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# System Barriers to Brokering School-Based Versus Community-Based Therapeutic Services From the Perceptions of School Social Workers in Georgia

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
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the review committee have been made.

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Walden University
2025

Abstract

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MS, University of Southern California, 2017

BS, Kennesaw State University, 2015

Project Submitted in Partial Fulfillment

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## Abstract

Barriers to brokering therapeutic services cause challenges for school social workers to address their students' mental health needs, especially in Georgia, where students' mental health needs are high. The purpose of this qualitative study was to explore school social workers' perceptions of the system barriers related to brokering these services. The research questions explored school social workers' perceptions of brokering on-site versus community-based therapeutic services in the state of Georgia. In addition, this study inquired about the system barriers that school social workers face when brokering these services. This study was grounded in the ecological systems theory, which argues that human development is influenced by interactions within complex systems in an individual's environment. A generic qualitative research design was used to collect data through semistructured interviews with 10 school social workers. Purposive sampling was used to recruit study participants. The data collected from participants in this study were analyzed using Braun and Clarke's thematic analysis process. Four final themes were identified: (a) perceptions, stigma, and attitudes toward school-based versus community-based services; (b) systemic and structural barriers challenging school-based services; (c) systemic and structural barriers challenging community-based services; and (d) systemic strengthening through education, collaboration, and advocacy. School and community-based therapeutic services face micro-, meso-, exo-, and macrosystem barriers. These findings can have implications for positive social change by influencing social work practice, informing school social workers about system barriers that hinder access to services, and providing recommendations to address those barriers.

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# Dedication

I would like to dedicate this paper to the students at Mainstay Academy, a GNETS school that inspired this study, and my husband and future children, who motivated me to keep this study going. Finally, I would like to dedicate this study to all the school social workers in Georgia who go above and beyond to support their students' needs.

# Acknowledgments

Firstly, I want to take a moment to acknowledge my committee chair, Dr. Gilkey, and my second committee member, Dr. Lowrie, for their support throughout this process. Without them, I would not have been able to complete this process successfully. Additionally, I would like to acknowledge the School Social Workers Association of Georgia. Without them, I would not have been able to collect the necessary participants for my study.

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Finally, I would like to give a special acknowledgment to my entire family for the support and confidence they instilled in me to obtain this degree. With special acknowledgment to my mother and father for encouraging me to be the best in whatever field I pursue, which has consistently motivated me to be the most knowledgeable social worker I can be. Lastly, to my husband for supporting and pushing me constantly throughout this journey. Without him, I would have struggled with the late-night revisions and lacked the motivation to successfully obtain my doctoral degree.

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## Introduction

School social workers' access to needed supportive services when brokering therapeutic services to school-age children on-site versus in the community is a social problem that needs to be addressed. School social workers broker therapeutic services for children, meaning they connect students and their families with resources within the school and the community based on a student's mental health needs (Doll et al., 2017). This research is needed now due to the high rates of mental illness in Georgia, where 1 in 5 children suffer from a mental health diagnosis, but close to 70% of those children do not receive the therapeutic services they need (Georgia Department of Behavioral Health and Developmental Disabilities, 2023; Searcey Van Vulpen et al., 2018). The impact of this problem leads to challenges for school social workers to address their students' mental health needs. When those needs are not met, children face higher rates of behavioral issues, low academic performance, emotional dysregulation, and other mental health issues (Swick & Powers, 2018). This study explores school social workers' perceptions of the ecological system barriers related to brokering school-based therapeutic services versus those in the community for students in Georgia. This study allows for a better understanding of how school social workers perceive the system barriers challenging their access to the school-based and community-based therapeutic services addressing the mental health needs of their students.

Researchers Forenza and Eckhardt (2020) argue that the role of the school social worker is to broker necessary therapeutic services for students. However, they face

barriers to accessing them from school districts, parents, and educational professionals (Habegar et al., 2018). Additionally, researchers argue that these barriers are related to providing needed referrals, having access to needed funding, and the stigma perceived with receiving school-based therapeutic services. These barriers make it difficult for school social workers to address their students' mental health needs, causing higher rates of behavioral issues, low academic performance, emotional dysregulation, and other mental health issues (Swick & Powers, 2018). School social workers' lack of access to on-site and community-based therapeutic services should be explored as it can highlight the barriers faced by school social workers when providing services for the mental health needs of the students in Georgia. The purpose of this qualitative study is to explore school social workers' perceptions of the ecological system barriers related to brokering school-based therapeutic services versus those in the community for students in Georgia.

Upcoming elements of this section of the study will be as follows: The problem statement will discuss school social workers' access to needed supportive services when brokering therapeutic services to school-age children on-site versus in the community. The purpose statement discusses the aim of the study, which is to explore school social workers' perceptions of the system barriers related to brokering school-based therapeutic services versus those in the community for students in Georgia. The Nature of the Doctoral Project will focus on the study's design and method. Additionally, this section will outline the sample population and data analysis approach. The Significance will discuss how this study is significant to social work practice. The Theoretical/Conceptual Framework will discuss how ecological systems theory grounds this study. The Values

and Ethics will detail how the study aligns with the NASW Code of Ethics. The Review of the Professional and Academic Literature provides a thorough literature review on the Mental Health Needs of Children in Georgia, the School Social Worker's Role in the Mental Health Needs of Children in Georgia, and the Mental Health Services for Children in Georgia. Lastly, the Summary section will conclude the information previously mentioned.

## Problem Statement

The social problem of concern is the perceptions of school social workers' access to needed supportive services when brokering therapeutic services to school-age children on-site versus in the community. In the state of Georgia, 1 in 5 children suffer from a mental health diagnosis (Georgia Department of Behavioral Health and Developmental Disabilities, 2023). Even with these statistics, school social workers still have trouble linking students to the community mental health services necessary to gain treatment for their mental health (Herrenkohl et al., 2019). School social workers serve as liaisons between families and children, facilitating access to mental health services to support their academic success (Forenza & Eckhardt, 2020). Typically, school social workers make outside referrals to community-based therapeutic services; however, this approach has not been successful due to barriers such as a lack of transportation, inadequate health insurance, and the risk of job loss, which limit parents' access to needed appointments (Swick & Powers, 2018). Swick and Powers suggest this lack of access to community-based therapeutic services led to the implementation of school-based therapeutic services to allow for more accessible, on-site mental health services. However, social workers

often face barriers to accessing these services, preventing school social workers from utilizing them (Hoover et al., 2018). Without a resolution, school social workers will continue to lack access to on-site and community-based therapeutic services, impacting the school-age children in Georgia.

School social work began in the early 1900s, but it was not until 1975 that school social workers became the liaisons for linking students to resources to address their mental health needs (Forenza & Eckhardt, 2020). Forenza and Eckhardt stated that since social workers have taken on this role, they have faced challenges due to a lack of access to services in the community and at the school level, as school environments often lack sufficient resources to respond to nonacademic issues students may face. According to Forenza and Eckhardt, school social workers assumed this role due to the Education for All Handicapped Children Act of 1975, which mandated that schools provide a curriculum for their students with mental and physical disabilities. Although this act was implemented, there was still a lack of education for school districts on the services needed to address these needs, due to a lack of collaboration between schools, community partners, and school social workers (Herrenkohl, 2019). Research indicates that the barriers faced by community-based therapeutic services are significant, underscoring the need for school-based therapeutic services to provide students with more accessible options (Moore et al., 2022). However, school-based therapeutic services also face barriers that must be understood (Lankford, 2019).

To address this problem, in 2019, the governor of Georgia collaborated with the APEX program, a community mental health initiative, to provide additional support to

school-based mental health services (Tagami, 2019). However, due to the high rate of mental health needs and lack of school-based and community-based therapeutic services, this collaboration is not enough to address the mental health needs of the students of Georgia (Herrenkohl, 2019). In 2022, the rate of mental health remained the same as in 2019, when this collaboration began, with 1 in 5 children having mental health needs. With an estimated 1.8 million students in the state of Georgia, more than 300,000 students are suffering from mental health needs, and nearly 70% of those students do not receive services to address their needs (Georgia Department of Behavioral Health and Developmental Disabilities, 2023; Hopeful Futures Campaign, 2022; Searcey Van Vulpen et al., 2018). Research shows that this problem is creating challenges for school social workers to address their students' mental health needs, impacting society's school-age children with higher rates of behavioral issues, low academic performance, emotional dysregulation, and other mental health issues (Swick & Powers, 2018).

School social workers have difficulty accessing community-based and school-based therapeutic services due to several factors that contribute to the problem. Within community-based therapeutic services, school social workers struggle to access available and convenient services for their students (Moore et al., 2022). Researchers Swick and Power (2018) identified factors like transportation, missing appointments due to school and work hours, lack of availability of mental health services in the community, cost, lack of insurance, and stigma as additional factors impacting this problem within the community. In addition, Swick and Powers found that due to these challenges, many referrals that school social workers make to the community may not lead to successful

mental health treatment. Although school-based therapeutic services offer solutions to most of these challenges, they also face barriers to their access (Moore et al., 2022). Moore et al. concluded that the barriers faced by school-based therapeutic services are due to a lack of stakeholder engagement, inadequate funding and understanding, and a lack of collaboration with partners caused by differing priorities among stakeholders who implement these services within their school districts. Due to the multiple challenges faced by community-based therapeutic services, researchers suggest-further research is needed on these school-based barriers and ways to overcome them, making more school-based therapeutic services readily accessible (Lankford, 2019; Moore et al., 2022; Swick & Powers, 2018).

Schools have been recognized as a primary site for delivering mental health services due to their ease of access and familiarity with families (Swick & Powers, 2018). Swick and Powers found that mental health access in schools reduces barriers and increases the likelihood of students seeking therapeutic services. In 2020, Forenza and Eckhardt reported that understanding the barriers school social workers face is crucial, given their role in linking students to the school-based and community-based therapeutic services necessary for their academic success. Schools have been recognized as crucial sites for promoting mental health internationally (Moore et al., 2022). Therefore, Moore et al. suggested that school social workers need more access to these school-based therapeutic services to increase mental health treatment for their students. Although this problem has been addressed by encouraging more accessible mental health services through additional school-based therapeutic programs, barriers still prevent access to

these services (Habegar et al., 2018). Addressing these barriers with further research is vital because school-based therapeutic services provide school social workers with additional, easily accessible, and familiar places to gain access to mental health treatment for the children who need it (Swick & Powers, 2018). Hence, the specific social work practice problem is that school social workers need more access to school-based therapeutic services.

This study addresses the specific research problem by exploring school social workers' perceptions of the existing system challenges and barriers in Georgia school districts related to their ability to broker on-site school-based therapeutic services versus brokering therapeutic services in the community. Although research exists on the limited access school social workers have to providing school-based therapeutic services, the literature is still limited in scope. With the high rate of children suffering from mental health diagnoses in the state of Georgia, more practice knowledge is needed to understand how school social workers navigate brokering school-based therapeutic services versus community-based services (Georgia Department of Behavioral Health and Developmental Disabilities, 2023). This study fills the knowledge gap in practice regarding school social workers' perceptions of system barriers related to brokering school-based therapeutic services versus those in the community in the state of Georgia.

## Purpose Statement and Research Questions

The purpose of this qualitative study is to explore school social workers' perceptions of the system barriers related to brokering school-based therapeutic services versus those in the community for students in Georgia. Although research exists on the

limited access school social workers have to providing school-based therapeutic services, the literature is still limited in scope. Given the data on childhood mental health in the state of Georgia, improved practice knowledge is needed to better understand how school social workers navigate brokering school-based therapeutic services versus referrals to community-based services to children in need of these services. This study aims to fill the gap in practice knowledge and understanding regarding school social workers' perceptions of system barriers related to brokering school-based therapeutic services versus those in the community in Georgia.

This study asked two research questions to fulfill its purpose:

RQ1: What are school social workers' perceptions on brokering school-based therapeutic services versus community-based therapeutic services in the state of Georgia?

RQ2: What systems challenges and barriers do school social workers describe regarding the brokering of school-based therapeutic services versus community-based therapeutic services in the state of Georgia?

The research questions for this study help other social workers better understand the system barriers preventing school social workers from accessing school-based therapeutic services in Georgia, while offering school social workers' perspectives on combating these barriers.

## Key Terms

*Brokering therapeutic services*: Throughout this study, this term will describe connecting students and their families with resources within the school and the community based on a student's mental health needs (Doll et al., 2017).

*Community-based therapeutic services*: Therapeutic services provided in a community setting on an outpatient basis (Doll et al., 2017).

*Mental health*: A state of well-being where an individual can cope with everyday life stressors by working productively and contributing to the community (Salinger, 2019). Mental health is not the absence of illness, but rather a state of well-being that enables an individual to develop their abilities to cope with life's stressors (García-Carrión et al., 2019). Mental health in children encompasses the achievement of developmental milestones, healthy emotional and social development, and practical coping skills in dealing with stressors across multiple settings, including home, school, and the community (Bitsko et al., 2022).

*Mental health disorders and illnesses*: Clinically significant emotional, cognitive, or behavioral disturbances causing issues with psychological, biological, and developmental functioning (Bitsko et al., 2022).

*School-based therapeutic services*: Therapeutic services conducted in the school setting by an outside provider (Doll et al., 2017).

*School social worker*: A professional who links services to the home, school, and community to improve student outcomes by addressing barriers to learning, such as mental health needs, family challenges, and socioeconomic factors, while collaborating with educators, families, and other professionals to foster a positive educational environment (Forenza & Eckhardt, 2020).

*Therapeutic services*: Interventions conducted by a licensed professional to improve an individual's mental health needs. For the purposes of this study, these

therapeutic services are additionally defined as influencing a student's emotional, behavioral, and social well-being (Doll et al., 2017).

## Nature of the Doctoral Project

To address the research questions in this study, the study utilized a generic qualitative research design. Merriam and Tisdell (2015) described generic qualitative research as appropriate when a researcher is interested in exploring how people interpret their experiences, construct their worlds, and attribute meaning to their experiences. This aligns with the study's purpose to explore school social workers' perceptions of system barriers related to brokering school-based therapeutic services versus those in the community for students in Georgia. A generic qualitative research design also allows for data collection through interviews, observations, and document analysis (Merrian & Tisdell, 2015). For the research design in this study, I conducted semistructured interviews with school social workers in the state of Georgia. A generic qualitative design is relevant to this study's purpose, as it allows for the exploration of school social workers' perceptions through the data collection technique of semistructured interviews. These interviews were used to explore these perceptions and answer the study's research questions.

This study recruited a sample population of 10 school social workers in Georgia. To meet the inclusion criteria for this study, a participant had to be a school social worker for at least 1 full school year in a Georgia school with school-based therapeutic services. Additionally, participants were required to hold a designated school social worker title and possess a minimum bachelor's degree in social work. The sampling approach

included purposive sampling from a site for school social workers in Georgia. The participants in the study were recruited by posting flyers on the organization's website with permission. Once a pool of willing participants was recruited, I randomly selected 10 of those participants to be interviewed for the study.

Data for this study were retrieved from semistructured interviews that explored school social workers' perceptions of school-based therapeutic services, including the differences between school-based and community-based services, as well as the system barriers to implementing these services. Demographic information was also collected to ensure the inclusion criteria were met. Questions were collected regarding the participants' education level, working title, and years working in a school with school-based therapeutic services. These data were retrieved from interview questions, answered via Zoom, related to systems barriers and the participants' overall perspectives on brokering therapeutic school-based services versus those in the community.

The data collected through semistructured interviews were analyzed with a thematic approach. A thematic analysis identifies patterns and meanings within the data themes (Vaismoradi et al., 2016). For this study, coding was the specific form of thematic analysis, which involved interpreting the collected data and identifying themes from the transcribed interviews. The data themes were then interpreted to answer the research questions for this study. This approach is relevant to the study design because it allowed the thematic interpretation of the transcribed interviews to determine the participants' perspectives on brokering therapeutic school-based services versus those in the community.

## Significance of the Study

This study aims to provide insight into the perceptions of school social workers in Georgia and the perceived system barriers affecting their access to brokering school-based and community-based therapeutic services. The school social worker's role is to broker therapeutic services for students, as these services help students succeed academically (Forenza & Eckhardt, 2020; Swick & Powers, 2018). However, school social workers face system barriers preventing them from accessing therapeutic services for their students (Moore et al., 2022). According to Moore et al., further research is needed to address the barriers preventing school social workers from fulfilling their roles, as a gap exists in the existing literature. This study contributes to the current literature by addressing the gap and providing data on the perceived system barriers to accessing these therapeutic services in Georgia, where childhood mental health services are needed due to the high rates of children suffering from mental health diagnoses (Georgia Department of Behavioral Health and Developmental Disabilities, 2023). The study's findings contribute to an improved understanding of the practice challenges and barriers that play a role in the system barriers affecting school social workers' ability to access the necessary therapeutic services to meet their students' mental health needs.

The purpose of this study is to explore school social workers' perceptions of the perceived system barriers to brokering therapeutic services. This study promotes social change by identifying the barriers and challenges school social workers face in influencing ways to improve the delivery of therapeutic services within the school social work practice. Understanding the challenges and barriers is the first step to supporting

change for school social workers to have more access to linking students with the therapeutic services they need to succeed academically (Moore et al., 2022). This study supports social change by seeking to enhance social work practice knowledge and approaches in school environments, making schools better equipped to respond to the needs of school social workers when it comes to brokering school-based and community-based therapeutic services tailored to the mental health needs of their students.

## Theoretical/Conceptual Framework

Ecological systems theory, developed by Urie Bronfenbrenner in 1979, is the theory that grounds this study. Ecological systems theory proposes that human development and socialization are based on interactions and relationships within the complex systems in an individual's environment, including the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Härkönen, 2001). According to Härkönen, the microsystem is a person's direct contact with their environment and the closest setting for development. Some examples of the microsystem include a child's home, daycare, religious setting, neighborhood, and school. The microsystem is identified as the most powerful factor in a child's development due to its bi-directional influences, meaning its influence comes from and towards the child (Härkönen, 2001). When looking at the microsystem of a child's home, the bi-directional influence is seen from children influencing their parents just as parents influence their children. This is why the microsystem is vital to a child's development (Härkönen, 2001). Another essential factor of this theory is how these microsystems interact, leading to the second system of development the theory discusses, the mesosystem.

The theory identifies the mesosystem as the system of microsystems because it identifies the linkages and relationships between a developing person's microsystems (Härkönen, 2001). For example, the relationship between a child's home and school environment would be a part of a child's mesosystem. Härkönen explains how this theory notes that the influencing factor of the mesosystem lies within how the developing person perceives the microsystems as they work together. According to Härkönen, microsystems may be perceived as working together by supporting or clashing with one another, affecting the child's development. The theory identifies the mesosystem as the linkages of the microsystems, which involve the developing child (Härkönen, 2001). However, Härkönen notes that the mesosystem does not encompass outside settings that do not contain the child but may influence them, like the local government or school district. The theory encompasses these outside settings with the third system of development known as the exosystem.

The exosystem is the linkages between two or more settings, with at least one setting influencing the settings of the developing person but not containing the person (Härkönen, 2001). Härkönen notes these settings have events that do not typically involve the developing person, but the events do influence the micro- and mesosystems involving the person. For example, a parent's workplace is an exosystem because it does not involve the developing child, but the events at a parent's workplace affect the child's home because if a parent has longer work hours, it affects the time a child spends at daycare. Consequently, the exosystem of the parents' workplace affects the meso- and microsystems of the child's home and daycare. Other examples of the exosystem include

a child's school district, local government, and mass media (Härkönen, 2001). Although this system identifies settings that indirectly affect a child's development, it does not include the broader social contexts influencing them.

Härkönen defines the fourth system as the macrosystem, which describes the societal and cultural framework impacting a child's development. The macrosystem can be influenced by patterns of social exchange, belief systems, and lifestyles and transferred from generation to generation (Härkönen, 2001). According to Härkönen, Bronfenbrenner's ecological systems theory originally noted the macrosystem as the outermost layer of the theory because it influences the patterns within a developing person's micro-, meso-, and exosystems. This is due to belief systems being found inside each system of a developing person (Härkönen, 2001). However, Härkönen reports that the macrosystem does not account for the time the development occurs, causing Bronfenbrenner to add a fifth and final system later.

Härkönen (2001) identifies the final system of the theory as the chronosystem, which is the development of an individual's external systems over time. Härkönen connects the chronosystem to encompassing all others due to time's influence over an individual's life span and complex interactions critical to a child's development. Bronfenbrenner's ecological systems theory theorizes changes in one system can affect the others and a child's development is based on how those systems interact (Härkönen, 2001). This theory has been utilized to understand child development, human socialization, education, and multiple other developmental and practice models.

One practice model the theory has been applied to is the school social work profession. Monkman (1976) explained how the systems model is a framework for viewing the entire social work profession, especially in the school setting, due to the multiple systems social workers face when working with their clients. In 2006, Germain expanded this research by utilizing the ecological systems perspective to help him understand the role of school social workers. Germain found that systems affect school social workers just as much as school social workers try to influence systems for the well-being of their students. Kelly et al. (2020) found school social workers working from an ecological systems framework are crucial because it allows them to intervene in the multiple systems affecting their students' well-being. Forenza and Eckhardt (2020) report that the main components of the ecological systems theory school social workers adhere to are the interactions between systems and an individual's perspective based on those interactions. Badillo-Diaz (2022) continued this research by finding that school social workers interact with and affect a student's well-being by working within these systems and providing individual and district-level interventions. In 2023, Brown et al. found the ecological systems framework allows school social workers to intervene effectively for their student's mental health needs. Brown et al. explain that system-level interventions allow for collaboration and intervention from the community, school, and individual levels while providing the most effective interventions to address their student's mental health needs.

Dente and Cole (2012) furthered the research on this theory's influence on the school social work profession by identifying that the ecological systems framework

should help school social workers advocate for the profession. According to Dente and Coles, the ecological systems perspective helps school social workers advocate for their profession within the multiple systems of the school system. This research was extended in 2020 by Forenza and Eckhardt, who reported a school social worker's macrosystems affect the micro aspects of their role, making advocacy and intervention needed from a multisystem approach. Additionally, Tan et al. (2020) agreed with this theory by concluding that advocating for support at the exo- and meso- levels can help improve a school social worker's role in their interactions with children and families on the micro level and training school social workers on advocacy and macro-level interventions is the best way to help them address their students' needs. Over time, ecological systems theory has explained multiple practice models, including those of the social work profession, which makes it relevant to this study.

This theory is relevant to this study because school social workers facilitate access to resources for their student body by serving as a link to the various systems impacting their students and families (Forenza & Eckhardt, 2020). Ecological systems theory can be applied to better understand how school social workers navigate the various systems and related barriers when trying to secure needed mental health services for their students (Tan et al., 2020). According to Tan et al., school social workers' success in the field is based on their interactions with their profession's micro-, meso-, and exo- levels. Dente and Coles (2012) identify these interactions as essential in helping school social workers collaborate across systems, providing the most significant impact on their students' well-being. In 2020, Tan et al. provided definitions of the systems within the school social

work profession. The researchers defined the microsystem as the system that involves whom school social workers directly interact with, including their students, parents, co-workers, and even community members. Tan et al. describe the mesosystem as school social workers' interactions with individuals within their microsystems. Finally, they identify the macrosystem of the school social work profession as the arching values of society and cultural patterns directly or indirectly influencing individuals. According to Tan et al., understanding how the different systems interact and pose challenges the school social worker must overcome is essential to ensuring students' access to needed mental health services.

Dupper et al. (2014) stated that understanding the systems and organizational barriers school social workers face is more important than professional training. In addition, Tan et al. (2020) reported understanding the barriers is especially important when advocating for additional mental health services and supports, like school-based and community-based therapeutic interventions. This is due to those barriers affecting their positive impact on the systems affecting the students they serve (Dupper et al., 2014). School social workers should be trained to deliver multisystem interventions, and understanding barriers preventing this delivery is essential (Tan et al., 2020). Further research is needed on the system barriers affecting the school social work profession to ensure they can fulfill their roles effectively (Forenza & Eckhardt, 2020). This is especially important in the state of Georgia, where school social workers must broker therapeutic services to address their students' mental well-being (Brown et al., 2023). Brown et al. conclude that intervention and advocacy using the ecological systems

approach instills collaboration with mental health supports, which provide better outcomes for their students.

School social workers must utilize a systems approach to face the multiple individual, family, school, and community level factors affecting many student issues (Badillo-Diaz, 2022). Badillo-Diaz identified some of those issues, including mental health concerns, behavioral issues, school maladjustment, and poor attendance. This study addresses mental health concerns by exploring school social workers' perspectives on the system barriers to brokering school-based versus community-based therapeutic services in Georgia. Understanding the system barriers school social workers face is imperative because they link students with the mental health services needed for their academic success (Forenza & Eckhardt, 2020). Badillo-Diaz (2022) supported further research to understand the system barriers impacting the macro-level changes needed to improve the implementation of interventions like therapeutic services influencing students on a micro-level. This study contributes to the call for further research by utilizing the ecological systems theory to explore the barriers to the brokering of therapeutic services for the well-being of their students.

Bronfenbrenner's ecological systems theory explains human development and socialization through the interactions of a person's complex environment (Härkönen, 2001). According to Härkönen, the theory suggests a developing person's environment comprises systems that interact with each other and influence their development. Those systems include the micro-, meso-, exo-, macro-, and chronosystems (Härkönen, 2001). The ecological systems theory can support the school social work profession due to the

multiple system-level interventions school social workers must face to provide interventions and resources to their students (Tan et al., 2020). Researchers have called for further research on the system barriers affecting the social work profession, given the importance of their role in the well-being of their students (Badillo-Diaz, 2022).

This study addressed the call for further knowledge on the system barriers affecting school social workers by exploring their perspectives on brokering the therapeutic services their students need. The ecological systems theory is relevant to this study because it helps explore the multiple systems affecting school social workers' roles in brokering therapeutic services. The research supports the use of this theory through similar studies, including this study's target population and their role in brokering therapeutic services. This study fills the gap and calls for further knowledge on the topic, given school social workers' pivotal role in addressing the mental health needs of their students by brokering the necessary therapeutic services (Dupper et al., 2014; Forenza & Eckhardt, 2020; Tan et al., 2020). The ecological systems theory is used in this study to better understand the system barriers affecting a school social worker's role in brokering school-based versus community-based therapeutic services in Georgia.

## Values and Ethics

This study focuses on exploring school social workers' perceptions of the system barriers related to brokering school-based therapeutic services versus those in the community for students in Georgia. The Code of Ethics, created by the National Association of Social Workers (NASW), guides social workers' ethical principles, values, and standards (NASW, 2024). According to the NASW, the code of ethics is used

to help social workers understand the ethics that align with the mission of social work to enhance human well-being and serve those in need. Service and competence are two core values of the NASW's Code of Ethics specifically relevant to this study.

The NASW states the primary objective of social work lies in its core value of service. This core value is defined as helping people in need and addressing social problems (NASW, 2024). It is the role of the school social worker to help students in need by brokering therapeutic services to address school-based issues like mental health, emotional regulation, truancy, and academic performance (Forenza & Eckhardt, 2020). Researchers explain how important it is for school social workers to have access to therapeutic services because of their ability to help students succeed academically (Swick & Powers, 2018). However, school social workers face the social problem of system barriers preventing them from accessing therapeutic services for their students, making it difficult for them to provide services in their role (Moore et al., 2022). The results of this study contribute to the core value of service by addressing the social problem school social workers face when brokering therapeutic services to school-age children on-site versus in the community.

Another core value within the Code of Ethics is competence, meaning to practice within areas of scope while developing and enhancing professional expertise (NASW, 2024). School social workers are trained in their role to broker therapeutic services (Forenza & Eckhardt, 2020). However, they need to gain knowledge of the barriers preventing them from accessing some of these services due to the practice knowledge gap. According to Moore et al. (2022), further research is needed on the barriers

preventing school social workers from fulfilling their roles. This study contributes to the core value of competence by providing additional knowledge for school social workers on the system barriers, making it more difficult for them to broker therapeutic services.

The research on this topic supports the NASW Code of Ethics because it explores the perceptions of school social workers' service role in brokering therapeutic services to address the mental health needs of their students, and it calls for further research on the barriers preventing them from accessing some of these needed services (Forenza & Eckhardt, 2020; Moore et al., 2022). This study enhances professional expertise by contributing to the practice knowledge gap regarding the exploration of school social workers' perceptions of the system barriers related to brokering school-based therapeutic services versus those in the community in Georgia. Professional literature and research support the need to enhance this knowledge gap and the importance of exploring this topic.

## Review of the Professional and Academic Literature

This study addresses the social problem of school social workers' limited access to needed services when brokering therapeutic services for students. In 2018, Swick and Powers provided research on how this problem is creating challenges for school social workers to address their students' mental health needs. Swick and Powers concluded school social workers' lack of access to needed services impacts students with higher rates of mental health issues. According to Moore et al. (2022), school-based and community-based therapeutic services are beneficial to students suffering from mental health needs, but they face barriers to their access. This section presents a comprehensive

literature review that expands on the study's problem and purpose. Areas of discussion in the section include the following: students' mental health and service needs, which explores school social workers' role in meeting those service needs; community-based therapeutic services, which explores the benefits and barriers to brokering them; and school-based therapeutic services, which explores the benefits and barriers to brokering them. In addition, the literature gaps are explored, specifically related to brokering therapeutic services in the community versus in the school, as well as a critique of the existing literature on the topic.

**Literature Search Process**

This literature review drew on professional and academic literature collected from the Walden Library, ProQuest, and Google Scholar. These search engines were utilized due to their access to multiple databases relevant to this study, including Education Source, ERIC, SAGE Journals, ScienceDirect, PsycArticles, PsycInfo, PsycBooks, ScholarWorks, and EBSCO. These databases include peer-reviewed articles on education, psychology, social sciences, humanities, and other relevant fields. The search was limited to peer-reviewed articles from academic journals to ensure only professional and academic literature was received. The following keywords were searched: *school-based, community-based, mental health services, mental illness, system barriers, therapeutic services, effectiveness, access, lack, needs, adolescents, students, school-aged children, youth, on-site services, ecological systems theory, school-based therapy, community-based therapy, role of school social workers,* and *perspectives of school social workers*. Many articles were retrieved using these search parameters, but most

were irrelevant to this study due to being too old or from other countries; therefore, the search was narrowed.

The search was narrowed to publication dates between 2019 and 2024 with the additional keyword *Georgia* to locate newer literature without the differing contexts from other countries. However, only about two relevant studies were found with this keyword, prompting the replacement of Georgia with the following keywords: *America, United States,* and *United States of America*. Within these parameters, only 28 relevant articles were collected. Therefore, the search was expanded to publication dates between 2014 and 2024, which provided enough relevant articles to support this study. This exhaustive literature search was conducted until saturation of the topic was achieved, resulting in the collection of 51 peer-reviewed articles dated between 2014 and 2024 supporting this study's purpose and research questions.

**Childhood Mental Health Concerns**

Childhood mental health concerns are common due to the high prevalence of mental health concerns in school-age children (Bistko et al., 2022). Research suggests mental health disorders are the leading cause of concern for youth between the ages of 10 and 24 years, making it a global public health concern (Gronholm et al., 2018). An estimated 40% of children meet the criteria for suffering from multiple mental health disorders in the United States (Park et al., 2018). In the state of Georgia, about 1 in 5 children suffer from a mental health diagnosis (Cummings et al., 2021). These high rates of mental illness in youth nationwide and in the state of Georgia are due to the vulnerable time of the adolescence developmental period.

Supporting a child's mental health is critical to their successful development (Salinger, 2019).) Childhood and adolescence are a critical time for development because they cause an increased risk of mental illness, with half of mental health disorders beginning at this period of development (Read et al., 2018; García-Carrión et al., 2019). Vousoura et al. furthered this research in 2021; they found adolescence is the developmental period that involves the most risk and resilience due to the numerous challenges faced during this period. This vulnerable period is why half of mental health disorders onset before the age of 14 (Vousoura et al., 2021).

Some common mental health disorders in school-age children are ADHD, depression, behavioral disorders, and anxiety (Bitsko et al., 2022). Wergeland et al. (2023) concluded that anxiety is one of the most common mental health disorders impacting an individual's social functioning, and it often increases in adolescence. Tse et al. (2023) agreed by concluding that social anxiety disorder is a prevalent and long-lasting mental health disorder in children, causing them to feel embarrassed, ashamed, judged, and misunderstood in social situations. Tse et al. argued that social anxiety disorder affects a student's academic functioning, including an increase in crying spells, avoiding classroom gatherings and peers, and a decline in school performance, which can lead to a higher risk of impairment in social communication, education participation, and an increased risk to other mental health disorders like depression.

In the United States, 30% of children suffer from anxiety or depression (O'Brien, 2016). Anxiety is often comorbid with depression and causes more significant impairment in children by decreasing motivation and engagement (Wergeland et al.,

2023). Marsh et al. (2020) reported 1 in 8 youth suffer from depression nationwide. Adolescent rates of depression and feelings of sadness in the United States have increased over the last decade, and the COVID-19 pandemic worsened these rates due to social isolation and feelings of loneliness (Hertz & Barrios, 2021). The COVID-19 pandemic led to an increased rate of depression, anxiety, irritability, acting out, eating and sleeping changes, and posttraumatic stress disorder due to the trauma, media coverage, risk of death, and presence or absence of social and economic support during this time (Hertz & Barrios, 2021). Marsh et al. (2020) concluded that depression rates in youth have increased since 2005, causing an increased risk of suicide and making suicide the second leading cause of death for youth nationwide. These common disorders are not the only mental health concerns youth face; they also face stressful environments, trauma, and chronic stressors (Herrenkohl et al., 2019; Rossen & Cowan, 2014).

Children who live in stressful environments, including impoverished communities, are at risk for a range of adversities, including experiencing trauma (Herrenkohl et al., 2019). Herrenkohl et al. found children experiencing trauma have a difficult time adjusting because they experience symptoms including anger, sadness, mistrust in adults, suspensions, and expulsions. In the United States, 60-70% of youth suffer from experiencing one or more traumatic events that increase their risk for physical and mental health problems throughout their lifetime (Hanson et al., 2019). This causes youth to have a higher risk of experiencing adverse outcomes when they have experienced a traumatic event, including poor academic functioning, behavioral concerns, and poor social and mental health outcomes (Yohannan & Carlson, 2019). Additionally,

Rossen and Cowan (2014) stated that students suffer from mental health issues from a range of experienced challenges and chronic stressors, including divorce, conflict with peers, poverty, abuse, homelessness, and deaths in the family. When children experience these emotional and behavioral stressors, it makes it difficult for them to succeed academically, improve their problem behavior, decrease their safety risks, find future employment, improve their health, decrease their risk of substance abuse, and avoid interactions with the criminal justice system (Rossen & Cowan, 2014). These common mental health concerns school-age children continue to face cause multiple consequences for their functioning and well-being (Yohannan & Carlson, 2019).

Understanding a child's mental health status is crucial because it affects how they think, interact, behave, feel, and learn (Rossen & Cowan, 2014). Mental health directly impacts a child's academic functioning, while academic functioning also impacts a child's emotional functioning (Paulus et al., 2016). According to Swick and Powers (2018), untreated mental health can cause children to experience poor attendance in school, behavioral and academic problems, and other adverse school outcomes. These mental health issues cause challenges with academics, leading to lower graduation rates (Capp, 2015). Without adequate treatment of these mental health concerns then, children will continue to struggle academically, leading to negative school outcomes and future implications of development (Swick & Powers, 2018). DiGirolamo et al. (2021) argued that students who experience mental health disorders suffer from high rates of truancy and lower grades and are less engaged in their academics than those who do not suffer from mental health disorders.

Frauenholtz et al. (2017) reported that children's mental health directly impacts their academic achievement across grade levels and during multiple stages of development, eventually causing issues with occupational achievement. Untreated mental health issues can lead to the risk of school dropout, expulsion, and engagement in risky behaviors (Marsh et al., 2020). Mental health issues impact a child's academic struggles by causing aggressive behaviors, depression, high levels of anxiety, difficulty concentrating, reduced school engagement, and negative attitudes toward school (Frauenholtz et al., 2017). These problems lead to problems with academic functioning and impairment in social functioning, causing issues with family and peers (Forman-Hoffman et al., 2017; Essau et al., 2019). Das et al. (2016) reported mental health issues have been associated with teenage pregnancy, sexually transmitted diseases, aggression, motor vehicle accidents, abuse, relationship problems, homicide, and suicide. Mental health illnesses harm children's educational, occupational, and social functioning, causing a decreased quality of life (O'Brien et al., 2016).

According to Salinger (2019), mental health directly impacts a child's academic achievement, graduation rates, social functioning, quality of life, work performance, suicide rates, risk of substance abuse, and involvement with the criminal justice system. Children suffering from mental health issues are associated with difficulty forming friendships, increased risk of being involved in bullying as a victim or perpetrator, difficulty developing and maintaining relationships, and academic difficulties (Frauenholtz et al., 2015). Green et al. (2016) stated that children with severe emotional disturbances are at risk for poor outcomes within their school functioning and community

interactions. Bitsko et al. (2022) concluded that childhood mental health could also lead to issues with social relationships, employment status, the presence of crime, and academic achievement later in life. When mental health issues go untreated in youth, it leads to negative impacts on a child's academic success, social functioning, and physical health through higher levels of drug abuse and suicidal behavior that can lead into adulthood (Radez et al., 2021). O'Brien et al. (2016) agreed that untreated mental health issues can trigger further physical and behavioral issues into adulthood.

Most people have mental health issues in adolescence, often leading to and causing adulthood concerns, including psychiatric issues, impaired social functioning, and poor work performance (Das et al., 2016; Vousoura et al., 2021).) Mental health concerns impact a child's present and future progress in their development, and mental health services are needed to combat this impact (Salinger, 2019). Researchers stated the severity of that impact on a child's future cognitive, social, emotional, and physical development is based on their access to mental health services (Herrenkohl et al., 2019).

**Childhood Mental Health Service Needs**

Das et al. (2016) and O'Brien et al. (2016) agreed that the impact, high prevalence, and consequences of mental health disorders in children through adulthood warrant the need for the identification and implementation of effective mental health interventions. Research shows early intervention is necessary for effective adolescent mental health treatment to improve functioning and promote long-term health (Radez et al., 2021; Bitsko et al., 2022). Read et al. (2018) agreed that early intervention is paramount to improving children's cognitive impairments, functioning, and social

relationships, reducing their future risks of unemployment, social isolation, incomplete education, and daily functioning. Wergeland et al. (2023) argued that due to the increased risk of depression and anxiety in adolescence, early intervention methods are imperative. Additionally, Hanson et al. (2019) reported that early intervention is imperative to treating youth suffering from traumatic events. Mental health services in schools and communities function based on the interactions between the individual and their environmental and family factors, making them critical places for early intervention methods (García-Carrión et al., 2019).

Schools and communities offer access to early interventions to assist children with maintaining their mental health when fostering collaborative environments between community professionals and school personnel that promote youth development and good mental health (García-Carrión et al., 2019; Habegar et al., 2018). Drabenstott et al. (2023) furthered this by concluding that community partnerships are fundamental to improving children's access to mental health services. Improving access to effective mental health services is necessary to increase the utilization of these beneficial services (Hoover et al., 2018).

About three-quarters of school-age children who suffer from mental health disorders do not receive adequate mental health treatment nationwide (Capp, 2015). Additionally, many youth do not receive services for years after the onset of symptoms, causing youth to experience a higher number of disorders and disturbances (Castello et al., 2014). Marsh et al. (2020) agreed that the majority of adolescents suffering from mental health issues worldwide will not access professional treatment. Additionally,

Castello et al. proclaimed racial minority youth were less likely to receive services than White youth due to barriers within the community. While Radez et al. (2021) found children are more likely to receive treatment as they age because children of younger ages do not typically self-refer.

Understanding the pathways that students address their mental health needs is essential because adolescents do not typically self-refer for services (Green et al., 2016). These referrals typically come from mental health providers, schools, juvenile justice agencies, and other human health service agencies (Castello et al., 2014). Green et al. (2016) stated that students who seek mental health services from a referral from school personnel are more likely to follow through with the referral because it comes from someone they trust. These referrals typically come from school social workers, who provide their students with resources and interventions to support their well-being (Forenza & Eckhardt, 2020).

**School Social Worker Role in Meeting Service Needs**

In 1992, school social workers became an officially recognized chapter of the NASW (Tan et al., 2020). However, a common framework for the profession's role and responsibilities was not created until 2013 when the School Social Work Association of America created a national school social work practice model, which explains school social workers' services to a caseload of roughly 250 students (Kelly et al., 2016). Kelly et al. reported that the school social work practice model consists of three practice goals: (a) to promote a school climate conducive to learning; (b) to provide evidence-based educational, behavioral, and mental health services; (c) and to promote access to

community-based and school-based resources for the well-being of their students. According to Forenza and Eckhardt (2020), school social workers' practice roles provide services that increase student attendance, decrease problem behaviors, decrease school violence, and improve school climate. School social workers also allow teachers to focus on academics while school social workers focus on their students' emotional and behavioral concerns (Forenza & Eckhardt, 2020). Herrenkohl (2019) argued the primary role of school social workers is to link children to resources to help their positive development while helping to maintain a positive school climate.

School social workers help maintain a positive school climate conducive to positive development by encouraging mental health literacy due to the effects of mental health on an adolescent's development (Frauenholtz et al., 2015). Frauenholtz et al. stated that mental health literacy is one of the best practices for advocating for needed mental health services, improving school climate, reducing stigma, identifying students' service needs from other school personnel and parents, and increasing access to mental health services. School social workers collaborate with community partners to promote mental health services and literacy in their schools (Frauenholtz et al., 2017). Green et al. (2016) agreed collaboration between school social workers and community partners improves access to mental health literacy and services for schools. Marsh et al. (2020) furthered this research by finding that school social workers play a vital role in brokering mental health services due to their partnerships with the school, the child's home, and community agencies.

Researchers found school social workers are responsible for connecting mental health services to assist students and their families with school-based issues like emotional regulation, truancy, and academic performance (Forenza & Eckhardt, 2020). Dupper et al. (2014) stated that school social workers broker mental health services through the community and school system to address their students' needs. Vousoura et al. (2021) concluded that therapeutic services are effective mental health services improving the recurrence of mental disorders and functional impairment for youth. School social workers broker these therapeutic services through school-based support or outside community agencies (Marsh et al., 2020).

School social workers act as a bridge to connect families with therapeutic services in both the community and on-site (Villarreal & Castro-Villarreal, 2016). Frauenholtz et al. (2015) proclaimed that schools act as a bridge connecting families to the community through referrals and resources offered by school social workers. It is their role to gain access to therapeutic services and assist them with having services set up to address the needs of their students and continuing communication with their families throughout the treatment process to encourage the continuation of services (Villarreal & Castro-Villarreal, 2016). Duong et al. (2021) argued that children receive mental health services in a range of settings. However, schools, closely followed by community services, were the most common therapeutic service settings, and understanding those settings is vital to improving access to services (Duong et al., 2021).

## Community-Based Therapeutic Services for School-Age Children

According to Doll et al. (2017), community-based therapeutic services are services provided in a community setting on an outpatient basis. In the community setting, a licensed mental health professional provides these services to help improve a child's mental well-being (Doll et al., 2017). Cummings et al. (2016) proclaimed community-based therapeutic services are equipped to provide services, including medication management, individual inpatient or outpatient therapy, wraparound services, and access to community-based referrals for additional resources. Additionally, community-based therapeutic services can be offered on an outpatient or more intensive inpatient basis, based on the severity of the child's mental health concerns (Cummings et al., 2016). It is the role of community-based therapeutic interventions to positively impact school-age children's behavioral changes, self-esteem, and competency to reduce the negative impacts on their mental health (Das et al., 2016). Research shows community-based therapeutic services benefit school-age children and their mental health concerns (Castillo et al., 2020; García-Carrión et al., 2019).

### *Benefits of Community-Based Therapeutic Services*

Community-based interventions are beneficial because of their awareness of the social-ecological levels that contribute to mental health issues, their access to the community for resources, their emphasis on influencing social outcomes, and their expertise in the community mental health and health system, making them effective at influencing the social-ecological levels of a child (Castillo et al., 2020). García-Carrión et al. (2019) agreed that community-based therapeutic services play a central role in

development due to their access to sociocultural activities of a child's community and their ability to connect children with additional community resources. Community-based interventions are equipped to address children with chronic conditions developed through their mental and behavioral health by supporting and empowering children and their families, especially those with more intensive service needs (Herrenkohl, 2019).

Therapeutic interventions in the community offer intensive services for adolescents with more comorbid diagnoses and severe externalized symptoms requiring more intensive treatment or inpatient services (Cummings et al., 2016; Park et al., 2018). Cummings et al. (2016) reported community-based interventions are best for those suffering from suicidal ideations, eating disorders, and other severe mental illnesses by offering intensive, evidence-based practices. Green et al. (2016) agreed community-based therapeutic services are best equipped to deal with youth who have severe or complex mental health disorders because they provide intensive, coordinated, evidence-based, and wraparound services. Haine-Schlagel et al. (2014) argued that community-based therapeutic services offer interventions that provide positive outcomes for children suffering from intense issues, but only when those therapeutic services are consistently accessible. However, community-based therapeutic services often face access barriers due to stigma, lack of accessibility, and the service needs associated with this setting (Cummings et al., 2021; O'Brien et al., 2016; Rossen & Cowan, 2014).

### *Barriers to Brokering Community-Based Therapeutic Services*

In 2014, Rossen and Cowan concluded community-based therapeutic services were more challenging to access due to barriers, including the stigma of mental health,

causing a lack of trust in providers, accessibility concerns due to scheduling conflicts contributing to work and school absences, and the cost of services. O'Brien et al. (2016) furthered this research by stating barriers to community-based services include a lack of mental health knowledge and accessibility issues due to a lack of available resources. In 2019, Lankford proclaimed many children struggle to access community-based therapeutic services due to a lack of availability, transportation issues, time constraints, location, and cost of services. Radez et al. (2021) and DiGirolamo et al. (2021) furthered this research, stating community-based interventions are challenging to access because of obstacles, including cost, wait times, trust from providers, stigma, lack of knowledge, lack of providers, access to resources, limited availability, and transportation concerns. Cummings et al. (2021) found community-based therapeutic services face additional service barriers due to low quality of care, high dropout rates, and lack of access. In 2023, Graaf et al. and Wergeland et al. identified multiple service and accessibility barriers affecting access to community-based therapeutic services, including cost, service location, insurance coverage, transportation, provider access, travel time, and convenience of location. The research suggests the main barriers to community-based therapeutic services are stigma and lack of knowledge, accessibility, and service barriers (Cummings et al., 2021; O'Brien et al., 2016; Rossen & Cowan, 2014).

**Stigma and Lack of Knowledge.** A challenge to accessing community-based therapeutic services is its associated stigma, causing families to be cautious when seeking treatment (Das et al., 2016; Hoover & Bostic, 2021). Reviews of community-based therapeutic services are usually negative due to stigma caused by a lack of mental health

knowledge, causing significant barriers to seeking mental health treatment (Goodwin et al., 2016; Schlagel et al., 2014). Goodwin et al. (2016) concluded that stigma comes from a combination of ignorance and prejudice related to mental health care. Salloum et al. (2016) stated parents thinking their child was not experiencing a mental health concern was serious enough for treatment, not knowing where to find treatment, and wanting to solve the child's problem on their own were the main reasons parents do not seek community-based interventions.

Many adolescents do not receive community-based therapeutic services because of stigma, leading to the desire to deal with the difficulty on their own and a lack of knowledge on how to gain support (Radez et al., 2021). Researchers found adolescents who do receive community-based therapeutic services often lie about it to avoid further stigma from their peers (Goodwin et al., 2016). Mental health stigma causes the refusal of services from the child or parent, trust concerns with the provider, lack of understanding of mental health, and the hope that the issue will be resolved on its own (Graaf et al., 2023). However, stigma related to mental health is not the only barrier to community-based therapeutic services; they also struggle with access to care, especially in rural areas (Rossen & Cowan, 2014; O'Brien et al.).

**Lack of Accessibility**. Community-based therapeutic services are scarce in rural areas with low-income and racial/ethnic minority groups due to their lack of resources (Hertz & Barrios, 2021). Cummings et al. (2016) stated community-based services are more accessible in urban areas with a lessened percentage of racial/ethnic minorities. Due to the state of Georgia being mainly covered by rural areas, two fifths of the counties lack

community-based therapeutic services for youth (Cummings et al., 2016). Habegar et al. (2018) argued rural areas have increased barriers to accessing community-based services, including longer wait times, insurance difficulties, distance to services, lack of providers, and transportation issues. In 2021, Hoover and Bostic furthered this research; they reported many children who do receive community-based interventions in rural areas drop out in fewer than four sessions due to the location of services and cost when seeking treatment.

Many community-based agencies only accept some health insurance, making them difficult to access for those in rural areas with low socioeconomic status (Cummings et al., 2021). Castello et al. (2014) agreed that although community-based therapeutic service access has increased over the years, they are scarce in impoverished communities and disproportionality distributed in communities with higher socioeconomic statuses. According to Oruche et al. (2014), about 40%–60% of youth in community-based services drop out from treatment, leading to an increased risk of ongoing symptoms, lower satisfaction with treatment, lower functional impairment, and other negative outcomes. These dropout rates are typically caused by the location of services, cost, and a lack of caregiver involvement (Hoover & Bostic, 2021; Oruche et al., 2014). Salloum et al. (2016) found many caregivers do not seek community-based services due to cost, difficulty finding services, attitudes about treatment, stigma, motivation, and severity of the child's problem.

Students who receive community-based therapy require their caregivers to transport them for services. However, community-based services are time-consuming and

require ongoing participation, which may be difficult for parents to conform to, causing stress and preventing them from continuing services (Salloum et al., 2016). Increased caregiver support usually positively impacts the child's involvement in treatment (Oruche et al., 2014). However, Orche et al. stated increased caregiver involvement cannot be achieved without increasing resources to combat barriers through lower costs, education on mental health, and assistance with travel or online options. However, community-based therapeutic services also face service barriers that contribute to their lack of access to services (Cummings et al., 2021; O'Brien et al., 2016)

### *Service Barriers*

Children need consistent service delivery for effective mental health treatment (Villarreal & Castro-Villarreal, 2016). However, community-based therapeutic services face service barriers to providing consistent interventions due to a lack of staffing, which causes time constraints to treatment (Haine-Schlagel et al., 2014). High staff turnover and lack of trust in staff lead to increased dropout rates, excessive wait times, and difficulty communicating with staff (Oruche et al., 2014). These issues cause limited provider access, resulting in community-based services offering fragmented care, long wait times, and interrupted service delivery (Forman-Hoffman et al., 2017). Herrenkohl (2019) agreed that community-based interventions can only be effective if they have adequate resources to provide consistent services. The most significant barrier to community-based interventions is the lack of providers in the mental health field, causing high referral rates and wait times for providers and follow-ups (O'Brien et al., 2016). This lack of providers leads to large caseloads, which creates time constraints for providers to collaborate with

school personnel to address the academic functioning of their clients (Villarreal & Castro-Villarreal, 2016).

Most children are referred to community-based treatment by school social workers and other personnel when a mental health need is identified (Swick & Powers, 2018). However, schools and community-based therapeutic services often exist in separate domains due to the need for more collaboration between the two settings, making it challenging to provide services to improve academic functioning (Doll et al., 2017). Those community agencies also face multiple barriers and challenges making it difficult for families to access treatment (Swick & Powers, 2018). Due to these barriers and challenges, referrals to community-based interventions could be ineffective; therefore, school-based therapeutic services were implemented to help increase academic functioning in schools and to provide increased access to mental health care (Swick & Powers, 2018).

**School-Based Therapeutic Services for School-Age Children**

The increasing concern about childhood mental health has led to interventions in schools being implemented to help improve childhood functioning (Shultz, 2020). According to Doll et al. (2017), school-based therapeutic services are services conducted by a licensed professional in the school setting. These therapeutic services aim to improve the students' mental well-being within the school setting (Shultz, 2020). School-based therapeutic services serve this role by providing school-age children with accessible services on-site and in a familiar setting (Salinger, 2019). These therapeutic services include inpatient therapy, wraparound services, access to community-based

referrals and resources, and school collaboration. School-based therapeutic services also provide an improved school climate and increased access to mental health knowledge due to the time students spend engage in school (Herrenkohl et al., 2019; Lankford, 2019). Research supports that school-based therapeutic services benefit school-age children's mental health concerns (Das et al., 2016).

### *Benefits of School-Based Therapeutic Services*

Children's time in school promotes their engagement in the school setting to address their mental health needs (Lankford, 2019). Shultz (2020) argued students' behavior varies throughout the school day based on classrooms, teachers, time of day, and other factors, which is why school-based therapeutic services offer a unique position for successful interventions. Salinger (2019) reported that school-based interventions are unique because they focus on improving mental health symptoms and academic performance, with a study showing 83.3% of students receiving school-based treatment improved their mental health and academic achievement. Researchers found school-based interventions provide early access to interventions can decrease the need for more interventions later in life (Salinger, 2019). Schools offer an opportunity for a frontline response to mental health concerns in students because of their access to professionals and services for the well-being of their students (Drabenstott et al., 2023). Additionally, Salinger (2019) concluded mental health treatment is the most effective in school settings because students are more likely to seek services in a familiar place than in the community.

School systems have been addressed as essential settings for mental health service delivery due to students being in school 5 days a week in an environment that makes them feel safer and less stigmatized (Swick & Powers, 2018). Schools have increasingly been perceived as primary sites for mental health services due to their access to and time spent with students, the training of professionals treating students, the decrease in transportation barriers, and the knowledge of their student's mental health needs (Moore et al., 2023; Rossen & Cowan, 2014). Duong et al. (2021) and Essau et al. (2019) proclaimed youth spend as much time in school as they do in other development settings, making schools practical places to promote treatment and increase access to therapeutic services. Das et al. (2016) stated the benefits of school-based therapeutic services positively affect students' social and emotional well-being by helping lower students' negative feelings, manage their conduct problems, and express their behavior problems.

Schools are areas where students need interventions and support for their social, behavioral, and academic challenges (Herrenkohl et al., 2019). Habegar et al. (2018) proclaimed school-based therapeutic services improve students' self-esteem, self-efficacy, and school performance and decrease problematic behaviors while increasing school and family engagement, providing early intervention techniques, and promoting positive mental health development in children. School mental health support promotes positive social, behavioral, emotional, and academic functioning in children (Hoover & Bostic, 2021). Marsh et al. (2020) agreed school-based therapeutic services can positively impact mental health issues and positive school-related outcomes into adulthood. School-based interventions benefit children's cognitive, social, and emotional development while

providing students with a positive school climate and emotional and academic support (García-Carrión et al., 2019). García-Carrión et al. argued that school-based interventions support positive academic achievement, prevention of behavioral issues, and prevention of future mental health issues. Schools have unique access to address their students' mental health concerns because they can intervene directly with students (Paulus et al., 2016).

Schools are uniquely fit to provide opportunities to combat the mental health concerns of their students because most youth access therapeutic services from schools through referrals to community services or on-site with school-based therapeutic services (Drabenstott et al., 2023). Wergeland et al. (2023) stated school-based interventions combat community-based barriers to access, such as the referral process, transportation, stigma, and cost-related issues, by providing more accessible interventions. According to DiGirolamo et al. (2021), school-based interventions increase access to mental health treatment by promoting early identification, increased intervention methods, community collaboration, improving school climate through promoting mental health awareness and providing students with increased access to therapeutic interventions. Therefore, school-based therapeutic services offer improved emotional, social, behavioral, and academic functioning while combating barriers in the community by improving mental health literacy and increasing access to care (DiGirolamo et al., 2021; Wergeland et al., 2023).

**Improving Mental Health Literacy**. School-based therapeutic services improve mental health literacy by improving resources and knowledge that help improve children's protective factors (Herrenkohl et al., 2019). Education on mental health

services helps adolescents hold less stigma towards them and encourages them to inform their peers of the knowledge (Goodwin et al., 2016). Essau et al. (2019) concluded having interventions in a familiar place for children helps reduce the stigma of mental health compared to community-based treatment, making them an even more vital place for treatment. Herrenkohl et al. (2019) argued reducing barriers to mental health care and lessening the stigma of mental health services increases the compliance of treatment for students. School-based interventions provide improved school climate and mental health literacy, which can help educate parents on supporting the mental health needs of their children (Oruche et al., 2014). Oruche et al. reported that if parents have more education and support in the mental health concerns of their children, then they are more likely to support treatment, increasing their child's access to needed mental health treatment.

**Increasing Access to Care**. Lankford (2019) found school-based interventions addressed preventative methods and mental health promotion and offered parents an opportunity for services for their children without them missing work and other responsibilities, increasing students' access to address their unmet mental health needs. School-based therapeutic services should be utilized to improve daily access to therapeutic interventions, which communities lack, improving the mental health effects in youth (Doll et al., 2017; Gronholm et al., 2018). In some areas, schools are the only place where a child can receive mental health treatment due to a lack of access in their community, and about 70%–80% of students begin their mental health services from schools through referrals and other sources (Rossen & Cowan, 2014). Habegar et al. (2018) concluded school-based therapeutic services provide increased access to

treatment, especially to the underserved communities affected by their location and minority status. Cummings et al. (2021) agreed that school-based interventions offer a promising model for underserved communities by expanding access to therapeutic services. School-based therapeutic services reduce geographic barriers and time constraints like missed classes and caregiver work time (Cummings et al., 2021).

Many youth, especially those in underserved communities, seek services within their schools due to the barriers they face when trying to access community-based therapeutic services (Castillo et al., 2020). However, effective school-based therapeutic services require a sufficient amount of trained mental health professionals, staff trained in identifying their student's mental health needs for referrals and support, and partnerships with community mental health agencies to support the needs of severe cases and additional resources, which they often lack due to service barriers (Hertz & Barrios, 2021). Therefore, the research suggests school-based therapeutic services decrease stigma and accessibility issues, but they continue to face service barriers, causing them to be inadequate at addressing the high mental health needs of their students (Cummings et al., 2021; Goodwin et al., 2016; Hertz & Barrios, 2021).

### *Barriers to Brokering School-Based Therapeutic Services*

Salinger (2019) reported that about 70% of schools in the United States have therapeutic services; however, they are often inadequate. According to Yohannan and Carlson (2019), buy-in from school personnel and caregivers is necessary to implement adequate school-based interventions, retrieve referrals, and influence academic functioning. However, Salinger (2019) proclaimed the need for buy-in from state

regulations, school personnel, and educational practices hinders schools from implementing adequate school-based therapeutic services. Additionally, Shultz (2020) found children's most considerable discrepancy in their behavior is the difference between their behavior at school and home, which can prevent caregivers from buying into school-based treatment. The need for more buy-in from the school personnel and parents causes schools to face multiple service barriers to on-site therapeutic services (Frauenholtz et al., 2015).

**Service Barriers**. Habegar et al. (2018) concluded schools face service barriers, including training needs, parent engagement, a lack of support from school administration, inadequate space for services, and increased work demands on school personnel. According to Cummings et al. (2021), the top service barriers to school-based therapeutic services include a lack of collaboration between school personnel and families, environmental barriers, time constraints, insufficient staffing and funding, low provider availability, and inadequate training for school personnel. Hoover and Bostic (2021) agreed that although schools offer an accessible place for mental health treatment, they face barriers such as limited district funding and competing interests in funding. Moore et al. (2023) reported difficulties in providing therapeutic services in schools due to shifting priorities of school funds, high staff turnover, and high service demands, resulting in increased caseloads and wait times. Villarreal and Castro-Villarreal (2016) stated most school-based therapeutic services are often outsourced to community-based services due to their high service needs.

## Conclusion of the Literature and Relation to the Gap of the Study

Research literature suggests community-based therapeutic services allow access to mental health services to combat students' mental health concerns when those within the school are unavailable (Hertz & Barrios, 2021). However, community-based services face additional barriers to access, including stigma and accessibility (O'Brien et al., 2016; Rossen & Cowan, 2014). Therefore, school-based therapeutic services were implemented to offer improved mental health literacy in schools and increased access to care (DiGirolamo et al., 2021; Wergeland et al., 2023). However, they still face service barriers preventing school social workers from brokering their more accessible therapeutic services (Villarreal & Castro-Villarreal, 2016). This study explores the perceptions of school social workers' perspectives on barriers to brokering community-based and school-based therapeutic services from a systematic approach. This study fills the knowledge gap in practice regarding school social workers' perceptions of system barriers to brokering school-based versus community-based therapeutic services in the state of Georgia.

## Summary

This qualitative study focuses on exploring school social workers' perceptions of the system barriers related to brokering school-based therapeutic services versus those in the community for students in Georgia. This study employs the ecological systems theory to examine the system barriers faced by school social workers due to their systematic role within the school system (Tan et al., 2020). The literature shows Georgia's school-age children are suffering from high rates of mental health needs, and half of those children

suffer from these needs by the age of 14 years (Cummings et al., 2021). According to the literature, it is the school social worker's role to broker community-based and school-based therapeutic services needed to address the mental health needs of their students (Forenza & Eckhardt, 2020). However, research shows school social workers face barriers that impede their role in brokering these service needs (Swick & Powers. 2018).

In Section 1, the foundation of this study was presented, which includes the study's purpose, which is to explore school social workers' perceptions of the system barriers affecting their ability to broker therapeutic services to school-age children on-site versus in the community in Georgia. To accomplish this research, questions related to the system challenges and barriers to school social workers' perceptions of brokering school-based therapeutic services versus community-based therapeutic services in the state of Georgia are posed. Although there is research on the lack of access school social workers have in providing school-based therapeutic services, the literature is limited in scope, and given the rate of 1 in 5 children suffering from mental health needs in Georgia, improved practice knowledge is needed (Georgia Department of Behavioral Health and Developmental Disabilities, 2023). This study fills the gap in practice knowledge and understanding regarding system barriers related to brokering school-based therapeutic services versus those in the community in Georgia, aiming to improve understanding of how this issue impacts access to needed mental health services for students. In Section 2, I will discuss the study's research design, methodology, data analysis, and ethical procedures.

Section 2: Research Design and Data Collection

## Introduction

This qualitative study addresses the social work practice problem affecting school social workers' access to brokering therapeutic services to school-age children on-site versus in the community. School social workers broker therapeutic services to fulfill their student's mental health needs, but they face system barriers preventing them from accessing these services on-site and in the community (Forenza & Eckhardt, 2020; Habegar et al., 2018). The impact of this problem leads to challenges for school social workers to address their students' mental health needs, causing higher rates of behavioral issues, low academic performance, emotional dysregulation, and other mental health issues (Swick & Powers, 2018). This study explores the system barriers school social workers report when brokering on-site and community-based therapeutic services to highlight the practice problem faced by school social workers.

This section includes a discussion of the research design, methodology, data analysis, and ethical procedures for this study, which include: the research design that covers the specific research method and design, namely, qualitative and a basic generic design. The methodology presents the data collection method, participants, recruitment, and instrumentation used in this study. The data analysis outlines how the collected data were analyzed. The ethical procedures discuss the study's ethical considerations. Finally, a summary is provided to conclude the information presented in this section.

## Research Design

This qualitative study addresses the social work practice problem affecting school social workers' access to brokering school-based versus community-based therapeutic services for students in Georgia. To address this problem, this study answers the following research questions:

RQ1: What are school social workers' perceptions on brokering school-based therapeutic services versus community-based therapeutic services in the state of Georgia?

RQ2: What systems challenges and barriers do school social workers describe regarding the brokering of school-based therapeutic services versus community-based therapeutic services in the state of Georgia?

This qualitative study utilizes a basic/generic research design to address its research questions. The generic qualitative research design is suitable when a researcher is interested in how people interpret their experiences, construct their worlds, and attribute meaning to their experiences (Merriam & Tisdell, 2016). According to Merriam and Tisdell, this design allows for data collection through interviews, observations, and document analysis. Based on Merriam and Tisdell's research, a generic qualitative research design addresses the purpose of my study by allowing me to explore participants' experiences through interviews.

In consideration of the study's design, it is important to restate some of the key concept's definitions and their relevance to the study's main purpose and research questions. As such, this study defines a school social worker as a professional who links services to improve student outcomes by addressing barriers to learning, such as mental

health needs while collaborating with educators, families, and other professionals to foster a positive educational environment (Forenza & Eckhardt, 2020). While brokering therapeutic services are defined as connecting students and their families with interventions within the school or in the community (Doll et al., 2017). For purposes of this study, therapeutic services are defined as interventions a licensed professional conducts to improve a student's mental health needs while influencing their emotional, behavioral, and social well-being (Doll et al., 2017). Specifically, community-based therapeutic services are services provided in a community setting on an outpatient basis (Doll et al., 2017). While school-based therapeutic services are conducted in the school setting by an outside provider (Doll et al., 2017). These key concepts will ground this qualitative study in fulfilling its purpose and answering its research questions.

## Methodology

### Data Collection Methods and Participants

The qualitative study utilizes semistructured interviews as its data collection technique. The participants in this study, who received semistructured interviews, were 10 school social workers in Georgia who met the inclusion criteria. To meet these inclusion criteria, each participant was assessed through screening questions provided before the interviews began, and the inclusion criteria were posted on the recruitment flyer to receive more relevant inquiries (see Appendix A). The inclusion criteria for this study include participants who have at least 1 full school year of experience in a Georgia school with school-based therapeutic services, hold a designated school social worker title, and possess a minimum bachelor's degree in social work.

## Recruitment and Procedures

Participants for this study were recruited through an organization serving school social workers in Georgia. I discussed this study with the relevant professionals at the organization to obtain permission to recruit participants from their site and use purposive sampling to select my participants. Purposive sampling is a nonprobability method that involves selecting participants based on their knowledge and experience (Etikan et al., 2016). Etikan et al. describe purposive sampling as a method allowing researchers to select participants who are well-informed and have experience with the study's topic to assist with accessing more relevant research. As a result, I used purposive sampling to select school social workers recruited from the organization's website, as participants with comprehensive knowledge relevant to my study's purpose. Once participants were identified, semistructured interviews were conducted with each participant.

This study employs semistructured interviews to explore school social workers' perceptions of brokering school-based therapeutic services versus those in the community, as well as system barriers affecting the brokering of these therapeutic services. These semistructured interviews were conducted via Zoom with the highest level of protection to ensure confidentiality is maintained with the study participants. The interviews followed an interview protocol I created, which included questions relevant to the study's purpose and research questions (see Appendix B).

## Instrumentation

Semistructured interviews were employed to collect data for this study because they facilitate the exploration of experiences, which is necessary to fulfill the study's

purpose of examining the perceptions of school social workers and their access to brokering school-based versus community-based therapeutic services (Merriam & Tisdell, 2016). The interview process included screening, demographic questions, and open-ended questions. Participants were asked about their experience as a school social worker in the demographic questions to explore their work experience (see Appendix A). The demographic questions asked participants about their years of experience, the number of schools they had worked with, the years of experience working in a school with school-based therapeutic services, the specific types of community-based and school-based services they had worked with, and how they had dealt with the barriers they had faced so far. To fulfill the purpose of this study, semistructured, open-ended interview questions were used to explore school social workers' perceptions, incorporating Bronfenbrenner's ecological systems theory.

First, the questions explored the specific perceptions on brokering school-based versus community-based therapeutic services to address the first research question of the study. Before asking the questions, I defined *brokering therapeutic services* for the participants of the study, so their perceptions are all based on the same understanding of the topic. Doll et al. (2017) define brokering therapeutic services as connecting students and their families with resources within the school and the community based on a student's mental health needs. According to the literature, school social workers act as a bridge to connect families with therapeutic services in both the community and on-site (Duong et al., 2021; Frauenholtz et al., 2015; Villarreal & Castro-Villarreal, 2016).

Therefore, the interview questions covered their perceptions of fulfilling this role. Some examples of the interview questions are:

- When thinking about your experiences with brokering school-based therapeutic services in your school, what comes to mind?
- What about your experiences with brokering community-based therapeutic services? Can you tell me about those experiences?

Additionally, interview questions were asked to explore the system barriers experienced by participants impacting their ability to broker therapeutic services, addressing the second research question. I defined the systems for the participants before the interview questions were conducted, specifically the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. The ecological systems theory influenced the development of these questions through its examination of the five complex systems that influence human development and socialization (Härkönen, 2001). Researchers have concluded school social workers' success in the field is based on their interactions within each of these various systems, and they access resources by acting as a link between the multiple systems affecting their students and families (Tan et al., 2020; Dente & Coles, 2012; Forenza & Eckhardt, 2020). Hence, questions were asked to address each system barrier that may be affecting school social workers' access to brokering school-based and community-based therapeutic services. I ensured that I defined the system levels. Some examples of the questions are:

Can you tell me about some systems barriers that you have encountered that have impacted your ability to broker therapeutic services in the community?

- Can you tell me about the different systems levels you have found particularly challenging, whether at the micro, meso exo, macro, or chrono level?

Finally, the interview concluded with some concluding questions and statements to inform participants on how they can access the study and data once the study is completed. Concluding questions include asking if participants have anything else they would like to share about the topic of concern and whether there are any lingering questions or points of clarification I can address as the researcher. As mentioned, the Zoom platform was used because it allows for audio recording to be transcribed and saved as Word-protected files for later analysis.

## Data Analysis

The data collected through the interviews were analyzed using Braun and Clarke's (2006) thematic analysis process. The thematic analysis process enables me to identify, analyze, and report on the themes or patterns in the collected data (Braun & Clarke, 2006). To achieve this, I followed the five phases of the thematic analysis process reported by Braun and Clarke. The first phase involved transcribing the interviews to familiarize myself with the data collected from the interviews. In the second phase, I coded key terms in the data to collect the initial codes within the data. The next phase of analysis involved grouping these codes into potential themes and then moving on to the next phase of reviewing and defining those themes. Finally, I used the defined themes to discuss my findings and interpretation of the findings as they relate to the study's purpose.

## Trustworthiness of the Study

Trustworthiness in qualitative research is defined as the degree of accuracy and reliability of the data analyzed due to its subjective nature (Ahmed, 2024). Ahmed considers trustworthiness to comprise four main areas of focus, namely, credibility, transferability, dependability, and confirmability. In this study, I employed strategies presented by Ahmed (2024) to establish the trustworthiness of my research within the following four primary areas of focus: credibility, transferability, dependability, and confirmability.

### *Credibility*

Ahmed (2024) deemed credibility as the measure by which research findings accurately reflect the experiences and perspectives of the study's participants. This measure of trustworthiness is essential in showing my data is an accurate and truthful reflection of my participants. Ahmed recommends a few strategies to ensure the credibility of qualitative data including prolonged engagement with the study participants to ensure they can trust me with their honest thoughts, reflection on my preconceptions or biases throughout the research process, and using multiple data collection techniques to corroborate the data and reduce the impact of personal bias. Consequently, I ensured that I engaged with my participants throughout the research process to establish myself as a trustworthy researcher they can trust with their thoughts on the study's topic. In addition, I reflected throughout the research process on any biases that may come up while referencing the literature review on my topic to cross-verify my findings and reduce the impact of any bias in my findings.

### *Transferability*

Ahmed (2024) defined *transferability* as ensuring the data being collected can be generalized to other settings. To improve the transferability of a study, Ahmed recommended providing a thick description of the research context, sampling methods, and participants to allow readers to judge the relevance of the study's findings to other settings. Thus, I provided a detailed description of the sampling criteria and method while also providing a detailed description of my research context.

### *Dependability*

Dependability ensures the data collected remains consistent over time and my analysis process yields reliable findings that can be replicated if needed (Ahmed, 2024). To ensure the dependability of this study, I clearly described my research and analysis process, providing a rich discussion of each stage of my thematic analysis approach, from the transcription of interviews to the identification of themes I uncovered. Additionally, Ahmed recommends keeping an audit trail with a record of decisions and changes made throughout the data analysis process to ensure traceability. As a result, I maintained an audit trail throughout the research process to explain my data collection and analysis activities, allowing others to replicate and trace my findings.

### *Confirmability*

Ahmed (2024) defined confirmability as the objectivity of the data, meaning it is not affected by the researcher's biases. This can be achieved, as Ahmed suggests, through peer and professional engagement. For this reason, I sought feedback from my peers and committee members as I undertook the coding stages and eventually identified themes to

support the inter-rater reliability of my analysis. This allowed me to assess further and confirm my findings. This feedback provided outside perspectives that confirmed the accuracy of the data analyzed. Ahmed also recommends keeping a reflective journal to document personal biases and reflections throughout the study. Therefore, I kept a reflective journal to track my thoughts and reflections throughout the research process.

## Ethical Procedures

This study was reviewed by the Walden University Institutional Review Board (IRB) and adhered to the required protocols, as indicated by approval number 04-03-25-1160967. Participants in my study received both verbal and written communication regarding the study's parameters. Those parameters included the participants' rights and responsibilities, who the information was shared with, how the data were utilized, and access to the study's outcomes. As such, participants were provided with informed consent outlining these parameters. Participants were informed that the study was voluntary, and the data collected would be treated confidentially. Additionally, participants were informed about the specific data collected in the study, the measures taken to ensure confidentiality, and the potential risks and benefits associated with their participation. Participants were also informed that they had the right to withdraw from the study at any time if they no longer wished to participate, and their interviews would be conducted via Zoom, a secure online platform, and subsequently transcribed for data collection.

The transcribed interviews for this study were stored in a password-protected file that was accessible only to my approved committee and me. These files were saved as a

password-protected document, and the printed transcriptions were stored in a locked cabinet only I had access to. Participants were informed all data would be maintained for a minimum of 5 years, in accordance with Walden University's requirements, and subsequently destroyed. To ensure the ethical procedures of this study, I consulted with relevant professionals at an organization serving school social workers in Georgia to obtain permission to recruit participants from their site. The identity and personal information of these recruited participants were protected and confidential by referencing participants based on alphanumeric codes assigned to each participant, instead of any identifying characteristics. This information, along with the study participants' rights and responsibilities, was provided with the informed consent given to each participant of the study.

## Summary

In Section 2, the methodology of this study was presented, which includes research design, methodology, data analysis, and ethical procedures. This qualitative study employs semistructured interviews to explore the perceptions of 10 school social workers regarding the brokering of school-based versus community-based therapeutic services in the state of Georgia. The data retrieved from the interviews were transcribed and analyzed using a thematic analysis process. Strategies were implemented to ensure the trustworthiness of the data being analyzed. Those strategies included measures to improve credibility, transferability, dependability, and conformity of the data. Finally, ethical procedures were implemented to ensure the protection of the study's participants. Section 3 will present the study's findings based on the analyzed data.

Section 3: Presentation of the Findings

## Introduction

The purpose of this qualitative study is to explore school social workers' perceptions of the system barriers related to brokering school-based therapeutic services versus those in the community for students in Georgia. This study asked two research questions to fulfill its purpose, and they are as follows:

RQ1: What are school social workers' perceptions on brokering school-based therapeutic services versus community-based therapeutic services in the state of Georgia?

RQ2: What systems challenges and barriers do school social workers describe regarding the brokering of school-based therapeutic services versus community-based therapeutic services in the state of Georgia?

This study utilized semistructured interviews to explore the perceptions of 10 school social workers regarding the brokering of school-based versus community-based therapeutic services in Georgia. Participants in this study were recruited using purposive sampling, based on meeting an inclusion criteria. The inclusion criteria for this study included participants who had at least one full school year of experience in a Georgia school with school-based therapeutic services, held a designated school social worker title, and possessed a minimum bachelor's degree in social work.

This section will include a discussion of the data analysis and collection techniques, as well as the study's validation procedures and any limitations. In addition, this section presents the findings of this study. Within the findings, I will present a description of the study's sample, its findings concerning the research questions, and

include tables and figures to illustrate the results. Finally, a summary will be provided to conclude the information presented in this section.

## Data Analysis Techniques

### Data Collection Process

The data collection process began once approval was received from the IRB to commence recruiting participants. Participants were recruited through an organization serving school social workers in Georgia, which agreed to post the recruitment flyer on their site. The recruitment flyer listed the study's inclusion criteria to recruit a purposive sample of school social workers with an interest in the study. A total of 13 school social workers responded to the flyer, and 10 agreed to participate in the study. Participants were interviewed over a period of one and a half months. Interviews were transcribed once they were completed, and analysis was conducted concurrently with the interviews.

### Data Analysis Process

Data collected for this study were analyzed using Braun and Clarke's (2006) thematic analysis process. The process consists of five phases, enabling me to identify, analyze, and report the themes found in the collected data (Braun & Clarke, 2006). During the initial phase, I transcribed the interviews to familiarize myself with the data retrieved from them. This process began by checking the transcriptions against their corresponding audio recordings for accuracy. Once each transcription was confirmed, it was moved into a data collection log to begin identifying the initial codes in the data. In the second phase of the analysis process, Braun and Clarke recommend multiple phases of the coding process to retrieve the initial codes from the data. The coding process

involved reading through each line of the transcribed data, noting key themes and patterns, and grouping them into codes to highlight the key data that supports the study. I went through three rounds of coding to ensure I retrieved all notable codes from the transcriptions. Each code was then assigned a subtext to ensure that the code accurately represented the themes and patterns identified in the data. For example, one of my codes was "NoWaLiSB," meaning "School-based services have no waitlist." A total of 235 initial codes were determined, including: OneSWperSch, RatiosHigh, StudWantMHServ, and NeedFund. Additional examples of the initial codes and their meanings are listed in Table 1.

**Table 1**

*Codes and Meanings*

| Code | Meaning |
|---|---|
| EasierProc | School-based services have a more straightforward process for service referrals. |
| SBNoWaLi | School-based services have no waitlist. |
| SBNoOutofPocCo | School-based services do not require any out-of-pocket costs, even if families have no insurance. |
| WaTimeLon | Time to be seen for services takes longer than school-based services. |
| PaMHStigmaCB | Some parents do not want community-based mental health services due to a lack of understanding, even if it's needed (i.e., crisis) |

Once the relevant codes to the research questions posed were identified, the next phase of the analysis process began.

This phase involved grouping these codes into potential subthemes and themes. According to Braun and Clarke (2006), this phase involves combining similar codes into broad themes or subthemes before grouping them into the final defined themes that

logically support the study's findings. Therefore, this process began with me grouping similar codes into 19 subthemes, also referred to as categories. Some examples of the subthemes identified included limited collaboration with schools in community-based services, parent engagement, structural and logistical barriers, and community-based service design limitations. Once the subthemes were identified, I continued Braun and Clarke's analysis process by grouping the subthemes into the final themes that emerged from the data. This involved reexamining the codes under each subtheme to ensure a logical pattern supported the identified final themes. The process resulted in the identification of four final themes within the data, including (a) perceptions, stigma, and attitudes toward school-based versus community-based services; (b) systemic and structural barriers challenging school-based services; (c) systemic and structural barriers challenging community-based services; and (d) systemic strengthening through collaboration, education, and advocacy. An example of one of the final themes and how it was grouped by its subthemes and codes retrieved from the data is presented in Table 2.

**Table 2**

*Codes, Subthemes, and Corresponding Theme Example*

| Codes | Subthemes | Theme |
|---|---|---|
| Access and staffing barriers | Transportation, space, and staffing limit access Insurance restrictions create inequities in care | Systemic and structural barriers challenging community-based services |
| Parent engagement and knowledge gaps | Parents lack information or prioritize academics over mental health | |
| Community-based service design limitations | Community-based services lack flexibility, have limited provider networks, and are often under-resourced which restrict access to services | |

While conducting the final phase of the analysis process, I defined the themes based on the transcribed data (Braun & Clark, 2006). These defined themes were used to identify the patterns and relationships between them. Defined themes and their relationships were then used to provide a narrative of the data found. Finally, the narrative of the findings was determined as they relate to the study's purpose and research questions.

### *Credibility*

According to Ahmed (2024), credibility is the measure by which research findings accurately reflect the experiences and perspectives of the study's participants. To maintain credibility in this study, I used one of Ahmed's recommended strategies. Throughout the data collection process, I ensured I engaged with my participants to establish myself as a trustworthy researcher whom they could trust with their thoughts on

the study's topic. For example, I asked follow-up and clarifying questions to let the participant know I am actively engaged in the interview process. I also reflected on any biases that arose during the research process as I interpreted the data to inform my findings. For example, I would review the transcript to ensure the code accurately reflected what the participant said, rather than my biased interpretation of their presentation.

### *Transferability*

Transferability ensures the data collected can be generalized to other settings (Ahmed, 2024). To enhance the transferability of this study, I provided a detailed description of the research context, sampling methods, and participants, enabling readers to assess the relevance of the study's findings to other settings. The thick description will allow readers and other researchers to determine its transferability to their relevant settings.

### *Dependability*

Ahmed (2024) defines dependability as ensuring the data collected remains consistent over time, while my analysis process ensures reliable findings that can be replicated if needed. To ensure the dependability of this study, I clearly described my research and analysis process, providing a rich discussion of each stage of my thematic analysis approach, from the transcription of interviews to the identification of subthemes and themes derived from the data. Additionally, I maintained a recommended audit trail within my data collection log throughout the data collection process to explain my

collection and analysis activities, allowing others to reproduce and follow my findings (Ahmed, 2024).

### *Confirmability*

According to Ahmed (2024), confirmability refers to the objectivity of the data, free from the researcher's biases. To increase the confirmability of this study, I sought feedback from my peers and committee members as I undertook the coding stages and identification of subthemes and themes in the data. This feed also allowed me to further assess and confirm my data by providing outside perspectives that confirmed its accuracy. Finally, I kept a reflective journal to track any thoughts, reflections, or notes I made throughout the collection and analysis process.

### *Limitations*

Due to the specific sample size of this study and its purposive sampling technique, the findings are limited to school social workers in Georgia schools with a school-based therapeutic program. However, these limitations are acknowledged and mitigated by enhancing the study's transferability and dependability through the techniques mentioned earlier. The detailed description of my data collection process will enable others to understand how the data may vary in different settings or be replicated in similar settings.

## Findings

### Study Sample

The sample size for this study included 10 school social workers who met the inclusion criteria. The inclusion criteria for this study required school social workers to hold a minimum bachelor's degree in social work and to serve at a Georgia school that

offers school-based therapeutic services for at least 1 full school year. To meet these inclusion criteria, each participant was assessed through screening questions provided prior to the interviews. Table 3 presents the demographic and screening information for each participant, based on the demographic data provided during the screening portion of the interview process.

**Table 3**

*Participant's Demographic and Screening Table*

| Participant | Participant demographics (age, race, gender) | Participant work experiences |
|---|---|---|
| A001 | 32, AA, female | School social worker for 3 and a half years; serving three schools (two elementary schools and one middle school); at school with school-based services for 1 year; works as a community therapist; only in the Georgia school system |
| B002 | 29, AA, female | School social worker for 3 years; serving one school (elementary and middle school served); at school with school-based services for 5 years; not a community-based therapist; worked in the Georgia and Tennessee school systems |
| C003 | 40, AA, female | School social worker for 6 years; serving three schools (elementary and middle school); at school with school-based services for 6 years; works as a community-based therapist; only in the Georgia school system |
| D004 | 44, Caucasian, female | School social worker for 5 years; serving three schools (two elementary schools and one middle school); at school with school-based services for 5 years; not a community-based therapist; only in the Georgia school system |
| E005 | 56, AA, female | School social worker for 15 years; serving three schools (Kindergarten-12th grade); at school with school-based services for about 10 years; not a community-based therapist; worked in the Georgia and North Carolina school systems |
| F006 | 28, AA, female | School social worker for 4 years; serving three schools (two elementary schools and one high school); at school with school-based services for 4 years; not a community-based therapist; only in the Georgia school system |
| G007 | 36, AA, female | School social worker for 6 years; serving four schools (two elementary schools, one Magnet, and one high school); at school with school-based services for 2 years; works as a community-based therapist; only in the Georgia school system |
| H008 | 40, AA, female | School social worker for 8 years; serving one high school; at school with school-based services for 8 years; not a community-based therapist; only in the Georgia school system |
| I009 | 52, AA, female | School social worker for 10 years; serving two traditional schools and one virtual school (kindergarten-12th grade); school with school-based services for 7 years; works as a community-based therapist; worked in the Georgia and North Carolina school systems |
| J0010 | 29, AA, female | School social worker for 3 years serving one school (pre-K–5th grade); at school with school-based for 3 years; not a community-based therapist; only in the Georgia school system |

*Note*. For all participants, screening questions were confirmed. AA = African American

**Findings and the Study's Research Questions**

This study employed semistructured interviews to collect data, which were transcribed and analyzed using Braun and Clarke's thematic analysis process. The thematic analysis process provided answers to the study's research questions, which are as follows:

RQ1: What are school social workers' perceptions on brokering school-based therapeutic services versus community-based therapeutic services in the state of Georgia?

RQ2: What systems challenges and barriers do school social workers describe regarding the brokering of school-based therapeutic services versus community-based therapeutic services in the state of Georgia?

Braun and Clarke's thematic analysis process calls for identifying keywords and codes within the data to develop subthemes and themes. Due to this study's use of semistructured interviews, the keywords and codes were retrieved from the transcribed interviews of each participant. Table 4 shows a few examples of how participants' responses were grouped into the initial codes for these data, along with definitions for the codes provided.

**Table 4**

*Examples of Initial Codes*

| Interview question | Participant responses | Keyword (s) | Code | Description |
|---|---|---|---|---|
| RQ1 | | | | |
| When thinking about your experiences with brokering school-based therapeutic services in your school, what comes to mind? | "Ohh, so I would, I would say there is a strong need at our school. We serve about 8. Our school serves about 1800 students, and so from my experience, there's just been an overwhelming need for mental health services at the school-based level." | "strong need at our school," "an overwhelming need for mental health services" | NeforSB | There is a need for school-based mental health services. |
| When thinking about your experiences with brokering community-based therapeutic services in your school, what comes to mind? | "They're about the same, their wait times are longer, so that's one of the more challenging parts of community-based therapy or resources." | "wait times are longer" | WaTimeLon | The time to be seen for services is longer than for school-based services. |
| RQ2 | | | | |
| Now, can you tell me about some of the system barriers that you have encountered impacting your ability to broker your school-based therapeutic services? | "So we don't have any of those issues at the school-based." | "don't have any of those issues at the school-based" | NoIssSB | Interviewee mentions no issues with their school-based services. |
| Tell me about these whether at the micro, meso exo, macro, or chrono level? Which barriers do you see as hard to overcome, difficult to manage? And why? | "Uh. So honestly, I don't think I have a really great answer to that because we've been relying pretty heavily on the, like, the school-based or telehealth. Because I feel like it's a so much easier process and we do see more, you know, cooperation." | "been relying pretty heavily on the Hazel health, like the school-based or telehealth" | SBPref | SW prefers to refer to school-based services and rarely utilizes community-based services unless school-based services are not successful for a student. |

Once the initial codes were collected from the transcribed interviews, they were then grouped into subthemes, which helped develop the final themes from the data to answer the study's research question and fulfill its purpose. Table 5 presents descriptions of the themes identified within the data, along with the research question they address and examples of some of their corresponding subthemes.

**Table 5**

*Themes from the Data and Their Corresponding Subthemes and Research Question*

| | Subthemes | Description | Theme | Description |
|---|---|---|---|---|
| RQ1 | Increased access and convenience in school-based services | School services bridge gaps in access, affordability, and consistency. When those services are hybrid or telehealth models, they offer added flexibility. | Perceptions, stigma, and attitudes toward school-based versus community-based services | This theme captures the various opinions of school social workers about school-based therapeutic services and their effectiveness and benefits, along with their perceptions on the barriers that hinder the effective use and access to consistent community-based versus school-based therapeutic services for students. |
| | Advantages and specialized benefits of community-based services | Community-based mental health services offer specialized services but are underutilized | | |
| RQ2 | Parent and family-related barriers | Parental misunderstanding, cultural stigma, lack of knowledge, and lack of follow-through limit continuity | Systemic and structural barriers challenging school-based services | This theme captures how school-level systems, administrative structures, cultural perceptions, and resource constraints interact to either support or hinder the use of school-based therapeutic services, along with the barriers and limitations that school-based services face. |
| | Staffing and resource barriers | Limited clinicians and waitlists reduce availability | | |
| RQ2 | Access and staffing barriers | Transportation, space, and staffing limit access | Systemic and structural barriers challenging community-based services | This theme reflects how infrastructure limitations, access constraints, provider shortages, and lack of collaboration limit the viability of community-based therapeutic services as a dependable support system for students. |
| | Community-based service design limitations | Community-based services lack flexibility, have limited provider networks, and are often under-resourced, which restricts access to services | | |
| RQ1 and RQ2 | Enhancing communication and collaboration | Unified communication fosters effective service integration | Systemic strengthening through collaboration, education, and advocacy | This theme reflects recommendations on how to push toward creating effective and sustainable school-based mental health systems through collaborative school culture, parent engagement, systemic advocacy, and additional providers. |
| | Engaging families and reducing stigma | Educating parents and families about the importance of mental health to reduce stigma and improve engagement in school-based and community-based services | | |

**Theme Addressing Research Question 1**

The first research question of this study is, what are school social workers' perceptions on brokering school-based therapeutic services versus community-based therapeutic services in the state of Georgia? To address this research question, a theme found was perceptions, stigma, and attitudes toward school-based versus community-based services. This theme captures participants' perceptions of the effectiveness, benefits, and barriers that hinder or support consistent and effective access to community-based and school-based therapeutic services for students.

For example, Participant F006 noted that community-based options offer access to specialized services, including bilingual options, but they face accessibility barriers:

> It has someone who is bilingual, so that would be good for them, but then also there's the transportation piece. So if it's a community agency and they don't have transportation, then it's pretty impossible for them to get those services unless they do like virtual, and the virtual is not always the best option.

This participant also noted that community-based services are less successful than school-based options due to struggles with follow-through:

> I haven't been as successful because when I try to connect them with outside of school therapy. I think there are more challenges because it's hard for the parent to actually have to follow through more. Like the parents have to do more, whereas the school-based mental health you just sign this form, and then we have it all. You just show up for the intake.

This theme captured the various opinions participants provided about school-based versus community-based therapeutic services, and the following subthemes supported it: (a) parent-level barriers to engagement in services; (b) access barriers to services; (c) effectiveness and rapport in services; (d) increased access and convenience in school-based services; (e) limited capacity of school-based services; (f) school staff and administrative buy-in in school-based services; (g) format and delivery of community-based services; (h) limited collaboration with schools in community-based services; and (i) advantages and specialized benefits of community-based services.

***Subtheme: Parent-Level Barriers to Engagement in Services***

The first subtheme supporting this theme is parent-level barriers to follow-through and engagement in services. This subtheme captures participants' perceptions of the parental barriers to their students engaging in community-based and school-based services due to a lack of knowledge on mental health and cultural stigma. For example, Participant A001 stated, "Parent willingness, a lot of them still have the idea that therapy is, especially when you talk about culture, that the therapy is taboo." Participant G007 agreed that culture plays a role in parents' lack of knowledge of the mental health needs of today:

> To be is a very pretty transparent, our Black community is kind of against therapy. Thinking, oh, nothing wrong with them, they just want attention. You know, not having a comprehensive awareness or knowledge of any sort of you know what times we're in. So them not having that understanding about where we are today.

Participant I009 added, “I would say culture plays a big part. A lot of times, culturally, we deal with families who just have not had that experience of therapy being a resource.” Participants agreed that parent-level barriers cause issues with engagement in mental health services because they often lack the knowledge to understand the importance of mental health, or they have a preconceived stigma about mental health.

***Subtheme: Access Barriers to Services***

The next subtheme determined from participants’ responses is, access barriers to services. This subtheme is defined as participants’ responses related to the access constraints that exist in both community-based and school-based services. For example, Participant J0010 stated they struggle to have access to many services due to a lack of insurance or services being offered to other agencies:

> So like I said, the financial aspect is in a sense of, you know, if they don’t have insurance and things like that. Then who’s going to take up, you know, take them on? The lack of access, a lot of times, because, like I said, they lend themselves to DFACS or courts or things like that.

Participant A001 added that access is an issue for them because the school can be overlooked for school-based services, and they are too far from community-based services:

> Accessibility, making it accessible for our families, because sometimes it’s not always something they can do without that additional accessibility. We are on the nicer side of the county, and typically, we get overlooked for some of those school-based services. Even though our population needs it, we tend to get

> overlooked. And then the other one is just distance, where a lot of the community-based resources are in town, and we're on the outskirts. So it's a little bit harder sometimes for the parents to get there.

Participants discussed their struggles with access to services due to the availability and location of the school.

***Subtheme: Effectiveness and Rapport in Services***

Another subtheme found is effectiveness and rapport in services. This subtheme discusses participants' responses about the need for rapport and a therapeutic relationship to influence the effectiveness of community-based and school-based services. Participant B002 noted many kids struggle to trust adults:

> A lot of our kids, they just don't trust adults. So it takes them a long time to want to give in. It's like, well, can they stay with me? And I'm like, for your first session, but like half of it, and then I have to leave because I need y'all to build that rapport with the therapist yourself.

Participant G007 added that gaining rapport is more difficult when the services are televised, especially for younger students:

> They are familiar with myself and the counselor because we are familiar faces, and we, you know, built a rapport with them. But then it comes with you know, a stranger you never met before, and you see them on the computer. So I see in the, you know, K through 5 area that the kids are kind of a little resistant and avoidant towards the services.

Participants agreed students are more engaged with mental health services based on the rapport built with the clinician, and this can be more difficult when services are tele-health or when students struggle with trusting adults they do not see every day, like they do with their trusted school personnel.

### *Subtheme: Increased Access and Convenience in School-Based Services*

Another subtheme that supports this theme is increased access and convenience in school-based services. This subtheme explores participants' perspectives on how school-based services bridge gaps in access, affordability, and consistency of mental health services for students. It also captures responses about how hybrid and telehealth models offer added flexibility. For example, Participant A001 stated, "The school-based ones, they like it. They love it. Because it could be done in school. Parents like you don't have to worry about things like transportation or anything." Participant F006 added that school-based services are preferred, "It's definitely a preferred option because the students get to attend the therapy in school, and so they don't have to miss, you know, that amount of class time." Participant G007 noted their tele-based models allow for instant access to services, "Some are actually tele-based, and it's easily approved. Once you fill out the paperwork, it can start almost instantaneously." Participants discussed how school-based services can increase access to mental health services by offering on-site services that do not require transportation and provide added flexibility with tele-based options.

***Subtheme: Limited Capacity of School-Based Services***

The next theme found to support the data is the limited capacity of school-based services. This subtheme examines participants' responses to the infrastructure gaps in school-based services, including turnover, limited provider pools, and disruptions during transitions, such as school graduation, which result in challenges to service quality, engagement, and, in some cases, unequal access across schools. For example, Participant I009 noted their biggest complaint from students about mental health services is the turnover rates, "The biggest complaint that I get from my students that I've talked to is the turnover. They don't like starting to tell their story all over again to a new therapist." Participant D004 agreed, "So there's a lot of turnover and it's hard to even fill the, you know, openings that they have." This participant added even if they have a provider, schools must approve the clinician, and that may cause unequal access across schools:

> Your principals have to buy into it, and so if they don't all buy into it, then some schools have access and some schools don't. So it's a superintendent decision to partner, not even the superintendent, the whole board to partner with certain agencies and to bring in school-based mental health. So once it gets through that, then it is a principal-based decision as to whether he will allow it in his school.

Participant I009 added many of their students in transition ask for continued mental health services after transitioning from the school, but they are unaware of how to maintain them:

> So, for instance, I met with senior groups today. These are kids that are homeless in foster care, and you know are struggling single parent homes and they're going

> off to college you know, and we're saying, you know, what's one of the main things that you want as far as resources that can help you transition from being a minor into being an adult and being able to access and all of them. I literally will tell you, all of them are like mental health. How do we continue our mental health once we leave here?

Participants discussed the limited capacity of school-based services to maintain consistent mental health services due to the lack of school buy-in, which may cause unequal access across schools, and the transition periods students go through when they do not have access to the school due to graduation and other transition periods.

***Subtheme: School Staff and Administrative Buy-In in School-Based Services***

The next subtheme to support this theme is school-staff and administrative buy-in in school-based services. This subtheme captures participants' perceptions of the need for school staff and administration support or buy-in to influence the success of school-based services. For example, Participant G007 stated they struggle with administrator and teacher buy-in to school-based services, "The greatest challenge is trying to get the administration and the teachers to see how relevant, how important, how life changing, this actually is, and beneficial, and it's for their convenience, you know." Participant E005 agreed that administration struggles with thinking school-based services can be perceived as a reward instead of helping their students improve:

> So administrators may see that time that they're taking to meet with a therapist in school as something that they perceive as a reward, as an excuse to get out of

> class, and so they don't necessarily see it as contributing to their overall well-being academically.

Participant I009 added administrators struggle to understand how mental health services can help with alternatives to disciplinary issues like suspensions as well:

> You know, I think a lot of times our administrators struggle to see the connection, and again, if we're working to keep a student here, because the therapist is working with issues, and we're collaborating with, like, the counselor, the school social worker, and the therapist. And then, you know, they get in trouble or something. And you may have an administrator here. They may have their own set of rules, and this one may say, well, they may give them 5 days out, and we're like, but we're working with them and we're trying to prevent this.

Participants believed school personnel and administrative buy-in is key to the effectiveness of school-based services because they sometimes struggle to understand the benefits of school-based services and may see them as a hindrance instead of a benefit for the students.

***Subtheme: Format and Delivery of Community-Based Services***

Another subtheme supporting this theme is the format and delivery of community-based services, which discusses participants' responses about the impact of telehealth and in-person delivery formats on access and outcomes to community-based services. This is because session formats often clash with family and student needs. For example, Participant G007 mentioned that their younger kids struggle with teleservices, "K through 5, the kids are kind of a little resistant and avoidant towards services being

teleservices. They're a little more open, you know, face-to-face works better." Participant I009 added that families may start face-to-face services, but they discontinue them due to scheduling issues, "They may take them to one or two, maybe three appointments, and after that, they may say, yeah, our schedule doesn't line up or it's too much for transportation." Participant A001 noted that families typically enjoy community-based services based on the delivery of services that fit their needs, "Sometimes they like it, sometimes they don't. Depending on whether or not that person comes to the house, or they're virtual, or they go to them." Participants agreed engagement in community-based services is based on the delivery options that fit the needs of the family; otherwise, services may be interrupted or discontinued.

***Subtheme: Limited Collaboration with Schools in Community-Based Services***

The next subtheme to support this theme is limited communication and collaboration with schools in community-based services. This subtheme discusses how participants feel about community-based providers and how they poorly integrate with school systems. For example, Participant I009 mentioned community-based services do not communicate with school staff to collaborate on students' needs, "They don't communicate back with us. You know, we don't have that opportunity to say, well, wait a minute, let's try to give it a little bit longer. They're making the decision totally on their own." Participant H008 added many community-based services do not follow up with schools. Hence, they are unaware if those services are followed through:

> And then I give the family the information, and for the most part, which a lot of school social workers we don't know what happens next. So I don't know

> sometimes if they have followed up on the resource. I don't know if they've made an appointment. I don't know. It's very rare that I do know.

Participants agreed community-based services struggle to communicate with school personnel, which makes it more challenging to collaborate and determine whether students are engaging in services.

***Subtheme: Advantages and Specialized Benefits of Community-Based Services***

The final subtheme found to support this theme is the advantages and specialized benefits of community-based services. This subtheme discusses participants' thoughts on the benefits of community-based mental health services, which offer specialized services. For example, Participant I009 noted community-based services offer psychiatry which their school-based services do not, "We had a recent one where the student had to be transferred from our school-based to actually community-based because we don't do psychiatry here." Participant C003 added they usually use school-based services, but they refer out for more severe student needs:

> Mainly school-based, but sometimes it's community-based when there is something that comes up that's a little more severe. Like if we have a student with suicidal ideations or something like someone who's cutting to that degree, then we usually refer out.

Participant E005 added that community-based referrals are sometimes required for students with more severe needs, "Because there are times when we have to do that, especially if the student presents as having suicidal ideations. Before the student can return, they are asked to take the child to receive those services." Participant F006 added

that community-based services also offer opportunities for students who may need a bilingual therapist, “It has someone who is bilingual.” Participants agreed that community-based services provide their students with more specialized care for more severe issues like medication needs, suicidal ideations, and bilingual services.

The theme, perceptions, stigma, and attitudes toward school-based versus community-based services, along with their supporting subthemes, address the study’s first research question by providing data on the differing perceptions of school social workers in Georgia regarding the accessibility and sustainability of school-based versus community-based services. Data were received from participants’ responses to interview questions. The data were then grouped into subthemes that supported the main theme discussed: perceptions, stigma, and attitudes toward school-based versus community-based services.

**Theme 1 Addressing Research Question 2**

The study’s second research question is, what systems challenges and barriers do school social workers describe regarding the brokering of school-based therapeutic services versus community-based therapeutic services in the state of Georgia? The first theme derived from the data to address this research question is systemic and structural barriers challenging school-based services. This theme examines how financial, school-level, parental engagement, and resource constraints intersect to hinder the utilization of school-based therapeutic services. For example, Participant E005 noted that schools have to go through meetings to get school-based services approved and then determine where the financial piece will come from to sustain the services:

> Some of the system barriers would be financial. Because, you know, we pay for this, for the ones that we bring in that we partner with. There is a partnership, so we have to pay a certain amount. There's always that system. The area where this is getting it approved first because it has to run through that chain of command. So you have several meetings, and then once it's approved. Where's the pool of money coming from?

Participant B002 added that many agencies only last for a certain amount of time due to a lack of financial support or staff turnover, which causes parents not to buy into school-based services:

> Pretty much so, like we had one agency to cover our school-based, but they're gone. We just didn't have the money to keep it. And I think from what I was told, they haven't been able to keep a social worker either. So I feel like that might also be why the parents don't wanna buy-in because I guess they feel like you just only here for a time.

This theme captures the various opinions from participants on the system barriers affecting school-based services. The subthemes supporting this theme are (a) funding instability and need for external support, (b) structural and logistical barriers, (c) parent and family-related barriers, and (d) staffing and resource barriers.

***Subtheme: Funding Instability and Need for External Support***

The first subtheme found to support this theme is funding instability and the need for external support. This subtheme captures participants' responses regarding inconsistent funding and board approval, which weaken the continuity of school-based

services. Therefore, external support, such as government funding and board approval, is needed to maintain the continuity of care. For example, Participant F006 explained that citizens in their county voted against extra money for schools, which cut funding for school-based services to prevent property taxes from increasing:

> And so it's like financial. Something with like the school finances or school budgeting or those kind of barriers, and I actually think that part of it was due to the homestead exemption thing that they had to do. I know that was a big thing and it was like if you voted one way then the school would have to cut like, what was it, 10 million or some big number within 5 years. And so I guess they voted on that option because citizens did not want their property taxes to go up. And so because of that they have to cut things.

Participant J0010 added they are about to lose access to school-based services due to elected officials not supporting the funding needed to continue those services:

> Right now, there's certain pauses on certain funds because of certain elected officials. And so we're being kind of told to prepare ourselves for or some type of hit because we don't know what mental health providers would still be able to provide those services when the time comes.

Participant E005 mentioned needing the approval and support from the school board as well as school personnel to advocate for the continuation of these needed services, "Trying to help the board and some of the others understand why we need it. And just implementing it in the school, it has to have a buy-in as well from the local schools." Participants agreed that school-based services struggle to stay consistent in schools due to

limited government funding and insufficient support from school boards and personnel to continue services in school districts.

***Subtheme: Structural and Logistical Barriers***

The next subtheme to support this theme is structural and logistical barriers. This subtheme refers to the structural and logistical barriers that school-based services face, including access to a confidential space and scheduling, which hinder access for students. For example, Participant D004 noted that finding a confidential space for school-based services can be difficult due to the school population having limited spaces that can maintain privacy and supervision. This participant noted scheduling can be an issue as well due to things coming up during the school day that may hinder students from having time to make it to sessions:

> We really have a hard time keeping up with the growth of our student population. So just having an appropriate space for students to engage in those sessions is really important. And ensure that they have the privacy that they need and still have access to supervision, and you know we're not squirreling away, small children totally unsupervised. Just one more little thing. We have had difficulty sometimes with you know just our scheduling. Just that the pace of the day can sometimes be very unexpected things come up, and so typically it's the counselor who is really responsible for kind of coordinating that to make sure that the student is where they're supposed to be to get connected. I know that we may face times where a student is forgotten or overlooked, and then on the flip side, sometimes our providers are late. So that's a little tricky too.

Participant B002 added students with attendance issues struggle to attend school-based services because if they are missing school, then they are missing services as well, "Like I have kids that have missed 40-something days of school, and so that's the issue. I can't give you services if you're not here." Participant I009 noted some teachers struggle with students missing classes, so they have to try to schedule services at different times throughout the school day to avoid class disruption:

> We run into it every once in a while, where we may get an e-mail from a teacher saying this child is missing my class. So when we get that, we try to correct it, and we go to the school-based therapists and say, Can you not pull them from the same class every time?

Participants agreed that structural and logistical barriers hinder access to consistent school-based services due to a lack of space and scheduling issues throughout the school day.

***Subtheme: Parent and Family-Related Barriers***

Another subtheme to support this theme is parent and family-related barriers, which are defined as a lack of parent follow-through due to cultural stigma, lack of education, and the need for parents to engage in the referral process. For example, Participant I009 noted many cultures struggle with mental health services because they lack education, fear what their child may say while receiving services, or feel as if mental health needs label their child:

> We see that in a lot of African American communities and a lot of the Caribbean cultures, where they say, We handle things as a family, we don't need it, or we'll

> deal with it. They just haven't learned the positive benefits or effects of counseling, but some are very suspicious that their child is going to say something that they don't want them to, or that my child is mental or crazy. And you know, we have to really educate them and say no, it's not that your child's crazy, but your child definitely can benefit from an extra layer of support.

Participant C003 added parents struggle to follow through with school-based referrals, even if they request the services, due to the paperwork required:

> The first thing that comes to mind is how often the parents will not follow through with phone calls or paperwork. It could be a parent asking for the services, like they referred their own kid. For example, like, let's say, Grandma died, right? Can you help get a school-based therapist because you know, my work schedule doesn't allow it. And then they won't sign the paperwork or get it back on time. For example, the platforms we use now do three outreaches, and after that, they close the referral.

Participants agreed that parents struggle to follow through with school-based referrals, which causes a barrier for students to access these services.

***Subtheme: Staffing and Resource Barriers***

The next subtheme found to support this theme is staffing and resource barriers. This subtheme captures participants' responses about how mental health services are needed now more than in the past, but limited clinicians and waitlists reduce availability to school-based services. For example, Participant G007 noted how mental health needs

have increased since COVID-19 and how those services are needed to help support the overall health of the student:

> Since COVID, we have been so far behind, and mentally, the entire world has been impacted in some type of way. So mental health is even more important than it ever was because now you know I can go to so many levels, with truancy and the kids' lack of motivation. And if we focus on their mental, it would definitely be beneficial to their whole total health.

Participant D004 mentioned that they deal with high turnover for their school-based clinicians due to a lack of compensation for clinicians, "So there's a lot of turnover and it's hard to even fill the openings they have, and it really comes down to an income situation." Participant J0010 added that they do not have access to enough school-based clinicians to handle the total population of students who need services:

> One of the things I mentioned earlier is just the number of kids that are able to be seen, and so like I said, if I'm in the school with 78,800 kids and I got one provider, they can only see 20, 25 people. That's not enough, and we're saying this is my sole mental health provider.

Participants agreed that school-based services are needed due to the mental health needs of students. However, they struggle to have enough access due to turnover and a shortage of clinicians to handle the student population.

This theme, systemic and structural barriers challenging school-based services, is related to the study's second research question by providing data on participants' views on some of the barriers to brokering school-based therapeutic services. Those views

included their thoughts on school-level barriers, cultural barriers, and a lack of resources to sustain school-based services. Participants' responses to interview questions were collected to create data supporting the subthemes and theme discussed.

**Theme 2 Addressing Research Question 2**

An additional theme addressed in the study's second research question is the systemic and structural barriers that challenge community-based services. This theme highlights how access constraints, service design limitations, and parental engagement hinder the viability of community-based mental health services as a dependable support system for students. For example, Participant E005 noted that their school is unable to access all available community-based mental health services due to the school only allowing an approved list of community-based services school social workers have access to:

> I would say we're not able to make referrals to all available community resources. They have to be on our approved list, and so that limits us sometimes. When you know that there are other services out there that can help, however, they have not vetted them, so then we cannot recommend them.

Participant I009 mentioned their school struggles to have space for community-based service providers to meet with students in the school, which causes access issues for families who need clinicians to meet them at home or school:

> The outside community agencies are coming into our building, and since COVID, I think that's been very difficult for them to gain access. For whatever reason, I think that's just a system issue. You know, again, them not really wanting to

> incorporate mental health, you know, as it's connecting with academics and education.

This theme encompasses participants' responses about barriers to accessing community-based services. The subthemes that help support this theme are as follows: (a) access and staffing barriers, (b) community-based service design limitations, and (c) parent engagement.

***Subtheme: Access and Staffing Barriers***

The first subtheme to support this theme is access and staffing barriers, which are defined as access barriers to community-based services due to transportation and staffing issues. For example, Participant A001 noted parents struggle to find consistent transportation to services. At the same time, students struggle to want to go to services because their parent has to transport them to sessions:

> Transportation, a lot of them don't have reliable transportation, and the willingness to go because it's outside of their comfort zone. Because if they're going, their parents are right there, so typically they're not as open as they should be.

Participant F006 added their community-based agencies have such a long waitlist they require families to wait in line before a clinician can see them, "Wait lists, and like you know, just waiting because I know when you go, if you're not there, first thing in the morning, you'll be waiting for probably a significant amount of time before you can see someone." Participant J0010 noted community-based services are hard to access due to a lack of providers, "Access, as far as the amount of providers, finding providers, like it's

way too hard for people to get mental health services." Participants agreed that community-based services have access barriers that make it more difficult for families to access these services.

***Subtheme: Community-Based Service Design Limitations***

The next subtheme identified is the limitations of community-based service design. This subtheme is defined as the lack of flexibility that community-based services face due to insufficient space and the limited insurance accepted to meet the needs of families. For example, Participant I009 discussed how community-based services struggle to meet in the home and school due to safety concerns, time constraints, and a lack of space:

> You know how many therapists want to go into the home. Like, is it safe to go into the home? And then if you're going after the kids, some of them may be involved in after-school activities, so they may get home later. Then you're running into dinner time and getting ready for bed. So, then the therapist could come to the school and, you know, we try to welcome that, but sometimes I think that could be an issue across our district. Sometimes it's really hard, because when they come, it really depends on who is there and available to help them locate a space to meet. Like the outside community agencies are coming into our building, but since COVID, I think that's been very difficult for them to gain access.

Participant A001 mentioned many providers have stopped accepting certain insurance providers, which adds an extra barrier to accessing community-based services:

> When it comes to like Medicaid cuts and all of that stuff, I know a lot of providers are pulling back from using things like Peach Care or CareSource and Amerigroup because of their payment issues. That's going to be one of the biggest things, anybody that's on that government insurance is going to be a barrier or issue because some people don't take those insurers."

Participants agreed that community-based services struggle to meet the needs of students due to multiple limitations in service design.

***Subtheme: Parent Engagement***

The final subtheme found is parent engagement and knowledge gaps. This subtheme is defined as parents struggling to consistently engage in mental health services due to a lack of prioritizing mental health. For example, Participant G007 mentioned parents do not put much priority into mental health:

> The population that I serve, there's very little value in mental health services. There is very little value in mental health in general, kind of talking about it and acknowledging that it is a thing that exists. There is a lack of understanding with a lot of it. And then there's just a lack of prioritizing it.

Participant J0010 noted parents may begin engaging in services but they struggle to maintain it so students do not receive the long term support they need, "So a lot of times people might get through the initial hurdle of starting services, but then life start happening, and sometimes that falls off, and people don't get like the long term support they need." Participants discussed how parents struggle to maintain engagement in community-based therapeutic services.

This theme, systemic and structural barriers challenging community-based services, is related to the study's second research question by providing data on some of the barriers participants faced while brokering community-based therapeutic services. Those responses included information on access barriers, design limitations, and parents' lack of engagement in services. The responses received were used to create the subthemes that support the final theme, addressing the second research question.

**Theme Addressing Both Research Questions**

A final theme emerged from the data, addressing both research questions: the systemic strengthening of organizations through collaboration, education, and advocacy. This theme is defined as the perceptions of school social workers regarding the improvement of barriers they addressed. This theme captures participants' desires for a push toward creating effective and sustainable school-based therapeutic services through a collaborative school culture, engaging families through education, improving access, advocacy, and addressing staffing needs. For example, Participant G007 mentioned school collaboration is needed to overcome barriers, "Interdisciplinary conversations in regards to the vision. That's where we lack. It can't be a mental health vision, it has to be a school wide vision." Participant I009 added training and education is key, not just for school staff, but for community partners and well:

> Educating I think a lot of times just the training and education needs to be there. To the educators, school system staff, and our community partners. And then how do we get that information back to the people who need to know? So, we need creative ways to kind of bridge that gap that's there with the information.

This theme encompasses the following subthemes: (a) enhancing communication and collaboration, (b) engaging families and reducing stigma, and (c) improving referral and service access.

***Subtheme: Enhancing Communication and Collaboration***

The first subtheme to support this theme is enhancing communication and collaboration. This subtheme is defined as participants' thoughts about how to improve communication between key individuals to improve community-based and school-based services. For example, Participant I009 mentioned that communication with the school board and community is key:

> Coming together as a community, making sure that we're networking and we're just kind of addressing those barriers, and we're being strategic about addressing the barriers. And the board of education keeping funding so programs aren't pulled. I think a lot of times, you know, our district may talk about it amongst ourselves, but we need the support because we're talking about these agencies existing in the community.

Participant B002 added that going out into the community can help improve collaboration and buy-in for services, "I feel like the kids wanna buy-in and the parents are gonna buy-in, but we have to start in the community. It's, I think, us getting out there, us getting involved heavily in the community." Participant G007 mentioned all school personnel should work together with a shared goal to help students be successful:

> Collaborating together to actually focus on one shared goal, and that goal is we want our students to be successful, and we wanna, you know, stop or help with any barriers that they're faced with that are having them to be unsuccessful.

Participants agreed that collaboration between the school and community is needed to improve access to school-based and community-based services.

***Subtheme: Engaging Families and Reducing Stigma***

The next subtheme is engaging families and reducing stigma, which involves educating parents and families about the importance of mental health to reduce stigma and improve engagement in school-based and community-based services. For example, Participant H008 noted that educating parents is needed to increase access to services:

> A lot of one-on-one psychoeducation with families to try to make mental health not as scary. To normalize that, you know, other teens are going through this, other families are going through this, and sometimes people need extra support.

Participant A001 noted that being honest with families and the providers helps to improve engagement in services:

> I try to be as open and honest with everybody. The service providers and the families, so they know what is going on with that particular child, or what the need is, or what the lack is. This is what I think, and this is what I can tell you. You know, they have these options. You could choose to go there or not. I put in three referrals, so it's up to you.

Participants agreed that educating families can help reduce stigma, helping them to engage more in the mental health services their students need.

### *Subtheme: Improving Referral and Service Access*

The final subtheme found to support this theme is improving referral and service access. This subtheme is defined as simplifying referrals and increasing provider access by advocating in the community and school system to improve school-based and community-based therapeutic services. For example, Participant C003 noted that alternative communication methods can help parents follow through with referrals:

> I just wish they would reach out because they called from like a 1-800 number, and you know, a lot of people try to avoid the spam calls. I just wish it were a different way. I think they do reach out via e-mail, but a lot of people don't check their e-mail. So I wish they would kind of get like, either I don't know. Maybe a different way to learn how to communicate with the parents. Maybe text message? So, it would be easier if, like, maybe they could text like an orientation packet or whatever. And then have parents fill it out that way.

Participant D004 added that more providers are needed to increase access to services, "A huge need for mental health care providers, and we just don't have that infrastructure." Participant F006 added that advocating is needed to increase service access:

> Advocating for something, or like going to like the capital day. Whoever does have those connections in that reach should definitely, I guess, work on, you know, advocating for more mental health resources and funding so that we can reach more students.

Participants agreed that more access to community-based and school-based services is needed, and it can be improved by simplifying the referral process and advocating for more resources to support them.

The final theme retrieved from the data, systemic strengthening through collaboration, education, and advocacy, is related to both research questions because it provides perceptions from school social workers on ways to address some of the challenges school-based and community-based therapeutic services face and potential ways to overcome them. Those responses included recommendations from participants about ways they believe these barriers can be improved. The responses received developed the subthemes to support this theme, which addresses both research questions.

## Summary

In Section 3, the study's findings are presented, which include the data analysis techniques used to develop the initial codes, subthemes, and themes from the collected data. This study utilized Braun and Clarke's thematic analysis process, which facilitated the identification of initial codes that led to the creation of subthemes and themes to address the study's research questions. The themes developed from this study support its research question by providing insights into the perceptions of benefits and challenges associated with accessing school-based versus community-based therapeutic services, while also addressing the systemic barriers faced when accessing these services. Those themes included (a) perceptions, stigma, and attitudes toward school-based versus community-based services; (b) systemic and structural barriers challenging school-based services; (c) systemic and structural barriers challenging community-based services; and

(d) systemic strengthening through collaboration, education, and advocacy. In Section 4, I will discuss the interpretation of these findings and their relationship to the literature and Bronfenbrenner's ecological systems theory.

Section 4: Application to Professional Practice and Implications for Social Change

## Introduction

This study asked two research questions to fulfill its purpose:

RQ1: What are school social workers' perceptions on brokering school-based therapeutic services versus community-based therapeutic services in the state of Georgia?

RQ2: What systems challenges and barriers do school social workers describe regarding the brokering of school-based therapeutic services versus community-based therapeutic services in the state of Georgia?

The themes developed from this study support its research question by presenting the perceptions of school social workers on the benefits and challenges associated with accessing school-based versus community-based therapeutic services, while capturing the system barriers faced when accessing these therapeutic services. The themes identified included (a) perceptions, stigma, and attitudes toward school-based versus community-based services; (b) systemic and structural barriers challenging school-based services; (c) systemic and structural barriers challenging community-based services; and (d) systemic strengthening through collaboration, education, and advocacy.

In Section 4, I will discuss the interpretation of these findings based on the themes identified in the analyzed data. This section will include a discussion of the study's key findings by addressing how the themes relate to the study's research questions, relevant literature, and Bronfenbrenner's ecological systems theory. Additionally, this section will discuss how the study's findings address applications to professional ethics, provide recommendations for social work practice, outline limitations, and draw implications for

social change. Finally, a summary will be provided of the information presented in this section.

## Key Findings

### Theme 1: Perceptions, Stigma, and Attitudes Toward School-Based Versus Community-Based Services

The first theme identified within the data addressed the first research question of this study: What are school social workers' perceptions on brokering school-based therapeutic services versus community-based therapeutic services in the state of Georgia? The theme identified to address this research question is perceptions, stigma, and attitudes toward school-based versus community-based services. This theme was supported by the following subthemes: (a) parent-level barriers to engagement in services; (b) access barriers to services; (c) effectiveness and rapport in services; (d) increased access and convenience in school-based services; (e) limited capacity of school-based services; (e) school staff and administrative buy-in in school-based services; (f) format and delivery of community-based services; (g) limited collaboration with schools in community-based services; and (h) advantages and specialized benefits of community-based services. Subthemes were created to show participants' specific perceptions of the effectiveness, benefits, and barriers that hinder or support consistent and effective access to community-based and school-based therapeutic services for students. This theme and its subthemes answer the study's first research question by providing data on participants' perceptions of the accessibility and sustainability of school-based versus community-based services.

### *Perceptions on School-Based and Community-Based Services*

Participants agreed that parents' stigma and lack of knowledge about mental health cause them not to engage in community-based and school-based therapeutic services fully. Participants discussed how parents' stigma towards mental health makes it difficult for students to engage in consistent therapeutic services. Rossen and Cowan (2014) agreed that therapeutic services are more challenging to access due to the stigma of mental health, causing a lack of trust in providers. O'Brien et al. (2016) furthered this research by agreeing that barriers to community-based services include a lack of knowledge about mental health. Literature supports the participants' view by indicating that a significant challenge to accessing therapeutic services is the associated stigma, which causes families to be cautious when seeking treatment (Das et al., 2016; Hoover & Bostic, 2021).

In addition to participants' responses on parent engagement barriers, participants agreed that student engagement is a concern. Participants agreed that student engagement in community-based and school-based therapeutic services is based on the rapport built with the clinician. However, they may struggle to engage due to mistrust and a lack of knowledge about therapeutic services. Radez et al. (2021) reported that many adolescents do not receive therapeutic services due to a lack of knowledge on how to gain support. Additionally, researchers found that adolescents receiving therapeutic services will lie about it to avoid stigma from their peers (Goodwin et al., 2016). Literature supports participants' responses regarding the lack of student engagement, which raises concerns about trust in the provider and a lack of understanding of mental health (Graaf et al.,

2023). According to Oruche et al. (2014), a lack of trust and understanding of therapeutic services can lead to increased dropout rates, and access constraints exacerbate this barrier.

Participants provided responses related to access constraints that exist in both community-based and school-based therapeutic services. Participants described these access constraints as a lack of transportation due to services being far away, and a lack of access due to a shortage of staff or services available. In 2016, Cummings et al. reported that two-fifths of the counties in Georgia lack community-based therapeutic services to support their youth, primarily due to the state's predominantly rural nature. According to Habegar et al. (2018), rural areas have increased barriers to accessing community-based services, including longer wait times due to a lack of providers, distance to services, and transportation issues. Staffing issues impact both school-based and community-based therapeutic services, resulting in high staff turnover and prolonged wait times (Oruche et al., 2014). Literature supports participants' perceptions of the access barriers that community and school-based therapeutic services face, with the lack of staffing being a significant barrier to providing consistent interventions (Haine-Schlagel et al., 2014).

***Perceptions on School-Based Services***

Participants agreed that school-based therapeutic services increase access by limiting the need for transportation and providing added flexibility with tele-service options. Researchers agreed that schools have increasingly been perceived as the primary site for mental health services due to their access to students and decrease in transportation barriers (Rossen & Cowan, 2014; Moore et al., 2023). School-based

interventions increase access to mental health treatment by promoting early identification, expanding intervention methods, and providing students with increased access to therapeutic services that individuals may struggle to find in community settings (Moore et al., 2023). Literature agreed with participants about school-based interventions offering parents an opportunity for services for their children without transportation barriers, increasing students' access to address their unmet mental health needs (Lankford, 2019). However, participants mentioned that these benefits are limited due to the capacity for consistent school-based services.

Participants discussed the lack of school buy-in, which limits the capacity for consistent school-based therapeutic services and hinders equal access across schools. Participants mentioned that schools struggle to maintain their school-based therapeutic services due to a lack of school and administrative buy-in, making it difficult to ensure consistent service availability. Additionally, participants reported that students struggle to maintain school-based therapeutic services during transition periods, such as graduation. Salinger (2019) reported that about 70% of schools in the United States have therapeutic services. However, they are often inadequate because they require buy-in from school personnel, and other educational practices prevent them from implementing adequate school-based therapeutic services. Participants agreed that school personnel and administration struggle to understand the benefits of school-based therapeutic services; however, their buy-in is crucial to the effectiveness of these services. Yohannan and Carlson (2019) agreed that buy-in from school personnel is necessary to implement adequate school-based therapeutic services. Literature agrees with participants on the

need for school personnel buy-in, which causes schools to face multiple service barriers to school-based therapeutic services (Frauenholtz et al., 2015).

### *Perceptions on Community-Based Services*

Participants agreed that delivery options determine a family's engagement in community-based therapeutic services, as services may be interrupted or discontinued if they do not meet the family's needs. Researchers agreed that community-based services can cause scheduling conflicts, contributing to work and school absences (Habegar et al., 2018). O'Brien et al. (2016) attribute these accessibility barriers to a lack of available resources. Lankford (2019) furthered this research and reported that many children struggle to access community-based therapeutic services due to a lack of availability, transportation issues, time constraints, and location. Researchers reported that many children who receive community-based interventions drop out in fewer than four sessions due to the location of services (Hoover & Bostic, 2021). According to Oruche et al. (2014), when youth drop out of community-based services, it leads to an increased risk of ongoing symptoms and other adverse outcomes. Literature supports participants' views on the impact of increased community-based therapeutic service interruptions due to parents being required for transport, which faces accessibility issues, preventing them from continuing services for students (Salloum et al., 2016). Participants added that community-based services struggle to collaborate with them, making it difficult for them to be involved in the child's mental health needs.

Participants agreed that community-based therapeutic services do not collaborate with school social workers after referrals are made, making it challenging to determine

how students are engaging in services. This lack of collaboration presents as a challenge because most children are referred to community-based services by school social workers, and they are responsible for brokering services to address their students' mental health needs (Swick & Powers, 2018). However, community-based therapeutic services struggle to collaborate with schools, making it challenging for school social workers to collaborate with these services to improve their students' mental health and academic functioning (Doll et al., 2017). Doll et al. agree with participants' thoughts on the need for community-based services to collaborate with school personnel. Research indicates that this lack of collaboration is attributed to a shortage of providers and large caseloads, resulting in time constraints that hinder providers' ability to collaborate and address the academic functioning of their clients (Villarreal & Castro-Villarreal, 2016). Participants agreed that although community-based services face barriers to collaboration, they play a crucial role in providing specialized services.

Participants agreed that community-based therapeutic services offer students specialized care for more severe needs like medication, suicidal ideations, and bilingual services. Participants reported that they typically referred to community-based services to address more severe issues that their school-based therapeutic services cannot address. Cummings et al. (2016) and Green et al. (2016) agreed that community-based interventions are best for those suffering from severe mental illnesses like suicidal ideation because they offer more intensive practices to address mental health needs. The literature supports participants' perceptions that community-based therapeutic services,

which offer interventions for more severe mental health issues, are effective only when those services are consistently accessible (Haine-Schlagel et al., 2014).

This theme addresses the first research question by presenting the perceptions of participants regarding the brokering of school-based versus community-based services. Participants agreed that school-based and community-based services have benefits and barriers to addressing students' mental health needs. Although school-based therapeutic services increase access to services, they also face barriers to access due to a lack of buy-in for consistent services. Community-based services offer specialized care for individuals requiring more intensive support, but they often face access barriers due to time constraints and the location of services. Participants then provided additional information on these access barriers when addressing the second research question.

**Theme 2: Systemic and Structural Barriers Challenging School-Based Services**

The second theme found within the data supported the second research question: What systems challenges and barriers do school social workers describe regarding the brokering of school-based therapeutic services versus community-based therapeutic services in the state of Georgia? The theme identified is systemic and structural barriers that challenge school-based services. The subthemes that support this theme are as follows: (a) funding instability and need for external support; (b) structural and logistical barriers; (c) parent and family-related barriers; and (d) staffing and resource barriers. These subthemes reflect participants' responses to the specific barriers they face. The theme and its subsequent subthemes answer the study's second research question by capturing participants' views on the system barriers they face when brokering school-

based therapeutic services. Those views included their thoughts on financial, school-level, parental, and resource barriers that hinder brokering school-based therapeutic services for their students.

### *Exosystem Level Barrier*

Participants agreed that school-based therapeutic services struggle to maintain a consistent presence in schools due to limited government funding and insufficient support from school boards and personnel. One of the top service barriers to school-based therapeutic services is a lack of staffing and funding (Cummings et al., 2021). Moore et al. (2023) agreed that shifting priorities of school funds make it difficult to maintain school-based services. Literature supports participants' thoughts on school and government funding. Researchers agreed with participants that school-based therapeutic services face system barriers due to district funding, which prevents access to consistent services (Hoover & Bostic, 2021). Härkönen notes that the exosystem does not involve the student, but the events do influence the micro- and mesosystems that involve the student. Therefore, school funding influences access to school-based services, but the student is not involved in the funding process, which relates this barrier to the exosystem of a student (Härkönen, 2001).

### *Mesosystem Level Barrier*

Participants agreed that structural and logistical barriers, like a lack of confidential space and scheduling issues throughout the school day, hinder access to consistent school-based therapeutic services. Habegar et al. (2018) concluded that schools face service barriers, including a lack of support from school personnel, resulting in

scheduling conflicts and insufficient space for these services. Literature and participants agreed that students struggle to access consistent school-based barriers due to school-level barriers, including scheduling and space (Habegar et al., 2018). These school-level barriers affect the mesosystem of student by affecting their relationship with the school (Härkönen, 2001). Participants and researchers agree that these barriers affect the mesosystem of the student, preventing access to school-based services.

### *Microsystem Level Barriers*

Participants agreed that parents' lack of follow-through with school-based referrals causes a barrier for students to access these services. Additionally, Shultz (2020) reported that children's behavior differs between school and home, which can prevent caregivers from fully embracing school-based treatment. Researchers agreed that the need for parent buy-in causes schools to face service barriers (Frauenholtz et al., 2015). Participants agreed with the literature that parent follow-through can be a barrier for students to access school-based therapeutic services (Shultz, 2020). Härkönen (2001) explains that the microsystem involves the student and their parent; therefore, parents' lack of follow-through influences their microsystem. Participants and data support the notion that parents' lack of follow-through affects students' access to school-based services on a micro-level.

### *Meso- and Exosystem Level Barriers*

Participants agreed that there is not enough access to school-based therapeutic services due to turnover and a shortage of clinicians. However, they are needed to address their students' mental health needs. Researchers agree that although schools offer an

accessible setting for therapeutic services, they face challenges in providing them due to high staff turnover and service demands, resulting in increased caseloads and waiting times (Hoover & Bolstic, 2021; Moore et al., 2023). Villarreal and Castro-Villarreal (2016) added that most school-based therapeutic services have such high service needs that they must refer out to community-based therapeutic services. Literature and participants agreed that effective school-based therapeutic services require enough trained mental health professionals; however, they lack staff to address the mental health needs of the caseloads they serve (Hertz & Barrios, 2021). According to participants and the literature, this staffing issue is a meso- and exosystem barrier that affects the student's relationship with the school. In addition, the student is affected by staff shortages, but they are not directly involved in the shortage issue (Härkönen, 2001).

This theme addresses the second research question by providing data on participants' thoughts on the barriers they face when brokering school-based therapeutic services. Participants agreed that school-based therapeutic services face barriers in the micro-, meso-, and exosystems. Examples of those barriers included parent follow-through, school constraints, and funding instability. To address the community-based system barriers, participants provided additional thoughts on the system barriers that affect access to these services.

**Theme 3: Systemic and Structural Barriers Challenging Community-Based Services**

Additionally, the third theme addressed the second research question for this study. The identified theme is systemic and structural barriers challenging community-based services. The subthemes that help support this theme are as follows: (a) access and

staffing barriers, (b) community-based service design limitations, and (c) parent engagement. Subthemes were developed to reflect specific barriers that participants discussed. This theme and its subthemes relate to the study's second research question by providing data on some of the system barriers participants faced while brokering community-based therapeutic services. This theme highlights how access constraints, service design limitations, and parental engagement hinder the viability of community-based mental health services as a dependable support system for students.

### *Exosystem Level Barriers*

Participants agreed that community-based therapeutic services have access barriers, including transportation and staffing issues, that make it more difficult for families to access these services. Researchers have found that high staff turnover and excessive wait times cause families to struggle in accessing community-based therapeutic services (Oruche et al., 2014). Additionally, these issues lead to community-based services offering fragmented care and interrupted service delivery (Forman-Hoffman et al., 2017). Researchers agreed with participants that community-based services can be ineffective due to a lack of adequate resources to provide consistent services, resulting from a shortage of providers, which leads to high referral rates and wait times for follow-ups (Herrenkohl, 2019; O'Brien et al., 2016). These barriers are related to the exosystem of a student by affecting the student's access indirectly (Härkönen, 2001). While research participants and researchers agreed on this exosystem barrier, they identified an additional exosystem barrier due to the community-based therapeutic service's design limitations.

Participants agreed that community-based therapeutic services struggle to meet the needs of students due to multiple service design limitations, including their lack of flexibility. One noted issue in the literature is that many community-based agencies only accept certain types of health insurance, making them difficult to access in areas with low socioeconomic status (Cummings et al., 2021). Castello et al. (2014) agreed that community-based therapeutic services are scarce in impoverished communities. Researchers agreed with participants that the design limitations of community-based services include insurance difficulties, distance to services, and transportation issues (Habegar et al., 2018). These design limitations presented by participants and supported by the literature are an additional exosystem barrier preventing students' access to services.

### *Micro- and Macrosystem Level Barriers*

Participants discussed how parents struggle to maintain consistent engagement in community-based therapeutic services due to stigma, a lack of education, and not prioritizing mental health. Salloum et al. (2016) agreed that many caregivers do not seek community-based services due to negative attitudes about treatment, stigma, and a lack of motivation. Orche et al. (2014) noted that increased resources are needed to combat barriers through education on mental health. Researchers agreed with participants that many students struggle to access community-based services due to a lack of caregiver involvement (Hoover & Bostic, 2021; Oruche et al., 2014). According to participants' responses and the supporting literature, parents' follow-through is involved in the

microsystem by involving the child and their home; while the stigma that parents face is part of the student's macrosystem, as it involves their belief systems (Härkönen, 2001).

This theme addresses the second research question by providing information on the system barriers that participants encountered while brokering community-based therapeutic services. These barriers relate to the micro-, exo-, and macrosystems of the ecological systems theory. Those barriers include staffing issues, design limitations, and parental stigma. Participants then provided recommendations on how to combat the identified barriers that address the second research question.

**Theme 4: Systemic Strengthening Through Collaboration, Education, and Advocacy**

The final theme, systemic strengthening through collaboration, education, and advocacy, derived from the data, addressed both research questions. This theme captures participants' thoughts on ways to create more effective and sustainable school-based and community-based therapeutic services through collaboration, education, and improving access. This theme encompasses the following subthemes: (a) engaging families and reducing stigma, (b) enhancing communication and collaboration, and (c) improving referral and service access. Subthemes were created to identify participants' specific recommendations on ways to overcome the barriers they noted. This theme and its subthemes are related to both research questions because they provide perceptions from school social workers on ways to address some of the system barriers that school-based and community-based therapeutic services face.

### *Micro- and Macrosystem Level Recommendations*

Participants recommended educating families to help reduce stigma and increase engagement in school-based and community-based therapeutic services. Participants agreed that increasing education on mental health for parents is necessary to enhance their engagement in services. Oruche et al. (2014) reported that increased caregiver involvement in therapeutic services helps to support more positive engagement for students. This bi-directional influence from the parent and towards the student is why the microsystem is seen as the most important factor in a student's development (Härkönen, 2001). Härkönen explained that this influence is evident in both students influencing their parents and parents influencing their students. Therefore, mental health stigma causes the refusal of services from the student and parent due to a lack of mental health understanding (Graaf et al., 2023). Participants and the literature agreed that improving mental health knowledge will increase engagement among students and parents (Oruche et al., 2014).

Participants agreed that parental mental health stigma comes from a lack of knowledge about the benefits of therapeutic services. Researchers agreed that therapeutic services improve students' self-esteem, school performance, problematic behaviors, family engagement, and mental health development from childhood to adulthood (Habegar et al., 2018; Marsh et al., 2020). Härkönen (2001) defines the macrosystem as the patterns of belief systems and lifestyles being transferred from generation to generation (Härkönen, 2001). Therefore, helping to reduce the negative beliefs and stigma towards mental health will affect the macrosystem of development. Participants

and the literature agreed that teaching parents about these benefits would reduce mental health stigma and improve engagement in services (Oruche et al., 2014).

### *Meso- and Exosystem Level Recommendations*

Participants agreed that improving communication between key individuals would improve school-based and community-based therapeutic services. Participants agreed that communication is key between schools and the community to improve students' mental health, especially when they are receiving community-based therapeutic services. Swick and Powers (2018) reported that most children are referred to community-based treatment by school social workers when a mental health need is identified. However, they do not collaborate on the care of students, making it difficult to improve academic functioning (Doll et al., 2017). This system barrier is related to the mesosystem of a student by describing the relationship between the school and student (Härkönen, 2001). Participants agreed that improving communication would enhance the school's ability to meet the needs of students. Therefore, it involves the mesosystem by addressing the relationship between the school and the student. In addition, this recommendation involves the student's exosystem because the communication between community-based therapeutic services and schools affects the student but does not directly involve the student (Härkönen, 2001). Participants reported that an additional exosystem recommendation existed due to the need for advocacy to improve access to services.

Participants agreed that improving the referral process and advocating for more mental health resources can support increased access to school-based and community-based therapeutic services. They recommended that school social workers advocate in the

community for increased access to services and funding to maintain them. Research has concluded that many school-based therapeutic services are inadequate due to a lack of government funding and buy-in from key stakeholders, such as school personnel (Salinger, 2019). Buy-in from school personnel is necessary to implement adequate services, but they face barriers such as limited district funding and competing interests in funding (Yohannan & Carlson, 2019; Hoover & Bostic, 2021). In addition, researchers and participants agreed that the design limitations of community-based services include insurance difficulties, lack of collaboration, staffing issues, and transportation issues (Habegar et al., 2018). This recommendation is related to a student's exosystem, as the advocacy processes do not directly involve the student (Härkönen, 2001). Therefore, advocacy is recommended to influence the school social work profession by advocating for additional resources to maintain therapeutic services in the school and community setting (Dente & Cole, 2012).

This theme addresses both research questions by providing recommendations from the perceptions of school social workers on how to address identified system barriers to brokering school-based versus community-based therapeutic services. Those recommendations were made to combat micro-, meso-, exo-, and macrosystem level barriers. Those recommendations included educating families, improving collaboration between schools and the community, and advocating for more accessible therapeutic services.

## Application to Professional Ethics in Social Work Practice

The two NASW Code of Ethics core values supported by this study are service and competence (NASW, 2024). According to the NASW Code of Ethics, the primary objective of social work lies in its core value of service, which is defined as helping people in need and addressing social problems. Researchers have discussed the importance of school social workers having access to therapeutic services, as they can help students in need succeed academically (Swick & Powers, 2018). However, school social workers face the challenge of system barriers that prevent them from accessing community-based and school-based therapeutic services to address their students' needs (Moore et al., 2022). The results of this study contribute to the core value of service by addressing this social problem. School social workers in this study shared their perceptions of the system barriers they have encountered while brokering these needed services for their students and provided recommendations to address them.

The themes of this study revealed the perceptions of school social workers regarding the barriers they face in addressing social problems. Participants discussed multiple system barriers affecting access to school-based and community-based therapeutic services, including those within the micro-, meso-, exo-, and macrosystems. Moreover, participants in this study offered recommendations to help overcome those micro-, meso-, exo-, and macrosystem barriers identified.

The additional core value addressed by this study is competence, which involves developing and improving professional expertise within specific scope areas (NASW, 2024). Researchers have called for further research on the barriers preventing school

social workers from fulfilling their role of brokering therapeutic services (Moore et al., 2022; Forenza & Eckhardt, 2020). This study contributes to the core value of competence by providing research to enhance the professional expertise of school social workers in Georgia, focusing on the system barriers they face in fulfilling their role. School social workers in this study provided data on the system barriers they face.

The themes of this study answered the call for further research by providing additional knowledge on the barriers school social workers face when brokering school-based and community-based services for students. Participants provided information on multiple barriers, including funding, transportation, and parental stigma, which led to the findings of this study.

This study supports the NASW Code of Ethics by addressing the social problem of barriers affecting school social workers' service role in brokering therapeutic services, and it adds to professional expertise by addressing the call for further research on the system barriers preventing them from accessing these services (Forenza & Eckhardt, 2020; Moore et al., 2022). This study addresses the social problem by providing research on the system barriers that school social workers in Georgia face, along with recommendations to overcome these barriers. This study enhances professional expertise by addressing the practice knowledge gap in the barriers affecting the transition from school-based to community-based services from an ecological systems perspective. This study aligns with the mission of NASW by addressing its core values of service and competence (NASW, 2024).

## Recommendations for Social Work Practice

To improve the system barriers presented by participants in this study, I recommend three approaches to address the system barriers they face. Those recommendations included educating families to improve their engagement in services, enhancing communication and collaboration for services, and advocating for improved access to services. The recommendations support the literature by agreeing that improving mental health knowledge will increase engagement among students and parents when accessing school-based and community-based therapeutic services (Oruche et al., 2014). Additionally, researchers agreed that improving collaboration between the school and community would enhance school social workers' ability to address their students' mental health needs (Doll et al., 2017). Ultimately, researchers concur that advocacy is necessary to influence the school social work profession (Dente & Cole, 2012). In addition, these recommendations support Bronfenbrenner's Ecological Systems Theory by addressing barriers identified in the micro-, meso-, exo-, and macrosystems of a student's development. As researchers have reported, understanding the system barriers that school social workers face is critical when advocating for additional school-based and community-based therapeutic services. (Härkönen, 2001; Tan et al., 2020).

### Educating Families to Improve Engagement in Services

The first recommendation is to educate families to help reduce stigma and encourage them to be more engaged in the therapeutic services that their students need. Participant H008 noted that educating parents helps to normalize mental health services, "one-on-one psychoeducation with families to try to make mental health not as scary."

Participants and the literature agreed that improving mental health knowledge will increase engagement among students and parents (Oruche et al., 2014). This improved knowledge will lead to increased engagement due to the micro- and macrosystems that it will affect. By educating parents, they can influence students through the influences within the microsystem, and reducing stigma will affect their macrosystem by shifting their beliefs (Härkönen, 2001).

**Improving Communication and Collaboration for Services**

The following recommendation aims to enhance collaboration between the school and community, thereby improving consistent access to school-based and community-based services. Participant I009 discussed how effective communication with the school board and community is key to maintaining funding and support for therapeutic services at both the school and community levels. Participant G007 mentioned that all school personnel should work together with a shared goal to help students be successful, "Collaborating together, to actually focus on one shared goal, and that goal is we want our students to be successful." Students cannot be academically successful if they do not have access to the mental health services they need (Salinger, 2019). Most children are referred to community-based treatment by school social workers, so collaboration is key to help them fully address the mental health needs of their students (Swick & Powers, 2018). However, schools and community-based therapeutic services often exist in separate domains, making it challenging to provide services to improve academic functioning (Doll et al., 2017). This recommendation will impact the student's mesosystem and exosystem by addressing school-level barriers within the student's

mesosystem. Additionally, it will enhance the relationship between the school and community, which supports the student's exosystem (Härkönen, 2001).

**Advocating for Improved Service Access**

The final recommendation is to improve access to therapeutic services by advocating for increased resources to support them. This advocacy should involve presenting data that supports the role of school social workers in improving student mental health, attendance, and graduation rates, while educating key individuals on the role of a school social worker in providing these improvements (Tan et al., 2020). Tan et al. reported that school social workers have a significant value in improving student success, and just as they advocate for the well-being of their students, they need to advocate for the tools necessary to be successful in their role. This advocacy should be implemented at the macrosystem level through an advocacy framework grounded in support from national and state affiliates, the community, school boards, data and research, and school budgets (Tan et al., 2020).

Participant F006 discussed how advocating on the macrosystem level can lead to an increase in therapeutic services for students at the micro- and mesosystem levels: "Advocating for more mental health resources and funding so that we can reach more students." Salinger (2019) stated that the need for buy-in from school personnel creates barriers to schools implementing adequate school-based therapeutic services. Hoover and Bostic (2021) agreed that schools offer an accessible setting for therapeutic services, but they face barriers, such as competing interests in funding. This recommendation will influence the exosystem of a student because advocacy is needed, but that advocacy does

not involve the student (Härkönen, 2001). Dente and Cole (2012) reported that the ecological systems framework helps school social workers advocate for the profession by influencing the multiple systems within which the profession operates.

### Limitations

In qualitative research, common limitations include issues of credibility and transferability (Noble & Smith, 2015). Noble and Smith reported that credibility limitations, due to potential bias, can be improved by outlining the personal experiences that may have resulted in researcher bias and accurately presenting participants' responses. I have a potential research bias from my previous role as a school social worker in Georgia from 2018 to 2022. However, I was sure not to allow that bias to skew the data by checking participants' transcripts against their recordings to ensure accuracy.

Transferability refers to the extent to which findings can be applied to other settings or groups (Noble & Smith, 2015). Noble and Smith recommend detailing the research process to enhance transferability, allowing others to replicate the study in similar settings with the same results. This study's research methods are outlined to enable others to reproduce the same findings; however, its findings are limited to providing perceptions of school social workers in Georgia. Further research is needed to determine if these findings are consistent in other settings.

## Implications for Social Change

This study promotes social change by identifying the barriers that school social workers face in Georgia that prevent them from brokering school-based versus community-based services from an ecological systems perspective. Research indicates

that understanding the barriers faced by school social workers is the first step in supporting change by increasing access to the therapeutic services necessary to support their students (Moore et al., 2022). At the same time, researchers found that systems also affect school social workers, just as they try to impact the systems that affect the mental well-being of their students (Germain, 2006). Researchers have concluded that school social workers working within an ecological systems framework are needed to address the multiple systems that affect their students' well-being (Kelly et al., 2010; Tan et al., 2020). Understanding the different system barriers they must overcome is essential to ensuring access.

This study supports change by offering research from an ecological systems perspective, providing data on the perceptions of school social workers in Georgia regarding the system barriers they face when brokering school-based versus community-based therapeutic services. Some of those barriers included parent engagement, school-level barriers, staffing issues, parental stigma, and impacting the micro-, meso-, exo-, and macrosystems of a student's development. In addition, this study's findings increase social work practice knowledge by recommending ways to address the system barriers they discussed. These identified barriers and recommendations will help to influence ways to improve the needs of school social workers in Georgia when addressing the system barriers they face when brokering therapeutic services through the ecological systems perspective that supports the profession (Kelly et al., 2010; Tan et al., 2020).

## Summary

This qualitative research study was conducted to explore school social workers' perceptions of the system barriers related to brokering school-based versus community-based therapeutic services. Using Bronfenbrenner's Ecological Systems Theory, open-ended interview questions were developed to capture the varied experiences of the barriers faced by school social workers in Georgia. These findings provide insight into their perceptions of the micro-, meso-, exo-, and macrosystem barriers they face when brokering school-based versus community-based therapeutic services. In addition, these results provided recommendations on ways to improve access to these services by addressing the barriers discussed from the ecological systems perspective.

Based on the findings related to Themes 1, 2, and 3, 4 school social workers in Georgia agree that school and community-based therapeutic services have benefits. However, they face micro-, meso-, exo-, and macrosystem barriers affecting their access to brokering these services (Härkönen, 2001). Additionally, the study's findings from Theme 4 provide insight into how to address this problem through an ecological system's approach, which is crucial due to the multiple systems that school social workers must work within to ensure the needs of their students are met (Kelly et al., 2010). Those recommendations led to the final recommendations of this study, which are as follows: educating families to improve engagement in services and influence the micro- and macrosystems; improving communication and collaboration for services to address the meso- and exosystems; and advocating for improved service access by impacting the exosystem of a developing student. These recommendations are needed to enhance access

to school-based and community-based therapeutic services for school social workers in Georgia.

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# Appendix A: Demographic Questions

**Screening Questions**

- Do you currently work as a school social worker in the state of Georgia?
- Do you offer school-based therapeutic services at the school(s) that you serve?
- Have you been a school social worker for at least one full school year with a school that offers school-based therapeutic services?
- Do you have a minimum of a bachelor's degree in social work?

**Demographic Questions**

- What is your age?
- What is your race/ethnicity?
- What are your pronouns/gender?
- How long have you worked as a school social worker in Georgia?
- How many schools do you currently serve? What grades do the schools serve?
- How long have you worked as a school social worker with a school that offers school-based therapeutic services?
- Do you work as a therapist, providing community-based therapeutic services, outside of the school setting?
- Have you worked as a school social worker in any other state's school system, other than Georgia?

# Appendix B: Interview Questions

**Interview Questions**

1. When thinking about your experiences with brokering school-based therapeutic services in your school, what comes to mind?
    a. What are some specific examples of how you have brokered school-based therapeutic services?
    b. What responses have you received from your students and families when brokering school-based therapeutic services for them?
    c. What would you say have been the greatest challenges when trying to broker these services?
2. What about your experiences with brokering community-based therapeutic services? Can you tell me about those experiences?
    a. Can you give me specific examples of how you have brokered community-based therapeutic services?
    b. What has been the response from your students and families when brokering community-based therapeutic services for them?
    c. What would you say have been the greatest challenges when trying to broker such services?
3. Now, can you tell me about some of the systems barriers that you have encountered impacting your ability to broker your school-based therapeutic services?
    a. Tell me about the different system levels whether at the micro, meso exo, macro, or chrono level you see as particularly challenging? What are the challenges, please describe.
4. What are some of the systems barriers that have impacted your ability to broker community-based therapeutic services?
    a. Tell me about these whether at the micro, meso exo, macro, or chrono level? Which barriers do you see as hard to overcome, difficult to manage? And why?
5. My final question is, what strategies do you suggest to overcome some of the system barriers you have discussed?
6. Is there any additional information that you would like to share? Do you have any questions for me?