (2007) advocated that counseling is our primary profession and there are specialty groups within the counseling

profession. As such, there has been a surge to unify all counselors and counseling specialties under the larger professional umbrella of counseling (Myers and Sweeney, 2001). Kaplan & Gladding (2011) discuss the future of counseling, introducing the voices of 29 major counseling organizations coming together to develop a unified counseling profession. The CACREP Board specifically adjusted language in its Standards to keep counseling as the overarching focus among specialties (Bobby, 2013).

There is the recognition that specialties are still useful to a field as complex as counseling since no one practitioner can be proficient in all counseling areas (Remley & Herlihy, 2007). Recognizing these sensitive areas, but also acknowledging the special skills brought by the two specialty areas— clinical mental health and school counselors—collaborative programs that meet the needs of the clients have been proposed and instituted (Baker, 2013). And on February 11, 2013, ACA released a position paper (ACA, 2013b) to all of its membership, including those mental health counselors and school counselors associated with the AMHCA and ASCA divisions, respectively, directing members to support the Mental Health in Schools Act 2013. Citing the increased gun violence in schools, ACA (2013b) reported an increase in legislation to increase mental health services for youth by creating collaborative approaches by integrating mental health services into the education system.

With growing political momentum and funding opportunities mental health counselors in schools may become a more visible and utilized resource in the future (ACA, 2013b). There is support and encouragement from both AMHCA and ASCA for collaborative efforts to institute programs that provide students with better access to mental health services, which school-based mental health counseling programs certainly do (Baker, 2013). Brown, Dahlbeck, and Sparkman-Barnes (2006) interviewed 53 school counselors and administrators about their

thoughts related to schools working collaboratively with non-school mental health professionals to address the mental health needs of their students. Results of the study suggested the following major areas of dialogue are needed among principals, school counselors, and community mental health agencies: school counselor role definition and clarification, referral/triage procedures, and turf war issues. The mental health professionals employed by the schools are referring a larger number of students to outside mental health services. The majority of students who are referred to outside mental health services never receive the services they need (Jacob, 2008).

Although research (e.g., Adelman & Taylor, 1998; Erford, Newsome, & Rock, 2007; Repie, 2005) has clearly identified a link between untreated mental health issues and educational failure, some schools are still hesitant to fully incorporate mental health services into the school setting. School counselors can be key players in developing and implementing school-based mental health programs, yet there is limited research about the training process for school counseling students who may potentially be working alongside a school-based mental health counselor. Neither the body of school counseling literature or the ASCA National Model (2012) directly discuss school-based mental health programs as an option help meet students' mental health needs. There is also limited research about the role school counselor educators can play in increasing school-based mental health programs. The current mental health delivery system for children and adolescents is fragmented and ineffective (Brown, 2006; Center for Mental Health in Schools, 2008; Jacob, 2008). Although, school counselors are the primary mental health professional in many students' lives, their involvement in school-based mental health programs has not been well documented. The involvement of school counselors and counselor educators in the restructuring of the mental health delivery system for children and adolescents is essential. Professional school counselors have a unique identity that is rooted in advocacy and wellness,

which is directly aligned with the goals of school-based mental health services (ASCA, 2012; Center for Mental Health in Schools, 2008).

References

- Adelman, H.S. & Taylor, L. (2012). Mental health in schools: Moving in new directions. *Contemporary School Psychology*, 16, 9-18.
- Adelman, H. S. & Taylor, L. (2011). Expanding school improvement policy to better address barriers to learning and integrate public health concerns. *Policy Futures in Education*, 9(3), 431-436.
- Adelman, H.S. & Taylor, L. (2006). Mental health in schools and public health. *Public Health Reports*, 121(3), 294-298.
- Adelman, H. S., & Taylor, L. (1998). Reframing mental health in schools and expanding school reform. *Educational Psychologist*, 33, 135–152.
- American Counseling Association (ACA). (2013b). *Support Mental Health in Schools Act of 2013*. Retrieved from: <http://www.counseling.org/public-policy/current-issues/position-papers/2013/02/11/support-mental-health-in-schools-act-of-2013>
- American Counseling Association. (2010). *Ideas for future action and discussion*. Retrieved from <http://www.counseling.org/20-20/concepts.aspx>
- American School Counselor Association (ASCA). (2009). *The professional school counselor and student mental health*. Retrieved from: http://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS_StudentMentalHealth.pdf
- American School Counselor Association (ASCA). (2012) *The ASCA National Model: A framework for school counseling programs* (3rd ed.), Alexandria, VA: Author.
- Anderson-Butcher, D., & Ashton, D. (2004). Innovative models of collaboration to serve children, youths, and families, and communities. *Children & Schools*, 26(1), 39-53.

- Baker, C. (2013). School-based mental health services: What can the partnership look like? *Counseling Today*, 55(7), 58.
- Baker, S. B., & Gerler, E. R. (2008). *School counseling for the twenty-first century* (5th ed.), Upper Saddle River, NJ: Pearson.
- Bobby, C. L. (2013). The evolution of specialties in the CACREP standards: CACREP's role in unifying the profession. *Journal of Counseling & Development*, 91(1), 35-43.
- Bradley, R. W., & Cox, J. A. (2001). Counseling: Evolution of the profession. In D. C. Locke, J. E. Myers, & E. L. Herr (Eds.), *The handbook of counseling* (pp. 27-41). Thousand Oaks, CA: Sage.
- Brown, C., Dahlbeck, D.T., Sparman-Barnes, L. (2006). Collaborative relationships: School counselors and non-school mental health professionals working together to improve the mental health needs of students. *Professional School Counseling*, 9(4), 332-335.
- Brown, M. B. (2006). School-based health centers: Implications for counselors. *Journal of Counseling & Development*, 84, 187-191.
- Centers for Disease Control and Prevention. (2013). [Mental health surveillance among children – United States, 2005 – 2011 \(CDC Publication No. 62-02\)](#). Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm?s_cid=su6202a1_w
- Center for Mental Health in Schools. (2003). *Enhancing school staff understanding of mental health and psychosocial concerns: A guide*. Los Angeles: Author.
- Center for Mental Health in Schools. (2008). *Youngsters' mental health and psychosocial problems: What are the data?* Los Angeles, CA: Author.

- Clark, M., & Breman, J. (2009). School counselor inclusion: A collaborative model to provide academic and social-emotional support in the classroom setting. *Journal of Counseling & Development, 87*(1), 6-11.
- Corthell, K. K., Dixon, A. L., Dew, B. J., Parker, L. K., & Grubbs, N. K. (2013). *Meeting the mental health needs of middle school students: An examination of school counselors' perspectives*. Manuscript submitted for publication.
- Council for Accreditation of Counseling and Related Educational Programs. (2009). *2009 standards*. Alexandria, VA: Author. Retrieved from <http://www.cacrep.org/doc/2009%20Standards%20with%20cover.pdf>
- Erford, B. T., Newsome, D. W., & Rock, E. (2007). Counseling youth at risk. In B.T. Erford (ed.) *Transforming the school counseling profession* (2nd ed.) (pp. 279-303). Upper Saddle River, NJ: Pearson.
- Hatch, T., & Chen-Hays, S. F. (2008). School counselor beliefs about ASCA National Model school counseling program components using the SCPCS. *Professional School Counseling, 12*(1), 34-42.
- Hays, D. G., & Wood, C. (2011). Infusing qualitative traditions in counseling research designs. *Journal of Counseling & Development, 89*(3), 288-295
- Hoagwood, K., & Erwin, H.D. (1997). Effectiveness of school-based mental health services for children: A 10-year research review. *Journal of Child and Family Studies, 6*(4), 435-451.
- Jacob, S. (2008). School-based mental health: A de facto mental health system for children. *Journal of Hospital Marketing & Public Relations, 18*(2), 197-211.

- Kaplan, D.M., & Gladding, S.T. (2011). A vision for the future of counseling: The 20/20 principles for unifying and strengthening the profession. *Journal of Counseling & Development, 89*(3), 367-372.
- Mental Health in Schools Act, H.R. 628, 113th Cong. (2013). Retrieved from: <https://www.congress.gov/bill/113th-congress/house-bill/628>
- Merikangas, K., He, J., Brody, D., Fisher, P.W., Bourdon, K., & Koretz, D.S. (2010). Prevalence and treatment of mental disorders among US children in the 2001-2004 NHANES. *Pediatrics, 125*(1), 75-8.
- Minkoff, H. B., & Terres, C. K. (1985). ASCA perspectives: Past, present, and future. *Journal of Counseling and Development, 63*(7), 424-427.
- Moustakas, C. (1994). Phenomenological research methods. Thousand Oaks, CA: Sage.
- Myers, J. E., & Sweeney, T. J. (2001). Specialties in counseling. In D. C. Locke, J. E. Myers, & E. L. Herr (Eds.), *The handbook of counseling* (pp. 43-54). Thousand Oaks, CA: Sage.
- New Freedom Commission on Mental Health (2003). *Achieving the promise: Transforming mental health care in America. Final Report.* (DHHS Publication No. SMA-03-3832). Retrieved from www.mentalhealthcommission.gov
- Paisley, P. O., & Borders, L. D. (1995). School counseling: An evolving specialty. *Journal of Counseling & Development, 74*(2), 150-153.
- Panigua, F. A. (2005). *Assessing and treating culturally diverse clients: A practical guide* (3rd ed.). Thousand Oaks, CA: Sage.
- Price, O. A., & Lear, J. G. (2008). *School mental health services for the 21st century: Lessons from the District of Columbia school mental health program.* Retrieved from www.healthinschools.org

- Remley, T. P. & Herlihy, B. (2007). *Ethical, legal, and professional issues in counseling* (2nd ed.), Upper Saddle River, NJ: Person.
- Repie, M.S. (2005). A school mental health issues survey from the perspective of regular and special education teachers, school counselors, and school psychologist. *Education and Treatment of Children*, 28(3), 279-298.
- Schmidt, J. J. (1999). *Counseling in schools: Essential services and comprehensive programs* (3rd ed.), Needham Heights, MA: Allyn & Bacon.
- Shavers, C.A. (2013). Exposures to violence and trauma among children and adolescents. *Health*, 5(2), 298-305.
- Stephan, S., Mulloy, M., & Brey, L. (2011). Improving collaborative mental health care by school-based primary care and mental health providers. *School Mental Health*, 3(2), 70-80.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2012). *Mental Health, United States, 2010* (HHS Publication No. (SMA) 12-4681). Retrieved from <http://www.samhsa.gov/data/sites/default/files/MHUS2010/MHUS2010/MHUS-2010.pdf>
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2013). *Results from the 2012 National Survey on Drug and Health: Summary of national findings*. (NSDUH Series H-46, HHS Publication No. (SMA) 13-4795). Retrieved from <http://archive.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHresults2012.pdf>
- Sweeney, T. J. (2001). Counseling: Historical origins and philosophical roots. In D. C. Locke, J. E. Myers, & E. L. Herr (Eds.), *The handbook of counseling* (pp. 3-26). Thousand Oaks, CA: Sage.

- U.S. Bureau of the Census. (2011). *Income, expenditures, poverty, & wealth*. Retrieved from http://www.census.gov/compendia/statab/cats/income_expenditures_poverty_wealth.html
- U.S. Department of Education, National Center for Educational Statistics. (2006). *The condition of education 2006 (NCES Publication No. 2006-071)*. Retrieved from <http://nces.ed.gov/pubs2006/2006071.pdf>
- U.S. Department of Health and Human Services (U.S. DHHS). (1999). *Mental health: A report of the Surgeon General*. Retrieved from <http://www.surgeongeneral.gov/library/mentalhealth/home.html>
- Vera, E. M., Buhin, L., & Shin, R. Q. (2006). The pursuit of social justice and the elimination of racism. In M. G. Constantine and D.W. Sue (Eds.) *Addressing racism: Facilitating cultural competence in mental health and education settings*, (pp. 271-287). Hoboken: Wiley.
- Walsh, M. E. (2012). *Experiences of professional counselors who demonstrate exceptional practice with children and adolescents in non-school settings*. (Unpublished doctoral dissertation). Georgia State University, Atlanta Georgia.
- Walsh, M., & Gallassi, J.P. (2002) An introduction: Counseling psychologist and schools. *The Counseling Psychologist*, 30, 675-681.
- Walter, H.J., Vaughan, R.D., Armstrong, B., Krakoff, R.Y., Tiezzi, L., & McCarthy, J.F. (1995). School-based health care for urban minority junior high school students. *Arch Pediatrics Adolescent Med*, 149, p. 1221-1226.

CHAPTER 2

THE ROLE OF MENTAL HEALTH COUNSELORS IN PUBLIC SCHOOLS: PROFESSIONAL SCHOOL COUNSELORS' AND SCHOOL COUNSELORS EDUCATORS' PERSPECTIVES

The need for more mental health counseling services in the school setting has been documented in the literature (Brown, 2006; Center for Mental Health Schools, 2008; Paisley & Borders, 1995; Porter, 2000) and in the public policy arena (ACA, 2013; Mental Health in Schools Act, 2013; New Freedom Commission on Mental Health, 2003). The Substance Abuse and Mental Health Services Administration's (SAMHSA) (2012) report on Mental Health in the United States stated that one out of eight young people (age 8 to 15) have been diagnosed with a mental health disorder. Burns et al. (1995) conducted a study identifying schools as the de facto mental health system for children and adolescents, and according to Jacob (2008), 70-80% of students were seen by school professionals for mental health issues. Likewise, school counselors are reporting that they are increasingly assisting students with mental health issues, including anxiety (Repie, 2005), substance abuse, suicidal ideations (Lockart & Keys, 1998), and parental and family issues (Stormshak et al., 2011).

Current Child and Adolescent Mental Health Delivery System

The school counseling profession has been transformed drastically over the years, especially since the development of the American School Counseling Association (ASCA) National Model, first introduced in 2003. The current ASCA National Model (2012) recommends that school counselors spend 80% of their time providing direct counseling services to students. The direct student services outlined in the delivery system include: providing classroom guidance around school counseling core curriculum, small group and individual counseling, and crisis response services (ASCA, 2012). Unfortunately, the mental health needs

of students are increasing in schools (U.S. Department of Health and Human Services, 2005), and professional school counseling caseloads are becoming even more demanding and stressful to professional school counselors (McCarthy, Van Horn Kerne, Calfa, Lambert, & Guzmán, 2010). The limited amount of available time school counselors have after fulfilling all their other job requirements (paperwork, administrative disruptions, school-wide testing, etc.) restricts their abilities to meet students' needs (McCarthy et al., 2010; Paisley & Boarders, 1995). Schools with high minority enrollment are more likely to restrict school-based mental health services to students only who qualify for special education services (U.S. Department of Health and Human Services, 2005). Some school counselors even reported not being permitted to meet the counseling needs of their students due to limiting practice policies instituted by their school districts (Lockhart & Keys, 1998).

As directed by ASCA (2012), professional school counselors are turning to community mental health counseling referrals to meet the mental health needs of their students. According to the U.S. Department of Health and Human Services (2005) report, the number of referrals to community-based mental health providers had increased for sixty percent of school districts and one third of the school districts reported the availability of outside community providers had decreased. The concern of a possible *fragmented* mental health delivery system for children and adolescents is growing (Brown, 2006; Center for Mental Health in Schools, 2008). Some claim the mental health service delivery system lacks communication among healthcare professionals and lacks a focus on prevention or early intervention efforts (Stephan, Mulloy, & Brey, 2011). Merikangas et al. (2010) found that only 50.6% of youth who met The Diagnostic and Statistical Manual Fourth Edition (DSM-IV) (APA, 2000) diagnostic criteria for a mental health disorder actually received mental health services. A study conducted by the U.S. Department of Health

and Human Services (2005) cited financial constraints of families and inadequate school mental health resources as major barriers in receiving mental health services for youth.

School-Based Mental Health Support

In an effort to close the fragmented services gap and better connect children and adolescents with mental health counseling services, federal and state initiatives advocating for increased mental health services in schools have been developed (Center for Mental Health in Schools, 2008; Mental Health in Schools Act, 2013). Educational and mental health counseling policy makers have begun supporting these initiatives (ACA, 2013; Center for Mental Health in Schools, 2008; New Freedom Initiative, 2003). In the 1980's, there were fewer than 100 school-based health centers, and in 2005, there were more than 1700 in the United States (Lear, 2007).

According to a 2008 Public Health Report, school-based health centers (SBHCs) have been identified as an efficient system of delivery, especially for low-income families, who experience more barriers to mental health care (Clayton et al., 2010; Guo, Wade, & Keller, 2008). School-based mental health interventions that have a positive impact on mental health and academic functioning are intensive, they target students, teachers, and parents, and are offered for at least one year (Hoagwood et al., 2007).

Counselor Educators and School Counselors as Advocates for School-Based Mental Health

Programs

Despite the growing success and support for school based mental health services, Porter (2000) posited that the effectiveness of school-based mental health services is dependent on the collaboration between professional school counselors and the school-based mental health counselors (SBMHCs). Mental health counselors have traditionally been unable to provide counseling services in schools because they usually lack required state certifications as school

counselors (Remley & Herlihy, 2007), they lack financial support and funding from districts, and they lack the support of school policy makers and stakeholders (Brown, 2006; Vanderbleek, 2004). In the past, mental health counselors and school counselors have even found themselves engaging in what some call *turf wars* with one another (Brown, 2006; Myers & Sweeney, 2001; Remley & Herlihy, 2007). These issues certainly impact school-based mental health counseling programs (SBMHCPs).

Given the of SBMHCP's and their growing popularity in some groups, Brown (2006) and Corthell, Dixon, Dew, Parker, and Grubbs (2013) examined school counselors' perceptions about incorporating mental health professionals on school campuses through SBMHCPs. The majority of participants in both studies identified the need for more mental health professionals and agreed that providing additional mental health professionals would benefit the students; however, despite the overwhelming positive responses to more accessible mental health services, there were also participants who expressed concerns around professional school counselor job encroachment. There was also some hesitancy around allowing such programs to move forward without full understanding of the experience of having both professional school counselor and school based mental health counselor on one school campus.

At the time of this study, the authors did not find any studies in the counseling literature examining counselor educators' experiences of school-based mental health services, or any studies around the impact these experiences have around establishing effective SBMHCPs. Given the major role school counselors and counselor educators play in the mental health delivery system of children and adolescents, as well as the professional power both groups hold in the area of school based counseling, it is essential to gain a better understanding about their experiences in-directly working with school-based mental health programs through supervision

of school counseling students. Recent calls have been made to unify the counseling profession (Bobby, 2013) and provide a unified voice in support of all the varied work professional counselors from different specialties provide (Brown, 2006; Myers & Sweeney, 2001). Professional school counselor and mental health counselors must be better informed on SBMHCP's before they can willingly lend their voices in support of the mental health counselors entering school campuses.

The purpose of this research study is to examine the experiences professional school counselors working alongside at least one school-based mental health counselor and school counselor educators supervising at least one school counseling student interning at a school that incorporates school-based mental health counselors. From the perspective of these professional school counselors and counselor educators supervising professional school counseling interns, this research aims to better understand perceptions of SBMHCs and SBMHCPs, the division of roles and duties, if any, the quality and availability of the SBMHCs they worked with, any recommendations for professional school counseling and mental health counseling training, and the funding of these SBMHC positions and programs.

Method

This study was guided by a social-constructivist epistemology (Sexton, 1997), rooted in postmodern thinking. Postmodern thinking challenges the great narratives of western civilizations (Derrida, 1982). Crotty (1998) asserts constructivist frameworks allow truth and meaning to come into existence with our engagement with others as well as an opportunity for people to make sense of the same reality in different ways. A qualitative phenomenological method was determined to be the most appropriate method because this research study aims to describe the depth and meaning of the lived experiences of both professional school counselors

and school counselor educators regarding a particular phenomenon or concept (Creswell, 2007; Ginsberg & Sinacore, 2013; Hays & Wood, 2011). This method will allow the researchers the ability to gather contextual data on the participants' experiences working with SBMHC's and SBMHC programs in public schools and offer rich descriptions of the phenomena (Ginsberg & Sinacore, 2013).

Participants

When recruiting participants for a phenomenology research study, it is important to be intentional in the participant selection process to ensure the participants have direct and adequate experience with the phenomenon being studied (Flynn, Duncan, & Jorgensen, 2012; Hays & Wood, 2011). Therefore, eligible participants included professional school counselors working in public schools who confirmed having at least one academic year of direct experience working with a SBMHC in their school, as well as school counselor educators who had at least one academic year of direct experience supervising at least one masters school counseling or doctoral counselor education student who interned at a public school that utilizes SBMHCs. Consistent with other phenomenological studies and recommendations for phenomenological qualitative research (Flynn et al., 2012; Ginsberg & Sinacore, 2013; Hays & Woods, 2011; Polkinghorne, 1989) 5-25 participants were recruited.

Of the 38 professional school counselors who started the survey, 19 were excluded for non-completion and two were excluded for not having at least one year of experience working alongside a SBMHC in a public school. Seventeen ($n=17$) professional school counseling participants completed the survey in full and met the inclusionary criteria. Of these participants 14 identified as female and three identified as male. The school counseling participants' ages ranged from 24 – 60 years old ($M= 40$ years). Fourteen participants identified as White and three

participants identified as Black or African American. The school counseling participants reported working alongside SBMHCs in elementary, middle, intermediate, and high schools in urban, rural, or suburban locations. Thirteen school counseling participants reported working alongside a SBMHC in a public Title 1 school. The years of experience of the school counseling participants ranged from 1-30 years ($M= 10$ years), with eight school counseling participants having a master's degree, seven school counseling participants having a specialist in education degree, and two school counseling participants having a doctoral degree. Only two school counseling participants reported being a Licensed Professional Counselors (or similar licensure in their state) at the time of the study. Five school counseling participants reported having previous experience working as a mental health counselor, substance abuse counselor, and/or rehabilitation counselor before working as a professional school counselor. Seven school counseling participants reported being Nationally Certified Counselors at the time of the study and two school counseling participants reported being Nationally Certified School Counselor at the time of the study. Ten school counseling participants reported being members of ASCA and four participants reported being members of ACA. School counseling participants reported working alongside SBMHC at school locations in all four regions (geographical quadrants) of the United States.

Of the 20 counselor educators who started the survey, only 5 ($n=5$) completed it in full. The counselor educators' ages ranged from 39-61 years ($M = 40$ years) and four counselor educator participants identified as female and one participant identified as male. Three counselor educator participants identified as being White, while one counselor educator identified as Black, and one counselor educator participant identified as Latina. The years of experience the counselor educator participants had supervising a school counseling intern working alongside a

SCBMHC ranged from 2-6 years ($M = 4$ years) and the overall years of experience working as a school counselor educator ranged from 4-19 years ($M = 15$ years). Four counselor educator participants reported having experience working as a mental health counselor, substance abuse counselor, and/or a rehabilitation counselor prior to becoming a school counselor educator. Four counselor educator participants reported being National Certified Counselors at the time of the study, but none reported being a Nationally Certified School Counselor. All five counselor educator participants reported being members of ACA and three counselor educator participants reported being members of ASCA. Counselor educator participants reported supervising school counseling interns working in elementary, middle, and high school settings in rural, urban, and suburban locations. Four counselor educator participants reported their interns were working alongside a SBMHC in a Title 1 school. Counselor educator participants reported supervising school counseling students working alongside SBMHC in the Northeast, South and Midwest regions of the United States.

Procedures

Researchers have recognized that using online questionnaires can provide a broader sample and increase participant honesty (Ayling & Mewse, 2009; Balden & Wittman, 2008). Multiple members of the research team previously participated in a related study at a local level that briefly asked professional school counseling participants about the role of mental health counselors in schools, and their experience working alongside mental health counselors in schools (Corthell et al., 2013). The researchers observed participants as being reluctant to answer and hesitant to provide their full opinions (Corthell et al., 2013). Therefore, an on-line questionnaire format was used in this study, providing the participants more anonymity and the opportunity to share and reflect more in depth about a sensitive topic using an online open ended

questionnaire (Beck, 2005). The questionnaire took participants about 20-40 minutes to complete. Participants were also given the option to provide their contact information if they desired to participate in a follow-up interview. Purposive selection was the primary method used to recruit participants. Qualifying participants known to members of the research team were emailed an invitation to participate, and a link to the online questionnaire was embedded in the email. Purposive sampling was efficient in recruiting all 17 school counseling participants. The primary researcher emailed targeted professional school counselors working in schools systems that employ school-based mental health counselors. Additional school counselor educator participants were still needed after purposive selection. A recruitment email with the embedded online questionnaire link was sent to the CESNET counseling listserv to recruit the remaining school counselor educator participants. All participants affirmed that they met the criteria for participation before they were able to complete the online questionnaire.

Data Sources

Demographic sheet and open ended questionnaire. Participants were asked to provide basic demographic information (i.e. personal demographics, school demographics, information about training program, licensure and certification information) and respond to an open-ended online questionnaire. The primary researcher developed the open-ended questions and to bracket the primary researcher's subjective frame (Ginsberg & Sinacore, 2013), the questionnaire was reviewed by four counselor education faculty members and all members of the research team. The questionnaire was piloted by two members of the research team to confirm clarity, comprehensiveness, and completion time. The questions were derived from a literature review on the topics, including but not limited to the mental health needs of children and adolescents, history and professional identity of school and mental health counselors, fragmented

mental health delivery system, and school-based mental health programs. The following questions were included in the open-ended response section of the questionnaire for school counseling participants:

1. Describe your experiences with working in a school with a school-based mental health counselor.
2. In your experience(s), what services did the school-based mental health counselor(s) provide in your school? Please provide examples and explain in detail.
3. From your experience(s), what are the benefits of having school-based mental health counselors in schools? Please provide examples and explain in detail.
4. From your experience(s), what are the obstacles to having school-based mental health counselors in schools? Please provide examples and explain in detail.
5. What role do you think school-based mental health counselors should have in schools, if any? Please provide examples and explain in detail.
6. What role do you think school counselors should have in school-based mental health program? Please provide examples and explain in detail.
7. After working with a school-based mental health counselor, what recommendations would you have for a graduate program that is preparing its school counseling students to work alongside school-based mental health counselors? Please provide examples and explain in detail.
8. What do you believe should be done in schools to help better meet the diverse mental health needs of students, if anything? Please provide examples and explain in detail.
9. Do you believe school-based mental health programs (staff with school-based mental health counselors) are an effective way to meet the mental health needs of students?

The following questions were included in the online questionnaire for school counselor educator participants:

1. From your perspective as a university supervisor, what were the main services that the school-based mental health counselor(s) provided in the school where your school counseling student interned? Please provide examples and explain in detail
2. From your perspective as a university supervisor, what were the benefits of having a school-based mental health counselor in the school with your school counseling intern(s)? Please provide examples and explain in detail.
3. From your perspective as a university supervisor, what role do you think school-based mental health counselors should have in schools, if any? Please provide examples and explain in detail.
4. After supervising a school counseling intern working in a public school that ALSO employed or contracted a school-based mental health counselor, what recommendations do you have for school counselor training programs who are preparing future school counselors to potentially work alongside school-based mental health counselors? Please provide examples and explain in detail.
5. What do you believe should be done in schools to better meet the diverse mental health needs of students, if anything? Please provide examples and explain in detail.
6. Do you believe school-based mental health programs (staffed with school-based mental health counselors) are an effective way to meet the mental health needs of students?

Research team. The research team consisted of three team members. At the time of the study, two were counselor education doctoral students and one was a recent graduate of the same doctoral program. Research team members were selected because of their unique past

experiences working with mental health counselors in schools and their knowledge of the school counseling profession: the primary researcher identifies as a White female, is a certified school counselor and a licensed professional counselor (LPC) with experience working as both a SBMHC prior to her certification as a professional school counselor, and as a school counselor. The second team member also identifies as a White female, is a doctoral student in a counselor education and practice program, is a state certified school counselor and also has past experience working as SBMHC and a school counselor. The third team member also identifies as a White female, recently graduated from a counselor education and practice PhD program, is a LPC, and has experience working as a SBMHC, as well as a mental health counselor in university counseling center; however, at the time of the study, she was working as a counselor educator and advisor for master's level school counseling students.

Prior to analyzing the data, the research team met for an initial bracketing meeting to identify biases and subjectivities related to this study (Hays & Wood, 2011). Among the numerous biases disclosed and identified, the primary researcher discussed the strong opinions she has about the positive impact school-based mental health programs can have on student academic achievement. Another member acknowledged the need for SBMHC as well as acknowledged that there can be a negative side to SBMHCs. The research members discussed their personal experiences working as a SBMHC and the positives and challenges of SBMHCs were discussed in depth. All members agreed that although our experiences were not perfect, we collectively have a bias that SBMHCs are helpful and needed in the schools. We also discussed all of our involvement in state, regional, and national counseling organizations and the impact this may have regarding our favorable attitudes towards SBMHCs. We discussed how our

favorable attitudes about SBMHC could impact the study and the processes that we have set in place are discussed later in the chapter.

Analysis of Data.

Phenomenological qualitative analysis was the most appropriate analytic method to use because the research question is rooted in gaining an understanding from participants who have direct experience and knowledge about the phenomenon of school-based mental health programs. Using a process known as horizontalization, the research team identified invariant meaning units by identifying nonrepetitive and nonoverlapping statements about school-based mental health counseling (Hays & Wood, 2011; Moustakas, 1994), and clustered their first impressions and their supporting data units into clusters. Creating a textural description (Hays & Wood, 2011; Moustakas, 1994), research team members all agreed on these clusters and their related invariant meaning units described the meaning and depth of the lived experience the school counseling participants had working alongside at least one school-based mental health counselor and the lived experience school counselor educators had supervising at least one student interning at a school with a school-based mental health counselor. Direct quotes from the participant interview transcripts supported the textured description of the experience.

The research team members met a total of seven times, for an average of four hours to compare the independent analysis of the data units, categorize all meaning units into a list of overarching themes. When different data interpretations occurred team members discussed their point of view, biases were discussed, and finally voted on by members. To reach a unanimous decision the data units in question were discussed until all members agreed on the theme that best represented the data unit. The resulting cross-case analysis list of themes and their meaning units described the essence of the lived experience the school counselor participants and

counselor educators had working alongside or supervising a school counseling intern working alongside a school-based mental health counselor (Ginsberg & Sinacore, 2013; Hays & Wood, 2011).

Trustworthiness

The research team took multiple steps to increase the trustworthiness of this study. The research team members discussed biases at the seven monthly research meetings. We continuously attempted to identify experiences, assumptions and biases about the study (Hays & Wood, 2011; Morrow, 2005). In an effort to increase confirmability, the research team members constantly questioned one another on whether their individual or joint subjectivity and biases interfered with the study and its findings. Dependability was achieved by use of an audit trail, a journal kept by the primary researcher to ensure reflexivity during the data interpretation process. An external auditor reviewed the audit trail to verify records and replicability of the study (Morrow, 2005). Also, research team members independently analyzed all data and “provide[d] only the thick description necessary to enable someone interested in making a transfer to reach a conclusion” on the possibility of transferability” (Guba & Lincoln, 1985, p. 316). The results of the study include samples of rich responses from the participants (Hays & Wood, 2011; Moustakas, 1994). Triangulation of the data occurred with the use of a peer debriefer, auditor, referential adequacy, and with multiple researcher team members coding and analyzing the data independently before attending research meetings to discuss and agree upon the emerging meaning of the data (Hays & Wood, 2011; Morrow, 2005). After each research member analyzed the first two data sets of each participant group a research meeting was held to ensure accuracy of the textural descriptions for each participant and establish categories for the initial focus points. Six subsequent meeting were held to discuss and come to a consensus about

textural-structural descriptions, structural descriptions, and composite descriptions of the phenomenon (Moustakas, 1994). This study addressed Lincoln and Guba’s (1985) four elements of credibility (i.e., triangulation, transferability, dependability, and confirmability).

Results

This phenomenological research study examined the role of mental health counselors in public schools from the perspectives of school counselors who have direct experience working alongside at least one school-based mental health counselor and school counselor educators who have experience supervising at least one student interning at a school with a school-based mental health counselor resulted in a cross-case analysis list of five themes, all supported by meaning units and related participants quotes. See Table 1 below for all themes, as well as subtheme examples.

Table 1. 1

Composite Description

Themes	Subtheme Examples
Benefits of SBMHCs and SBMHCPs	<p>Professional school counselors and counselor educators think SBMHCs are helpful, beneficial, or a positive addition to their school, counseling program, and students.</p> <p>SBMHC’s provide better access to mental health services, and financial constraints are one of the barriers that SBMHCs can relieve.</p> <p>Professional school counselors and counselor educators have concerns that SBMHCs would assume school counselors’ place in the schools.</p>

Job roles and Duties

SBMHC's and SCO's must work in concert together, collaborate, and acknowledge some overlap in services while still establishing clear and recognized roles.

Professional school counselors are on the front lines determining what services are needed, and then make referrals to the SMBHCs.

Quality, Consistency, and Recognition of School-Based Mental Health Counselors

SBMHC's should be competent and experienced, both in mental health counseling skills and in the issues around providing counseling on school campuses.

SBMHCP should be recognized as official, integrated school program.

Recommendations for Training

School-based mental health counselors need specialized training. Perhaps this training is even a combination of school counseling and mental health counseling training (both without training program sharing).

Professional school counselors need to be prepared to work alongside a school-based mental health counselor. This includes understanding professional school counseling advocacy and services collaboration.

Funding and Placement of School-Based Mental Health Counselor Employment Positions

SBMHC and their programs are funded in a variety of ways.

Irregular funding seems to negatively impact the quality of SBMHC's and

SBMHCP's, and the school counselors and counselor educators perceptions of them.

Theme: Benefits of School-Based Mental Health Counselors and School-Based Mental Health Counseling Programs.

Subtheme 1: Nearly all professional school counselors and counselor educators think SBMHCs are helpful, beneficial, or a positive addition to their school, counseling program, and students (14=school counselors; 4 = counselors educators). School counseling participant 2 stated, “It is very helpful to have school based skills specialists and therapists in our building to help us with our caseload of students”. School counseling participant 7 simply states, “all counselors are a resource and the more help the better”. School counseling participant 8 identified SBMHCs as, “a valuable resource in managing the needs of the students” and “... a valuable team member in addressing difficult mental health issues most schools aren't equipped to handle”. School counseling participant 10 reported, “having a school-based mental health counselor has been a real benefit to our school guidance program”.

Seven (6=school counselors; 1=counselor educators) participants discussed SBMHCs to be a resource for teachers—assisting teachers in recognizing mental health issues—as well as being a resource to educate families and community about mental health issues. School counselor participant 9 captured the school counselor perceived benefits stating, “[school-based mental health programs are a] great support for families as well [...] I feel they are vital to the overall health of our families.” School counselor participant 8 also echoed those constraints and said, “the limitations of school counseling often put a restraint on how much mental health support [school counselors] can provide.” School counseling participant 12 had a similar experience with the need for additional school-based student support, reporting “school counselors are overloaded and have very little time to do one-on-one counseling for extended time because of all the non-counseling assignments they are assigned to do.”

Subtheme 2: SBMHC's provide better access to mental health services, and financial constraints are one of the barriers that SBMHCs can relieve. Sixteen participants (13= school counselors; 3= counselor educators) spoke about school-based mental health counselors providing better access to services for many students who were in need of longer-term counseling, but could not access counseling services outside of their school due to personal financial constraints, parent schedules, lack of transportation, or limited community counseling resources. School counselor participant 9 said, "Our population needs the additional support [of a SBMHC] since our parents cannot afford [private counseling] or have the time to take our students to a mental health professional." This is the only way that these services would ever be available to those kids." School counseling participant 8 perceived SBMHC programs to be essential in meeting mental health needs students, stating, "students who receive SBMHC services really need it and would not get [mental health services] otherwise". School counseling participants 9 and 14 both discussed SBMHC programs as a solution to limited counseling resources, "often they [SBMHCs] are the only resource available for our families" explained participant 9. Participant 14 described his experiences with a high need for SBMHC services, "there are many students who need intense and individualized mental health support and therapy that will not or cannot [sic] access it in the community". School counseling participant 15 suggests that "school counselors need to be aware of special populations (like poor or undocumented students) in the school who may not have access to [mental health] services and make sure that these needs are fulfilled". School counselor participant 11 added, "It is also nice to have a mental health professional [at the school] to bounce ideas off of. It is great to have direct communication with my students' mental health counselor, without breaking confidentiality of course, so we can work together to best meet the students' needs."

Theme: Job Roles and Duties of Professional School Counselors and School-Based Mental Health Counselors

Subtheme 1: Some professional school counselors and counselor educators have concerns that SBMHCs would assume school counselors' place in the schools. A recurring concern among seven (4=school counselors; 3=counselor educators) participants was the worry that school based-mental health counselors would assume school counselor duties. When asked about duties to be done by SBMHC's, school counselor participant 3 said, "Ongoing individual counseling. They would work with students who needed ongoing support." This same school counselor participant then followed up with, "Many would try to run small groups, but unless there's a close working relationship with the school counselor and the mental health counselor, this encroaches on the school counselor's role in the school (that we've worked really hard to secure)." School counselor educator participant 5 stated, "They [SBMHC's] should be able to provide ADDITIONAL [participant emphasis] support -- not THE SAME [participant emphasis] support that school counselors provide".

Subtheme 2: SBMHC's and professional school counselors must work in concert, collaborate, acknowledge some overlap in services and establish clear and recognized roles (by all—counselors, schools, and communities). While school counseling participant 3 had some concerns she added, "school counselors need to learn to collaborate with the individual [school-based] mental health counselor to meet the needs of the school (without giving away their job)," this participant also acknowledged that an agreed upon division of duties can make for a successful experience, and said, "It's definitely a delicate balance. But the positives are there if it's done right - it's all about a partnership." Sixteen (12=school counselors; 4 counselor educators) participants believe it is imperative school counselors and SBMHCs work together and identify

their specific roles. These participants emphasized or implied the need for constant and successful collaboration and sharing of information between school counselors and the school-based mental health counseling professional in order for the students and the school to best be served. School counseling participant 10 discussed the delicate integration and division of duties required, when she stated, “When [the district schools] were first approached with this model, many of my school counselor colleagues [at other schools within the district] felt that it was a threat to what [school counselors] do, and turned down the option [of a SBMHC for their school]. We [my school] embraced it and have never regretted the decision. I believe that the reason it works for us is that we consider her [the mental health counselor] a part of the scope of services that we provide.” Participant 10 added, “She [mental health counselor] is not responsible for the ‘*other duties as assigned*’ and she can devote her time to direct student services.” For schools wanting to integrate a mental health counselor, Participant 10 stressed, “Make sure that the scope of services is clearly defined to all staff and articulate if needed.” School counseling participant 14 warned, “a basic understanding of each professional role is necessary while maintaining a professional identity”. School counseling participant 8 suggested, “define specific roles so that energy and time isn't wasted” and school counseling participant 15 advised, “talk openly with MHC's about your desires to have a collaborative, team relationship with them”. School counselor educator participant 2 identified the importance of communication of clear boundaries between school counselors and SBMHC, stating, “no obstacles [were experienced] because of clear boundaries and role definitions”. School counseling participant 4 spoke about the need for school counselors’ input in the development of a clearly defined SBMHCs role, stating, “I think schools and mental health professionals should sit down together to develop a school-based mental health job description.” School counseling participant 15

agreed that school counselors are trained to provide counseling and could do more counseling if there was less non-counseling duties assigned, but she also stated, “the MH providers by no means replaced the counseling role that I had in the school”.

Subtheme 3: Professional school counselors are on the front lines determining what services are needed and make referrals to the SBMHCs. Numerous participants discussed the high caseloads and the barriers this causes for school counselors when trying to meet the counseling needs of their students. The most frequently used division of duties appeared to be the idea that school counselors referred students to the SBMHC to handle all long-term individual and family counseling, sometimes referred to as therapy, while the school counselor completed his/her position as usual. Seventeen (15=school counselor; 2=counselor educator) of the participants described their schools’ division of duties in this way. Two participants spoke specifically about play therapy as a technique used by the SBMHCs. Crisis intervention, anxiety and depression, grief and loss issues, and some behavioral issues were all identified as reasons a school counselor would make a referral to a SBMHC. School counseling participant 8 discussed details about her students that she refers to the SBMHC, “many are experiencing hardships at home, in their community, are behind in school, have chronic attendance issues”. School counseling participant 15 breaches a very important topic related to advocacy and possible student populations in need of SBMHC services, she warns, “Students are subjected to incredible systemic injustices, which in turn can lead to MH issues”. School counseling participant 12 explained, “School counselors are overloaded and have very little time to do one-on-one counseling for extended time because of all the non-counseling assignments they are assigned to do. [SBMHC’s] can provide that service.” In some schools, the SBMHC also provided family counseling to students and their families, as well as small group counseling. Yet, it should be

noted that one participant did not think the SBMHC should provide group counseling, and that duty should be reserved for school counselors. Five school counseling participants spoke about how school counselors and school-based mental health counselors are working towards the same goal...helping students succeed. School counseling participant 15 said, “We [school counselors and SBMHCs] all worked collaboratively to provide the counseling services to the students” and suggests “school counselors should reach out to SBMHCs and set up a professional relationship and discuss roles of these positions”. School counseling participant 3 suggested this collaboration aided parent communication and involvement: “Additionally, the [school based] mental health counselor should update the school counselor about goals and progress. The school counselor knows the child and could help with goals and will ultimately be the one communicating with the parents.”

Theme: Quality, Consistency, and Recognition of School-Based Mental Health Counselors

Subtheme 1: School-based mental health counselors should be competent and experienced. Six school counseling participants spoke about the need for students to have access to qualified, experienced school-based mental health counselors. School counseling participant 2 spoke about the benefit of knowing exactly who the SBMHC working with his students is, and having a professional relationship with that counselor: “Several times, we finally get a parent to be open to the counseling process for their child, [we arrange for a private, community counselor], and then an inexperienced and unprofessional counselor reinforces their worst fears.” He stated in his survey that the ability to refer to a trusted SBMHC “is very convenient and helpful.” School counseling participant 3 echoed participant 2’s concerns about the quality of SBMHCs, stating, “It was nice to have someone here [at school] who could see kids for multiple sessions. However, when the quality isn't there, then it's not worth it.” Six school counseling

participants also identified inconsistency as an obstacle they faced when collaborating with SBMHCs. School counseling participant 17 discussed some concerns about inconsistency in her experience working with SBMHCs, “some therapists do not see the student regularly or timely as scheduled”.

Subtheme 2: School-based mental health programs should be recognized as an official, integrated school program. Positive experiences seem to happen when all school personnel, including teachers and administration, recognize the presence of a qualified, consistently available SBMHCs as an official integrated school program. School counseling participant 11 explained, “Students have to miss class time in order to be seen, but everyone at our school has been flexible with this because [they recognize that] our [SBMHC] is working on goals with the students that will help them do better in the classroom in the long run.” School counselor participant 12 stressed the importance of introducing the SBMHC to the parents and guardians of students and stakeholders when she recommended that schools wanting to successfully include a SBMHC: “Show the community that the SBMHC is a valuable resource not someone who is taking kids out of classes for no reason.” School counseling participant 10 suggested, “mak[ing] the SBMHC a real part of the school counseling program (define responsibilities in the guidance plan)” as a way to increase the quality and consistency of SBMHPs. Three participants (2=school counselors; 1=counselor educator) specifically spoke about the importance of schools providing SBMHCs times and places to meet with students. School counseling participant 10 also suggested, “hav[ing] the SBMHC’s office in the guidance department area” as a potential way to address the quality and consistency of SBMHCs.

Theme: Recommendations for Training of School-Based Mental Health Counselors

Subtheme 1: School-based mental health counselors need specialized training. The training, professional scope of practice, and qualifications of school-based mental health counselors were mentioned by eight (6=school counselors; 2=counselor educators) participants. School counseling participant 15 suggested school counselors should “help them [SBMHC] navigate the school, introduce them to teachers, help them find confidential space to meet with students”. School counseling participant 17 advised that SBMHCs should have an “understanding [about] the culture and population in the area” in which they work. This participant went on to say, “I believe every area is different and whoever is providing services needs to be educated regarding the needs of the population”. School counseling participant 8 discussed the need for additional mental health support because “the limitations of school counseling often put a restraint on how much mental health support we [school counselors] can provide”. He goes on to say that, “They [SBMHCs] can be a valuable team member in addressing difficult mental health issues most schools aren't equipped to handle”. Three (2=school counselors; 1=counselor educator) participants identified the school counselors and SBMHCs as having similar training, but each having specialty. School counselors are often required to take mental health counseling specific classes (e.g. group counseling, crisis intervention, and basic counseling skills) but mental health counseling students who are interested in working with children and adolescents are not required to take any school counseling specific classes. School counseling participant 7 added, “educational classes and teaching background are helpful” for SBMHCs to have. School counseling participant 2 suggested that SBMHCs need to consider teacher’s input if they are providing services through

their classroom, “I do think that teachers should have more input on the mental health counselors being in their classrooms with students”.

Subtheme 2: Professional school counselors need to be prepared to work alongside a school-based mental health counselor. While the focus in the area of training recommendations was mostly geared toward the SBMHC, six (2=school counselor; 4=counselor educators) participants identified areas of training for school counselors as well as SBMHCs. School counselor participant 12, mentioned possible additional training for school counselors in the area of consultation with SBMHC’s. This participant added, “This training can help to identify and understand the importance of working with [SBMHC’s] to improve the academic success of students.” School counselor educator participant 1 suggested that “school counseling students need to learn how to assess, and then refer” to SBMHCs. School counselor educator participants 1 and 5 both discussed the importance of school counselors still getting core counseling training, even if school-based mental health counselors are present in the schools. Two counselor educator participants discussed the importance of school counselor educators being able to articulate and educate their students about the differences between SBMHCs and professional school counselors. Finally, school counselor educator participant 5 discussed the need to “help your [school counseling] students have a strong professional identity”, “help your [school counseling] students develop a leadership identity that includes advocacy for the profession”, and “help your [school counseling] students know when their scope of practice is being limited and give them information about how to address it”. Five participants (4=school counselors;1=counselor educator) discussed the need for counselor educators to conduct further research about the need for SBMHCs and the importance of school counselors and SBMHCs collaborating to meet the needs of their students.

Theme: Funding and Placement of School-Based Mental Health Counselor Employment Positions

Subtheme 1: School-based mental health counseling programs are funded in a variety of ways. Participants' experiences varied greatly regarding the funding and schedules of SBMHCs at their schools. Eight school counseling participants voiced a need for SBMHCs to be available more than just part-time hours and be available to see all students regardless of what insurance they have. Only 2 participants had experiences working with grant funded SBMHCs and no participants reported experiences of having a full-time SBMHC. Four other school counseling participants reported students needing private insurance and/or Medicaid to receive services from the SBMHC.

Subtheme 2: The funding sources of SBMHCPs impact the availability and quality of SBMHCPs. Five school counseling participants discussed funding as an obstacle that directly affects the availability and quality of SBMHC services. School counseling participant 3 described his experiences with both grant funded SBMHCPs and SBMHCPs funded by billing Medicaid and private insurances. "Initially, when they [SBMHCs] could see children for free with the SFAS grant, it was great! All of our kids could get services without having to worry about insurance." He went on to say, "when the grant ended and insurance was needed for services, things changed. The service became less regular and the quality of the service declined greatly when [private counseling agency] took over...". School counseling participant 4 described his experience with SBMHC services only being offered to certain students also. "The school-based mental health counselor was an employee of a private treatment facility, billing Medicaid or other third party insurances while using school space for sessions." Two school counseling participants agreed upon the need for administrative support and strong collaboration

with the school counselor as necessary factors regardless of the funding type of the SBMHC. School counseling participant 10 advised, “provid[ing] appropriate administrative support (clerks, secretaries, etc.) should be helpful”. School counseling participant 13’s experience details the struggle of many school counselors’ efforts to establish a SBMHCP, “unfortunately, the program was terminated due to lack of funding”.

Discussion

The purpose of this study was to gain a better understanding about the experiences of collaboration between school counselors and school-based mental health professionals. The experiences of the 22 participants in this study provide the readers with a better understanding of the role of school-based mental health counselors in public schools. On the basis of these findings, the participants almost unanimously agreed that SBMHCPs can be helpful and beneficial *if* the roles of the professional school counselors and school-based mental health counselors are clearly defined and both professionals are willing to collaborate. There is a plethora of children in the United States who experience mental health issues on a daily basis. These students struggle with meeting the academic standards and rigor of our educational system. Their energy is spent on survival as they struggle to meet their basic needs. School-based mental health programs have become safe havens for these students and have proven to be an effective measure to address this issue (Repie, 2005). School counselors reported high caseloads and extra non –counseling duties as major reasons they are not able to provide the counseling services their students need (Corthell et, al.). Even if school counselors had the time to provide more group and individual services, they are only able to provide short-term counseling (ASCA, 2012). Currently students in need of long term counseling services are referred out to professional counselors in the community. This process is often fragmented,

especially for students living in poverty. The conversation about school-based mental health counselors needs to begin in counselor education programs. Prospective counselors could be provided opportunities to observe firsthand the school counselors and school-based mental health counselors working side by side. Counselor educators need to be prepared to address SBMHCPs in both school counseling and mental health training programs. The participants of this study also offer interesting insight about how different funding sources impact the quality and consistency of school-based mental health services.

The findings have significant implications for the major stakeholders related to SBMHCPs (professional school counselors, mental health counselors, counselor educators and, school administrators). All of these parties are integral to the development and implementation of SBMHCPs. Gaining a deeper understanding of professional school counselors' and counselor educators' experiences working alongside school-based mental health counselors has direct implications for counselor training and practice. Participants unanimously agreed school counselors play an integral role in the development and implementation of SBMHCPs. SBMHP initiatives have been documented in every region of the country and in numerous cities within those regions (Center for Mental Health in Schools, 2014), resulting in a strong possibility that school counselors could be working alongside a SBMHC at some point in their career. It is also highly possible that in the near future mental health counselors will have increased opportunities to provide school-based mental health services (Mental Health in School Act, 2013). In this section the following points will be explored: (a) How SBMHCPs can be helpful and beneficial to school counseling programs, (b) how role identification and collaboration are essential (c), importance of having quality and consistent SBMHCs, (d) recommendations for training and, (e) the impact funding has on availability and quality of SBMHCs.

Consistent with earlier research (Adelman & Taylor, 2000; Clayton, Chin, Blackburn, & Echeverria, 2010; Corthell et al., 2013) the findings of this study suggest school-based mental health counselors are additive and beneficial service to the school. Previous research, as well as the findings of this study, support the premise that many students in need of mental health services do not receive them due to financial constraints, parent schedules, lack of transportation, and limited community counseling resources (Clayton et al., 2010), but with SBMHCPs many of these barriers are addressed and diminished (Clayton et al., 2010). SBMHC's are able to offer multiple sessions to the students and address the more pressing student and family mental health needs. SBMHCPs can be a positive and dynamic force if implemented in a way that benefits students, teachers, families, and school counselors. The results indicate the accessibility of mental health services greatly increases with the presence of SBMHCs. Having a SBMHC can increase the understanding and empathy of the school community as well as decrease the social stigma of obtaining mental health services.

If the school counselor has the opportunity to develop a relationship with the SBMHC, the student referral process is facilitated and becomes much easier because parents are reassured about the quality and credentials of the mental health counselor. It should be noted that a few participants discussed the importance of school counselors continuing to have a strong referral list of other outside mental health counselors to insure that all counseling needs of students can be addressed.

Although the majority of participants identified SBMHCs as helpful and beneficial to their school counseling program it should be noted that the most successful experiences occurred when the duties of the school counselor and the SBMHC were clearly outlined and understood by all school personnel. It was imperative that the school counselor

accepted those delegated duties in a positive way and the SBMHC did not encroach on the school counselor's designated responsibilities. The role of professional school counselors continues to be debated among many local, state, and national officials. The ASCA National Model (2012) is clear about short-term counseling services being within the scope of practice, but also recognizes the importance of referring students in need of more intensive services to outside mental health counselors. The development of the ASCA National Model (2012) has encouraged the conversation of school counselor identification and role identification at all levels, but some confusion remains. The ASCA National Model (2012) has challenged school counselors to be advocates, community partners, and the primary referents of students requiring outside mental health services. The ASCA National Model (2012) does not directly discuss or endorse SBMHCPs but suggests and encourages partnering with community agencies and programs as well as advocating for students in need of mental health services. SBMHCPs are a beneficial method for school counselors to implement advocacy and collaboration components of the ASCA National Model (2012). Collaborating with SBMHCs is consistent with ASCA's suggested school counselors' role (ASCA, 2012). The results of this research do not in any way suggest that, SBMHCs should replace professional school counselors. Professional school counselors are an essential part of the counseling process for children and adolescents. Professional school counselors provide the important initial counseling services and identification of students in need of more intensive counseling services (ASCA, 2009). These valued professionals define the first line of defense in meeting the mental health needs of their students. Many participants discussed the need for more accessible mental health services for these students that they have identified. The results of this study suggest SBMHCs should be considered additive services to the counseling department and reinforce the idea that meeting

students' mental health needs can be a team effort. The research team clearly noticed that most school counselor and counselor educator participants in this study perceived the school-based mental health counselors as a positive addition to the school. The important factors were that the professional school counselor was responsible for providing brief counseling and handling all other counseling-related duties, while the school-based mental health counselor was almost exclusively focusing on the long-term counseling (some labeled as therapy) work with students. This same long-term counseling work was previously referred to private community counselors by the professional school counselor. Often, in positive situations it seemed the professional school counselor *controlled* the school-based mental health counselor's student client and the professional school counselor was kept abreast of the counseling progress and, notified by the school-based mental health counselor when the student was ready to terminate long-term counseling.

One finding the research team struggled with was how to explain that the roles of the SBMHC and school counselor can overlap at times, but are also unique in the services they provide. While in many of the successful situations there was a clear distinction of roles and duties between school counselors and SBMHC's, it appeared that these participants were simply following the ASCA National Model (2012) and were providing referral services for students as outlined in the responsive services section.

The quality and consistency of the SBMHC were noted as common themes among participants. SBMHCs that lacked training and experience working with school systems were identified as potential obstacles to the functionality of SBMHCPs. SBMHCs that were unaware of the unique school cultures and climates were perceived as less effective than SBMHCs who were trained on the unique needs of the schools. SBMHCs that were inconsistently on the school

campus were perceived to be less invested than those SBMHCs that were consistently on campus. It was also noted that SBMHCPs that are recognized by school personnel as an official, integrated school program are more invested in meeting the needs of students. Offering SBMHCs a time and place to meet with students is an essential part of an effective SBMHCP. School personnel and SBMHCs need to collaborate to identify times for the SBMHC to meet with students that do not detract from academic instruction. Before school, during homeroom, during elective classes, during lunch, and after school are prime examples of times that SBMHCs often meet with students.

An unexpected result of the study was the opinion from multiple participants that structure and nature of the SBMHC employment position, and its related funding, appeared to impact the perceived benefit and the satisfaction the participants felt with the school-based mental health counselor. School-based mental health counselors who were *loosely* tied to the school either because their positions were based on a private-contract or fee-based had less ability to provide consistent services to students. More positive experiences were reported by the SBMHCs with grant funded positions. The SBMHCs were able to provide services to all students, not just those with Medicaid or other specific insurance plans.

Considering the increasing prevalence of school-based mental health programs, it is essential that counselor educator training programs address SBMHCPs in school counseling and mental health counseling training programs. Regardless of the potential resistance of integrating school-based mental health counselors, there is currently a political push to increase mental health resources in schools. Parks (2014) stated that every Portland Public high school has a school based health center with some of those centers employing mental health professionals that serve the students who are suffering from depression and more serious mental health issues. The

New York City Department of Education has implemented school based mental health services for over 20 years. On their website (<http://schools.nyc.gov/offices/health/sbhc/mentalhealth.htm>) they advertise and define it as,

A School-Based Mental Health Program (SBMH) is like a mental health office inside a school. SBMH offer a wide range of full, comprehensive mental health services in the school and have been providing on-site mental health services to Department of Education students for over 20 years. There are over 200 SBMH programs serving NYC schools in all five boroughs. All services are private and kept confidential from the school staff.

School-based mental health counseling has also recently received national attention with the introduction of *S. 195, Mental Health in Schools Act of 2013*, a bill designed to provide more access to school based mental health services and support. In this time of recognition, growth, and expansion for school-based mental health counselors and programs, the authors of this study agree that the counseling profession and its mental health counseling and school counseling specialties need to prepare and organize their response to filling these developing counselor positions and school -based programs. . In our society today, the school has become the source of structure, encouragement, mentoring, and guidance for our children and adolescents. It can help provide the secure environment that students need to prepare for the future and deal with the present. School-based mental health counselors as well as school counseling professionals are the supports and scaffolds that help today's youth reach their potential. Linked together, these professionals forge a powerful bridge to students' positive mental health.

Limitations and Implications for Future Research

The potential limitations of this study include the electronic structured survey process used to collect data. The electronic survey instrument was specifically selected due to the anonymity it provided respondents, but with this anonymity, the level of thick description may have been sacrificed. A limitation that also accompanied the electronic survey format was the

limited opportunities for follow up information. Participants were given an opportunity to provide contact information for a follow up interview and only two participants provided their contact information. An additional limitation of this study could be the personal identities of the research team members. All research team members identify as White females. Although women dominate the school counseling profession, with over 75% of all school counselors in the U.S. being female (Bruce & Bridgeland, 2012), the research team still considers the lack of a male perspective a possible limitation. The lack of racial diversity among research team members is also considered a limitation even though only 10% of school counselors in the U.S. identify as Black/African American and only 13% of school counselors identify as Hispanic/Latino (Bruce & Bridgeland, 2012). The lack of diversity related to gender and racial background may impact the interpretation of the data. As is the nature of qualitative research, a lack of generalizability to the entire population of school counselors and school counselor educators could be considered a limitation to this study; however, transferability could still be considered.

This study begins to reveal the positive experiences professional school counselors and counselor educators are having as they work in collaboration with SBMHCS. Collaboration is essential. As Helen Keller stated, alone we can do so little, together we can do so much. Further research is needed to better understand the unique collaboration opportunities professional school counselors and SBMHCS are experiencing through SBMHCPs. Not only does this study reinforce the need for collaboration at the school level, it also breaches the topic about collaboration at the training level. The researchers are interested in exploring the roles professional school counselors are playing in the development and implementation of SBMHCPs. Counselor educators responded to this survey at a much lower rate than the

professional school counselors. This leads the authors to desire further investigation into counselor educators' level of understanding and level of comfort in teaching school and mental health counseling students about SBMHCPs. The authors are also interested in exploring how counselor education programs are encouraging collaboration between professional school and mental health counseling students. Finally, the authors are interested in investigating how counselor training programs (school and mental health) are preparing their students to work for or with SBMHCPs.

References

- Adelman H, Taylor L. (2000). Promoting mental health in schools in the midst of school reform. *Journal of School Health*. 70(5), 171-178.
- American Counseling Association (ACA). (2013). *Support mental health in schools act of 2013*. Retrieved from <http://www.counseling.org/public-policy/current-issues/position-papers/2013/02/11/support-mental-health-in-schools-act-of-2013>
- American Psychiatric Association (2000). Diagnostic and statistical manual of mental disorders (4th ed., text rev.). Washington, DC: Author.
- American School Counselor Association (ASCA). (2012). *The ASCA National Model: A framework for school counseling programs* (2nd ed.), Alexandria, VA: Author.
- American School Counselor Association (ASCA). (2009). *The professional school counselor and student mental health*. Retrieved from http://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS_StudentMentalHealth.pdf
- Ayling, R., & Mewse, A.J. (2009). Evaluating internet interviews with gay men. *Qualitative Health Research*, 19, 566 – 576.
- Balden, W., & Wittman, S. (2008). Using online qualitative research methods to your advantage. Retrieved from <http://www.marketingpower.com/ResourceLibrary/Documents/Content%20Partner%20Documents/Maritz%20Research/Using%20Online%20Qualitative%20Research/Using%20Online%20Research%20Methods.pdf>.
- Baker, C. (2013). School-based mental health services: What can the partnership look like? *Counseling Today*, 55(7), 58.

- Beck, C. (2005). Benefits of participating in internet interviews: Women helping women. *Qualitative Health Research*, 15, 411-412.
- Bobby, C. L. (2013). The evolution of specialties in the CACREP standards: CACREP's role in unifying the profession. *Journal of Counseling & Development*, 91(1), 35-43.
- Brown, M. B. (2006). School-based health centers: Implications for counselors. *Journal of Counseling & Development*, 84, 187- 191.
- Burns, B.J., Costello, E.J., Angold, A., Tweed, D., Strangl, D., Farmer, E.Z., & Erkanli, A (1995). Children's mental health service use across service sectors. *Health Affairs*, 14(3), 147-159.
- Center for Mental Health in Schools. (2008). *Youngsters' mental health and psychosocial problems: What are the data?* Los Angeles, CA: Author.
- Center for Mental Health in Schools. (2014). *Where's Its happening? Trailblazing and pioneer initiatives*. Los Angeles, CA: Author. Retrieved from smhp.psych.ucla.edu
- Clayton, S., Chin, T., Blackburn, S., & Echeverria, C. (2010). Different setting, different care: Integrating prevention and clinical care in school-based health centers. *American Journal of Public Health*, 100(9), 1592-1596.
- Corthell, K. K., Dixon, A. L., Dew, B. J., Parker, L. K., & Grubbs, N. K. (2013). *Meeting the mental health needs of middle school students: An examination of school counselors' perspectives*. Manuscript submitted for publication.
- Creswell, J.W. (2007). *Qualitative inquiring and research design: Choosing among five traditions* (2nd ed). Thousand Oaks, CA: Sage.
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. Australia: Allen & Unwin.

- Derrida, J. (1982). *Margins of philosophy*. Chicago: Chicago University Press.
- Flynn, S.V., Duncan, K. & Jorgensen, M.F. (2012). An emergent phenomenon of American Indian postsecondary transition and retention. *Journal of Counseling & Development*, 90(4), 437 – 449.
- Ginsberg, F., & Sinacore, A. L. (2013). Counseling Jewish women: A phenomenological study. *Journal of Counseling & Development*, 91(2), 131-139.
- Guba, E. G., & Lincoln, Y.S. (1989). *Fourth generation evaluation*. New Park, CA: Sage Publications.
- Guo, J., Wade, T., & Keller, K. (2008). Impact of school-based health centers on students with mental health problems. *Public Health Reports (Washington, DC: 1974)*, 123(6), 768-780.
- Hays, D. G., & Wood, C. (2011). Infusing qualitative traditions in counseling research designs. *Journal of Counseling & Development*, 89(3), 288-295.
- Hoagwood, K.E., Olin, S. S., Kerker, B.D., Kratochwill, T.R., Crowe, M., & Saka, N. (2007). Empirically based school interventions targeted at mental health functioning. *Journal of Emotional and Behavioral Disorders*, 15(2), 66-92.
- Jacob, S. (2008). School-based mental health: A de facto mental health system for children. *Journal of Hospital Marketing & Public Relations*, 18(2), 197-211.
- Lear, J.G. 2007. Health at school: A hidden health care system emerges from the shadows. *Health Affairs*, 26(2), 409-419.
- Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.
- Lockhart, E. G., & Keys, S. G. (1998). The mental health counseling role of school counselors. *Professional School Counseling*, 1(4), 3-6.

- McCarthy, C., Van Horn Kerne, V., Calfa, N. A., Lambert, R. G., & Guzmán, M. (2010). An exploration of school counselors' demands and resources: Relationship to stress, biographic, and caseload characteristics. *Professional School Counseling, 13*(3), 146-158.
- Mental Health in Schools Act, H.R. 628, 113th Cong. (2013). Retrieved from: <https://www.congress.gov/bill/113th-congress/house-bill/628>
- Merikangas, K., He, J., Brody, D., Fisher, P.W., Bourdon, K., & Koretz, D.S. (2010). Prevalence and treatment of mental disorders among US children in the 2001-2004 NHANES. *Pediatrics, 125*(1), 75-8.
- Morrow, S. L. (2005). Qualitative and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology, 2*, 250-260.
- Moustakas, C. (1994). Phenomenological research methods. Thousand Oaks, CA: Sage
- Myers, J. E., & Sweeney, T. J. (2001). Specialties in counseling. In D. C. Locke, J. E. Myers, & E. L. Herr (Eds.), *The handbook of counseling* (pp. 43-54). Thousand Oaks, CA: Sage.
- New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America. Final Report.* (DHHS Publication No. SMA-03-3832). Retrieved from www.mentalhealthcommission.gov
- New York City Department of Education. (2014). *School-based mental health program: Eliminating barriers to academic success.* Retrieved from schools.nyc.gov/offices/health/sbhc/mentalhealth.htm
- Paisley, P. O., & Borders, L. D. (1995). School counseling: An evolving specialty. *Journal of Counseling & Development, 74*(2), 150-153.

- Parks, C. (2014). Benson high students, counselor push for school-based health center, mental health help. *The Oregonian*. Retrieved from http://www.oregonlive.com/portland/index.ssf/2014/05/benson_high_students.html
- Polkinghorne, D. E. (1989). Phenomenological research methods. In R. S. Valle & S. Hailing (Eds.), *Existential-phenomenological perspectives in psychology* (pp. 41-60). New York, NY: Plenum Press.
- Porter, G., Epp, L., & Bryan, S. (2000). Collaboration among school mental health professionals: A necessity, not a luxury. *Professional School Counseling*, 3(5), 315-322.
- Remley, T. P. & Herlihy, B. (2007). *Ethical, Legal, and Professional Issues in Counseling* (2nd ed.), Upper Saddle River, NJ: Person.
- Repie, M.S. (2005). A school mental health issues survey from the perspective of regular and special education teachers, school counselors, and school psychologist. *Education and Treatment of Children*, 28(3), 279-298.
- Sexton, T.L. (1997). Constructivist thinking within the history of idea: The challenge of a new paradigm. In T. Sexton & B. Griffin (Eds.), *Constructing thinking in counseling practice, research, and training* (pp.3-18). New York, NY: Teacher College Press.
- Stephan, S., Mulloy, M., & Brey, L. (2011). Improving collaborative mental health care by school-based primary care and mental health providers. *School Mental Health*, 3(2), 70-80.
- Stormshak, E. A., Connell, A.M., Veronneau, M.H., Myers, M.W., Dishion, T.J., Kavanagh, K., & Caruthers, A.S. (2011). An ecological approach to promoting early adolescent mental health social adaptation: Family-centered intervention in public middle schools. *Child Development*, 82(1), 209-225.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2012). *Mental Health, United States, 2010* (HHS Publication No. (SMA) 12-4681). Retrieved from <http://www.samhsa.gov/data/sites/default/files/MHUS2010/MHUS2010/MHUS-2010.pdf>

U.S. Department of Health and Human Services. (2005). *School mental health services in the United States, 2002-2003*. (DHHS Pub No. (SMA) 05-4068). Retrieved from <http://files.eric.ed.gov/fulltext/ED499056.pdf>

Vanderbleek, L. M. (2004). Engaging families in school-based mental health treatment. *Journal of Mental Health Counseling*, 26(3), 211-224.

APPENDICES

APPENDIX A

School Counselor Educator Informed Consent

Title: The Role of Mental Health Counselors in Public Schools

Principal Investigator: Catherine Y. Chang, PhD, NCC, LPC

Student Principal Investigator: Kimere K. Corthell, MA, NCC, LPC

I. Purpose:

You are invited to participate in a research study. The purpose of this study is to gain a fuller understanding of the role of mental health counselors in public schools, from the experiences of counselor educators serving as university supervisors of professional school counseling students.

You are invited to participate if you meet all of the following:

- a school counselor educator who has worked as a university supervisor of a school counseling intern for at least one academic year.
- And at least one of your school counseling supervisees interned at a school that also employed or contracted a school-based mental health counselor.

Participation will require approximately 20-40 minutes of your time.

Your participation in the research study is voluntary. Before agreeing to be part of this study, please read the following information carefully.

II. Procedures:

If you decide to participate, you will complete an electronic demographic form about yourself, and your school counseling training and experience. You will also be asked to participate in a structured electronic open-ended questionnaire. The demographic form and questionnaire will take about 20-40 minutes to complete. The questions will include questions about school-based mental health counselors in public schools. If you are willing to provide your contact information (not required), you may be asked to participate in a follow up interview to clarify or elaborate on your responses to the questionnaire. The online questionnaire can be accessed by any computer with internet access. Questionnaire data and feedback will be kept on a firewall, password protected computer. Only members of the research team will have access to the provided information.

III. Risks:

In this study, you will not have any more risks than you would in a normal day of life.

IV. Benefits:

Participation in this study may benefit you personally. We hope to gain a fuller understanding of the role of school-based mental health counselors in public schools, if any, from the school counselor educators' perspective. This could help further the professional identity of both school and mental health counselors, and better inform counselor training.

V. Voluntary Participation and Withdrawal:

Participation in research is voluntary. You do not have to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip questions or stop participating at any time. Whatever you decide, you will not lose any benefits to which you are otherwise entitled.

VI. Confidentiality

We will keep your records private to the extent allowed by law. The student principal investigator, the principal investigator, and members of the research team will have access to the information you provide. Information may also be shared with those who make sure the study is done correctly (the Georgia State University Institutional Review Board(IRB) and the Office for Human Research Protections (OHRP)). Downloaded questionnaire content data will be kept on a firewall, password protected computer. We do not collect IP addresses or other computer-related information. Further, this questionnaire is located on a secure, encrypted site. The findings will be summarized and reported in group form. Please be advised that although the researchers will take every precaution to maintain confidentiality of the data, the nature of online questionnaires and online research prevents the researchers from guaranteeing confidentiality. Your confidentiality will be maintained to the degree permitted by the technology used. Specifically, no guarantees can be made regarding the interception of data sent via the Internet by any third parties. Personal demographics that might point to you will not appear when we present this study or publish its results. The findings will be summarized and reported in group form. You will not be identified personally.

VII. Contact Persons

Contact Kimere Corthell (kcorthell1@student.gsu.edu) or her faculty advisor Dr. Catherine Chang (cychang@gsu.edu) if you have questions, concerns, or complaints about this study. You can also call if you think you have been harmed by the study. Call Susan Vogtner in the Georgia State University Office of Research Integrity at 404-413-3513 or svogtner1@gsu.edu if you want to talk to someone who is not part of the study team. You can talk about questions, concerns, offer input, obtain information, or suggestions about the study. You can also call Susan Vogtner if you have questions or concerns about your rights in this study.

You may now print a copy of this consent form to keep for your records.

Participants' Consent Statement:

If you are willing to volunteer for this research and participate in this online questionnaire, please click the Agree to Participate button and continue on with the questionnaire.

0 Agree

0 Disagree

Appendix B

School Counselor Informed Consent

Title: The Role of Mental Health Counselors in Public Schools

Principal Investigator: Catherine Y. Chang, PhD, LPC, NCC

Student Principal Investigator: Kimere K. Corthell, MA, LPC, NCC

I. Purpose:

You are invited to participate in a research study. The purpose of this study is to gain a more complete understanding of the role of mental health counselors in public schools, from the experiences of professional school counselors.

You are invited to participate if you are:

- a state certified professional school counselor who has direct experience working in a public school alongside a school-based mental health counselor for at least one academic year

Participation will require approximately 20-40 minutes of your time.

Your participation in the research study is voluntary. Before agreeing to be part of this study, please read the following information carefully.

II. Procedures:

If you decide to participate, you will complete an electronic demographic form about yourself, and your school counseling training and experience. You will also be asked to participate in a structured electronic open ended questionnaire. The demographic form and questionnaire will take about 20-40 minutes to complete. The questions will include questions about school-based mental health counselors in public schools. If you are willing to provide your contact information (not required), you may be asked to participate in a follow up phone interview to clarify or elaborate your responses to the questionnaire. The online questionnaire can be accessed by any computer with internet access. Questionnaire data and feedback will be kept on a firewall, password protected computer. Only members of the research team will have access to the provided information.

III. Risks:

In this study, you will not have any more risks than you would in a normal day of life.

IV. Benefits:

Participation in this study may benefit you personally. We hope to gain a fuller understanding of the role of mental health counselors in public schools, if any, from the professional school counselors' perspective. This could help further the professional identity of both school and mental health counselors, and better inform counselor training.

V. Voluntary Participation and Withdrawal:

Participation in research is voluntary. You do not have to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip questions or stop participating at any time. Whatever you decide, you will not lose any benefits to which you are otherwise entitled.

VI. Confidentiality

We will keep your records private to the extent allowed by law. The student principal investigator, the principal investigator, and members of the research team will have access to the information you provide. Information may also be shared with those who make sure the study is done correctly (the Georgia State University Institutional Review Board (IRB) and the Office for Human Research Protections (OHRP)). Downloaded questionnaire content data will be kept on a firewall, password protected computer. We do not collect IP addresses or other computer-related information. Further, this questionnaire is located on a secure, encrypted site. The findings will be summarized and reported in group form. Please be advised that although the researchers will take every precaution to maintain confidentiality of the data, the nature of online questionnaires and online research prevents the researchers from guaranteeing confidentiality. Your confidentiality will be maintained to the degree permitted by the technology used. Specifically, no guarantees can be made regarding the interception of data sent via the Internet by any third parties. Personal demographics that might point to you will not appear when we present this study or publish its results. The findings will be summarized and reported in group form. You will not be identified personally.

VII. Contact Persons

Contact Kimere Corthell (kcorthell1@student.gsu.edu) or her faculty advisor Dr. Catherine Chang (cychang@gsu.edu) if you have questions, concerns, or complaints about this study. You can also call if you think you have been harmed by the study. Call Susan Vogtner in the Georgia State University Office of Research Integrity at 404-413-3513 or svogtner1@gsu.edu if you want to talk to someone who is not part of the study team. You can talk about questions, concerns, offer input, obtain information, or suggestions about the study. You can also call Susan Vogtner if you have questions or concerns about your rights in this study.

You may now print a copy of this consent form to keep for your records.

Participants' Consent Statement:

If you are willing to volunteer for this research and participate in this online questionnaire, please click the Agree to Participate button and continue on with the questionnaire.

0 Agree

0 Disagree

Appendix C

Counselor Educator Recruitment Email

Hello!

Please consider participating in a study about school-based mental health counselors. You will be asked to complete an online demographic form and a questionnaire that is likely to take you approximately 20-40 minutes to complete.

You are invited to participate if you meet all of the following:

- You are a school counselor educator who has worked as a university supervisor of a school counseling intern for at least one academic year.
- And at least one of your school counseling supervisees interned at a school that also employed or contracted a school-based mental health counselor.

Survey Link:

https://gsu.qualtrics.com/SE/?SID=SV_2gwj djMh5eNR4nr

Please pass the study information to potential participants that you know through your network of counseling professionals. Thank you for your help

If you are a school counselor with direct experience working in a public school alongside a school-based mental health counselor for at least one academic year, please use the following link to participate in the study.

https://gsu.qualtrics.com/SE/?SID=SV_88L6Qkd2WUHo6rj

Please note: This study was reviewed by the Georgia State University Institutional Review Board (IRB), protocol (*number to be added*). The research is being conducted by Kimere K. Corthell who is a Ph.D. Candidate of Counselor Education and Practice at Georgia State University. The supervising researcher of this study is Dr. Catharina Chang, Professor of Counselor Education and Practice at Georgia State University.

Kimere K. Corthell, MA, LPC, NCC
Doctoral Candidate
Counselor Education and Practice
Georgia State University
Email: KCorthell1@student.gsu.edu

Appendix D

School Counselor Recruitment Email

Hello!

Please consider participating in a study about school-based mental health counselors. You will be asked to complete an online demographic form and a questionnaire that is likely to take you approximately 20-40 minutes to complete.

To participate you must be:

- a state certified professional school counselor who has direct experience working in a public school alongside a school-based mental health counselor for at least one academic year

Please pass the study information to potential participants that you know through your network of counseling professionals. Thank you for your help!

Survey link:

https://gsu.qualtrics.com/SE/?SID=SV_88L6Qkd2WUHo6rj

If you are a school counselor educator with at least one academic year of experience supervising school counseling student(s) interning at a school that employed or contracted school-based mental health counselors, please use the following link to participate in the study.

https://gsu.qualtrics.com/SE/?SID=SV_2gwjdjMh5eNR4nr

Please note: This study was reviewed by the Georgia State University Institutional Review Board (IRB), protocol (*number to be added*). The research is being conducted by Kimere K. Corthell who is a Ph.D. Candidate of Counselor Education and Practice at Georgia State University. The supervising researcher of this study is Dr. Catharina Chang, Professor of Counselor Education and Practice at Georgia State University.

Kimere K. Corthell, MA, LPC, NCC
Doctoral Candidate
Counselor Education and Practice
Georgia State University
Email: KCorthell1@student.gsu.edu

Appendix E

School-Based Mental Health Study Demographic Sheet
PLEASE DO NOT PUT YOUR NAME ANYWHERE ON THIS SHEET

1. What is your age? _____

2. What is your gender? _____

3. What is your Race and/or Ethnicity: _____

4. Please indicate the *highest* level of your Educational Training:

Masters Level

Specialist in Education Level

Doctoral Level

6. How long have you been employed as a School Counselor/Counselor Educator?

7. How many years of *total* counseling experience do you have? _____

8. What best describes the locations of the schools where you worked/supervised?

Urban

Rural

Suburban

10. Were any of the schools you worked or supervised interns identified as a Title 1 Schools?

12. Do you have experience working as a Mental Health Counselor? _____ Yes _____ No

13. Do you have experience working as a Substance Abuse Counselor? _____ Yes _____ No

14. Are you a Nationally Certified Counselor (NCC) through NBCC? _____ Yes _____ No

15. Are you a Nationally Certified School Counselor (NCSC) through NBCC? _____ Yes _____ No

16. Are you licensed as a counselor in your state? _____ Yes _____ No

17. What national counseling associations are you a member of?

20. In which state(s) have you practiced as a school counselor/counselor educator and worked with or supervised a student working in a school-based mental health program?

Appendix F

Counselor Educator Open – Ended Questions

1. From your perspective as a university supervisor, what were the main services that the school-based mental health counselor(s) provided in the school where your school counseling student interned? Please provide examples and explain in detail
2. From your perspective as a university supervisor, what were the benefits of having a school-based mental health counselor in the school with your school counseling intern(s)? Please provide examples and explain in detail.
3. From your perspective as a university supervisor, what role do you think school-based mental health counselors should have in schools, if any? Please provide examples and explain in detail.
4. After supervising a school counseling intern working in a public school that ALSO employed or contracted a school-based mental health counselor, what recommendations do you have for school counselor training programs who are preparing future school counselors to potentially work alongside school-based mental health counselors? Please provide examples and explain in detail.
5. What do you believe should be done in schools to better meet the diverse mental health needs of students, if anything? Please provide examples and explain in detail.
6. Do you believe school-based mental health programs (staffed with school-based mental health counselors) are an effective way to meet the mental health needs of students?

Appendix G

School Counselor Open-Ended Questions

1. Describe your experiences in with working in a school with a school-based mental health counselor.
2. In your experience(s), what services did the school-based mental health counselor(s) provide in your school? Please provide examples and explain in detail.
3. From your experience(s), what are the benefits of having school-based mental health counselors in schools? Please provide examples and explain in detail.
4. From your experience(s), what are the obstacles to having school-based mental health counselors in schools? Please provide examples and explain in detail.
5. What role do you think mental health counselors should have in schools, if any? Please provide examples and explain in detail.
6. What role do you think school counselors should have in school-based mental health program? Please provide examples and explain in detail.
7. After working with a school-based mental health counselor, what recommendations do you have for school counseling training programs that are preparing future school counselors to potentially work alongside school-based mental health counselors? Please provide examples and explain in detail.
8. What do you believe should be done in schools to help better meet the diverse mental health needs of students, if anything? Please provide examples and explain in detail.
9. Do you believe school-based mental health programs (staffed with school-based mental health counselors) are an effective way to meet the mental health needs of students?