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Samuel G. Okeorji

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Walden University
2018

Abstract

Counselors' Perceptions on Adolescent Access and Use of School-based Mental Health Services

By

Samuel G. Okeorji

BSC, Temple University, 2005

MSW, Widener University, 2009

Dissertation Submitted in Fulfilment

of the Requirements for the Degree of Doctor of Philosophy

Public Health Policy

Walden University

November 2018

Abstract

The role of school-based mental health counselors (SBMHCs) is essential in addressing the mental health needs of U.S. adolescents. The purpose of this phenomenological study was to examine SBMHCs' perceptions about factors that affect the use of SBMH services by adolescents from a school district in Connecticut. SBMHCs were chosen for this study because they provide direct mental health services to adolescents. Mechanic's general theory of help-seeking provided the framework to interpret research findings using the 10 interrelated constructs. Fifteen SBMHCs participated in face-to-face semistructured interviews. Colaizzi's 6-steps-guide was used to organize, code, and identify common themes. The following themes were identified: (a) there was no uniform process to identify and refer a student for services, which makes it time-consuming for SBMHCs to identify students in need; (b) there was a lack of established trusting relationship between adolescents and SBMHCs; (c) adolescents with persistent truancy at school had issues associated with poverty, housing, and family security that negatively affect access to use SBMH services; (d) financial resources were needed to support schools to hire more qualified professionals, create programs, and assist families of adolescents who may need SBMH services. Barriers to the use of SBMH services were identified as the lack of parental engagement, SBMHCs time constraints, and social stigma. Study findings may raise awareness to mental health access factors and barriers faced by adolescents and SBMH professionals and help improve access to critical SBMHCs and use of mental health services as needed.

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Dedication

First and foremost, to almighty God for his abundant mercies and grace upon me, my late father Warrant Chief Gordon Okeorji Nwankanma, and my brothers Chukwuma Nwanbueze Okeorji and Dr. Chukwuemeka Iheukwumere who pioneered my journey to America to pursue my education. The memories of your love for family members remain indelible in my heart, I also dedicate this dissertation to my mother Martha Okeorji who taught me values of life to aspire for success in all my endeavors.

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Chapter 1: Introduction to the Study

In the United States, educating children is a multidimensional task involving active roles for many participants, including teachers, parents, government, school-based health service providers, and the community at large. When some children fail to thrive in an academic environment, the causes may include the physical and emotional wellbeing of the child, as well as the interplay of political, economic, and cultural factors. Emotional wellbeing has an impact on learning and development (Cuellar, 2015; Milovancevic & Jovicic, 2013). A child's mental health is linked with interpersonal relationships, social skills, academic motivation, disabilities, crisis prevention, school safety, and substance abuse (Eklund, Vaillancourt, & Pedley, 2013; Milovancevic & Jovicic, 2013). Bains (2014) and DuPaul, Reid, Anastopoulos, and Power (2014) found that one in five adolescents suffer from mental disorders, coupled with many them living with a sub threshold of emotional stress. Adolescents from low socioeconomic status (SE) status are predisposed to experience higher poverty rates, learning problems, more frequent drug abuse, and increased community violence (Cuellar, 2015; Gamble & Lambros, 2014; Subtirelu, Rincon-Subtirelu, Pickett, & Health, 2014). It was important to investigate the factors that impact disparities in mental health service use by adolescents. The findings may contribute to perspectives on the unmet mental health needs of all adolescents. Therefore, exploring the perceptions of one of the main stakeholders of school-based mental health services (SBMH), namely school counselors, was imperative.

The purpose of this study was to examine SBMHCs' perspectives about factors affecting the use of SBMH services by adolescents ages 12 to 17, from a school district in Connecticut. SBMHCs are school staff whose primary job function is to work with adolescents to ensure they

achieve developmental milestones, acquire problem-solving skills, and develop healthy interpersonal relationships (American School Counselors Association [ASCA], 2015). SBMHCs work in collaboration with other SBMH professionals, such as psychologists, nurses, social workers, special education teachers, and others in the school counseling milieu who are the first responders in identifying a child's mental health needs. SBMHCs perform different functions, including mental health assessments, prevention, intervention, and referrals, while focusing on how mental health affects learning and ensures academic success for adolescents with identified behavior problems (ASCA, 2015). SBMHCs' role functions may help school administrators, school staff, and parents increase collaborative efforts to help at-risk adolescents with unmet mental health needs.

SBMHCs' job descriptions require them to spend 500 to 1,700 hours in supervised training, in addition to academic qualifications, before entering direct professional contact with adolescents (ASCA, 2015). School settings are fertile grounds for helping adolescents develop skills, knowledge, and attitude vital for future life successes and maintaining healthy habits. The investigation of SBMHCs' perspectives may lead to the discovery of strategies to connect and build relationships with adolescents that can affect their decision to use SBMH services.

SBMHCs' perspectives rarely are included when schools consider how to help adolescents presenting with mental health issues (Collins, 2014). Including the perspectives of all stakeholders in adolescent mental health care could help increase adolescent use of mental health services (Gamble & Lambros, 2014). Lewis, McCallister, and Browning (2015) found that collaborative efforts among schools, families, and SBMH service professionals promoted improved academic and mental health outcomes. Milovancevic and Jovicic (2013) posited that

improving adolescents' mental health requires the establishment of partnerships and defining roles among schools and school management. It is imperative that the perspectives of SBMHCs are included in the development of programs that address the mental health needs of adolescents.

Despite previous research on school-based health services, SBMH services remain an inadequately researched sector of the United States health delivery system (Williams, Sands, Elsom, & Prematunga, 2015; Wrigley, 2015). The goal of previous SBMH researchers was to measure the effectiveness of SBMH services and evaluate the effects of mental health on adolescent academic achievement. Researchers have conducted minimal in-depth examinations of SBMH service use by adolescents from the perspective of SBMH professionals. SBMHCs' perceptions of factors affecting SBMH service use by adolescents are considerations when responding to student demographic change and the need to eliminate differences in service use (Adams, 2015). In addition, SBMHCs' perceptions may reveal new information leading to ways to meet the needs of adolescents.

SBMH clinics are the first point of contact for adolescents' mental health care needs. As of 2014, there were 1,900 school-based health programs across the United States (National Education Statistics, 2015). SBMH services include assessment, prevention, intervention, and referral services delivered to children in a school setting (ASCA, 2015). Although recognized as the primary provider of mental health services for children and adolescents (National Association of School Psychologists [NASP], 2015; Weist et al., 2014), SBMH services remain a topic of interest and further exploration.

The dissemination of SBMHCs 'perceptions study findings may lead to several positive social changes. For example, the study findings may help school administrators target and

develop programs to reduce adverse effects of mental health on academic performances of adolescents who may not use services. The findings may also reduce the economic costs of providing special education and lower incarceration rates for adolescents with identifiable mental health issues. Understanding why some adolescents seek help and others do not, from the perception of SBMHCs, could help school district administrators and educators gain insight into why disparities in service use exist within different groups of adolescents. New information might also bolster current SBMH service protocols and provide opportunities to adapt policies to meet the needs of diverse student populations. SBMHCs' perceptions on mental health support for adolescents in education may illuminate the kinds of collaborative efforts required to address adolescents' unmet mental health needs.

Background

School districts in the United States experience constraints due to regulatory requirements for promoting adolescents' academic achievement, stakeholders' demands for technology, and state budget deficits affecting school funding (Jones, Mundy, & Perez, 2014; Topper & Lancaster, 2013; Yettick, Baker, Wickersham, & Hupfeld, 2014). Educators must balance educating adolescents while ensuring that their emotional wellbeing is conducive for achieving developmental milestones (Jones et al., 2014). The relationship between academic performance, environment, and life trajectory is evident in some United States schools, where adolescents continue to endure the negative consequences of mental health disorders (Carlson & Kees, 2013; NASP, 2015). Children with untreated problem behaviors experience barriers to their learning and are more likely to use services in school settings than in other formal settings (Bear, Finer, Guo, & Lau, 2014). Research conducted on the perspectives of SBMH service

stakeholders about adolescents' mental health services could deepen the understanding of the factors that affect the use of services as well as how these variables interact (Carlson & Kees, 2013). It is important to address adolescents' mental health care needs to improve their ability to learn and achieve academic success. The prevailing burden of mental disorders among adolescents is a source of concern for all.

Bains (2014) and Powers, Wegmann, Blackman, and Swick (2014) and Repie (2005) found that SBMH services are an ongoing area of national concern. Only 20- 36% of United States adolescents who need help receive treatments (Bains & Diallo, 2016; Bear & Finer, 2014). Approximately 2.2 million adolescents between the ages of 12 to17 reported having a major depressive episode within the past 12 months, and 60% of them received no treatment (ASCA, 2015). The Centers for Disease Control and Prevention (CDC, 2015) showed that adolescents' mental health disorders are prevalent in the United States and argued that these disorders are an aberration in the normal cognitive, social, and emotional development of the child. The annual cost of mental health issues by U.S. adolescents was $247 billion and between 13, and 20% of U.S. children experience mental health disorders each year (CDC, 2015). Suicide, an acute sign of the interaction of mental illness with other factors, was the leading cause of death for adolescents aged 12-17 in 2010 (CDC, 2015).

A rationale for this study was the prevalence of adolescents 'mental disorders, and the lack of current literature focusing on first responders such as SBMHCs. Adolescents from low socioeconomic areas experience limited use of quality mental health services and have higher levels of unmet mental health needs than their counterparts have (Gamble & Lambros, 2014;

Lindsey, Chambers, Pohle, Beall, & Lucksted, 2013). Understanding why adolescents from a school district in Connecticut underuse SBMH services was imperative.

Several factors account for disparities in SBMH service use by adolescents. For example, both Black adolescents and non-Black adolescents abstain from using the available services due to perceptions of mental health services and social norms that inhibit them from seeking help (Lindsey et al., 2013). Bogart et al. (2013) examined the association between perceived discrimination and racial/ethnic disparities. Discrimination results in stress responses and poor behavior choices that have negative consequences on the individual's ability to maintain physical and mental health (Bogart et al., 2013). Urban adolescents experience greater burden of unmet mental health needs that affects their academic performance.

By investigating factors that affect disparities in SBMH services use by adolescents, I addressed a gap in the literature on SBMHCs' perceptions. SBMHCs are vital to the academic and emotional growth of adolescents. The invaluable role and input of SBMHCs is key to encouraging adolescents to use SBMH services (Batterham, 2015). The goal of the NASP (2015) is to increase awareness and improve SBMH services. SBMHCs' perceptions could contribute to initiating new policy by providing school administrators with information that may lead to interventions to address adolescents' unmet mental health needs.

Problem Statement

SBMH services provide care for children and adolescents with varying emotional and psychological needs that negatively affect their academic success. Bains (2014); Bowers, Manion, Papadopoulos, and Gauvreau (2013); and Brock (2015) demonstrated that unmet mental health needs are a problem among a significant number of adolescents with identifiable mental

disorders who could benefit from SBMH services. The SBMHCs' perspectives are not included when identifying factors that affect adolescents' use of SBMH services. Repie (2005) investigated the perceptions of special education teachers, school counselors, and school psychologists and suggested that appropriate school-based mental health services should include balanced functions and proactive measures that lead to greater efficiency.

Adolescents from a school district in Connecticut underuse SBMH services. Yet, the perceptions of SBMHCs regarding why adolescents are not using the services appear to be unknown. Perspectives of SBMHCs are a link toward planning and developing evidence-based programs that may increase adolescents' use of SBMH services. When adolescents do not receive adequate and appropriate interventions early in life to remediate mental health disorders, they grow to face negative life outcomes (Adams, 2015; Flanagan, Farina, & Davidson, 2015; Furlong, 2015; Kilgus, Reinke, & Jimerson, 2015; Weistet al., 2014). The perceptions of SBMHCs are elements to addressing the unmet mental health needs of adolescents.

SBMHCs are at the forefront of providing adolescents with preventative services that circumvent academic failures and underachievement. Adams (2015), Flanagan et al. (2015), Furlong (2015), Kilgus et al., (2015), Lindsey et al., (2013), and Weistet et al. (2014) indicated that mental illness affects one in five adolescents in U.S. schools, and only 20% of adolescents who are diagnosed with emotional and psychological issues are receiving treatment. The rate of adolescents' unmet mental health needs is multifaceted because few adolescents use SBMH services, and many with mental health needs remain unidentified until they reach adulthood.

According to the CDC (2015), 6.8% of children between ages 3 and 17 were diagnosed with attention-deficit/hyperactivity disorder, 3.5% with behavioral disorders, 3.0% with anxiety,

and 2.1% with depression. Substance use disorder for adolescents' ages 12- to 17-years-old affected 4.7% for illicit drugs, and 4.2% for alcohol (CDC, 2015). The prevalence of suicide by adolescents ages 10 to19 was 4.5% per 100,000 persons (CDC, 2015). Mental disorders among children and adolescents aged 5 to 17 in the State of Connecticut exceeded respiratory disorders and all other illnesses resulting in hospital admissions (Connecticut Department of Public Health, 2014). The burden of adolescents' unmet mental health needs has potential long-term negative social and economic implications for the United States. Understanding why a significant number of pupils do not seek service is essential to identifying factors affecting service use.

Adolescence is a crucial period in an individual's lifespan, and it is the most appropriate time to address the 70% of mental health disorders that emerge before age 18 (Flanagan et al., 2015). If the mental health needs of adolescents go unmet during this critical time, there is an increased risk of the decline in student learning, development of interpersonal relationships, and the pursuit of future life ambitions (NASP, 2015). Only 20% of adolescents with identifiable mental health needs use services and one-quarter of them do not use services or are undiagnosed (Bains, 2014; Bear & Finer, 2014; DuPaul et al., 2014). Understanding the factors that affect disparities in SBMH services use is vital to the future of a school district in Connecticut, in its effort to plan and develop improved SMBH programs. SBMHCs and their viewpoints are critical to addressing the unmet mental health needs of adolescents. Incorporating their perspectives may lead to improved services, resulting in better outcomes for the adolescents.

Purpose of the Study

The purpose of this descriptive, phenomenological study was to examine the perceptions of SBMHCs about factors affecting the use of SBMH services by adolescents from a school

district in Connecticut. Data collection involved the use of face-to-face, semi structured interviews of 15 SBMHCs. NVivo software was used to help organize, code, and analyze data.

Research Questions

The research questions guiding the purpose of this study were as follows:

RQ1: What do SBMHCs perceive as factors that may affect the use of SBMH services by adolescents from a school district in Connecticut, United States?

RQ2: What do SBMHCs perceive as barriers meeting the mental health needs of adolescents from a school district in Connecticut, United States?

Theoretical Framework

The theoretical base for the exploration of SBMH services professionals' perceptions was Mechanic's (1978) theory of help seeking. Mechanic's framework outlines 10 interrelated constructs that include stages of illness, assessment of symptoms, its impact on other aspects of life, frequency, capacity to endure, available information, culture, perceptual needs, the priority of needs, interpretation of symptoms, and resources availability for understanding determinants of help-seeking and service use. Mechanic's theory, as described by Lindsey et al. (2013), was appropriate for this study because it provided a perspective for understanding help-seeking behaviors of adolescents. Researchers use the help-seeking model because it combines elements of constructs contained in the health belief model (Lindsey et al., 2013). The help-seeking model highlights constructs dealing with such factors as an individual's attitude towards using mental health care services, decisions an individual makes while weighing the pros and cons of using mental health services, and normative pressure to use mental health services (Lindsey et al.,

2013). I will use this framework to uncover the unknown reasons that adolescents fail to use SBMH services.

Nature of Study

The employment of a qualitative approach for this study helped to facilitate a deeper explanation and understanding of the significance of SBMH services professionals' perspectives. Kelly, Pastore, Hodge, and Seifried (2015) and Yilmaz (2013) noted that qualitative research techniques offer the researcher guidance to focus on how and why phenomena occur. The emphasis on how and why enabled the collection of rich and detailed information necessary to provide an understanding of the perspectives of SBMHCs about factors that may affect adolescents' use of services. In addition, the use of a qualitative approach with a descriptive aspect of phenomenology allowed for an in-depth examination of SBMHCs' perceptions of factors that may affect adolescents' use of services.

Bains (2014), Costello (2015), DuPaul et al. (2014), and Milovanceive and Jovicic (2013) found that the prevalence of mental disorders in the aforementioned age category is 69% higher than that for children aged 6 to 11. One in five adolescents experience symptoms of mental illness and of those identified with mental health issues, only 15-20% receive services (Costello, 2015). Adolescents from low SE urban areas experience the highest proportion of risk factors for learning-related behavioral problems than their counterparts from high SE areas (Morgan, Farkas, Hillemeier, & Maczuga, 2009).

I chose to study this group because of my professional role as a family therapist and former member of the integrated service system (ISS) of a Northeast state of the United States. Department of Children and Families. The ISS is a collaborative team of service providers from

various mental health agencies within the state, with the objective of facilitating trauma-informed, gender responsive, and culturally sensitive treatment for children, adolescents, and families.

A phenomenological, descriptive, qualitative approach was appropriate for this study because it is conducive for the exploration of SBMHCs' perceptions, along with their inner subjective experiences about the phenomena of inquiry. Palinkas et al. (2013) suggested that a research design should be a premeditated process throughout every research phase. Therefore, the use of a descriptive, phenomenological, qualitative approach was useful to conduct semi structured, face-to-face interviews. The approach assisted with the identification of a number of SBMHCs working in a selected school in Connecticut, United States.

Interviewing SBMHCs provided answers to my research questions. Sutherland and Cameron (2015) suggested that interviews provide the investigator greater access to insights and clues and enhance a researcher's ability to interpret data as a replication of the subjective experiences of participants. In addition, interviews allow the researcher to have questions prepared in advance so that the investigator can improvise subsequent issues. Because of these reasons, face-face interaction and rapport with SBMH services professionals provided an opportunity for the flexibility to explore unexpected issues.

Operational Definition of Terms

The following are terms and definitions used in this study.

Disparities: Variations in quality of care and access provided to a minority patient compare to the one received by a nonminority (Institute of Medicine, 2002).

Every Child Succeeds Act of 2015: A U.S. Act of Congress that improved upon the reauthorization of the Elementary and Second Education Act. Every Child Succeeds Act of 2015 provides opportunity for children to succeed, through increased support for school districts, teachers, and principals and by holding schools accountable for the progress of their students (U.S. Department of Education, 2015).

School-based mental health (SBMH): Services that encompasses a range of assessment, prevention, intervention, counseling, consultation, referral activities, and services provided to all adolescents to ensure a safe and healthy learning environment (ASCA, 2015).

School counselor: Behavioral specialists who work in elementary, middle, and high school settings to help all students achieve academically, develop healthy interpersonal/social skills, and meet appropriate developmental milestones. School counselors collaborate with other professionals within and outside the school to support all students to be productive (ASCA, 2015).

School nurses: Professionals specializing in advancing the wellbeing, academic success, and lifelong achievement of students. School nurses promote positive student development, providing care, health, and safety and actively collaborate with other professionals (American Academy of Pediatrics, 2008).

Special education teachers: Educators with specialized skills in teaching students with developmental, physical, and /or neurological delays. Special education programs in schools' work with different disabilities and learning differences (National Association of Special Education Teachers, 2015).

School psychologists: Individuals with specialized advanced degrees in mental health learning and behavior. The primary job of school psychologists is to help children and adolescents succeed academically, socially, behaviorally, and emotionally; they work in partnership with families, teachers, school administrators, and other professionals to provide safe and healthy learning environments (NASP, 2015).

Socioeconomic status (SES): SES refers to the measurement of educational attainment, income level, occupation, privilege, power, and control. Societies commonly view SES from the lens of an individual or group social class standing. Low SES include low academic achievement, poverty, and unequal access to quality mental health care (Morgan et al., 2009).

Assumptions

Germannand and Aram (1996) argued that research assumptions are a methodological tradition that enables the investigator to incorporate their sets of beliefs into the interpretative framework to show the significance of the study. The assumptions of my research helped with the process of recording and analyzing data, conclusions, and evidence. that SBMH counselor participants work full time 32-4o hours in a school district in Connecticut and had the knowledge and professional experiences of SBMH services. Another assumption was that study participants provided honest opinions. I further assumed that the lack of extensive literature on adolescents' SBMH service uses was attributable for the high prevalence of unmet mental health needs among this target research population.

Scope and Delimitation

In this study, the goal was to examine SBMHCs' perceptions of factors that may affect adolescents' use of services. Establishing scope and delimitation was necessary to ensure that the

study process of SBMH counselor's perceptions was focused and complete. Baybutt (2015) asserted that scope and delimitation determine the extent of the research investigation and compels inquiries to appropriate content. I collected data through face-to-face interviews with SBMHCs who worked in a school district in Connecticut. SBMH services are not equal for a variety of reasons. SBMHCs at different schools were not within the scope of this study. SBMHCs who worked outside of the area may not describe the same lived experiences of SBMHCs working with students from a school district in Connecticut. Additionally, this qualitative investigation of the nature of this design may not be generalizable to other regions and populations.

Limitations

Subjectivity is a concern for researchers. Ratner (1997) postulated that a researcher subjectivity has potential negates objectivity in research because the researcher makes every decision. Shelton, Smith, and Mort (2014) suggested that researchers must reflect on their values and objectives to understand the influence it may have on their study findings. In this study, data collection involved the use of semi structured, face-to-face interviews that had challenges, including the possibility that my presence as a novice researcher could prevent the professionals from responding openly and honestly. In addition, self-report of SBMHCs was limited. As a result, the study findings were extrapolated exclusively from their perceptions. Therefore, I took measures such as reflexivity to prevent bias. Shelton et al. pointed out that reflexivity helps the researcher to reexamine previous assumptions and preconceived notions with new perspectives on the phenomena of inquiry.

Significance

The study of SBMHCs' perceptions about factors that may affect SBMH services was critical to gain an understanding of the adolescent use of SBMH services. The prevalence of unmet mental health needs of adolescents justifies the need for a more efficient SBMH services that motivate adolescents from a school district in Connecticut to use services to improve their overall mental and emotional wellbeing. Study findings may contribute to informing SBMH stakeholders about teens' SBMH services use. Insights from this study may provide information for local school district principals, officials, and child and adolescents educators to develop culturally sensitive, contextually relevant, and better outcomes for adolescents at-risks.

Social Change Implications

The study of SBMHCs' perceptions has social change implications including bringing greater awareness of the unmet mental health needs of adolescents to a school district in Connecticut, educators, counselors, psychologists, teachers, nurses and others in the school counseling setting. Such awareness may lead to the development of strategies to mediate adolescent unmet mental health needs. Study findings may add to existing health services literature on adolescents' mental health. SBMH services hold promise for addressing adolescents' differing social needs and future aspirations, as well as confronting growing disparities in service use.

Summary

SBMH services remain the de facto provider of mental health care to all adolescents. A scant amount of literature was identified about SBMHCs' perceptions of factors that may affect adolescents' services use. Due to an inadequate mental health care system and services, schools

in the United States face pervasive and intensive mental health needs (NASP, 2015). When mental health services are inadequate, adolescents have worse short-term and long-term outcomes or life trajectories. The problem disproportionately affects adolescents and minorities of low SES (Gamble & Lambros, 2014; Ling et al., 2014; Substance Abuse and Mental Health Services Administration [SAMHSA], 2015). Few adolescents are using SBMH. SBMH services must improve to address the unmet mental health needs of the adolescents to change their lives for the future. Incorporating SBMHCs' experiences and perspectives as an integral part of the agenda for reforming SBMH services may help educators and policymakers improve quality of services.

Chapter 2 includes a literature review of research findings of the prevalence of mental health issues and adolescents' use of SBMH services. The chapter starts with a historical overview and characteristics of SBMH in the United States. Additionally, Chapter 2 contains the description of research strategy, the pervasiveness of mental illness among adolescents, and the theoretical framework that guided this study.

Chapter 2: Literature Review

Introduction

SBMH services are recognized as the first stop for parents and caregivers seeking help for children and adolescents with emotional problems (Bear & Finer, 2014; Ramos et al., 2013). Researchers, educators, school professionals, government, and community stakeholders have been concerned about whether these services are adequate to address the 20-36% children and adolescents with mental health needs (Bains & Daillo, 2016; Bear & Finer, 2014). SBMH services are the cornerstone for addressing adolescent emotional wellbeing by helping adolescents meet developmental milestones, develop coping skills, secure attachments, and cultivate positive peer relationships (U.S. Department of Health and Human Services [HHS], 2015). Examining the perceptions of these professionals as change agents, while focusing on factors affecting the use of services by adolescents, is a step toward addressing disparities in service use by adolescents and creating improved outcomes

Historical Perspective

SBMH services in the United States have evolved over the years to meet the complex mental health care needs of adolescents from diverse backgrounds. The first SBMH services in the United States was established at the University of Pennsylvania in the late 1800s, during a period of massive government and public reform that lasted through the 1930s (Collins, 2014). This era saw an increase in school enrollment—annual academic year attendance increased from 135 days to 173 days (Collins, 2014). This period also saw industrialization and urbanization. Reformers challenged school districts to address issues of health, industrial education, recreation,

and mental hygiene (Flaherty & Weist, 1999; Pumariega & Vance, 1999). Four factors prompted the reforms: new child labor laws; immigration new scientific research; and the emergence of psychology, social work, and education as recognized disciplines (Lourie & Hernandez, 2003). Although these reforms paved the way for mental health services in schools, school-based services were inadequate to provide services to every student. Mental health services were not part of the educational system until decades later (Flaherty & Weist, 1999). These reforms transformed the school staffing model from one dominated by teachers to one in which diverse professionals came together to provide mental health services for adolescents.

Additional reforms introduced by the late 19th century was under the effect of educators such as Richman, Dewey, and Adams. These individuals played a role in addressing the social problems inherent to increasing student enrollment, including a lack of student motivation; discipline problems; and cultural disconnects between teachers, adolescents, and other staff (Flaherty & Weist, 1999). The reformers looked to create an educational system that was responsive to adolescents' needs and could address barriers to learning. During the same period, school advocacy was further extolled by Kilpatrick, who advocated that classrooms promote mental health awareness (Ramos et al., 2013).

The reforms proved successful enough to warrant funding for child guidance clinics in all 50 states by 1922 (Flaherty & Weist, 1999). These clinics were responsible for providing interdisciplinary teams of professionals to care for children and their families. The clinics offered affordable care to the needs of the individual child and family, while using different treatment modalities that included psychodynamic psychotherapy, family therapy, crisis intervention, and

outpatient treatment (Ramos et al., 2013). Adolescents experiencing learning and behavioral problems began to receive treatments in 1930 at various locations and resumed schooling when stable (Flaherty et al., 1999). The changes in SBMH continued to have an impact on the mode of mental health care delivery for adolescents.

Changes in SBMH services took place between the 1960s and the 1990s, because of social norm transformations that occurred during that period (Flaherty et al., 1999). These changes included the emergence of child/adolescent medical psychiatry and the passage of the Individuals with Disabilities Education Act (IDEA) of 1975. The IDEA legislation emphasized school district accountability for the social and emotional wellbeing of students (Pumariega & Vance, 1999). Prior to these changes, mental illness among children and adolescents did not elicit researchers' interest or public discussions. The expansion of mental health clinics in schools continued into the early 2000s, increasing public awareness of the prevalence of mental illness and its consequences among adolescents. Ramos et al. (2013) noted that during the early 2000s, there was an increase in suicide, homicide, substance abuse, child abuse, teenage pregnancy, school dropout rates, and adolescents' crime (Ramos et al., 2013).

The heightened awareness led to studies on a need for policy and practice changes (Pumariega & Vance, 1999). Lourie and Hernandez (2003) called for a policy shift, noting that a lack of mental health policy for children in the United States made it difficult to identify children with behavioral needs in order to provide the necessary technology to ensure that children and adolescents receive adequate and quality mental health services. The increase in research

findings and recommendations for further reform in the mental health delivery system spurred presidential action.

President George W. Bush appointed the New Freedom Commission (NFC) in 2003 to assess the United States . mental healthcare delivery system and make policy recommendations for improvement (Mills et al., 2006). The NFC deduced that the system was "fragmented," "in disarray" and in need of reform (Mills et al., 2006, p. 150). The commission recommended goals for improving mental health care that included a national campaign to reduce the stigma attached to mental health care, suicide prevention programs, advancement of school mental health programs, and screening interventions for mental health and substance use disorders (New Freedom Commission, 2003). The impact of these recommendations resulted in the growth of SBMH programs to address adolescents' mental health needs.

Characteristics of School-Based Mental Health Services

SBMH services are entry points for addressing adolescents' mental health needs. The features of SBMH in the United States vary by region, locale, and school size (SAMHSA, 2015). Although there are 83,000 SBMH programs in the United States. public elementary, middle, and high schools, disparities exist based on school size and locale (SAMHSA, 2015). SBMHCs provide direct and indirect intervention services to support the life skills and healthy emotional development of a diverse student population (ASCA, 2015). In the United States, 20-25 % of adolescents in U.S. school districts experience higher levels of unmet mental health needs, of which only 36% receive services (Bains & Diallo, 2016). A significant number of children and adolescents with mental health problems are exposed to continuing poverty, residential

instability, limited access to services, and poor quality of mental health care for a variety of reasons (Bains & Diallo, 2016; Gamble & Lambros, 2014). These reasons may be linked to the academic achievement gap, which remains a concern for all school districts in the United States. According to the U.S. Census Bureau (2014), 43% of adolescents live in households where English is not the primary language, 37.6% live below the poverty line, and 92% receive free or reduced lunch. Because of these limitations, SBMHCs face challenges in meeting the psychosocial needs of adolescents. SBMH services a part of addressing adolescent mental health needs, through the provision of various services.

SBMH Services Categories

1. Assessment for emotional or behavioural problems or disorders, including behavioural observation, psychosocial assessment, and psychological testing
2. Behaviour management consultation (teachers, student, and family)
3. Case management (monitoring and coordination of services)
4. Referral to specialized programs or services for emotional or behavioural problems or disorders
5. Crisis intervention
6. Individual counselling/therapy
7. Group counselling/therapy (SAMHSA, 2015)

Eligibility for SBMH Services

SBMH services are open to all students; however, eligibility for services vary across schools due to differences in school characteristics. SBMH services serve the poor, urban,

immigrants, uninsured, and underinsured adolescents within the context of family, culture, and environment (Connecticut Department of Health, 2015; Gamble & Lambros, 2014). Although services are available to all students irrespective of insurance status or ability to pay, in order to be eligible, SBMH must be located in the district students attend school.

Another characteristic of SBMH services is that funding streams appear fragmented and not well defined (SAMHSA, 2015). A proportion of SBMH funding comes from the Special Education Act, known as IDEA, State Children Health Insurance Programs (SCHIP), and organizations with various missions. SBMH in low SE districts face obstacles to delivery and coordination of services because of restrictions imposed by funding sources on the types of services and duration (Gamble & Lambros, 2014; SAMHSA, 2015). Overall, SBMH support schools to improve the mental health wellbeing of adolescents.

Research Strategy

The literature review involved an active collaboration with Walden University librarians to identify articles in which researchers explored factors that may affect SBMH service use and that included the perspectives of SBMHCs. Multiple databases that included Education Research Complete, PsycINFO, Nursing, School Health, Proquest Central, Medline, SocINDEX with full text, Thoreau multi-Database, and Google Scholar were used to locate peer-reviewed articles and original research on SBMH services. Articles written for, and disseminated by, professional organizations such as the American Academy of Pediatrics, ASCA, National Association of Nurses, and the NASP were included as resources for this study.

The search process began with key terms such as *mental health services*, *school-based mental health professional perceptions*, and *characteristics of SBMH services*. Synonyms were used to capture the concepts from the research questions on factors that affect the use of SBMH services by adolescents according to SBMHCs. Some articles used in this study are within 5 years. Some older articles were included later. The review yielded several significant articles that, according to SMBH professionals, identified factors affecting use of school-based mental health services.

Theoretical Framework

In accessing medical and psychological services, the patient of the client has to decide to attend such services or seek help. Help-seeking behavior is acknowledged in the medical and psychological service field as a term to describe the behavior of a patient reporting for care. Help seeking is influenced by different factors such as cultural factors, attitudes and beliefs regarding illness, and the realization of the patient that help is needed (Barry, Doherty, Hope, Sixsmith, & Kelleher, 2000). The general theory of help seeking, as developed by Mechanic (1978), was used in other studies.

Other theories or models of help seeking include rational choice theory, which focuses on the people who seek help. This model has its roots in the biomedical model that became popular in the late 1700s. Symptoms were viewed as physiological facts (Armstrong, 1999). In this model, the medical personnel drove the process as they were perceived as being knowledgeable and as someone who knew the best way of managing the illness. (Armstrong, D., Bird, J, Fry, J., & Armstrong.,1992) This perspective sees help-seeking behavior as a rational choice of people

after weighing the benefits and their decision to seek help (Pescosolido & Boyer, 1999). Researchers have explored reasons why people delay seeking treatment. Several theories regarding help-seeking behavior were published including Andersen's social behavior model, Azeen's theory of planned behavior, and the health belief model of Rosenstock (Armstrong, 1999). Another model of health-seeking behavior is the dynamic model that asks when and in which manner (how) people seek help. The dynamic model has its roots in the insights of sociologists and anthropologists (Pescosolido & Boyer, 1999). This view took into consideration that the individual interprets the facts about illnesses to him or herself and that this understanding leads to the recognition of being ill. The general theory of health-seeking behavior of Mechanic (1978) was used to guide this study.

Mechanic's (1978) general theory of help seeking provided an entry point into the discussion. Mechanic outlined 10 key reasons that individuals seek help to resolve health issues. The 10 key reasons are as follows:

1. When the person is certain there are noticeable signs of abnormality and symptoms
2. The degree to which the person views the seriousness of the symptoms of his or her illness
3. How well the person copes with the signs of his or her health issues
4. How often the symptoms reemerge and are prolonged
5. How long the person can endure the symptoms
6. The degree to which the person understands his or her condition and culturally held beliefs about the health issue

7. The person denies the existence of the health issue because of basic needs
8. The person weighs whether dealing with the health issue now or later will affect his or her immediate needs
9. When the person develops a different explanation for his or her symptoms
10. Proximity to care, financial cost, psychological cost, and treatment resources

The theoretical model of help seeking is vital to improving services for SBMH services for all adolescents. The model includes the reasons that may affect adolescents' use of SBMH services. Researchers have documented the prevalence of psychiatric disorders among adolescents, although a significant percentage of these adolescents had no contact with mental health professionals (Gamble & Lambros, 2014). A lack of vision or direction in the SBMH system is a contributor to unmet care needs (Mills et al., 2006). SBMHCs' perspectives were essential to achieve a more collaborative approach to addressing current mental health care delivery to adolescents.

Mechanic's (1978) theory offers an effective approach for SBMHCs. SBMH professionals worked in alignment with the 2003 President's New Freedom Commission goal to advance SBMH services (Mills et al., 2006). Lindsey et al. (2013) applied the help-seeking model to study African American adolescent service needs and barriers to treatment. Lindsey et al. concluded that interventions targeting "expectancies and social norms" might increase urban adolescents and their families' connections to mental health services (p. 1). Additionally, social connectedness that consists of social integration and support was found to reduce suicide risk, because of protective factors that enhanced psychological wellbeing, positive behavior

reinforcement by others, and social acceptance (Wyman et al., 2010). SBMH professionals could help promote an environment where adolescents with identifiable mental health disorders feel comfortable enough to seek services.

Role of School Special Education Teachers

Special education teachers play a role in the learning and development of adolescences. When a student presents with mental health problems in the classroom, the teacher must be able to deal with the distraction and stress that are likely to occur for both the teacher and other students (Milvancevic & Jovicic, 2013; NASP, 2014). The role of special education teachers in student learning and emotional wellbeing creates an appreciation for the combination of intellectual, social, and emotional education, all linked to safer schools, healthy character building, positive wellbeing, and academic success (Paternite & Johnston, 2005). Ecological factors in the school, coupled with teacher support, stress levels, and organizational factors, interact to affect academic and psychological outcomes for adolescents (Lynn, McKay, & Atkins, 2003). The effect of special education teachers is an important protective factor in mediating these ecological factors in school environments (Lynn et al., 2003). Special education teachers help schools identify problem areas and intervene to reduce harmful behaviors. Additional functions of special education teachers include monitoring and making referrals to other SBMH professionals including school psychologists.

Role of School Psychologist

School psychologists play a role in the delivery of school mental health care services to adolescents. Although their job description has evolved over the years as mental illness among

adolescents is increasingly identified, school psychologists primarily help adolescents to develop academic, social, and life skills while providing prevention, early intervention, and general mental health services (NASP, 2015). School psychologists play a role in coordinating school discipline programs, such as suspensions, as well as help to improve school attendance and reduce disruptive classroom behavior. Through their collaboration with other school professionals and families, school psychologists participate as members of an interdisciplinary team in developing, evaluating, and implementing a comprehensive mental health screening system that addresses a range of student mental health issues (Splett, Fowler, Weist, McDaniel, & Dvorsky, 2013).

Researchers have argued that expanding the role of school psychologist can improve SBMH services (Eklund, Vaillancourt, & Pedley, 2013; Graves, Proctor, & Aston, 2014; Splett et al., 2013). The need to improve services for all adolescents may require the active participation of school psychologists in discerning SBMH programs. School psychologists with direct professional interactions with adolescents are in a position to affect student behavior.

Other researchers suggested that universal screenings should innovate to change current system of mental-health intervention that rely on student risk levels (Splett et al., 2013). School psychologists' skills position them beyond the traditional role of assessment, to a role that contribute to best practice strategies aimed at preventing mental health concerns among adolescents (Splett et al., 2013). Urban school psychologists' perspectives differ from school psychologist who work in non-urban school settings (Graves, Proctor, & Aston, 2014). Moreover, the emerging role of school psychologists involves addressing adolescents' unmet needs in the community (Graves et al., 2014). These studies underscored and confirmed the need to explore perceptions of SBMHCs about factors affecting adolescents, using or not using services. School psychologists may help shape SBMH services to meet student needs and improve outcomes. As a result, their expertise and perspectives warrant consideration. School psychologists work in collaboration with other professionals such as school counselors to improve the wellbeing of adolescents.

Role of School Counselors

School counselors hold a master's degree or Ph.D. in school counseling or have the substantive equivalent in combined education and experience (ASCA, 2015). School counselors

assume various roles in providing comprehensive services to adolescents. The ASCA model specifies roles for school counselors and suggests that equitable access to rigorous education following evidence-based practice for all adolescents is essential (ASCA, 2015). A crucial element in the role of a school counselor is ensuring positive academic outcomes for all adolescents by counseling and collaborating with special education teachers. School counselors can help social workers focus SBMH services by working with at-risk adolescents via individual and group counseling, as well as working with educators to improve adolescents' academic performance (Lynn et al., 2003). Understanding perceptions of SBMH service professionals such as school counselors may provide useful information that may help improve the outcomes and life trajectories of adolescents. School administrators can maximize the role of school counselors through planning and designing SBMH programs that address adolescents' current mental health care needs. School counselors work in concert with school nurses to identify adolescents with mental health needs.

Role of School Nurses

Historically, school nurses have played essential role in SBMH services. School nurses are involved in several activities within school-based health centers in the United States (National Association of School Nurses [NASN], 2015). Their primary function of nurses includes supervision, health education, clinical decision making, health screenings; and coordination of care for adolescents who require advanced medical attention (NASN, 2015). The role of nurses in the mental health care of adolescents is invaluable. In some underserved school districts in the United States, Advance Practicing Registered Nurses, (APRNs) who specialize in

psychiatry provide mental health interventions, reduce risk, build partnerships, increase access to services; improve the quality of services, and work to reduce stigmas surrounding mental healthcare services (Grossman, Laken, Stevens, & Hughes-Joyner, 2007) One survey of a New Mexico public school nurse workforce described their school nurses' involvement in managing adolescents' mental health crisis (Ramos et al., 2013). These researchers found that during prior school years, two thirds of school nurses had responded to adolescents' mental health emergencies, and were involved with cases of child abuse, neglect, depression, and violence at school. The school nurse function extends beyond addressing adolescents' physical health care needs and includes attending to the psychological and emotional needs of adolescents (Bains, & Daillo,2016). The understanding of the perspectives and roles of school base nurses was important to identify themes and

Common Mental Health Problems Among Adolescents

Families, educators, communities, and the government are aware that mental health is a serious public health concern. A substantial number of adolescents cope daily with the emotional problems that affect their learning abilities and peer relationships (Milovancevic & Jovicic, 2013). These emotional problems may result from family dysfunction and other psychosocial stressors that schools must address while providing a safe learning environment. There is evidence that emotionally unstable children fail to achieve their full potential (NASP, 2015). In United States schools, common mental health problems associated with poor learning outcomes include depression, anxiety disorders, attention-deficit/hyperactivity disorder, and substance use disorders (NASP, 2015). These externalizing and internalizing conditions are described below.

Depression

Childhood depression is an internalizing condition that affects a significant number of U.S. adolescents. Depression features include unhappiness, sadness, and stress, thus resulting in marked impairment of the individual's activities of daily living and results in possible thoughts of suicide (Ruderman, Stifel, O'Malley, & Jimerson, 2013). The CDC (2015) and Cuellar (2015), found that the prevalence of depression among adolescents demonstrated that depression occurs in 4.6% of children and 8.3% of adolescents, with 14% to 20% chance that children and adolescents will receive future diagnoses of other depressive symptoms (CDC, 2015; Cuellar, 2015). In 2010, 2.1% of children and adolescents received diagnoses of depression (CDC, 2015). Diagnosing and treating adolescents who present with depressive symptoms in schools is critical in reducing the risk factors for suicide, a leading cause of death among adolescents (CDC, 2015). The results of a national survey of high school students revealed that 16% of adolescents considered suicide as an option for resolving feelings of sadness and hopelessness. Another 13% reported having an actual plan to commit suicide, while 8% wanted to take their own life within 12 months of the survey (CDC, 2015). These survey results indicate that there are unmet mental health needs of adolescents.

Childhood depression is a debilitating public health concern that negatively affects children and adolescents daily. Treatment of childhood depression often falls on the shoulders of SBMH service professionals. As a result, SBMHCs' role is key to systematic change. In addition, the role helps school administrators, policymakers and other stakeholders understand depressions' multidimensional etiology and what promotes adolescents' emotional-wellbeing as

they interact with school, home and other social and cultural environments (Batterman, 2015; Cuellar, 2015). SBMH counselor's perceptions may contribute to the creation of different approaches that manage and support adolescents who are at-risk for developing depression.

Adolescent depression is caused by an interplay of sociocultural, biogenetic, personality, family, emotional, cognitive and behavioral patterns (Ruderman et al., 2013). Social-emotional difficulties have been associated with poor academic achievement. In a study comparing 130 Mexican school children with learning disability (LD) severity and risk factors to 130 adolescents without LD, researchers found that 22% more adolescents with LD experienced anxiety and 11.5% more experienced depression than those without LD (Gallegos, Langley, & Villegas, 2012). Adolescents presenting with depression could benefit from increased involvement of SBMH service professionals in administrative decision making about delivering mental health care to adolescents.

Anxiety Disorder

Anxiety is another internalizing chronic disorder that can present in different forms and may be comorbid with panic disorder, agoraphobia, specific phobia; social anxiety disorder, selective mutism, generalized anxiety disorder, medically-induced anxiety, substance-induced anxiety, and other unspecified anxiety disorders (Cuellar, 2015; Gallegos et al., 2012; Gobriel & Raghavan, 2012; McCallum-Clark, 2013). Addressing the prevalence of anxiety disorder among adolescents is important to administrators, special education teachers and families, because anxiety disorder is a significant contributor to academic failures and to social and emotional development.

The causes of childhood anxiety have been attributed to affective variables such as self-image, the child self-concept of their environment, motivation, temperament; loneliness, and depression (Gallegos et al., 2012). According to the 2015 CDC National Mental Health Surveillance Report (CDC, 2015), 3% of U.S. school-age children have been diagnosed with anxiety. The prevailing high incidence of anxiety disorder among adolescents has an attendant inverse relationship to both physical health and academic achievement. SBMH service professionals play an important role in implementing interventions to reduce the negative effects of anxiety conditions on adolescents.

Anxiety disorder is the most prevalent psychopathology in children (Martinez & Erickan, 2008; Paulus, Backes, Sander, Weber, & Gontard, 2014). Most troubling is that anxiety disproportionately affects adolescents with co-morbid intellectual disabilities and autism compared to intellectually disabled children and young people without autism (Martinez & Erickan, 2008; Paulus et al., 2014). In a study of the prevalence of anxiety disorders among 150 metropolitan children and young people in the United Kingdom, Gobrial and Raghavan (2012) found significant differences between intellectually disabled children and adolescents with autism, and those without autism. This finding has implications for assessing anxiety disorder among children and adolescents through collaboration between SBMH services professionals and others within the system, using a team approach toward improving children and adolescents' physical and academic health.

Adolescent mental health problems are increasing and addressing the prevalence of mental health disorders among adolescents is important. Delaney and Smith (2012) asserted that

adolescent mental health concerns have future adverse consequences that affect adolescents' socialeconomic status as adults, including educational levels, the number of productive weeks worked per year, and individual and family income (Delaney & Smith, 2012). The researchers suggested that designing and implementing effective interventions could help reduce the long-term psychological and economic costs of anxiety, on adolescents and their families.

Attention Deficit Hyperactivity Disorder and Attention Deficit Disorder

Attention-deficit disorder (ADD) and attention-deficit hyperactivity disorder (ADHD) are among the most common mental health disorders affecting school-aged children worldwide (Grilo, Henriques, Correia, & Grilod, 2014). ADHD consist of three subtypes: hyperactive-impulsive, inattentive and combined hyperactive-impulsive and inattentive (National Institute of Mental Health [CDC], 2013). ADHD affects 1% to 20% of school-aged children and adolescents, along with a substantial number of undiagnosed cases or under identified schoolchildren with sub-threshold ADHD symptoms (Fabiano et al., 2013; Grilo et al., 2014). Researchers found the prevalence rate of ADHD to be higher among boys at 66.7%, compared to that of girls at 33.3% (Ventkata & Panicker, 2015). Similarly, a study designed to establish the association of ADHD with childhood allergic diseases, found that children with ADHD are more susceptible to asthma and allergic rhinitis (Kim, Ha, Oh, Kim, & Paik, 2014). Another study found a significant connection between ADHD and obesity among school-aged children (Kim et al., 2014). These study findings indicated that ADHD negatively affects adolescents' daily functioning in school and at home.

The etiology of ADHD shows that it is a neuropsychiatric disorder caused by genetic, biochemical, and environmental factors (Fabiano et al., 2013; Grilo et al., 2014; NIMH, 2013). ADHD can be mistaken for other health problems because symptoms of inattention, hyperactive and impulsive subtypes manifest differently. For example, children and adolescents who present with hyperactivity and impulsivity exhibit emotional and "out of control" behaviors at greater degrees.

The treatment of ADHD in children and adolescents has historically focused on reducing symptoms and improving their ability to function (NIMH, 2013). Treatment includes the use of different models of psychotherapy, psycho-education, and combinations of medication and therapy (NIMH, 2016). Medications, such as stimulants, have calming effects on adolescents with ADHD, which allows them to focus, work and learn. Yet, these medications have high incidences of misuse by adolescents who self-medicate for focus and faster learning.

Lian-Yu et al., (2016) studied the trends of prescription drugs misuse involving Adderall and Ritalin (common ADHD medications), by examining three sets of data: National Diseases and Therapeutic Index, National Survey on Drug Use and Health, and Drug Abuse Warning Network, to identify treatment visits that involved the prescription of Adderall for adults and adolescents. Between 2006 and 2011, non-prescribed use of Adderall increased by 67% and emergency room visits by 156 %, while treatment visits for adolescents declined (Lian-Yu Chen et al., 2016). Adderall and other types of ADHD medications have risks associated with their use, including possible side effects such as decreased appetite, sleep problems, repetitive

movements, hearing voices; cardiovascular problems, hallucinations, and mania (NIMH, 2013). Misuse of prescription drugs by adolescents is a significant concern.

Substance Use Disorder

Substance use disorder is a problem among school-aged children. The high incidence of substance use in this population has social, financial, and health consequences, including but not limited to, poor academic performance, mental disorders, accidents and injuries, overdose; addiction, and unintended pregnancy (CDC, 2015). Research indicates that early exposure to substance use significantly correlated with substance use disorder in adulthood (Finn, 2006; Sznitman, Dunlop, Nalkur, Khurana, & Romer, 2011). Teen substance use is widely attributed to the contextual developmental stage of adolescence and an underlying indicator of undiagnosed mental health problems.

The Center for Disease Control and Prevention National Surveillance Report (2015) on alcohol, drug use, and academic achievement results, indicated that 8.3% of adolescents reported substance use disorder during the past year. The interview questions focused on identifying emotional problems associated with adolescents' substance use, previous attempts to decrease use, tolerance, withdrawal, and drug use related activities. Substance abuse disorder declined from 8.9% in 2002 to 6.9% in 2011 (CDC, 2015), but remains a concern for families, administrators and policymakers.

In a study of positive school climates and student drug testing, Sznitman et al. (2011) found that positive climate decreased personal substance use in adolescents. The researchers suggested that positive climates in schools help adolescents feel respected. Adolescents are

likely to follow adult recommendations if they feel they have rapport with the adult (Sznitman et al., 2011). Modeling and providing safe environments where adolescents can excel academically is an important role of SBMH professionals.

Researchers Finn and Willert (2006) surveyed 103 teachers from middle and high schools about their perspectives on adolescent alcohol and drugs use. The researchers found that student substance use occurs during the school day and outside school hours. They state that the "drug-free school zone" is far from a reality. The researchers also found that teachers questioned the effectiveness of school drug policies, and 43% of teachers were uneasy about responding to perceived student drug use in school. SBMH service professionals need to be involved in the discussions of school and classroom drug use because schools are not immune to illicit drug activities.

Substance abuse statistics vary across ethnic groups. Aarons, McCabe, Gearity, and Hough (2003) examined ethnic variation in drug use for 936 adolescents aged 13 to 18 years. Aarons et al. (2003) studied a random sample of adolescents who were actively receiving treatment in one of five care sectors. The researchers found significant differences in use rates by the adolescents. African-American adolescents were less likely than White adolescents to meet the criteria for lifetime substance use. They also found that White and Latino adolescents have the highest rates of substance use compared to other ethnic adolescents. The researchers suggest that recognizing how drug use varies across ethnic groups is essential to providing equitable opportunities for treatment.

Over the years, educators, families and school administrators have recognized that substance abuse by adolescents pose substantial public health concerns. Substance abuse program were set up to target at-risk adolescents. Whether these programs are effective in reducing students drug use remains the subject of research. A pre-post intervention comparison group design study of Missouri adolescents was conducted from two school districts composed of eighth to tenth grade adolescents (Williams, Barnes, Holman, & Hunt, 2014). The intervention group consisted of 14.7-year old adolescents who were considered at-risk due to past behavioral problems, poor academic performance, and unstable home life. The control group consisted of 15.6-year-old in grades eight through ten from a third district. Williams et al. (2014) found that rural adolescents have significant substance abuse problems that warrant the attention of the scientific community and professionals. They also found that a short-term, group-matched mentoring program had significant positive influence on reducing substance use for at-risk youths (Williams et al., 2014). The researchers noted that social norms do not change instantly and that successful prevention efforts have long-term positive impact for at-risk youth and decrease demand for scarce resources.

Similarly, Sharma and Branscum (2013), studied 18 school-based substance abuse prevention programs that included 12 different interventions. Fifteen of the 18 studies used randomized controlled trial designs. Seven of the studies showed statistically significant changes in substance use across pre- and post-intervention. The change was to use program theory to develop program objectives, choose program activities, set timing of intervention and replicate

intervention components that work. The researchers recommended theory-based early prevention interventions in schools, and measured the constructs using psychometric tools.

Researchers Lizuka, Barrett, Gillies, Cook, and Marinovic (2014) conducted a study of 72 teachers and 25 non-teaching staff from low SE schools to test the impact of teaching social-emotional skills on adolescents. The researchers concluded that after training in the new skills, student anxiety levels declined. Mallett (2014) found that mental health disorders are associated with profound school and education difficulties for children and adolescents. Substance use disorder is a major public health concern that is associated with poor academic performance, social, financial and negative health consequences (Sharma & Branscum, 2013). Early detection and intervention with adolescents who present with substance disorder may help school administrators, educators and policymakers decrease the prevalence of substance use among adolescents. SBMH counselor's involvement and insights may play an important role in this effort.

Previous Research

In the early 2000s, there was an increase on studies focusing on school based mental health services to improve mental health care for all students in the United States schools (SBMHS). Subsequently, there was a decline in research that focus on access and quality of services provided to adolescents, (Ling et al., 2014). The decline in literature created a gap and awareness of the need to examined School-Based Mental Health Counselors perceptions about factors and barriers that affected adolescents' use of service. There has been minimal impact toward improving the use of SBMH services because of these research-driven initiatives.

Consequently, school-based mental health literature has failed to report accurate, generalizable data specific to urban school adolescents' populations (Gamble & Lambros, 2014). However, recent research trends are helping to identify unmet needs of groups and ways to improve services.

Gamble and Lambros (2014) examined the perspectives of 39 SBMH providers who serve urban, suburban, and diverse groups to help families gain access to quality mental health care. The researchers found that effort to promote minority access was stymie by culturally related factors. Nonetheless, the researcher opined that databased tracking, decision-making, and staff development are crucial ingredients to improve service delivery. Ling, Okazaki, Tu, and Kim (2014) examined the unmet mental health care needs of Asian Americans adolescents from urban communities, in an afterschool and mental health setting. The purpose of the research was to gain the perspective of service providers on the challenges that providers faced in meeting the psychosocial needs of Asian adolescents. The researchers concluded that challenges facing providers included complicated family dynamics, structural stressors, social stigma and discrimination.

A study by Wegmann, Powers, and Blackman (2013) consisted of focus groups of caregiver and teacher perspectives in a pilot SBMH project in an urban school district with low standardized scores and high level of student need. The purpose of the research was to find ways to support vulnerable families through SBMH. The researchers purposely selected all the caregivers and teachers to participate. The implication of this study according to the researchers, is that collaboration between SBMH professionals, teachers, and families is imperative to meet

adolescents' mental health needs. Despite the noble attempts of these researchers to identify group specific disparities, the perspectives of SBMHCs appear unknown regarding factors that affect adolescents use of services.

A systematic literature and synthetic review of 47 evidence-based studies (Bains& Diallo, 2016; Rones & Hoagwood, 2000) was conducted between1985-1999 and 2016 on services delivered in U.S. schools. The researchers of this review were propelled by the significant role of schools in addressing adolescents' emotional and behavioral problems, a desire to document a fragmented and inconsistent literature, and the increasing number of children with unmet needs. They concluded that, while there is substantial evidence to support the impact of SBMH programs on reducing emotional and behavioral problems, 20-25 % are affected by mental health issues, only 36 % receives mental health services, and differences exist among adolescents (Bains & Daillo, 2016; Rones & Hoagwood, 2000). Understanding the SBMHCs' perceptions may help to uncover the differences.

Concepts embedded in the Re-ED model of emotionally disturbed children was examined from an ecological perspective by Paternite and Johnston (2005) focusing on how contextual variables interact in the student's environment. Recognizing the often-uneasy alliances between educators and mental health professionals, these researchers suggested that improvements are possible through dialogue and collaboration. By changing professional perceptions, a more cohesive interdisciplinary approach could emerge to create better public awareness and new school-based programs that address the burden of adolescents' mental health disorders.

Furthermore, the researchers suggested redefining the term *educator* to reflect a broad spectrum of different initiatives and close the gap in adolescents' use of SBMH.

Two focus groups taken from a random sample of 296 English secondary schools participated in a study to measure emotional health levels among adolescents ages 12 to 14. Results showed that schools provided some emotional support (Kidger et al., 2009). The type and quality of support varied significantly (Kidger et al., 2009). Adolescents indicated their preference for a more confidential approach from helping sources and empathy from staff. They also identified a need to assess school environments when looking for causes of distress. Kidger et al. (2009) found the school environment as a strong factor affecting student use of SBMH services.

Substantiating the impact of environmental factors, Wuet et al. (2010) performed a bivariate and multiple logistic regression analysis with data from the 2000 National Household Survey on Drug Abuse composed of 877 adolescents aged 12 to 17 years of age with a history of suicide attempts in the past 12 months. The survey results showed that fewer than 45% of the adolescents reported using mental health services during the past 12 months. Racial/ethnic minorities used fewer inpatient and outpatient services than Whites did, even when variables such as individual, family and other characteristics are considered. In addition, having a poor self-concept of health, and living in a single-parent home in a low SE environment were associated with use of inpatient services (Wu et al., 2010). Female gender, family income, participation in extracurricular activities, and the presence of anxiety or disruptive disorders were associated with greater use of outpatient services. The researchers concluded that even though

SBMH services have the capacity to reach adolescents with suicidal tendencies, there are still barriers to providing quality services.

Thirty-nine school psychologists from two school districts participated in 11 focus groups that explored their professional practices and the factors that they believed affected access or created barriers to SBMH services (Suldo, Friedrich, & Michalowski, 2010). Their analysis showed that factors such as school environment, insufficient training, and lack of support from district administrators and school personnel impede delivery of services. The researchers suggested that school psychologists take proactive steps to increase their role in SBMH services. When it comes to allocating financial resources, district administrators and school personnel should collaborate with psychologists.

Other studies have examined the role of racial/ethnic disparities as an important factor in SBMH services use. Caporino, Chen, and Karver (2014) measured acculturation, perceived causes of depression, and treatment acceptability to compare differences in 67 female high school adolescents' attitudes towards depression treatment. Of the total participants, 54% were Hispanic and the remaining were non-Hispanic Whites. The researchers concluded that there were more similarities than differences between ethnic groups in favoring treatment. In contrast, Bains (2014) examined disparities in mental health services utilization by conducting qualitative studies of African-American adolescents' goals when seeking help from SBMH services. The researcher concluded that, unlike adults, adolescents consider the opinions of those close to them before seeking help. Expanding on this insight, Betancourt, Frounfelker, Mishra, Hussein, and Falzarano (2015) provided additional qualitative perspective in their study of perceptions of

mental illness and help-seeking behaviors among Somali Bantu and Bhutanese refugees. The researchers found that the Somali Bantu and Bhutanese refugee adolescents faced unique challenges in using services and would require culturally sensitive programs to address their unmet care needs. Bogartet et al. (2013) examined the impact of perceived racial/ethnic discrimination on health outcomes. They found that perceived racial prejudice was associated with problem behaviors among African-American and Hispanic preadolescents and adolescents.

Summary

SBMH services are the cornerstone of mental healthcare delivery for adolescents in the United States. SBMHCs provide a broad spectrum of assessment, prevention, intervention, counseling, consultation, and referral services (NASP, 2015). Understanding the factors that affect adolescents use of these services was important to create and provide evidence-based programs to improve service delivery and eliminate access barriers for adolescents in need.

My research questions explored SBMHCs' perceptions of the services that they provide to adolescents. Insight developed from this study may help educators, school districts, and policymakers identify barriers to the use of SBMH services, learning and development. This literature review yielded diverse research findings about past efforts to close a gap between adolescents' need for and use of SBMH services. Previous studies have examined perceptions of different stakeholders regarding the services provided. The perceptions of SBMHCs about the differential needs of adolescents provided rational for this study.

Chapter 2 included descriptions of specific steps I used to search the Walden University Library resources to access and identify peer-reviewed literatures relevant to this study.

Although the literature search revealed minimal research on the phenomena of inquiry, it confirmed that a gap existed in SBMHCs perceptions about adolescents' use of services. Chapter 3 followed with the description of the research design and rationale, the participants, research questions, data collection techniques; data analysis and ethical considerations.

Chapter 3: Research Method

Introduction

The overarching objective of my study was to understand the in-depth experiences and perceptions of SBMHCs about adolescents' use of services in a school district in Connecticut, United States. Additionally, the purpose of the study was to discover SBMH perspectives of factors that may affect adolescents' use of services. SBMHCs' views, as change agents, may advance policies that improve outcomes and adolescents' life trajectories. Chapter 3 includes the rationale for using the qualitative methodology to explore research questions for this study. In this chapter, I describe the role of the researcher and bias prevention strategies. The chapter concludes with a discussion of previous studies that employed descriptive phenomenological research, the study participants, data collection methods used, data analysis, and ethical considerations

Research Design and Rationale

A study of SBMHCs' perceptions was the first step to examining how, why, and what motivates adolescents to use services. I used descriptive, qualitative, phenomenological methods to obtain in-depth information from these counselors. Phenomenological qualitative design provided the best available lens for investigating the daily experiences of SBMHCs working with adolescents. Researchers use phenomenological designs to ascertain the quality of the collected data and analyze its meaning (Kroese, Rose, Heer, & O'Brien, 2012). Qualitative research designs offer researchers flexibility in recruiting participants because it allows the use of

purposive sampling (Gentles, Charles, Ploeg, & McKibben, 2015). Researchers can use their expertise to select individuals who can provide enough information for data analysis.

Previous scholars have used descriptive, phenomenological research to explore the perceptions of mental health service professionals. Kroese et al. (2013) used a phenomenological approach to gain an understanding of the experiences of mental health service users and the professionals working with them. Similarly, Bornsheuer, Henriksen, and Irby (2012) used phenomenology to investigate the perceptions of mental health care of purposefully selected Christian church members. To gain an in-depth understanding of mental health services provided to members, Bornsheuer et al. conducted face-to-face interviews with 14 participants to identify commonalities and differences within their stories, including the importance of relationships, knowledge of providers, and use of religious practices in counseling.

Gamble and Lambros (2014) used phenomenology to examine the lived experiences of school-based mental health providers who served students in urban, suburban, and ethnically diverse settings. Rutherford, McIntyre, Daley, and Ross (2012) conducted eight semistructured interviews, using descriptive phenomenology to explore mental health service providers with experiences providing care to Lesbians, Gays, Bisexual and Transgenders (LGBT) patients. Study participants were from diverse backgrounds including psychiatry, social work, psychotherapy, and psychology.

Flynn, Duncan, and Evenson (2013) used interviews and journal analysis to study the career development process of nine 18-year-old American Indian secondary school adolescents. In choosing this methodology, Flynn et al. argued that a phenomenological perspective offered a

practical approach to investigating the multifaceted issues, with consideration to the lived experiences of the participants, their held meaning to it, and its relationships to varying situations. Therefore, the use of a descriptive, phenomenological approach was appropriate for this study, as it offered a significant advantage that enabled the creation of rich data necessary to answer the research questions. This approach provided insights into the perceptions of SBMHCs' views of mental health care within the school settings in a school district in Connecticut of the United States.

To ensure that the perceptions of SBMHCs were uncovered, the 15 participants came from a purposely selected school district in Connecticut. Also, open-ended, semistructured interviews of SBMHCs enabled access to saturated data to answer the following questions.

RQ1: What do SBMHCs perceive as factors that may affect the use of SBMH services by adolescents from a school district in Connecticut, United States?

RQ2: What do SBMHCs perceive as barriers meeting the mental health needs of adolescents from school district in Connecticut, United States?

Role of Researcher

The role of the qualitative researcher as the instrument is to interview, code, and analyze the investigative process to achieve accurate reflection of the research as it proceeds (Flynn et al., 2013). In this study, my vision of the research process relied on my educational experience as a novice researcher, former classification correctional counselor, mental health clinician; and a former member of the Connecticut Department of Children and Families, integrated support systems (ISS). These personal experiences provided an authentic and contextual understanding

of this study. The integrity of collected data, analysis, interpretation and conclusion of the study are enhanced when the researcher's credibility can be assured (Houghton, Shaw, & Murphy, 2012). For this study, injecting my personal values and bias was a concern. To prevent these from becoming a limitation, I developed strategies, such as bracketing, to reduce the effects of preconceiving notions. Bracketing refers to the proactive steps taken by the researcher to minimize the inevitable transmission of personal values, interests, emotions, and theories into the research process (Tufford & Newman,2010). Chang, Fung, and Chien (2013) suggested that bracketing is recommended before data collection and analysis to ensure the validity of data and unchanging in the meaning of the phenomenon under study. In addition, Gill, Stewart, Treasure, and Chadwick (2008), recommended the following techniques:

1. Avoid the use of leading questions
2. Maintain neutral yet open body language
3. Record interview audio and take field notes

Prior to Walden University's Institutional Review Board (IRB) approval, I requested permission and subsequently received approval from the office of the school's district superintendent to contact school principals and solicit SBMHCs for their participation. The solicitation process involved making direct calls using a directory (a public record) and sending e-mails to purposefully selected schools in a school district in Connecticut. The demographics of A School District in Connecticut (ASDCT) are as follows:

- Student population (Redacted)
- Sampling: (Redacted) elementary, middle, and high schools

- Demographics
- White
- Black
- Hispanics
- Asian Americans
- Other

None of the schools in the district, and thus none in the sample, differed significantly from these figures. To recruit, I created a study flyer (Appendix E) to provide contact details for the participants who met criteria set forth for this study. As an additional strategy to recruit participants, I visited individual schools to drop off study flyers at a convenient designated private mailbox for the counselors to volunteer and participate in my research. After receiving 12-15 SBMHCs' agreements to participate, face-face interviews commenced. This total number of participants was chosen, as the significant concern in a study of this kind is saturation, or the point at which continued data collection is unlikely to yield new information (Yin, 2013). A sample size of 12-15 counselors was considered appropriate for the achievement of saturation The counselors included in the sample were drawn from 13 purposely selected schools in the district. Each school had varying number of counselors depending on capacity, resources, and need.

The location of interviews varied according to individual participant's preference. Upon completion of the interviews, I uploaded the audio interviews from a digital recorder to a computer and created a file folder for the participants' audio recordings that was only accessible

to me. With the same computer. I uploaded the interviews audio to a secure web link to a professional transcriber for data transcription. Once interview transcripts were received, case files were created for each participant for organizing and coding with NVivo software. Additionally, conducting reviews of the salient literature of SBMH services was crucial for this study. Qualitative research findings gain recognition when the researcher establishes trustworthy procedures to show credibility, transferability, dependability, and confirmability (Flynn et al., 2013; Tufford & Newman, 2010). To ensure that these principles were incorporated into this study, decisions regarding the sample size, descriptive rigor, data collection, and analysis were made in collaboration and with the support of my dissertation committee.

Methods

In this study, I used a descriptive, phenomenological, qualitative framework to explore the perceptions of SBMHCs about factors affecting adolescents' use of services. This methodological framework enabled me to stay focused in gaining an understanding of the study participants' lived experiences and the meaning they assigned to various circumstances (Krose et al., 2013). Additionally, my analysis of the SBMHCs' perceptions relied on a phenomenological framework because of its multidimensional nature and evolving ability to adapt to different conditions. A descriptive phenomenology design provided the best lens for my study because it offered me the flexibility, and the freedom for self-reflection when making critical decisions required during the research process. The design helped me to uncover the essential components of the lived experiences of SBMHCs.

Participant Selection Logic

The participants in this study were SBMHCs who worked fulltime at 32 to 40 hours per week. The participants provided services to adolescents attending school in a school district in Connecticut. A purposive sample of 15 SBMHCs in this study ensured that the data collected reached saturation point. Although there is no consensus among methodologists on an ideal sample size for qualitative research, some researchers have provided evidence for the use of purposive sampling to select study participants (Cleary, Horsfall, & Hayter,2014; Gentles et al., 2015). Guest, Bunce, and Johnson (2006) used 12 participants' interview transcripts to reach data saturation. Similarly, Lee, Landy, Wahoush, Khanlou, Liu, and Li (2014) used a descriptive phenomenological approach to gain an understanding of the lived experiences of 15 immigrant Chinese mothers to answer their study questions. For this research, obtaining information useful for understanding the complexity, depth, variation, and context surrounding SBMHCs' perceptions was imperative. Hence, I selected SBMHCs who had experienced working with adolescents from a school district in Connecticut.

Criteria for Participation

In this study, SBMHCs who met the criteria for participation came from a purposely selected school district, but from multiple schools, in a school district in Connecticut, based on the following conditions:

1. Self-identified as a school-based professional (i.e., psychologist, school counselors, social workers, special education teacher, and a nurses working in a school district in Connecticut

2. Possess the ability to share honest personal assessment of school-based mental health services' challenges and discuss possible solutions
3. Demonstrate good knowledge of common mental health issues faced by adolescents and an ability to describe thoughts in the English language
4. Consent to a 30- 45-minute interview
5. Must have 1 or more years of service experiences providing care in a school counseling setting
6. Participant received an explanation of the purpose, risks, and benefits of the study.
7. Must agree and allow the interview to audiotape to enhance accuracy of data collected

Instrumentation and Data Collection Procedures

For this study, collecting data through interviews was appropriate due to the historical and cultural context of the phenomena of inquiry. The data collection consisted of procedures that were sensitive to the cultural, legal, and ethical issues involved. Approval from Walden University IRB, and consent from purposely selected SBMHCs from a school district in Connecticut, were acquired before interviews were conducted (Appendix A). During this process, I determined that the school districts had their own approval procedures that should be followed. In this case, I applied and obtained the district level approval prior to application for approval to Walden University. The district approvals were attached to the Walden University approval request submission to meet the requirements of the university. The interviewing process involved open-ended questions for data collection and handling, and the principles stipulated in

the National Institutes of Health protecting research participants' consents guided this process (Appendix B). The guideline emphasizes the overarching themes of respect for persons, beneficence, and justice (U.S. Department of Health and Human Service, 2014). Protecting the identity and individual participants' confidentiality was a component of this study process.

Data collection activities ensured accurate and unbiased information to help establish credibility, transferability, and confirmability. The types of data collected included interviews (open-ended interview transcripts). To ensure that the interview questions were appropriate and addressed the phenomena under study, I sought out my dissertation committee in refining and assessing the degree of bias in framing questions, collecting background information, adapting research procedures stipulated in dissertation guidelines, and using Walden University research resources. I ensured that the developed research questions (Appendix B) met the quality criteria for this study. I used two participants to conduct a pilot study of the interview protocol, recruitment strategies, and effectiveness of audiotape instrument in capturing the essence of the lived experiences of SBMHCs. Hilton (2015) highlighted the importance and use of a pretest to check if research tools work as intended with participants' understanding.

The interview protocol for this study had contents such as title, time of interview, date, location of interview, interviewer, interviewee, the profession of the interviewee, and a brief description of the study. I ensured that the management of data collected abided by the standards set by Walden University IRB and National Institute of Health regarding participant's confidentiality (Appendix A). The following techniques facilitated the management of data collected:

1. Participant list was secured using a password-protected file with a backup file.
2. A master list of types of information gathered maintained and protected the anonymity of participants by masking their names in the data.
3. A data collection matrix served as a visual means of locating and identifying information for the study.

Different methods, including NVivo 10 version, helped to organize collected data to enhance data control procedures and their reliability. First, I created a database to contain an identifier for each participant in the dataset. Second, I listed information in one row of the database instead of multiple places. Finally, I included participants' transcribed interview responses to avoid entering incorrect information.

Issue of Trustworthiness

The study of SBMHCs' perceptions must meet a threshold of quality, trustworthiness, and credibility to achieve its objectives. Houghton et al. (2012) described qualitative research as an artistic expression to assessing data quality. The quality of the research process is essential for interpretation of data collected and the conclusion. To demonstrate the rigor of this research process, I used the below discussed processes to ensure credibility, transferability, dependability, and confirmability.

Credibility

The credibility of the researcher is a consideration when users of research assess the value and believability of findings (Koch, 1994). To enhance the credibility of this study, I established prolonged engagement through frequent visits to purposely selected schools to gain a

full understanding of SBMH services. In addition, I used multiple sources of data including field notes, memos, audio, and relevant literature to analyze the data gathered by triangulation. Cleary et al. (2014) and Tufford and Newman (2012) asserted that the use of a triangulation technique helps the researcher to validate data by verification using multiple sources. I made sure to implement frequent contacts with my study mentor throughout the time of this study. Additionally, I consulted with my dissertation committee, and posted limited information about the research in the discussion board for peers' comments and reviews of the research process as an additional external check.

Transferability

To ensure transferability of SBMH study findings, I used thick description strategies to provide adequate details of the research context for the reader. According to Koch (1994), this technique allows the researcher to make an educated determination of the transferability of the conclusions to their context. These strategies included detailed accounts of methods used, and appropriate use of SBMHCs quotations from interview transcripts to allow for alternative interpretations by readers.

Dependability

The concept of reliability was an essential element for assuring trustworthiness in qualitative research (Houghton et al., 2013). To establish the dependability of my study findings, I implemented two strategies: audit trail and use of reflexivity. The use of audit trail enabled me to review the decisions I made in this research process and explained the rationale for the reader to discern the methodological and interpretative approach used. Houghton et al. (2013) suggested

that users of research findings must assess the process in which conclusions are reached to provide a detailed account recognizable to the readers. Another aspect of the audit trail strategy involved the use of NVivo software to run three specific queries (text search, coding, and matrix) to provide a comprehensive tracking of decisions made during data collection, the sufficiency of identified concepts, and the dependability of participants' context.

The final strategies used to ensure dependability of this study was the use of the reflexivity strategy to enhance my self-awareness throughout the research process. I maintained a reflective diary during this investigation on the decisions I made, their rationale, my senses, and personal challenges conducting this research. Researchers Jootun, McGhee, and Marland (2009) posited that reflexive account provides a history of the researcher, their interests, and how theoretical perspectives influenced data collection and research.

Conformability

The process of establishing dependability and conformability are similar (Houghton et al., 2013), I used the same audit trail strategy to achieve conformability of study findings. I documented decisions made regarding methodology and data interpretation. I used NVivo software to run different queries to audit research conclusions and eliminate redundancy in my arguments. Running different queries also helped me to check or confirm the propositions I made from the interview transcripts (Koch, 1994). Recognizing the importance of using reflexivity to enhance qualitative research conformability, I maintained a journal to document all decisions regarding data interpretation to reduce bias resulting from unacknowledged assumptions.

Data Analysis Plan

The analysis of SBMHCs perceptions involved using the data analysis software NVivo, to organize data into a list of statements. Colaizzi's 6-steps of data analysis techniques was used to facilitate the description of individual thoughts and experiences of SBMHCs (Gill & Fazi, 2013). Colaizzi's 6-steps constructs guiding the data analysis of SBMHCs' perceptions are listed below.

1. The accuracy of transcript contents was verified against the recorded interviews. Then case files of interview transcripts were uploaded to NVivo software.
2. For each transcript, NVivo was used to identify relevant statements guided by the research questions about adolescents' use of SBMH services as narrated by SBMHCs.
3. Defined relevant statements identified by NVivo was interpreted guided by the research questions from each participant's interview transcript.
4. NVivo software was used to sort relevant statements into categories, clusters of ideas and themes.
5. The perceptions of SBMHCs about adolescent use of SBMH services was summarized to develop an exhaustive report on the studied phenomenon.
6. With the development of an exhaustive description in step 5, SBMH services structure was constructed, using SBMHCs' perceptions to identify reasons why adolescents from a school district in Connecticut, United States are not using services.

Ethical Considerations

Ethical consideration must be upheld in all social science research process to guide against potential threats to human subjects (NIH, 2015). The procedures set forth for this study meets the Walden University IRB and the National Institutes of Health (NIH) Research Standards. These rules espouse core principles such as respect for persons, beneficence, and justice (NIH, 2015). The ASCA (2015) and the NASP (2015) maintain ethical standards required of its members. The study of SBMHCs' perceptions involved human subjects; therefore, ensuring that participants are valued, and care taken to protect and maintain their confidentiality was essential (Appendix A). To this end, I have followed all applicable laws including obtaining the consent of participants (Appendix A) without the use of undue influence.

Summary

A qualitative descriptive phenomenology was appropriate for exploring SBMHCs'(SBMHCs) perceptions of factors affecting disparities in adolescents' use of SBMH services. The chapter provided details of the research process, including research design and rationale, my role as the sole investigator, criteria for participation; number of participants, data collection procedures, issues of trust, a data analysis plan, ethical considerations, and summary. Chapter 4 contains the discussion about the data collection process, SBMHCs data analysis concept map, the participants profile table, Flow chart of semi-structured interview questions used for this study; data analysis, and the findings. In addition, the chapter included individual SBMHCs' comments about their perceptions of adolescents, use of SBMH services to identify themes for codes.

Chapter 4: Results

Introduction

The purpose of this descriptive, phenomenological study was to examine the perceptions of SBMHCs about factors affecting the use of SBMHS by adolescents from a school district in Connecticut, United States. The participants were selected because SBMHCs are, by the nature of their professions are the first responders in identifying adolescents' mental health needs. SBMHCs perform different functions, including mental health assessments, prevention, intervention, and referrals, while focusing on how mental health affects learning and ensures academic success for adolescents with identified behavior problems (ASCA, 2015). Fifteen participants from purposely selected schools volunteered and participated in this study. The following research questions were the research questions that guided this study:

RQ1: What do SBMHCs perceive as factors that may affect the use of SBMH services by adolescents from a school district in Connecticut, United States?

RQ2: What do SBMHCs perceive as barriers meeting the mental health needs of adolescents from a school district in Connecticut, United States?

The two research questions served as a guide in the interview process that enabled me as the sole investigator to capture the lived experiences of SBMHCs, gain increased knowledge, and obtain a detailed understanding of the phenomenon of factors and barriers affecting the use of SBMH services by adolescents from a school district in Connecticut. This chapter includes the participants' profile table, data collection, concept map, flow chart of semistructured interview questions, data analysis, and results. This chapter will end with a summary.

Pilot Study

Before the final submission of the IRB ethics forms review, I applied and received copyright permission to use two validated interview questions used in a similar study by Gamble and Lambros (2014, Appendix B2) in Los Angeles and Orange County schools, California, United States. To ensure that the questions were appropriate for this study, the interview protocol used with SBMHCs was developed from the same researchers (Gamble & Lambros,2014). The interview questions were analyzed via item response design, and the protocol was updated with more explicit directions. Four semistructured, open-ended questions that were identical and purposely designed and three follow-up questions were asked. According to Mertens (2010), qualitative interviews provide a forum to uncover the participants' subjective interpretations of social phenomenon, opinions, experiences, and collective understandings.

After receiving IRB approval# 12-21-17-0409877, two school principals from the school district were contacted about the study and gave permission to contact two SBMHCs from the school district for the pilot study. The two participants were purposely selected and who met the eligibility selection criteria designed for the actual study agreed to participate and completed the pilot study. The purpose of the pilot study was to test the interview protocol, recruitment strategies, and effectiveness of audiotaping to capture the lived experiences of SBMHCs. The pilot study enhanced my research skills as a student researcher on three skill sets: (a) the ability to identify problems and barriers related to research; (b) the ability to assess acceptability of interview protocols; (c) the ability to determine the scope, validity, and method of the research process (Janghorban, Roudsari, & Taghipour, 2014). Through the pilot study, I was able to

evaluate the problems and challenges when I conduct the large-scale version of my study. I was able to determine whether the interview protocol was effective in gathering information needed to answer the research questions. Moreover, I was able to define the scope of my research more clearly because of the pilot study.

Study Setting

The participants' responses to interview questions formed the only source of data used in the study. Face-to-face interviews were conducted with each participant in a private room in a public building of his or her choice and to make the participants feel more comfortable in sharing their experiences. The location and decision for each interview was focused on protecting the identity and confidentiality of the participants. Each participant and I agreed to the location, date, and time for interview in a private room under study setting in a public building. There were also gaps between the interviews of the participants so that they would not see one another.

The Participants Profiles with Limited Demographic Information

The 15 SBMHCs met the following eligibility criteria:

1. Self-identified as a school-based mental health professional (i.e., psychologist, school counselor, social workers, special education teacher and nurses, and working in the school counseling setting in a school district in Connecticut, United States
2. Possess the ability to share honest personal assessment of school-based mental health services' challenges and discuss possible solutions
3. Demonstrate good knowledge of common mental health issues faced by adolescents and an ability to describe thoughts in the English language

4. Consent to a 30- 45-minute interview
5. Must have 1 or more years of service experiences providing care in a school counseling setting
6. Participant received an explanation of the purpose, risks, and benefits of the study
7. Must agree and allow the interview to audiotape to enhance accuracy of data collected

Below is the brief description (see Table 1) of the role and work experiences of the 15 SBMHCs. The participants in this study were assigned pseudo names to protect their identity. Each profile provided details about the work of each participant and how they interacted with students.

Table 1

Participant Demographic Profile

Participants (Pseudo- names)	Job Title (in addition to School Counselor)	Years of Experience	Summary of Role and Work with Students
Alicia	Special Education	5	Provides, individual and group counseling and teaches social studies for seventh and eighth grade students
Anna	Assistant Principal	15	Counselor oversees the counseling department and supports students in academic, social and emotional wellbeing
Barbara	School Counselor	20	Provides counseling for K8-12 students for their socio-emotional, academic, individual and family groups
Debra	School Counselor	2	Counseling, former teacher deals with mostly mental health of the students.
Diva	School Counselor	1	Counseling, former Social work supervisor provides individual and group sessions with students.
Joy	School Counselor	4	Counseling, former teacher for K-8 students provides individual and group counseling.
Julie	School Counselor	4	Counselor provides individual counseling and make referrals to other professionals
Madonna	School Counselor	3	Provides in-classroom lessons that are non-academic based. For example, provides group counseling that focused on the need for the students such as divorce, friendship, or bullying
Maria	School Counselor	3	Works with students from ninth to twelfth grade whose English is their second language and provides referrals when they cannot meet the needs of the students
Maya	Social Worker	20	provides social work services and counseling for social and emotional wellbeing of adolescents ages 14 - 21
Opera	School Nurse	4	Former nurse for children ages 13-17 and families in a hospital setting. Provides medical and mental health assessments and make referrals to other professionals
Sophia	School Counselor	9	Counseling providing emotional, social and academic support; college, career and future planning
Sotomayor	School Psychologist	3	Psychologist provides psychoeducational testing, individual, and group counseling
Terry	Special Education	2	Teaches social studies and English, provides services to students with emotional and social needs
Wilbur	School Principal	5	Provides individual counseling that, includes, tutoring, social, emotional support, and college support services

Data Collection

The interviews involved the use of four semistructured, open-ended questions with three follow-up questions for data collection:

IQ1. Please describe your role and work experiences in providing services to adolescents in the school setting.

Follow-up question: What barriers do you perceive affect best outcomes for adolescents at-risk?

IQ2. Based on your experiences, who most often receive SBMHS and why?

Follow-up question: Are there any other types of services delivered frequently?

IQ3.In your opinion, what do you think motivates the adolescents to use these services? How do you motivate adolescents with mental health needs to use these services?

Follow-up question: Do you have a specific way of identifying these adolescents in need?

IQ4. Please describe the factors you attribute to lack of SBMHS use by some adolescents.

Hilton (2015) highlighted the importance and use of a pretest to check if research tools work as intended with participants' understanding. Both the dissertation committee and Walden University's IRB approved of the data collection tool. These questions were also validated in the pilot study.

During the interviews, open-ended questions were used to understand SBMHCs' perceptions about factors that affect the use of SBMH services by adolescents from a school

district in Connecticut, United States. The interviews took place in a private room at a public location of the participants' choice. A private setting assured the confidentiality and privacy of the participants and the information shared in the interviews. Each interview lasted between 30 to 45 minutes, where participants shared their experiences as SBMH service providers to adolescents.

After completing the interviews, the files were uploaded from a Sony ICD-UX533 digital recorder to a password-protected file folder on the computer. Then I contracted a professional data transcriber who signed a confidentiality agreement to protect the anonymity of the interview participants (Appendix G). With the same computer, interview recording files were shared with the transcriber via a secure web link. Once all transcripts were received in MS Word, duplicate copies of the transcribed data were stored on the computer and on password-protected external storage devices to avoid data loss, in case of accidents or unexpected technological failure.

Data Analysis

The analysis of SBMHCs' perceptions involved using the computer-assisted data analysis software NVivo to organize data into a list of statements. The use of Colaizzi's 6 steps of data analysis facilitated the description of individual thoughts and experiences of SBMHCs (Gill & Fazi, 2013). Colaizzi's approach to data analysis enhances rigor and provides the researcher access to unspoken and categorical meanings embedded in the lived experiences of the study participants (Edward & Welch, 2011; Yilmaz, 2013). According to Suryani (2016), The synthesis of the researcher's own reflection and the plurality of subjects are what underpin

Colaizzi's steps for data collection and analysis. In this study, Colaizzi's 6-steps guided the data analysis of SBMHCs' perceptions are as listed below:

1. The recorded interviews for this study were transcribed by a professional transcriber. In keeping with Step 1 of Colaizzi's 6 steps, I reviewed a few transcripts to conceptualize the phenomena of SBMH services before importing case files of interview transcripts into NVivo software.
2. For each transcript, NVivo software was used to identified relevant statements about adolescents' use of SBMH services as narrated by SBMHCs.
3. Multiple source of data gathered by triangulation was used to interpret and define significant statements identified by NVivo from each participant interview transcript.
4. NVivo was used to organize relevant statements into categories, clusters of ideas, and themes.
5. With this step, identified themes by NVivo were combined into the description of the textures of SBMHCs experience, and the exhaustive explanations were supported with quotations from the transcripts. Colaizzi (1973) posited that in writing a thorough description of the phenomenon, the researcher should integrate information related to the phenomenon of inquiry.
6. After achieving a thorough description with Step 5, the fundamental structure of SBMH services was constructed. This process involved reviewing the exhaustive description, themes, and subthemes identified by NVivo reflective of SBMHCs' perceptions to

identify reasons why adolescents from a school district in Connecticut. are not using services

7. This step was not used because it would be time consuming for the participants. Giorgi (2008) identified a theoretical reason for not using this step; phenomenological method, properly employed results in eidetic findings that can only be checked by phenomenological approach that may not be known by the participants. Alternatively, the strategy of using cross verification of the interview transcripts contents against the recorded interviews was implemented. Also, the use of follow-up questions and asking the participant to restate or clarify comments during the interviews, and using a professional transcriber, contributed in assuring the validity of transcripts and audio recordings.

Evidence of Trustworthiness

Credibility

To ensure the credibility of the study, I established prolonged engagement through frequent visits to purposely selected schools to gain a full understanding of SBMH services. I also used multiple sources of data including audio and relevant literature to analyze the data gathered by triangulation. Implemented peer review, using bi-weekly consultation with my dissertation Chair for feedback and as an additional external check.

Transferability

To ensure transferability of SBMHCs' study findings, I used thick description strategies to provide adequate details of the research context for the reader. Thick description refers to

writing practices that qualitative researchers use to explain cultural context or lived experiences of people and the meaning they attach to their actions or expressions (Bandenhorst, 2016) Thin descriptions make statements without meaning or relevance. Thick description strategies that I used included not only describing and observation but also the context in which that behavior occurred. According to Koch (1994), this technique enables the researcher to make an educated determination of the transferability of the conclusions to their context. In this study, I provided detailed accounts of methods used and appropriate use of SBMHCs' quotations from interview transcripts to allow alternative interpretations by readers.

Dependability

The concept of dependability is a component for assuring trustworthiness in qualitative research (Houghton et al., 2013). Dependability refers to the validity of the process or the measures taken by a researcher to authenticate that study findings are systematic, objective, and repeatable. To establish dependability of SBMHCs' study findings, I implemented four strategies: (a) I used bracketing that are guided by the thinking activity of reflexivity (Chan, 2013) to minimize potential effects of my personal values, experiences, or preconceived notions on the research process and to demonstrate the validity of data collected and the analysis of this study; (b) I used the approved research methodology and IRB consent form as a systematic guide for this study; (c) I used four semistructured interview questions with three follow-up questions that was approved by the committee and validated by a pilot study for this research; (d) I used an audit trail to track the decisions that I made while using NVivo software to run queries (text search, coding, and matrix),and to extract verbatim statements of SBMHCs that provided

sufficiency of identified concepts and dependability of the participants' context. The use of audit trail allowed me to explain the rationale for the reader to determine the methodological and interpretative approach used. Also, using reflexivity as a strategy enhanced my self-awareness required throughout the research process. Maintaining a reflective diary during this investigation helped with the decisions made, their rationale, the senses, and the personal challenges conducting this research. According to Jootun et al. (2009), a reflexive account provides a history of the researcher, his or her interests, and how theoretical perspectives influenced data collection and research.

Conformability

The same audit trail strategy and the rigorousness of this research method helped to achieve conformability of the results through the evaluation of the decisions I made regarding methodology and data interpretation was appropriately documented. Additionally, maintaining a journal facilitated all documentation decisions regarding data interpretation to reduce bias resulting from unacknowledged assumptions (Bergin, 2011 & Miles et al, 2014).

Results

Each participant was interviewed privately on the scheduled date and time at their preferred interview setting in a private room in a public building. After the interviews, the recordings of the interviews were uploaded to a password protected computer laptop and organized into individual files I uploaded to a secure web link to a contracted professional transcriber with a confidentiality agreement (Appendix H) for data transcription. Once interview transcripts were received, I made copies for documentation into a study file folder and saved

individual participant's transcripts to a password protected cases folder only accessible to me. to be imported from the computer into NVivo to perform different activities including coding to identify, organize themes and extracting examples of verbatim sentences to provide an exact depiction of experiences of the participants as narrated by the study participants during interviews for analysis. There were five major themes that emerged from the data analysis. Three themes answered the first research question. Two themes answered the second research question.

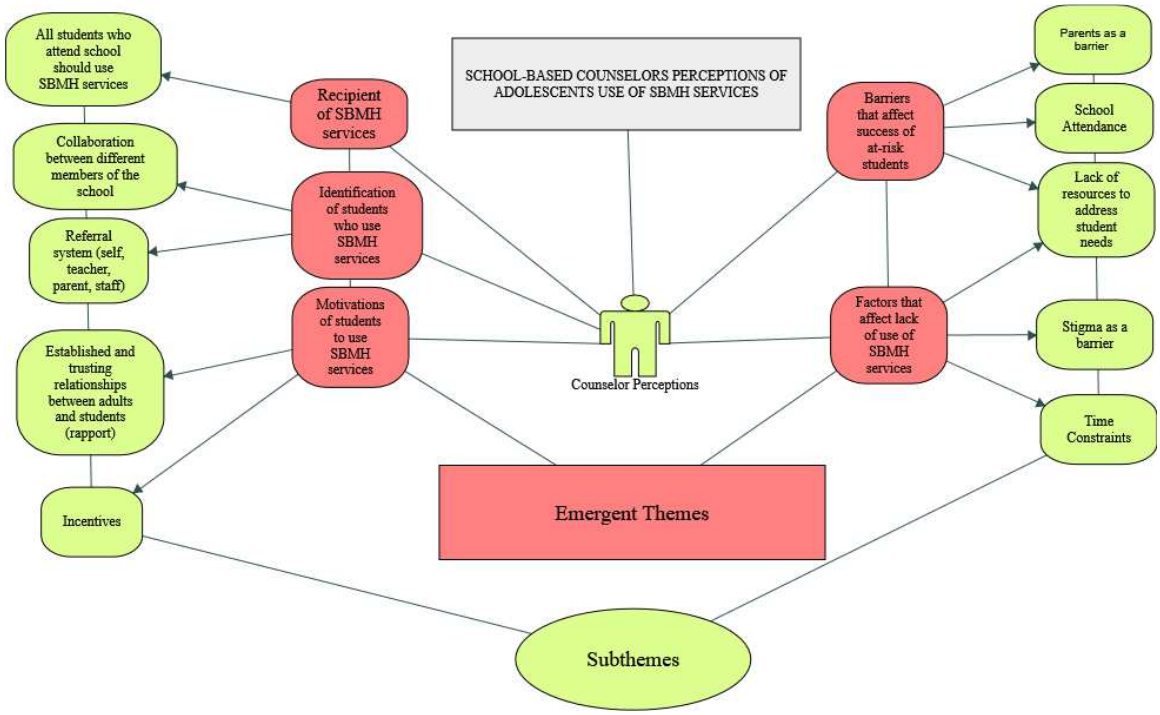

Figure 1. **Relationship between themes and subthemes of SBMHCs perceptions**

All the participants answered all the interview questions. After each interview, I thanked the participant for their participation, and asked if they had any question for me. Some of the participants asked some questions regarding the study and I politely answered their questions.

RQ1: What do SBMHCs perceive as factors that may affect the use of SBMH services by adolescents from a school district in Connecticut United States.?

The first research question was about the factors that may affect the use of SBMH services by adolescents from a school district in Connecticut, United States. To generate quality responses, I made sure that all the participants are active SBMHCs from a school district in Connecticut. To achieve this goal, I developed four semistructured interview questions (IQs) with three follow up questions that were answered by the participants: The rational to use semi-structured and follow up questions for the interviews was specific to achieving three goals: a) To vary the questions to generate rich data to answer the research questions, b) To enhance descriptive rigor and demonstrate validity required for this study context for the reader to decipher and c) To establish that the procedures used for this study was consistent, systematic, unbiassed and repeatable. Below are the interviews questions and flow chart for visual clarity.

IQ1. Please describe your role and work experiences in providing services to adolescents in the school setting.

Follow up question: What barriers do you perceive affect best outcomes for adolescents at-risk?

IQ2. Based on your experiences, who most often receive School-based mental health services (SBMHS) and why?

Follow up question: Are there any other types of services delivered frequently?

IQ3.In your opinion, what do you think motivates the adolescents to use these services? How do you motivate adolescents with mental health needs to use these services?

Follow up Question: Do you have a specific way of identifying these adolescents in need?

IQ4. Please describe the factors you attribute to lack of SBMHS use by some adolescents?

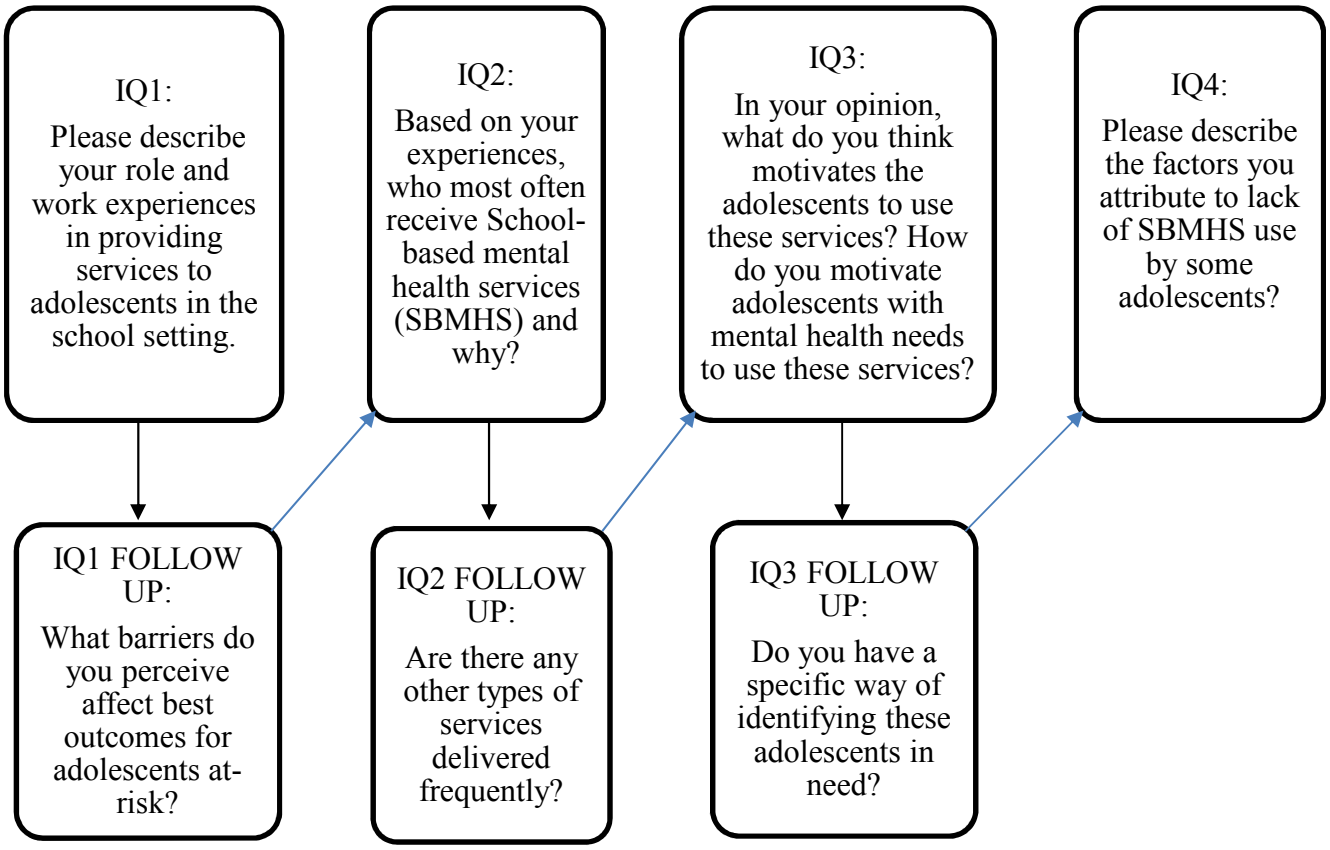

Figure 2. **Interview questions flow chart**

All SBMHCs revealed perceived factors and barriers that may affect the use of SBMH services by adolescents from a school district in Connecticut, United States. Two main themes emerged from participant responses to RQ1: (a) identification of students who use SBMH services and (b) motivations of students to use SBMH services. Table 2 summarized the themes and subthemes that emerged from participant responses.

Table 2

Emergent Themes, Response Frequency and Subthemes for Research Question 1

Research Question	Themes	Resp Freq	Subthemes
RQ1: What do SBMHCs perceive as factors that may affect the use of SBMH services by adolescents from a school district in Connecticut, United States?	Theme 1. Identification of students who use SBMH services	7	Theme 1 Subtheme 1. Referral system (self-referral, teacher referral, parent referral, staff referral)
		7	Theme 1 Subtheme 2. Academic data (grades and attendance)
	Theme 3. Motivations of students to use SBMH services	6	Theme 2 Subtheme 1. Established and trusting relationship) (rapport)
		6	Theme 2 Subtheme 2. Incentives

Theme 1. Identification of students who use SBMH services

Identification of students who use SBMH services also indicated some factors that influence students' use of SBMH services. I was interested to know how the participants identified students who might benefit from using SBMH services. The rationale behind this question was whether their schools have a framework that would make it easier for students who need SBMH services to be identified and to have access to SBMH services. All participants recognized that each school might have a different process and different members of the committee or groups that identifies students who need SBMH services. Although there were different programs, two types of structure were identified on how to identify students in need of SBMH services. There were two subthemes that emerged from this theme: collaboration between different members of the school and different referral systems in place at the school.

Collaboration between different members of the school. Some of the participants identified programs where students and staff collaborate to identify students who might need SBMH services. Alicia mentioned that each school has their own system for identifying students who might benefit from SBMH services. In her school, they have RBI and SSST. She added:

> We have the SSST if they have something about the behavioral or something like that. We start the process to help the student – SSST is a staff – student team – we meet and discuss the student behavior and, try to help the student to find different strategies, to work with them. If that doesn't work, we refer to the SRBI. SRBI is another process to get the student to – it's a process to get the student to get a PPT, a meeting about special ed services.

Maria has a similar set-up at her school. They form a group of people who are members of the school and hold meetings during Monday mornings. This group is composed of school counselors, the special education teacher, an administrator, and a social worker. She described what goes on these meetings:

> We'll sit down and discuss cases that have been referred to us by teachers, by other students, referrals that we ourselves bring out, and we discuss those students. The purposes of those meetings are so that we can put interventions in place and if those interventions don't work, then we 'level it up.' But that is the first level of how we identify students that most likely will need some sort of intervention; whether it be mental health, academic. A lot of the times, we find that those students need some sort of counseling.

In Joy's school, they have created advisory groups. Joy provided a detailed process on how these advisory groups work. Joy shared that the students have to feel that they can come to at least one person if they need to talk or help. The advisory groups were created to address this goal. Joy stated:

> Every teacher will have a go-to person. So, everyone, every teacher, whether it be teacher, principal – every staff member will have ten students that they will meet with twice a month, in order that they can build rapport, so that we can have a better gauge of what is going on with our population. But the way I do it, we have assemblies to find out what is going on with our students; we also have one-to-one meetings – it takes a lot of work to organize, but we have frequent meetings with our students and I have an open-door policy, so that if they need me, I'm available to them.

Different referral systems. Several types of referral were named by the participants to identify students who use SBMH services. Most of the schools have a holistic or team approach in terms of identification of students who need SBMH services. Any individual (student, teacher, staff, parent, or external agency) may refer a student to a team usually composed of staff and students. This team will meet and discuss the facts of the case and will decide what will happen to the student.

Alicia mentioned that they have SSST, a student-staff team, in their school. After recommendation from the SSST, appropriate services are given to the student. If this does not work out, then the student is referred to another program. Alicia shared:

> we meet and discuss the student behavior and, try to help the student to find different strategies, to work with them. If that doesn't work, we refer to the SRBI. SRBI is another process to get the student to – it's a process to get the student to get a PPT, a meeting about special ed services. But it's a process. We start with the SSST and then the SRBI and then we move to the special ed services.

Joy has a more personal approach in identification of students together with a team approach. Joy makes it a point to establish good rapport with the students. Based from her experience, a team is the best approach in identifying students who need SBMH services because the students need to know that they can approach any member of the team if they are experiencing difficulties in any aspect of their lives. Joy stated:

> There has to be at least one person that they could come to. It doesn't have to be me, personally, but it could be the principal. And what we decided to do, in order to identify the needs of the students, we have created, recently, advisory groups so every teacher will have a go-to person. So, everyone, every teacher, whether it be teacher, principal – every staff member will have ten students that they will meet with twice a month, in order that they can build rapport, so that we can have a better gauge of what is going on with our population. But the way I do it, we have assemblies to find out what is going on with our students; we also have one-to-one meetings – it takes a lot of work to organize, but we have frequent meetings with our students and I have an open-door policy, so that if they need me, I'm available to them.

Joy also added that the students should feel that the person or any member of the team should make himself or herself become available. They have to meet with the individual and find out how they are coping with their life. Most importantly, Joy also mentioned that parental involvement is important of the process.

Maria shared how her academy addresses the identification of students who need SBMH services. They have child study meetings. It is composed of various members of the academy. Maria specified:

> We have something called child study meetings. They usually take place Monday mornings, and it's a group of people from the academy, leaders from the academy, so at the academy meetings it will be the school counselors, the special ed teacher, an administrator, and a social worker, and we'll sit down and discuss cases that have been referred to us by teachers, by other students, referrals that we ourselves bring out, and we discuss those students. The purposes of those meetings are so that we can put interventions in place and if those interventions don't work, then we 'level it up.' But that is the first level of how we identify students that most likely will need some sort of intervention; whether it be mental health, academic. A lot of the times, we find that those students need some sort of counseling.

Maya emphasized the need of working in a team so that a student will not slip through the cracks. Another advantage of working in teams is that students will not be forced to go to only one professional, they can choose from any member who they want to talk to. Maya further explained:

> We work as a team. So, if I miss something, through a crack, that's what the team is for. Because, what a student won't tell me, a student will tell another team member. And everybody knows that everything that comes in that's at-risk, comes to the social worker. If I don't get it, I get it from a team member. Somewhere along the line, someone will tell me. So, either a student will tell me – because people talk around here. When something's not right, it's in the air. And you get to know your students, so you know when things are off. I know when things are off with my students, because I know them. And if I miss that mark, I got staff members that will bring me stuff, that if they're not talking to me they're talking to staff members. And then I also have students that will tell me stuff.

Most of the referrals are from teachers and other staff members of the school community. Teacher referrals are common because teachers spend a lot of time with students inside the classroom. Anna stated that most of the students who come to her office were referred by the teachers. She observed:

> So, they're – a lot of them are pre-identified, as most of the teachers will just say to me, "she's just not right" or, we'll use the name Johnny – "Johnny was a great student and now he's failing everything. I don't know what's wrong, but something's wrong."

Sophia shared that most of the referrals are from teachers. Teachers usually refer students to SMBH services when they are falling behind in class or when they disrupt the class due to bad behavior. In addition to teacher referrals, Sophia also mentioned that self-referrals are also common instances in the process. Sophia stated:

> Yes. So, depends on the need. But, if it's an academic need, we have a tiered approach of how, when students are starting to fall behind, they're referred by the teacher and then it's a team of us that meet and identify what the need is and address it there. It's very similar also if it's social or emotional, but then I have a lot of self-referrals, because I believe the students know me now, and they have rapport with me, and they may say to their friend that's feeling sad and be like, 'oh, you need to go talk to Miss Sophia.' That's how that goes. So, it varies. But yes, we have systems in place and then there's also referrals from family and students.

Students also interact with other individuals outside the classroom. Concerned staff of the school community also refer students to use SBMH services. Anna, Barbara, and Madonna mentioned that some students they provided services to were referred by members of the staff. Wilbur has a more personal approach to the referral of staff members:

> We literally train the staff to look for students who are in trauma. We really encourage the staff to build relationships; I think that's what is the key in education with students. They're not going to care until they know how much you care. A lot of times, most of the students that we identify are through trauma. And, of course, we look at data. If we have x student who was doing well in school and then all of a sudden –

Theme 2. Motivations of students to use SBMH services

The motivations of students to use SBMH services revealed factors that will influence them to use SBMH services. When this question was asked, most of the participants answered that trust was an important factor in motivating students to use SBMH services, especially to

students who will benefit from using the services. The development and maintenance of relationships between SBMH service providers and the students were dominant in the answers of the participants. There are two subthemes that emerged for this major theme: established and trusting relationships between adults and students and incentive program.

Established and trusting relationships. Most participants stated that students use SMBH services at their school because of well-established and trusting relationships between the professionals and the students. Trust was also a prevalent concept. When students trust their teachers or other adults in school, they will be able to come and talk to the adult about their problems and needs. Most of the participants also mentioned that students talk to one another, so it is important that the students know that they can trust the professional or else no one will use the SMBH services anymore.

Anna mentioned that well-established, trusting relationships motivate students to use SMBH services. She has been in her current position for 15 years and the students know that she only breaks their trust when it is required by the law. Anna shared:

> Students talk to each other; peer interaction is much more impressionable than people think, and if someone goes to Miss Anna and Miss Anna helps them and doesn't judge them or hold it against them, or repeat it, more students will come talk to Miss Anna.

Debra emphasized the need to create connections with the student population. She added:

> I think it's the people providing the services trying to find the way that connects with a particular student and we have our school social worker who does, maybe, deep work

> with students and then myself, who does maybe more of the work related to school success and academics and getting through the day.

Julie talked about ensuring that there is trust so that the students know they are safe. Opera also shared the same sentiment that students will usually approach the individuals they trust. Julie also added the advantages of being accessible to the students. She stated:

> I feel like it's motivated by trust and knowing that we are safe individuals to come and talk to. I think, in our role in particular, me and my colleague, that we're a little more accessible to students than my other colleagues that are in a different part of the building, because we're in the actual hallway.

Similarly, Terry mentioned that she does not exactly know what motivates the students. However, knowing that someone is there for them helps these students. She added "but just having someone there and they know that they're there, I think motivates them. Having easy access to these people definitely helps". Sotomayor also has the same opinion regarding the motivation to use SBMH services. He made himself visible to the students and connected with them to ensure that they know that they have somebody they can talk to.

Maria mentioned the culture of the school. In their school, they are pro-mental health. The SBMH employees go inside each classroom to explain their roles and to connect with the students so that they will not hesitate to approach them. Furthermore, Maria mentioned that they discuss that their main role is to create an atmosphere of discourse in anything that the student is experiencing.

Sophia resonated the experiences of the other participants. She stresses the need for relationships. She explained:

> I think building relationships with the students, going into the classrooms, being a friendly face, letting them know that you're there, letting them know what you can provide them; not just being a lady in the office, I'm in the building, I go into the classrooms, I introduce myself, I let the students know why I'm here, what I want to offer them. Just being involved and engaged with them so that they know who I am and being comfortable and familiar so that when they have an issue or if they have an issue, they know where to go and how to access that. That's worked for me, and I believe the students access me when they need to.

Aside from developing and maintaining relationships, the participants also mentioned an incentive program. For some schools, they have incentives to motivate students to use SBMH services. The participants who mentioned this incentive program works at schools that have a lot of at-risk students.

Alicia mentioned that teachers try to motivate the students to use SBMH services. They either give a prize or use good words to motivate the students. One of the incentives they provide is technology. Alicia stated:

> Well… this generation is – they like to use technologies and different things, and probably we can give a privilege if they do something good in the classroom. We motivate using the technology or something that they can create something. Or they can

participate in a program if they behave. For example, we have a safety patrol over here, and we try to incentivize the students that make good decisions

Diva also shared a similar program in their school. For instance, students have to maintain a certain grade point average to be able to play sports. They also have a Gold Card and White Sheet. Diva further explained:

> …when they reach a certain level, they get some incentives to be able to play ball, to be able to go to a store. We have a store, we have a snack shop, we take them out on trips. But for a couple of the boys, I think, that have really challenging behaviors, is the fact that they get to play ball. If their grades aren't up to par, if their behavior isn't up to par, they're not going to be able to play. And that, really, when they hear that they might not be able to play on Wednesday, that really take them to really thing about it. Because that's their passion. For a lot of the kids, they think 'this is my way out.' So, you take that from them, they feel lost. So, it's the sports, and being able to show what they have outside of school, basically.

Madonna believed that one of the motivations of the student is that they want to get better themselves. Madonna shared that they also use incentives so that the student will be motivated to get better. Madonna shared:

> I think the motivation could be a reward system. Sometimes, we do behavior plans that offer a reward that they want to work towards and learn. I think a lot of the times, it's also just in themselves – I want to be a better person, I want to do better, I want better grades, I don't want to get in trouble as much. I think a lot of that is internal.

RQ2: What do SBMHCs perceive as barriers meeting the mental health needs of adolescents from a school district in Connecticut, United States?

The second research question was about the perceptions of the SBMHCs about barriers of meeting the mental health needs of adolescents from a school district in Connecticut, United States. To generate quality responses, I made sure that all the participants are active service providers of SBMH or have a role in the process of students acquiring SBMH services. To achieve this goal, I developed one interview question (IQ) and one follow-up question that were answered by the participants:

Data analysis showed that all participant responses to these interview questions addressed RQ2. All SBMHCs shared perceive barriers meeting the mental health needs of adolescents from a school district in Connecticut, United States. Two themes emerged from the participant responses to RQ2: (a) barriers that affected success of at-risk students and (b) factors that influence lack of use of SBMH services by the students. Table 3 summarized the themes, respond frequencies and subthemes that emerged from the participants responses.

Table 3

Emergent Themes, Response Frequencies and subthemes for Research Question 2

Research Question	Themes	Resp Freq	Subthemes
RQ2: What do SBMHCs perceive as barriers meeting the mental health needs of adolescents from a school district in Connecticut, United States.?	Theme 3. Barriers that affect success of at-risk students	24	Theme 3 Subtheme 1. Parental Involvement and Engagement
		20	Theme 3 Subtheme 2. School Attendance
		21	Theme 3 Subtheme 3. Lack of resources (staff and employees)
	Theme 4. Factors that affect lack of use of SBMH services	18	Theme 4 Subtheme 1. Stigma
		10	

	8	Theme 4 Subtheme 2. Time Constraints Theme 4 Subtheme 3. Lack of financial resources

Theme 3. Barriers that affect success of at-risk students

The barriers that affect the success of at-risk students also revealed factors that serve as barriers to meeting the mental health needs of the students. One-third of the participants provided comprehensive answers to this interview question. Most of the participants have identified two or all the subthemes mentioned. Most of the participants perceived that parents, especially their family background or level of parents' knowledge and understanding about SBMH, were the greatest barriers to the success of at-risk students who need SBMH services. Three subthemes emerged for this major theme: parents as a barrier, attendance of the students, and lack of resources to address the needs of the students.

Parents as a barrier. Most of the participants mentioned parents as barriers to students' use of SBMH services. The lack of parental involvement remains a crucial issue in the student's mental health. There are programs students need to continue at home that is not done because of parents.

Anna noted that the parents serve as barriers because they are not knowledgeable about psychological and social disorders. Moreover, students are also limited in accessing SBMH services because there are some programs that need parental permission or consent. Anna believed that her school offer a wide range of SBMH services; however, they remain sometimes unused because of this barrier. Anna stated:

> I think a lot of the barriers are parents being uneducated about psychological and social disorders. I believe that there are limitations for the students to access them without

parental permission. I believe that the services that we do provide, a lot of it is very informative. And that kind of eats away at time that's allocated for other tasks.

Debra explained that adolescents at risk often have multiple risk factors. She further explained:

> … so, we may be dealing with students who have mental health issues, but they also have issues associated with poverty, and they have issues associated with housing security and family security. So, with multiple issues, it's really hard to disentangle and figure out how best to help the students, because there is so many things for which they need help. And oftentimes, these issues that they face impact attendance, so the kids who maybe need our help the most are the ones that we don't regularly see often enough to get them the help they need.

Joy shared that in her two decades of being a counselor that the biggest barrier is the lack of parental engagement. Julie also perceived that lack of parent support at home also serves as a barrier. Julie stated:

> And not having the support at home. That's a big barrier, if the parents can't be there, or the guardians. Maybe their parents are in a different country. I have a lot of students who have a new relationship with their parents because they were left in their country with another relative. So, now they're here with their mom that they haven't seen in, like, fourteen years. So that's a barrier, because they have this big adjustment. It's outside of the regular transition to high school, which is already a big adjustment.

Madonna also mentioned that she has experiences of lack of parental involvement. She commented that most of the time the parents are not on board with the programs or services that their child need. Sometimes, it was even difficult to get a response from the parents. This is the same struggle of Opera revealed that some parents do not even respond to her phone calls when there is an issue with their child. Opera commented:

I'm really struggling with parental involvement. Oftentimes, the parents are also experiencing the same problems that the children are: drug use, incarceration, termination of parental rights, there are a lot of issues in the community. Economic issues as well; children come to school without adequate clothing, so I provide that sometimes here for them. There are children that have described to me that their home environment is – just a really poor place to live. Rats overrunning their apartment. I have a child with asthma and I'm really concerned about his constant symptoms, and it turns out that he has…you know, a rat infestation at home. There's children that sleep on different peoples' couches at night and don't go home at all. So, those are some of the barriers that I've been encountering.

Wilbur shared the same sentiments with Opera. Wilbur commented that the background of students should be taken into consideration. Wilbur added:

> We have some students who come from very bad circumstances, yet they come to school every day, they do their best to do their work, get their work done or whatever, and then we have students who don't come to school every day because of their circumstances, and things of that nature. So, I think it's that – the lack of support, you know, whether

> it's at home, or they don't feel it at school; the lack of positive role models as well. I think there's a lot of things that impact how at-risk students operate.

Attendance of the students. The attendance of the students also influences their access to SBMH services. Debra mentioned that students' issues and problems at home affect their attendance. This becomes a problem because the students who need their help the most are the ones they do not regularly see at school. Joy also mentioned that student truancy is one of the barriers of SBMH services as they cannot cater to students who are not present in school. Julie highlighted the problem of truancy in the context of mental health:

> So we have a lot of truant students; we have students who think it's normal to – 'oh, it's not that bad, I've only missed 20 days.' {laughing} Uh, that's not good! That's like, almost a month of school. So I think it's a big issue, it's not just mental health.

Lack of resources to address the needs of the students. SBMHCs perceived that there is lack of resources to address the needs of students. Debra mentioned that students face multiple risk factors and it takes a lot of time and effort to disentangle and figure out how best to help the students. Most of the time they do not have the resources to address all the needs of the students. Parents might also have resources as problem which is why the home setting of the student is also problematic. Julie mentioned that the parents might have lack of resources. For instance, the parents might have a job that do not let them have a typical schedule or they have multiple jobs or shifts.

Maria and Sotomayor mentioned the lack of resources and the amount of workload they have serve as barriers. Maria added:

> So, personally, some of the barriers – and I'm speaking as a school counselor – would be the caseloads that we have sometimes, and the workload sometimes does not allow me to fully counsel students the way that I want to. Which is why we have all these other services in the school that we refer to. I personally would like to do more counseling, more group counseling with students if my time allowed. I would say that the workload and the caseloads, unfortunately. In this school, especially, the resources are thinned, so we are all left to do a lot of work. And sometimes, we have to hop in and do different – you know, we have to wear different hats. Sometimes our roles and what we are really meant to be here for, we don't get to do that. We try our best, but that is a huge barrier.

Sotomayor has similar sentiments. Sotomayor added that there are only a small number of professionals that are qualified to provide help to many students. Moreover, there is also a high amount of work to be done. Sotomayor explained:

> Here, we have the school psychologist, we have a social worker, we have a counselor, and even with the three of use, we can't keep up with the demand. And on top of – we would like to focus on a lot of mental health problems, because you know, it is a big problem and it does affect learning significantly, but there is also a lot of bureaucracy that we have to deal with. I have a lot of deadlines for my testing, so that comes first. Which is terrible, because you know, mental health issues pop up. You can't put it on a schedule, like 'oh, I'll do it with you next week.' But sometimes that's kind of what we have to do. So that's a huge barrier, I think. The need is too high and the professionals who provide the help, there aren't enough of us.

Theme 4. Lack of Use of SBMH services by students

SBMHCs shared their perceived barriers for lack of SBMH services use and meeting the mental health needs of adolescents from a school district in Connecticut, United States. Most of the participants provided answers to this question. Stigma was identified as the prominent reason as students were still affected by how their peers perceive them and societal negative view of mental illness. Three subthemes emerged for this five major theme: (a) stigma as a barrier, (b) time constraints, and (c) lack of financial resources.

Stigma as a barrier. The majority, of the participants noted stigma as a reason for the lack of use of SBMH services of the students. Students do not want to be labeled by their peers. They will not use SBMH services if they think it will negatively influence how their peers perceived them.

Barbara mentioned that stigma is a problem for mental health services. If students see a student talking to a social worker or a school counselor, then they might make assumptions about the life of the student. Barbara stated:

> It could be the fear of what others may think. Their classmates. Some of them don't want to be seen speaking with, say, a social worker. So, some of them may not attend sessions that they're mandated to attend because of what other students would think. That could be another factor. That also comes up as well. But, when you have other students within the group assuring that one apprehensive student that this environment is good; we have fun; we learn things. Most times, nine times out of ten, the apprehensive student does come around.

Diva also answered stigma as the number one reason students do not use SBMH services even if they need to. In some instances, the student would think they are fine and not use the SBMH services, but their behavior would indicate otherwise. Diva further explained:

> It's – you know, I'm out in the street. They don't need to know I'm on medication. I'm fine, I can handle it all. And it's unfortunate, because a lot of them, when they do go on medication, you see the difference. We also know when they're not on their medication, they have such an off day. And we have parents coming in saying they don't want to take their meds; they pretend they take them, they spit them out. But I really think it's, 'what are people going to think of me?' Like, that stigma that I'm crazy or something's really wrong with me. And they don't want to see themselves like that.

Joy stated that there is still the stigma that a person is crazy just because he or she needs to talk to someone. There is a lack of knowledge and understanding for SBMH services. Julie also provided stigma as a reason. Julie observed:

> You know, they have this stigma. Some students. Most, I don't think do. I think we do have a lot of students that have a lot of need that do access all the school-based mental health services. But some students might thing they don't connect with that particular provider; so either myself or my other colleague, or one of the other counselors, you have to see what's the best fit. Or their parents might not want them to, if they find out. So, usually as a school, as a counselor, for brief intervention, I don't call the parents and say, hey, you know, I'm seeing your student for this. But, sometimes the parents find out they're seeing a social worker, or someone else, and they say they don't want that to

> happen. I think it's all about the relationship. And also, time. I feel like I collaborate a lot. So, when I'm meeting with social work interns who are working with my students, they say 'this student, I couldn't get him out of this class because he was failing' or 'the teacher wouldn't agree to have them leave class.' So, I think time is an issue. And not interfering with academic work. And trying to figure out, what is the sweet spot in the schedule, or seeing if the teacher will allow them to miss some class time and allow them to make up the work later. So, I think that's a factor of not accessing. And the stigma of talking to the counselor or talking to a social worker. But I don't feel like I've encountered it that much. Yeah, those are the main factors, I would say.

Maria mentioned that the family background of the student might also be influencing the stigma surrounding mental health services. Students may feel stigmatized if they seek a school-based mental health service. Maria added:

> Also, it has a lot to do with the way they grow up; certain cultures, certain families, feel that 'we don't bring our problems to other people, we don't discuss, we keep this in our circle.' Students are probably more hesitant to seek that help. That's what I see.

Sotomayor also perceived stigma as a reason for the lack of use of SBMH services. The wrong assumptions that caused stigma must be clarified. Sotomayor further discussed:

> A lot of the time, people think 'oh, you're going to see a psychologist, or a counselor, there's something wrong with you!' So, I think that's definitely something that we need to continue to work on to normalize.

Time constraints. Time constraints were also identified as a reason for the lack of use of SBMH services by the students. Anna mentioned that time is a reason for the lack of use because of wrong assumptions about psychology that are still prevalent today. Julie discussed that using SBMH services might mean interfering with the students' academic work. Julie explained:

> So, I think time is an issue. And not interfering with academic work. And trying to figure out, what is the sweet spot in the schedule, or seeing if the teacher will allow them to miss some class time and allow them to make up the work later. So, I think that's a factor of not accessing. And the stigma of talking to the counselor or talking to a social worker. But I don't feel like I've encountered it that much. Yeah, those are the main factors, I would say.

Lack of financial resources. Anna, Maya, and Sotomayor mentioned that financial resources and the lack of it was one reason that students do not use SBMH services. Maya mentioned that there are other factors that needs to be addressed and sometimes the SBMH personnel cannot address these factors. Maya added that monetary aspect is also an issue for the parents and the students. Wilbur also asserted that money was an issue. Wilbur discussed:

> If money was not an issue, I'm sure we would have a ton of resources. But, at the end of the day, all these resources cost money, whether it's salary, programs, space. And I think that's the biggest hindrance to creating more programs to deal with more kids. And you see that, I think, through society. When you think about, in prison, how many of those prisoners have real, severe mental health issues and are not really being dealt with. And then you see them at the school level, and the lack of some of those resources impacts

how students do. And I think that's a bigger – I don't think that's just a school issue; I think that's a bigger societal issue that we don't necessarily deal with. Okay?

Summary

The purpose of this study was to examine SBMHCs perceptions about factors affecting the use of SBMH services by adolescents ages 12 to 17, from a school district in Connecticut, United States. The objective of this chapter was to present an analysis of the lived experiences of SBMHCs. To gain a deeper understanding about the phenomenon of using SBMH services. Two research questions guided this study. Fifteen participants agreed to participate to the study. The 15 participants provided responses that were transcribed and analyzed to present the analysis in this chapter. There were five themes that emerged from the data analysis: (a) recipient of SBMH services, (b) identification of students who use SBMH services, (c) motivations of students to use SBMH services, (d) barriers that affect success of at-risk students, and (e) factors that affect lack of use of SBMH services. In Table 4, the themes, subthemes, and key findings are outlined. In Chapter 5, the discussion, interpretation, and implications of the findings was presented.

Table 4

Summary of the Results

Themes	Subthemes	Key Findings
Theme 1. Identification of students who use SBMH services	Theme 1 Subtheme 1. Referral system (self-referral, teacher referral, parent referral, staff referral) Theme 1 Subtheme 2. Academic data (grades and attendance)	• Well-established and trusting relationships motivate students to use SBMH services. • Trust is an important concept in using SBMH services
Theme 2. Motivations of students to use SBMH services	Theme 2 Subtheme 1. Established a trusting relationship (rapport)	

	Theme 2 Subtheme 2. Incentives	
Theme 3. Barriers that affect success of at-risk students	Theme 3 Subtheme 1. Parental Involvement and Engagement	• Parents served as a major barrier in the students' use of SBMH services.
	Theme 3 Subtheme 2. School Attendance	• Students who have perfect attendance were more likely to receive and use SBMH services compared to students with poor attendance
	Theme 3 Subtheme 3. Lack of resources (staff and employees)	
	Theme 4 Subtheme 1. Stigma	
Theme 4. Factors that affect lack of use of SBMH services	Theme 4 Subtheme 2. Time Constraints	• Stigma is one of the major barriers why students will not use SMBH services.
	Theme 4 Subtheme 3. Lack of financial resources	

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

Education in the United States requires a joint coalition of principals, teachers, parents; school-based health service providers, counselors, and others in the school counseling; the government; and the community at large. Any number of reasons can alter a student's academic outcome and social wellbeing. The students' academic outcomes and behavior can be related to broader systematic factors such as familial health, culture, demographics, economic status, and mental health (Craun, Haight, DeCou, Babbitt, & Wong, 2017). Emotional wellbeing and mental health have an impact on learning and development (Cuellar, 2015). The adolescent's mental health is related to interpersonal relationships, social skills, academic motivation, disabilities, crisis prevention, school safety, and substance abuse. A student's mental health can be compounded if a student is experiencing risk factors. SBMHCs' perceptions were relevant for this study because they are better positioned to address the unmet mental health needs and life trajectories of all adolescents including those experiencing family relationship issues, negative community influences that impacts their ability to excel academically, or lack of resources to improve their life paths for the future.

SBMHS are designated to provide services to address and improve the unmet mental health needs of all students to enhance academic achievements. SBMHCs work in tandem with psychologists, nurses, social workers, teachers, and others in the school counseling settings. School-based counselors are on the front line to help these students with mental health needs. As Collins (2014) pointed out, the perspectives of SBMHCs are often left out of scholarly studies

that focus on aiding adolescents with mental health issues. SBMHCs' role and work with adolescents in the school settings has evolved for over 100 years and has been mired with professional identity constructs, such as outdated services models and persistent problem with use and supervision of SBMHCs (Cinotti, 2014). There was a gap in research on examining SBMHCs' perceptions on why significant number of adolescents are not using SBMH service and how to improve SBMH services based on their insights. A collaborative effort between schools, families, and SBMH professionals could positively augment adolescents' academic achievement and mental wellbeing (Lewis et al., 2015).

The purpose of this descriptive, phenomenological approach was to examine the perceptions of SBMHCs about factors affecting the use of SBMH services by adolescents from a school district in Connecticut. Face-to-face, semistructured interviews of 15 SBMHCs was the primary method of data collection. NVivo software helped organize data and isolate pertinent themes. The results of SBMHCs study could contribute to the literature on school-based counselors and build broader consensus on the unmet need of mental health service use by adolescents. According to Algozzine, (2017), SBMH administrators need assistance with identifying and supporting SBMHCs implementing effective interventions for all adolescents. It is important that a more significant focus be placed on SBMHCs to help alleviate this phenomenon.

In this inquiry, a qualitative, phenomenological approach was used to improve the understanding and elucidation of SBMH services and the perspectives of professionals in the field. Qualitative research was the best approach for the study as it permitted the use of

techniques that focused on the details of how and why of the phenomenon (Kelly et al., 2015; Yilmaz, 2013). Through a descriptive, qualitative account of the SBMHCs' position and feelings, an in-depth investigation yielded pertinent topics on how and why adolescents use SBMH services.

A phenomenological approach was appropriate for this research as it aided in the understanding of the shared perceptions of SBMHCs. Phenomenological researchers gather individual accounts of the phenomenon to create a better understanding of the topic. Additionally, phenomenology aligned with the chosen instrumentation to gather data: primarily interviews. Sutherland and Cameron (2015) stated that interviews document, enhance, and enrich insights, clues, and rapport with the participants. Interviews also allowed the interpretation of the data and facilitated replication of the research process for further studies. Additionally, interviews permitted improved flexibility with the use of follow-up questions and observed data, which focused on the participants' variation of essential themes that were then highlighted.

SBMHCs collaborate with other professionals such as psychologists, teachers, social workers, nurses, or others in the school counseling settings and community agencies. SBMHCs and these other professionals are often the first responders when identifying students with mental health needs. SBMHCs must be acquainted with a variety of tools to assess a student's mental health and create prevention and intervention plans while making referrals for further treatment. All these decisions revolve around a student's mental health, ability to perform academically, and behavioral problems (ASCA, 2015).

SBMHCs often spend up to 1,700 hours in training, in addition to academic qualifications before they can communicate with adolescents regarding their mental health need (ASCA, 2015). These requirements are necessary as schools are meant to provide students with the ability to develop knowledge and social skills necessary for their future. Despite the requirements, SBMHCs' opinions are rarely incorporated when developing new policies for mental health care (Collins, 2014). SBMHCs, instructors, and parents are responsible for protecting students' positive mental health and improving academic outcomes. The promise of improving SBMH services necessitates a change from focusing on behaviors of adolescents to actively sharing responsibilities with SBMHCs. Any action to preventing, reducing, and encouraging students to use SBMHs, and/or intervening in school-based problems should not be the responsibility of any one group or individual (Algozzine, 2017). SBMHCs, others in the school counseling, adolescents, and parents all need assistance; communities need help supporting the schools. SBMH services have been under researched, and previous researchers focused on measuring the effectiveness of SBMH services rather the perspectives of the involved professionals, (Williams et al., 2015; Wrigley, 2015). Similarly, Adams (2015) suggested that new research is needed as current studies did not include SBMHCs' perceptions, thereby limiting recommendations to improve SBMH services and reduce discrepancies and difficulties within the system. Understanding SBMH professionals' perceptions could contribute to new strategies for building relationships with students that could help alleviate the unmet mental health needs of adolescents.

SBMHCs' perceptions could also support school administrators' decisions when implementing and amending programs meant to bolster student outcomes and mental health. These perceptions may offer clarity on how to improve outreach to new students and participation of students already within those programs. Whether it is economic, cultural, or behavioral issues, it is vital to understand the differences between programs and why students are not using these services. The results from this study could improve administrative protocols and provide new policy options for an increasingly diverse student population. These perceptions might identify the difficulties of where collaborations between SBMH facilitators and the participants and support staff are failing.

Two research questions were asked to understand SBMHCs' perceptions about students use of SBMH services. The first research question was the following: What do SBMHCs perceive as factors that may affect the use of SBMH services by adolescents from a school district in Connecticut of the United States? The second research question was the following: What do SBMHCs perceive as barriers meeting the mental health needs of adolescents from a school district Connecticut United States? From these two research questions four themes were uncovered: (a) identification of students who use SBMH services, (b) motivations of students to use SBMH services, (c) barriers that affect success of at-risk students, and (d) factors that affect lack of use of SBMH services.

This chapter will begin by interpreting these themes in terms of the literature and theoretical framework. I revisit the limitations of the study, offer practical recommendations for future research, and examine any implications. These implications could relate to positive social

change as well as recommendations for methodological, theoretical, and empirical implications. The implications will also include recommendations for practical solutions identified by the participants. This section will end with a conclusion summarizing the chapter as well as the study itself.

Interpretation of the Findings

Research Question 1

Research question one asked two questions, and one follow up question to identify any prevalent themes and related sub-themes. These questions were 'based on your experience, who most often receives school-based mental health service and why? 'In your opinion, what do you think motivates adolescents to utilize these services', and 'do you have a specific way of identifying these adolescents in need?' The last question was used as a follow up to question two. From these questions three themes were developed: recipient of SBMH services, identification of students who use SBMH services, and motivations to use SBMH services. Five sub-themes were established: Identification of students who use SBMH services, referral system, academic data such as grades and attendance, establishing a trusting relationship, and incentives. These sub-themes will be discussed when relevant to the literature.

Theme 1: Identification of Students Who Use SBMH Services

To better improve SBMH services and counseling, it is vital for SBMHCs to identify students who need help the most. Collaboration between different members of the school and improved referral systems are necessary for increased participation in SBMH services. The findings for the identification of students in need for SBMH services were consistent with

majority of the study participants responses, confirmed that implementing a collaborative process in schools can help improve the identification of adolescents who may need care the most. Changing the lens of how adolescents who needs help are identified and using tier-support offer opportunity to reduce bias making judgments and decisions that focus on behaviors of students, (Algozzine, 2017)

Paternite and Johnston (2005) examined the variables within a school's environment which can aid or limit a student's need to reach out for help. One problem uncovered was that there is often a strained relationship between teachers and mental health professionals. To ameliorate this difficulty, the authors suggested improved dialogue and collaboration between the parties, thereby creating better outreach to students. Eklund, Meyer, Way, and Mclean (2017) also suggested that collaboration is needed between teachers and school psychologists to better serve the students. Similarly, Brun et al. (2016) suggested that there should be purposeful collaboration among teachers and mental health professionals to address the needs of the students. This suggestion supports a consensus solution proposed by SBMHCs to address unmet mental health needs of all students.

The literature noted that collaboration for identifying troubled students goes beyond just the school itself. School psychologists must combine their efforts with parents and school professionals to increase mental health screening and recommendations for increased counseling (Splett et al., 2013). This is supported by the participant answers as they stated that their diverse group and support system greatly helped in giving students an opportunity for the use of SBMH services. Many scholars have stated that by expanding the role of school psychologists, SBMH

services and outreach can be improved (Eklund et al., 2013; Graves, Proctor, & Aston, 2014; Splett et al., 2013). Lastly, Lynn et al. (2003) detailed that a strong relationship between social workers and SBMH professionals can help at-risk students increase their academic performance. A strong collaborative system is important; however, it is equally urgent that students do not slip through the administrative cracks. Therefore, a referral system is needed.

Different Referral Systems. The Participants stated a variety of referral systems to identify students who use SBMH services. Some of the participants' schools used a holistic or team approach for referral allowing any student, teacher, staff, parent, or an external agency to recommend a student for SBMH counseling. Alicia pointed out her school's SSST system which offers recommendation for appropriate services to the student. Should this service not be a proper fit, the students are moved into a different program until their needs are adequately addressed. Maria's school employs child study meetings to identify and refer students to SBMH programs. Maya stressed the importance of teams to help refer students. However, Anna and Sophia found that teachers were the prime facilitators when referring a student to counseling as they could best identify bad behavior or poor academic achievement.

These statements from the contributors are supported by Wegmann et al. (2013) and Bear, Finer, Guo, and Lau (2014) who found that collaboration among caregivers, family, professionals, and teachers are needed to address a student's mental health. Splett et al. (2013) detailed that mental-health intervention procedures need to be updated. School psychologists are in a unique position to aid students and amend mental health practices at their school (Splett et al., 2013). Cohen (2016) asserted that a school nurse should not be left out of the referral system

as they attend to a student's psychological and emotional needs, often making them one of the first responders. Ramos et al. (2013) found that nurses had responded to adolescents' mental health emergencies, and were involved with cases of child abuse, neglect, depression, and violence at school. By including these two positions in any referral system SMBH outreach and services could be greatly enriched. Despite identifying key features of a referral program, it is important to understand what motivates a student to use SBMH services.

Theme 2: Motivations of Students to Use SBMH Services

The third theme, motivations of students to seek out SBMH counseling, described that trust was an important issue for students when considering help. Student-professional relationships were imperative to be maintained for students to seek help. Two sub-themes were identified in this section: established and trusting relationships and an incentive program.

Established and Trusting Relationships. The majority of the participants detailed that students who do utilize SMBH services do so because they feel safe and trust the professional involved. The trust permits students to find adults who may sympathize and offer support or help for the plight of the student. Should this trust be broken, students would remain reluctant to use further the services most participants stated. Joy stressed the importance of a trusted relationship, stating that she makes it a point to create an open and honest rapport with her students. She adds that by having an SBMH team, students have greater access to professionals.

Joy also mentioned that parental involvement is important. Anna echoes these sentiments by declaring the only time she breaks the trust is when a student's action goes against the law. Debra specified that teachers should go out of their way to establish trust with the students while

Julie and Opera found that students' approach those whom they feel that can be trusted. Therefore, Julie stresses that being accessible to the students is vital. Maria detailed that this trust begins with school culture, where engagement is encouraged, creating a need for a more unified and supportive learning environment. Although, not directly correlated, Gamble and Lambros (2014) stated that staff development and better decision-making is imperative to establishing trust. whilst, Bains (2014) found that students tend to seek out the opinions of their classmates before seeking help from an adult. These findings provided the biggest discrepancy between the participants' statements and the literature. At no point was student support or assistance from other students specifically discussed. While, school culture may facilitate a student body more open to seeking help, other students' perceptions must be analyzed, especially when students feel that asking for help may be stigmatized by their classmates.

Incentives. The Participants also established a sub-theme of incentives. Incentives could help encourage students to seek out help from SMBH officials. Alicia employs positive words and offers prizes to students to help connect with the teachers. Diva said her school uses sports as an incentive for students to maintain scholastic achievement and rapport between student and teachers. Technology, gold cards, and white sheets were also mentioned as incentives. Madonna felt that perhaps the best motivator came from the student themselves. While incentives may be beneficial for some adolescents, students must be open to change for any program to work. Incentives were not covered in the literature review in Chapter 2 creating a need for future research on how incentives fit in with existing scholarly research.

Research Question 2

This research question sought to assess the perceptions of SBMHCs about the barriers preventing adolescents within a school districts in Connecticut, United States from seeking mental health services. To examine this research question one interview question was developed along with one follow up question. The interview question was 'what barriers do you perceive affect best outcomes for adolescents at risk?' The follow-up question was 'please describe the factors you attribute to lack of use of school based mental health services used by some adolescents.' From the responses to these questions two themes emerged along with six sub-themes. The main themes were barriers that affect the success of at-risk students and the factors that affect lack of use of SBMH services. The sub-themes were parental involvement and engagement, school attendance, lack of resources, stigma, time constraints, and lack of financial resources.

Theme 3: Barriers that Affect the Success of At-risk Students

The first theme addressed barriers that may prevent at-risk students from seeking mental help from SBMH services. To understand this theme, the sub-themes of parental involvement and engagement, school attendance, and lack of resources were developed. Roughly one-third of the participants provided in-depth answers to this interview question and most agreed with two or more of the sub-themes. All the participants (100%) acknowledged that family background, parental knowledge and support were the main causes of adolescents not seeking SBMH services. The other two themes, while significant, were less agreed upon.

Parental Involvement and Engagement. Parental involvement remains an essential construct of at-risk students seeking help. Should the student seek SBMH counseling, parents have an additional responsibility to follow-up on the programs at home. Anna stated that many parents just do not recognize psychological and social disorders. Additionally, having to receive mandatory parental consent before beginning some of the programs can also be a deterrent. Joy and Julie also supported the opinion that parental involvement is the biggest barrier in seeking help. Madonna elaborated upon this sentiment by stating that parents are often not on board with the offered programs, while Opera opined that it is often difficult to get parents on the phone to discuss what the SBMH program is and how it would be beneficial. Wilbur affirmed this statement while pointing out that when dealing with parents, the socioeconomic and cultural backgrounds must be considered before engaging.

Ling et al. (2014) supported Wilbur's assertion. Ling et al. examined the unmet mental health care needs of Asian American adolescents within urban communities and concluded that family dynamics such as structural stressors, social stigma, and discrimination can all influence whether these students receive help with their academic and emotional difficulties. Parental influence is just one barrier, another major complication is attendance. Moreover, Bear et al. (2014) also noted that family characteristics such as racial background and socioeconomic status should be evaluated to determine the most appropriate approach in helping students.

School Attendance. School attendance is another element in why students do not receive mental health counseling from SMBH services. Debra, Joy, and Julie were the main participants who spoke emphatically on the issue. Debra began by maintaining that problems at

home can affect student attendance. Those who have problems at home, often have difficulties preventing them from seeking help despite being those who need counseling the most. Debra also commented that this can be a vicious cycle as continued absence prevent needed counseling. A poor family structure can decrease attendance and exasperate mental health problems. Problematic absenteeism among 14 % of the United States student population is a national concern that can have negative consequences on adolescents' emotional, social, academic functioning and their psychological wellbeing (Craun et al., 2017). Yet by not going to school to receive treatment, these problems can grow to negatively affect adolescents' academic outcomes and lives at home, thereby worsening the problems for everyone involved. Joy and Julie both noted that students who are often truant are unable to get the help they need resulting in more truancy. This theme was confirmed in a recent literature creating a need for future research and a focus on attendance within the context of SBMHCs' perceptions on this issue.

Lack of Resources. SBMHCs stated that a lack of resources prevents them from reaching the number of students who need help. Debra pointed out that many resources are needed to understand the interweaving issues regarding mental health help, while Julie stated that resources must be present at home as well at school, adding that parents often lack the time or money to adequately provide what is needed for their kids. Maria and Sotomayor pointed out that the amount of time they need versus the resources provided do not make it easy to tackle the number of students in need of care. Sotomayor and Wilbur determined that qualified counselors and finance are also a limited resource.

Suldo et al. (2010), in a study focusing on factors that create barriers to SBMHCs, found that school environment, poor training, and a lack of support from administrators to provide them with the resources needed are prime causes of poor SBMH availability. The authors advocated that SMBH counselors must be involved in administrative budgeting to ensure quality care. Gamble and Lambros (2014) study supported this assessment stating that inadequate resources and access to services are detrimental to SE schools within the northeast United States. These findings line up with the United States. Census Bureau (2014) statistics, which found that 37.6% students live below the poverty line, making it difficult for schools to offer the resources needed to address adolescent mental health needs. Wang, Do, Frese, and Zheng (2018) found that lack of resources of the school to have culturally responsive interventions was a barrier to immigrant students' access to SBMH services.

Theme 4: Factors that Affect Lack of Use of SBMH Services

The responses from the participants also uncovered three factors that can contribute to why students do not pursue SBMH services and counseling. The overwhelming response from the participants (100%) was that, the stigmatization that students may receive from peers and their own family. Other themes found were time constraints and a lack of financial resources. Kidger et al. (2009) studied 296 English secondary schools and found that support for SBMH services varied greatly. Students responded that confidentiality is necessary for student participation. The authors also uncovered a need for a supportive school environment to encourage adolescents to use SBMH services. Participant responses coupled with the literature

indicated a need for teachers and administrators must provide a confidential and supportive environment for SBMH to thrive.

Stigma. Social stigma was found to be a major issue in why students do not seek SBMH services. This is because students do not want to be categorized by their peers in a negative light. Diva mentioned that this stigma prevents students from getting help even though their behavior demonstrates a need for it. Joy felt that by merely admitting that a student needs someone to talk adolescents may be branded as being "crazy". Maria brought up that a student's home life or culture may influence their decision to seek help as some families may stigmatize mental health.

The literature expands upon these concerns. Eklund et al.'s (2017) study acknowledged that there is still stigma when it comes to students seeking help for their mental health issues. Wu et al. (2010) found that there is a poor concept of what mental health entails, as well as uncovering that ethnicity can cause students to ignore SBMH services. Bentancourt et al. (2015) stressed that negative perceptions of mental illness and mental health affects those with mental illness into refusing treatment. While their study focused on Somali Bantu and Bhuatanses refugee adolescents, the findings, supported the notion that culture, or ethnicity may contribute to the refusal of help. The authors called for culturally sensitive programs to counter the stigma. Bogart et al. (2013) found that African American and Hispanic students had more stigmatization of mental health than other races, confirming both findings in the literature and assertions and inferences of SBMHCs (95%) shared experiences in this study.

Time Constraints. Another uncovered sub-theme was time constraints. Time constraints for both students and SBMHCs can limit the amount of services and options to students. Julie asserted that SBMH services can interfere with a student's academic life. Anna was concerned that poor assumptions of what mental health services are coupled with limited time can influence a student's lack of interest in SBMH treatment. Since, there was no relevant literature within Chapter 2 that directly pertained to time constraints. Recent research confirmed that time constraints predicted emotional exhaustion for SBMHCs, and positive school atmosphere has potential to facilitate optimal school setting needed to support, student learning and growth, parents' experiences; inclusive educational practices and the wellbeing of SBMHCs, (Gray, Wilcox, & Nordstokke,2017), As this was a sub-theme, future in-depth research may be needed. Whilst time can be considered a resource, five participants indicated that a lack of financial resources can also prevent students from receiving SBMH services.

Lack of Financial Resources. A lack of financial resources was also found to be a significant sub-theme as funds for SBMH professionals and programs may greatly improve their effectiveness. Anna, Maya, and Sotomayor attributed poor financial resources as a major reason why students do not seek assistance. Maya expanded upon this elucidation by mentioning that a lack of monetary funding restricts professionals from addressing many of the concerns that go beyond mere school counseling.

Despite SBMH services being available to students, the capacity to reach adolescents is still limited by funds, thereby barring quality treatment to many students (Wu et al, 2010). Lack of funding may be a result of variation of SBMH services that are often not clearly defined

(SAMHSA, 2015). Funds for SBMH can come from the Special Education Act or IDEA as well as the State Children Health Insurance Programs. However, restrictions imposed by these funding sources can diminish the types and duration of those services (Gamble & Lambros, 2014; SAMHSA, 2015).

Theoretical Framework

The theoretical framework employed in this study was Mechanic's (1979) theory of help seeking. This theory has ten constructs: stages of illness, assessment of symptoms, impact on other aspects of life, frequency, capacity to endure, available information, culture, perceptual needs, the priority of needs, interpretation of symptoms, and resource availability for understanding determinants of help-seeking and service use. While Mechanic's theory offers a broad perspective for understanding how adolescents seek help, it does not necessarily correspond to the uncovered themes. The help-seeking model was not entirely irrelevant as it focused on specific paradigms of an individual's attitude in seeking mental health, such as the pros and cons and the pressure of using SBMH services (Lindsey et al., 2013).

When assessing the model in the context of the uncovered themes, it is important to compare the ten constructs with the study's findings. Stages of illness were not directly addressed within the uncovered themes. While, it is comparable to barriers to SBMH that affects at-risk students the focus of this study was about SBMHCs perceptions. Should a student be unaware of the level of illness, they would be less inclined to seek help. In that manner, the stages of illness could be considered a barrier.

Assessment of symptoms was also not discussed directly. Some participants noted that poor attendance or bad behavior could be indications of poor mental health. Should SBMHCs catch that early, it may lead to a better evaluation of mental illness. Impact on other aspects of life could also pertain to attendance and student outcomes. Not seeking SBMH services could influence a student's personal and academic life. The interpretation of symptoms was not addressed and was difficult to form a direct correlation to the uncovered themes. Though, attendance and student behavior could relate to the interpretation of symptoms. The impact of other aspects of life also corresponds to teachers being able to identify those who need SBMH counseling.

Frequency, the capacity to endure, and available information do not have correlation to the stated themes, making comparison difficult. Culture was largely discussed, both in terms of ethnicity, home structure, and academic environment. The Participants agreed that all three of these factors can determine if a student seeks mental health help. While the priority of needs did not come up with the themes, interpretation of systems did. It is up to SBMHCs to assess a student's mental health for proper referral to the matching programs and treatment. Resource availability was an established theme found among the answers. Resources are a major part of aiding students in seeking SBMH services.

Out of the ten constructs, only two were directly referenced to the found themes: culture and resource availability. While some constructs did not relate at all, many others worked in tandem with mental health assessment and referral. Whether it be behavior or attendance, it seems that education professionals and SBMHCs have a large responsibility to understand the

stages of illness, assessment of symptoms, impact on other aspects of life, and interpretation of symptoms. Further work is needed to understand the discrepancy between these findings and why the remaining eight elements were indirectly addressed or not addressed at all.

Limitations

In qualitative studies, subjectivity is a concern for researchers and readers of research outcomes. Subjectivity can influence the outcome of the study. Ratner (1997) stated that subjectivity can contradict objectivity as a researcher makes decisions through a personal lens during the investigation. Shelton et al. (2014) suggested that researchers should understand their personal values and objectives to assess how they might have influenced the conclusions. In my research, subjectivity was the main limitation because of my presence and the inherent challenges for a novice researcher conducting interviews with study participants. Additionally, some participants might have been apprehensive or cautious to answer the questions openly and honestly, furthering the chance of misinterpreting the results. I minimized the limitations of this study by implementing strategies that included: a) conducted a pilot study to ensure that research instruments worked as intended to capture the lived experiences of SBMHCs. b) Used a semistructured interviews open ended, c) I developed interview protocol used with SBMHCs from a similar study (Gamble, & Lambros, 2014) d) Engaged in active thinking of reflexivity, which enabled me to re-examine any assumptions and preconceived notions of the study. By constantly assessing the researcher's knowledge, attitude, and pre-existing thoughts, reflexivity limited the personal perspective of the investigator, producing more objective deductions (Chan,2013). In this study, adequate measures were taken to minimize bias, including the use of

a professional data transcriber, NVivo software, audit trail of my decisions, and maintaining member check with frequent contact with committee chair to discuss, review the research process and for guidance as needed.

Recommendations

Upon reviewing the results of this study, recommendations can be broken down into two separate categories: research and methodology. The first step for further research should be to examine where the results do not directly correspond to the literature review. Although sparse, there were themes that were not prevalent when comparing the themes to the literature. Topics that were discovered in the study, but not covered in the literature review were school attendance and time constraints.

School attendance was cited numerous times across a variety of themes. It could be used to identify students who need help as well. It also corresponds to scholastic success. There is no doubt that attendance does affect students, therefor it should be furthered studied why it was not prevalent within Chapter 2. Future research regarding attendance should focus on how SBMHCs could aid in reducing truancy as well as any other corresponding factors between SBMH and attendance that has not already been discussed.

Time constraints were mentioned in the themes, but not in the literature review. The closest theme that comes close to covering time constraints, is the lack of available resources, as time is often viewed as a resource. Time constraints was confirmed by recent literatures. Time constraints predicted emotional fatigue for SBMHCs, and positive school atmosphere has potential to facilitate optimal school setting needed to support, student learning and growth,

parents' experiences; inclusive educational practices and the wellbeing of SBMHCs (Gray, Wilcox, & Nordstokke, 2017). To fill this gap in research, further study is needed as to where and how time constraints limit SBMHCs effectiveness. Bains (2014) stated that students seek support and advice from students before seeking help from SBMHCs. While, Bain's (2014) assertion could align with the sub-theme of stigma, as students care about what other students think, it was not specifically discussed by the participants causing a need for further expansion.

Further research is also needed to understand how and where the theoretical framework differs between the outcomes. As I have previously discussed there were constructs of the theoretical framework which did not connect to the discoveries of the study. Although this study was about SBMHCs perceptions about factors and barrier that affect adolescents use of SBMH services and was not focused on collecting medical information of the students they serve. These constructs were stages of illness, assessment of symptoms, frequency; capacity to endure, available information, and priority of needs. While some of these factors could be tailor-fitted into the established themes, further investigation is needed to examine why these factors did not directly relate to the results. Future research should frame interview questions around these theoretical factors to further the applicability of the framework to the subject and find if these new revelations could be used to identify more themes to create greater awareness of the importance of improving SBMH services for better health outcome for adolescents.

Further research could also benefit from the measures taken or strategies implemented in this study to minimize bias or place additional emphasis on reflectivity. Reflexivity is an important concept in qualitative research that aims to prevent issues of trustworthiness in

qualitative research findings. Reflexivity helps to evaluate the actions or unintended prejudices emanating from social relations between the researcher and the study participants referred to as "asymmetrical power relations" by Kavel (2002). By adding multiple safeguards against bias, the study's findings could be further validated. Additionally, any other study looking to expand upon this investigation would have greater transferability as the study would be better protected against any bias. Last, this study can be expanded in any number of ways. For instance, this study should be replicated in a variety of geographic locations with other school districts to see where the differences lie. The consensus of SBMHCs context among the identified themes supports that study results could lead to even better administrative decisions. Quantitative research could also be applied to see how resources, student outcomes, and SBMH counseling statistically influence each other. These findings could either corroborate this study or create questions about where the conclusions differ, creating the need for even further research. Many of the deductions drawn in this study can already provide implications for practice.

Implications

There are a variety of practical and academic implications of this research. This study could support the need for future funding and greater resources. Both the literature review and all the participants (100 %) stated that funding is a major issue in having adolescents receive the help they deserve. However, as this study states, the call for resources might not always be heard as SBMHCs are often left out of administrative decision making. At the very least, the results of this study demonstrated a need for SBMHCs to be more involved on the administrative side to ensure better student outcomes.

Another practical application is that there needs to be greater awareness among students, the staff, and administrators of the importance of SBMH counseling. Whether it is SBMHCs being better trained in building better relationship and identifying vulnerable students or instructing learners to be more aware of their own emotions or changing the lens of how students in need are identified, and increased awareness of mental health solutions is imperative. (Algozzine, 2017). Greater awareness corresponds with better outreach to the students. Students must feel comfortable with the SBMHCs and their teachers to seek advice and help. Though, some students may feel disinclined to reach out if they do not have a personal relationship with SBMHCs. Therefore, much of the burden falls on the SBMHCs to establish these connections. Instructors and administrators must be better trained in the identification of problem behavior and emotional challenges. Teachers should also be instructed in how to foster better relationships with their pupils. This training could make the referral process more streamlined and accurate.

Training should not stop at student identification. The results of this study, confirmed by the literature review, indicated that instructors and SBMH professionals must be well-versed to deal with the student's family life and cultural traditions. By understanding how a culture or family life could influence a student's perception of seeking help for mental and emotional issues, SBMHCs outreach could be improved. It would also help form relationships with the parents, which the results also confirmed is a vital piece of SBMH treatment. Parents must be prepared in the challenges their child may face as well as steps that can be taken at home.

Increased awareness of cultural aspects could aid teachers in better framing their conversation about mental health.

As I mentioned in my recommendations, there are numerous ways to further progress this research, both in terms of methodology and theoretical framework. The theoretical framework did not entirely relate to the study. These discrepancies should be noted to see if the results can be transferred in future studies. The methodological implications indicated that while this study provided perceptions by SBMHCs in a specific geographic location, the conclusions may not be entirely transferable. Additionally, there were no quantifiable data to compare how these assertions relate to student outcomes. This study may be moot if SBMH counseling does not correspond to student outcomes. Therefore, there is a need for further quantitative research.

Conclusion

In this study, I examined two research questions to extrapolate and expand upon the perceptions of SBMHCs on student participation for mental health services. A comprehensive literature review provided context to these research questions and the theoretical framework. The methodology used was suitable for generating multiple themes and sub-themes. The uncovered themes largely detailed the identification of those who need SBMH services and the barriers preventing students from seeking those services. The participant's responses supported each other, with no real dissention or contradictions between statements, rather expansions upon other participants' responses. Yet the literature did not completely support all the statements. Although, that does not suggest that previous research counters participant assertions; instead they were not addressed in the literature review causing a need for reexamination of prior research in the context of the results. While this study focused on a specific geographic area, it would be beneficial for future research to examine other locations to see if these findings true among various demographics. Additionally, quantitative work can be performed to determine how these themes compare to student outcomes. In conclusion, SBMH services are faced with variety of challenges that negatively affects adolescents' access and motivation to use services. It is was important to get information from SBMHCs to explain the challenges and possible solutions based on the experiences. Findings from this study, will hopefully raise awareness of the importance of identifying students who may need SBMH services, improve trusting relationship between SBMHCs and students, increase parental involvement, reduce students fear of stigma to improve their motivation to use services.

References

Aarons, G. A., McCabe, K., Gearity, J., & Hough, R. L. (2003). Ethnic variation in the prevalence of substance use disorders in youth sectors of care. *Journal of Ethnicity in Substance Abuse, 2*(3), 59-81. doi:10.1300/j233v02n03_04

Adams, L. B. (2015). School-based mental health services for newly arriving immigrant adolescents. *Journal of Immigrant and Minority Health, 6,* 1593-1911. doi:10.1007/s10903-015-0319-5f

Algozzine, R. (2017). Toward an acceptable definition of emotional disturbance: Waiting for the change. *Behavioral Disorders, 42*(3) 136–144. doi:10.1177/01987429

American Academy of Pediatrics. (2008). Role of the school nurse in providing school health services. Retrieved from http://pediatrics.aappublications.org/content/pediatrics

Association of Nurses & National Association of School Nurses. (2015). *Scope and standards of practice.* Retrieved from https://www.nasn.org

American School Counselor Association. (2015). An overview of school-based mental health services. Retrieved from https://www.schoolcounselor.org/

Armstrong, David. (1987). Theoretical tensions in biopsychosocial medicine. *Social science Med,* 25(11) 1213-1218 10.1016/0277-9536

Armstrong, D., Bird, J, Fry, J., & Armstrong, P, (1992) Perceptions of psychological problems in general practice: A comparison of general practitioners and psychiatrists. *Family Practice,* 9 (2) 173-176. doi.org/10.1093/fampra/9.2.173

Badenhorst, (2015) Thick description: A research writing go-to site for post/graduate students

and academics. Retrieved from: www.Cecilebadenhorst.wordpress.com

Bains, R., M., & Daillo, A. F. (2016). Mental health services in school-based health centers: Systematic review. *The Journal of School Nursing, 32*(1) 8-19. doi:10.1177/1059849515590607

Bains, R. M. (2014). African-American adolescents and mental health care: A met-synthesis. *Journal of Child & Adolescents Psychiatric Nursing, 27*(2), 83-92. doi:10.1111/jcap.12074

Balker, B. (2015). Defining an empowering school culture (ESC): Teacher perceptions. *Issues in Educational Research*, *25*(3), 205–225. Retrieved from http://www.iier.org.au

Barry, M. M., Doherty, A., Hope, A., Sixsmith, J., & Kelleher, C. C. (2000). A community needs assessment for rural mental health promotion. *Health Education Research, 15,* 293- 304. doi:10.1186/1471-2458-13-835

Batterham, P. (2015). The need for nuanced stigma-reduction programs to improve help seeking for mental health problems. *Evidence-Based Mental Health, 8*(4) 121-121. doi:10.1136/eb-2015-102071

Baybutt, P. (2015). The importance of defining the purpose, scope, and objectives for process hazard analysis studies. *American Institute of Chemical Engineers Process*, *34*, 84–88. doi:10.1002/prs.11682

Bear, L., Finer, R., Guo, S., & Lau, A. S. (2014). Building the gateway to success: An appraisal of progress in reaching underserved families and reducing racial disparities in school-based mental health. *Psychological Services, 11*(4), 388-397. doi:10.1037/a0037969

Bergin, M. (2011) NVivo8 and consistency in data analysis: Reflecting on the use of a qualitative data analysis program. *Nurse Researcher, 18*(3), 6-12. doi:10.7748/nr2011.04.18.3.6.c8457

Betancourt, T. S., Frounfelker, R., Mishra, T., Hussein, A., & Falzarano, R. (2015). Addressing health disparities in the mental health of refugee children and adolescents through community-based participatory research: A study in two communities. *American Journal of Public Health, 105*(3), S475-82. doi:10.2105/AJPH.2014.302504

Blackman, K. F. Powers, J. D., Edward, J. D, Wegaman, K. M., Lechner, D., & Swick D. C., (2016). Closing the gap: Principal perspectives on an innovative school-based mental health intervention. *The Urban Review*. doi:10.1007/s11256-016-0353-1

Bogart, L. M., Elliott, M. N., Kanouse, D. E., Klein, D. J., Davies, S. L., Cuccaro, P. M., & Schuster, M. A. (2013). Association between perceived discrimination and racial/ethnic disparities in problem behaviors among preadolescents' youths. *American Journal of Public Health, 103*(6), 1074-1081. doi:10.2105/AJPH.2012.301073

Bornsheuer, J., N., Henriksen, R., C., & Irby, B., J. (2012). Psychological care provided by the church: Perceptions of Christian church members. *Counseling and Values, 57*(2), 199-213. doi:10.1002/j.2161-007X.2012. 00017.x

Bowers, H., Manion, I., Papadppoulos, D., Gauvreau, E., (2013), Stigma in school-based mental health: perceptions of young people and service providers. *Child and Adolescent Mental Health* 18(3), 165-170. doi :10.1111/j1475-3588.2012.00673.k

Brock, S. E. (2015) *Student success: Mental health matters.* President remarks at the opening

General Session of the Annual Meeting of the National Association of School Psychologists, Orlando, FL. Retrieved from www.nasponline.org/

Bruns, E. J., Duong, M. T., Lyon, A. R., Pullmann, M. D., Cook, C. R., Cheney, D., & McCauley, E. (2016). Fostering SMART partnerships to develop an effective continuum of behavioral health services and supports in schools. *American Journal of Orthopsychiatry*, *86*(2), 156. doi:10.1037/ort0000083

Burnett-Zeigler, I., & Lyons, J.S. (2011). Youth characteristics associated with intensity of service use in a school-based mental health intervention. *Journal Child Family Studies, 21*, 963-972. doi:10.1007/s10826-011-9555-z

Carcary, M. (2009). The research audit trial – Enhancing trustworthiness in qualitative inquiry. *The Electronic Journal of Business Research Methods*, *7*(1), 11 – 24. Retrieved from www.ejbrm.com/

Caporino, N. E., Chen, J. I., & Karver, M. S. (2014). Preliminary examination of ethnic group differences in adolescent girls' attitudes toward depression treatments. Cultural diversity & ethnic minority. *Psychology, 20*(1), 37-42. doi:10.1037/a0033467

Carlson, L. A., & Kees, N. L. (2013). Mental health services in public schools: A preliminary study of school counselor perceptions. *Professional School Counseling, 16*(4), 211-221. doi.org/10.5330/psc.n.2013-16.221

Centers for Disease Control and Prevention. (2015). Mental health surveillance among children United States. *Morbidity and Mortality Weekly Report*. Retrieved from http://www.cdc.gov/mmwr/index.html

Chan, Z., Fung, Y, & Chien, W. (2013). Bracketing in phenomenology: Only undertaken in the data collection and analysis process. *The Qualitative Report, 18*(59), 1-9. Retrieved from https://nsuworks.nova.edu/tqr/

Cinotti, D. (2014). Competing professional identity models in school counseling: A historical perspective and commentary. *The Professional Counselor, 4*(5), 417-425. doi:10.15241/dc.4.5.417

Cleary, M., Horsfall, J., & Hayter, M. (2014). Data collection and sampling in qualitative research: Does size matter? *Journal of Advanced Nursing, 70*(3), 473-475. doi:10.1111/jan.12163

Craun, E. A., Haight, C., DeCou, C. R., Babbitt, S. C., & Wong, M. M. (2017). The differential relationship among peer group indicators and internalizing symptoms in a problematic absenteeism population. *North American Journal of Psychology, 19*(2), 485–498.

Colaizzi, P., (1973). *Reflection and research in psychology: A phenomenological study of learning.* Dubuque, IA: Kendall/Hunt Publishing Company.

Collins, T. (2014). Addressing mental health needs in our schools: Supporting the role of counselors. *The Professional Counselor, 4*(5), 413-416. doi:10.15241/tpc.4.5.413

Connecticut Department of Public Health. (2014). *Health Disparities*. Retrieved from http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388116%20%20%20

Costello. E. (2015). Commentary: 'Diseases of the world': from epidemiology to etiology of child and adolescent psychopathology. *Journal of Child Psychology & Psychiatry, 56*(3), 366-369. doi:10.1111/jcpp.12402

Cuellar, A. (2015). Preventing and treating child mental health problems. *Future of Children, 25*(1), 111-134. doi.10.1186/isrctn61137690

Delaney, L., & Smith, J. P. (2012). Childhood health: Trends and consequences over the life course. *Future of Children, 22*(1), 43-63. doi:10.1353/foc.2012.0003

DuPaul, G. J., Reid, R., Anastopoulos, A. D., & Power, T. J. (2014). Assessing ADHD symptomatic behaviors and functional impairment in school settings: Impact of student and teacher characteristics. *School Psychology Quarterly, 29*(4), 409-421. doi:10.1037/spq0000095

Edward, K., & Welch, T. (2011). The extension of Colaizzi's method of phenomenological enquiry. *Contemporary Nurse: A Journal for the Australian Nursing Profession, 39*(2), 163-71. doi:1022985969?accountid=14872

Eklund, K., Meyer, L., Way, S., & Mclean, D. (2017). School psychologists as mental health providers: the impact of staffing ratios and Medicaid on service provisions. *Psychology in the Schools*, *54*(3), 279-293. doi.org/10.1002/pits.21996

Eklund, K., V, K., & Pedley, T. (2013). Expanding the role of the School psychologist in the delivery of School-Based Mental Health Services. *Communique*, *41*(5), 1–28. Retrieved from https://www.iahcsmm.org/members/communiqu%C3%A9-online.html

Fabiano, G., Pelham, W., Majumdar, A., Evans, S., Manos, M., Caserta, D., & Carter, R. (2013). Elementary and middle school teacher perceptions of attention-deficit/hyperactivity disorder prevalence. *Child & Youth Care Forum, 42*(2), 87-99. doi:10.1007/s10566-013-9194-1

Finn, K. V. (2006). Patterns of alcohol and marijuana use at school. *Journal of Research on Adolescence, 16*(1), 69-77. doi:10.1111/j.1532-7795.2006. 00121.x

Finn, K. V. & Willert, H. J., (2006) Alcohol and drugs in schools: Teachers' reactions to the problem. *Phi Delta Kappan, 88*(1), 37-40. doi.org/10.1177/003172170608800108

Flaherty, L. T., & Weist, M. D. (1999). School-based mental health services: The Baltimore models. *Psychology in the Schools, 36*(5), 379.doi.org/10.1002/(sici)1520-6807(199909)36:5<379::aid-pits2>3.0.co;2-d

Flanagan, E., Farina, A, & Davidson, L. (2015) Does stigma towards mental illness affect initial perceptions of peer providers. *Psychiatric Quarterly, 87*(1) 203-210. doi:10.1007/s11126-015-9378-y

Flynn, S. V., Duncan, K. J., & Evenson, L. L. (2013). An emergent phenomenon of American Indian secondary adolescents' career development process. *Career Development Quarterly, 61*(2), 124-140. doi:10.1002/j.2161-0045.2013.00042.x

Furlong, M.J. (2015). Introduction to special issue school-based approaches to promote complete mental health school psychologists working to foster students' thriving well-being. *Contemporary School Psychology, 19*(4) 231-232.doi.10.1007/s40688-015-0078-2

Gamble, B.E., Lambros, K.M. (2014). Provider perspectives on school-based mental health for urban minority youth: Access and services. *Journal of Urban Learning, Teaching, and Research, 1,* 25-38. Retrieved from http://aera-ultr.org

Gallegos, J., Langley, A., & Villegas, D. (2012). Anxiety, depression, and coping skills among Mexican school children: A comparison of adolescents with and without learning

disabilities. *Learning Disability Quarterly, 35*(1), 54-61. doi:10.1177/0731948711428772

Germann, P. J. & Aram, R. J. (1996). Student performances on the science processes of recording data, analyzing data, drawing conclusions, and providing evidence *Journal of Research in Science Teaching, 33*(7)*, 773*-798. doi:10.1002/ (sici) 1098-2736(199609)33:7<773: aid-tea5>3.0.co; 2-k

Gentles, S. J., Charles, C., Ploeg, J., & McKibbon, K. A. (2015). Sampling in qualitative research: Insights from an overview of the methods literature. *The Qualitative Report, 20*(11), 1772-1789. Retrieved from https://nsuworks.nova.edu/tqr/

Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Methods of data collection in qualitative research: interviews and focus groups. *British Dental Journal*, *204*(6), 291-295. doi:10.1038/bdj.2008.192

Giorgi, A. (2008). Difficulties encountered in the application of the phenomenological method in the social sciences. *Indo-Pacific Journal of Phenomenology*, 8(1), 1-9. doi:10.1080/20797222.2008.11433956

Gobrial, E., & Raghavan, R. (2012). Prevalence of anxiety disorder in children and young people with intellectual disabilities and autism. *Advances in Mental Health and Intellectual Disabilities, 6*(3), 130-140. doi:10.1108/20441281211227193

Gray, C., Wilcox, G., & Nordstokke, D., (2017). Teacher mental health, school climate, inclusive education and student learning: A review. *Canadian Psychological Association*, *58*(3), 203–210. doi:10.1037/cap0000117

Graves, S. L., Proctor, S. L., & Aston, C. (2014). Professional roles and practices of school psychologists in urban schools. *Psychology in the Schools, 51*(4), 384-394. doi:10.1002/pits.21754

Grilo, L. M., Henriques, R. S., Correia, P. C., & Grilod, H. L., (2015) Attention-deficit/hyperactivity disorder in children: A statistical approach. *AIP conference Proceedings, 1648*(1), 1-4. doi:10.1063/1.4913047

Grossman, J., Laken, M., Stevens, J., Hughes-Joyner, F., Sholar, M., & Gormley, C. K. (2007). Use of psychiatric nurse practitioner adolescents to provide services in rural school-based health clinics. *Journal of Child & Adolescents Psychiatric Nursing, 20*(4), 234-242. doi:10.1111/j.1744-6171.2007. 00120.x

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods, 18*(1), 59-82. doi:10.1177/1525822X05279903

Hilton, C.E. (2015). The importance of pretesting questionnaires: A field research example of cognitive pretesting the Exercise referral quality of life scale (ER-QLS). *International Journal of Social Research Methodology, 0,* 1-14 doi:10.1080/13645579.2015.1091640

Houghton, C., Casey, D., Shaw, D, & Murphy, K. (2013). Rigor in qualitative case-study research. *Nurse Researcher, 20*(4), 12-7. doi:10.7748/nr2013.03.20.4.12.e326

Janghorban R, Latifnejad Roudsari R, Taghipour A.(2014) Pilot study in qualitative research: The roles and values. *Hayat*. 2014; 19 (4) :1-5. Retrieved from: URL: http://hayat.tums.ac.ir/article-1-666-en.html

Jones, D., Mundy, M., & Perez, C. G. (2014). Responding to school finance challenges: A survey of school superintendents in Texas. *National Forum of Educational Administration & Supervision Journal, 31*(3), 4-19. Retrieved from http://www.nationalforum.com/Journals/NFEASJ/NFEASJ.htm

Jootun, D, McGhee, G. &Marland, G.R. (2009) Reflexivity: Promoting rigour in qualitative research. *Nursing Standard, 23*(23), 42- 46. doi.10.7748/ns2009.02.23.23.42.c6800

Kelly, D.G., Pastore, D. L., Hodge, S. R., & Seifried, C. (2015). Black coaches and their perspectives on the Black coaches and administrators: A qualitative analysis. *Physical Educator, 72*(3), 518-537. Retrieved from https://js.sagamorepub.com/pe

Kidger, J., Donovan, J. L., Biddle, L., Campbell, R., & Gunnell, D. (2009). Supporting adolescents' emotional health in schools: A mixed methods study of student and staff views in England. *BMC Public Health, 9*, 403. doi:10.1186/1471-2458-9-403

Kilgus, S. P., Reinke, W. M., & Jimerson, S. R. (2015). Understanding mental health intervention and assessment within a multi-tiered framework: Contemporary science, practice, and policy. *School Psychology Quarterly, 30*(2), 159-165. doi:10.1037/spq0000118

Kim, E. J., Ha, M., Oh, S. Y., Kim, J.H., & Paik, K. C. (2014). Relationship among attention-deficit hyperactivity disorder, dietary behaviors and obesity. *Child: Care, Health & Development, 40*(5), 698-705. doi:10.1111/cch.12129

Kroese, B. S., Rose, J., Heer, K., & O'Brien, A. (2013). Mental health services for adults with intellectual disabilities - what do service users and staff think of them? *Journal of Applied*

Research in Intellectual Disabilities: JARID, 26(1), 3-13. doi:10.1111/jar.12007

Koch, T. (1994). Establishing rigour in qualitative research: The decision trail. *Journal of Advanced Nursing, 19*(5), 976-986. doi:10.1111/j.1365-2648.1994.tb01177.x

Lee, T. Y., Landy, C. K., Wahoush, O., Khanlou, N., Liu, Y. C., & Li, C. C. (2014). A descriptive phenomenology study of newcomers' experience of maternity care services: Chinese women's perspectives. *BMC Health Services Research, 14*(1), 114. doi:10.1186/1472-6963-14-114

Lesser, J., Vacca, J. D., & Pineda, D. V. (2015). Promoting the positive development of Latino youth in an alternative school setting: A culturally relevant trauma-informed intervention. *Issues in Mental Health Nursing, 36(5*), 388-390. doi:10.3109/01612840.2014.994689

Lewis, J.M., McCallister, J. & Browning, S. (2015). ADHD parent-pediatrician letters to the school: A family-centered medical home tool to improve collaboration, grades, and behavior. *Global Pediatric Health, 2*(0). doi:10.1177/2333794x15574284

Lian-Yu, C., Crum, R.C., Strain, E. C., Alexander, G. C., Kaufmann, C., & Mojtabai, R. (2016). Prescriptions, nonmedical use, and emergency department visits involving prescription stimulants. *Journal of Clinical Psychiatry, 77*(3), 297-304. doi:10.4088/JCP.14m09291

Lindsey, M.A., Chambers, K., Phole, C., Beall, P., & Lucksted, A. (2013). Understanding the behavioral determinants of mental health service use by urban, under-resourced Black youth: Adolescents and caregiver perceptions. *Journal of Child &Family Studies, 22*(1), 107-121. doi:10.1007/s10826-9668-z

Ling, A., Okazaki, S., Tu, M., & Kim, J. J. (2014). Challenges in meeting the mental health

needs of urban Asian American adolescents: Service providers' perspectives. *Race and Social Problems, 6*(1), 25-37. doi:10.1007/s12552-014-9117-2

Lizuka, C. A., Barrett, P. M., Gillies, R., Cook, C. R., & Marinovic, W. (2014). A combined intervention targeting both teachers' and adolescents' social-emotional skills: preliminary evaluation of adolescents' outcomes. *Australian Journal of Guidance & Counseling, 24*(2), 152-166. doi:10.1017/jgc.2014.12

Lopez, K.A. & Willis, D. G. (2004). Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative Health Research, 14*(5), 726-735. doi 10.1177/1049732304263638.

Lourie, I. S., & Hernandez, M. (2003). A historical perspective on national child mental health policy. *Journal of Emotional and Behavioral Disorders, 11*(1), 5-9. doi:10.1177/106342660301100102

Lynn, C. J., McKay, M. M., & Atkins, M. S. (2003). School social work: Meeting the mental health needs of students through collaboration with teachers. *Children & Schools, 25*(4), 197-209.doi:10.1093/cs/25.4.197

Marllett, C. (2014). Youthful offending and delinquency: The comorbid impact of maltreatment, mental health problems, and learning disabilities. *Child & Adolescents Social Work Journal, 31*(4), 369-392. doi:10.1007/s10560-013-0323-3

Martinez, Y. J., & Ercikan, K. (2008). Chronic illnesses in Canadian children: What is the effect of illness on academic achievement, and anxiety and emotional disorders? *Child: Care, Health & Development, 35*(3), 391-401. doi:10.1111/j.1365-2214.2008.00916.x

McCallum-Clark, N. (2013). The use of computers to facilitate effective cognitive behavioral therapy for children and adolescents with anxiety. *New Zealand Journal of Teachers' Work, 10*(1), 87-102. Retrieved from https://ojs.aut.ac.nz/teachers-work/

Mechanic, D. (1978). Medical *Sociology: A comprehensive text* (2 ed.). New York, NY: Free Press.

Miles, M.B., Huberman, M., Saldana, J. (2014). *Qualitative data analysis: A methods sourcebook.* Thousand Oaks, CA: Sage Publications.

Mills, C., Stephan, S. H., Moore, E., Weist, M. D., Daly, B. P., & Edwards, M. (2006). The President's New Freedom Commission: Capitalizing on opportunities to advance school-based mental health services. *Clinical Child & Family Psychology Review, 9*(3/4), 149-161. doi:10.1007/s10567-006-0003-3

Milovancevic, M. P., & Jovicic, M. (2013). The role of mental health professionals contributes to mental health promotion and prevention: Innovative programmes in Serbia. *Emotional & Behavioural Difficulties, 18*(3), 261-269. doi:10.1080/13632752.2013.819252

Mertens, D.M. (2010). Research and Evaluation in Education and Psychology: Integrating diversity with quantitative, qualitative and mixed methods. 3rd Edition. Los Angeles: Sage, Inc

Morgan, P. L., Farkas, G., Hillemeier, M. M., & Maczuga, S. (2009). Risk factors for learning-related behavior problems at 24 months of age: Population-based estimates. *Journal of Abnormal Child Psychology, 37*(3), 401-413. doi:10.1007/s10802-008-9279-8

National Institute of Medicine, (2002) Unequal treatment: Confronting racial and ethnic disparities in health care. Washington, DC: *National Academic Press* (US). Retrieved from: www.ncbi.nlm.nih.gov/pubmed/2503238

National Association of School Psychologists. (2015). *Standards and Certification.* Retrieved from https://www.nasponline.org/

National Association of Special Education Teachers. (2015). *Exceptional teachers teaching exceptional children*. Retrieved fromhttp://www.naset.org/

National Association of School Psychologists. (2015). *Best Practices in School Psychology.* Retrieved from https://www.nasponline.org/

National Center for Education Statistics. (2015). *Revenues and expenditure for public elementary/secondary school districts.* Retrieved from https://nces.ed.gov/

National Institutes of Mental Health. (2015). *Child and Adolescents Mental Health.* Retrieved from http://www.nimh.nih.gov/

New Freedom Commission on Mental Health. (2003). Achieving the promise: Transforming mental health care in America (Final report). Retrieved from https://www.cartercenter.org

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2013). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Spring Science, 42*(5), 533-544. doi:10.1007/s10488-013-0528y

Paternite, C. E., & Johnston, T. C. (2005). Rationale and strategies for central involvement of educators in effective school-based mental health programs. *Journal of Youth & Adolescence, 34*(1), 41-49.doi:10.1007/s10964-005-1335-x

Paulus, F., Backes, A., Sander, C., Weber, M., & Gontard, A. (2015). Anxiety disorders and behavioral inhibition in preschool children: A population-based study. *Child Psychiatry & Human Development, 46*(1), 150-157. doi:10.1007/s10578-014-0460-8

Polanczyk, G. V., Salum, G.A., Sugaya, L. S., Caye, A., & Rohde, L. A. (2015). Annual research review: A meta-analysis of the worldwide prevalence of mental disorders in children and adolescents. *Journal of Child Psychology & Psychiatry, 56(3*), 345-365. doi:10.1111/jcpp.12381

Porche, M. V., Fortuna, L.R., Wachholtz, A., & Stone, R. T. (2015). Distal and proximal religiosity as protective factors for adolescent and emerging adult alcohol use. *Religions,6(2*), 365-384. doi:10.3390/rel6020365

Powers, J. D., Wegmann, K.M., Blackman, K.F., and Swick, D.C. (2014.). Increasing access to mental health services in schools through community-engaged research: Results from a one-year pilot project. *School Social Work Journal, 39*(1), 73-89.

Pescosolido, B., & Boyer, C. (1999). How do people come to use mental health services? Current knowledge and changing perspectives. In A. Horwitz, & T. Scheid (Eds.), *A Handbook for the Study of Mental Health: Social Context, Theories and Systems* (pp. 392-411). Cambridge, MA: Cambridge University Press.

Pumariega, A. J., & Vance, H. R. (1999). School-based mental health services: The foundation of systems of care for children mental health. *Psychology in the Schools, 36*(5), 371. doi:10.1002/ (sici) 1520-6807(199909)36:5<371::aid-pits1>3.0.co;2-o

Ramos, M. M., Greenberg, C., Sapien, R., Bauer-Creengan, J., Hine, B., & Geary, C. (2013).

Behavioral health emergencies managed by school nurses working with adolescents. *Journal of School Health, 83*(10), 712-717. doi:10.1111/josh.12085

Ratner, C. (2002). Subjectivity and objectivity in qualitative methodology. *Forum: Qualitative Social Research, 3*(3), 239-246.doi:10.1007/978-1-4757-2681-7_6

Repie, M. (2005). A School Mental Health Issues Survey from the Perspective of Regular and Special Education Teachers, School Counselors, and School Psychologists. *Education and Treatment of Children, 28*(3), 279-298. Retrieved from: www.jstor.org/stable/42899850

Rones, M., & Hoagwood, K. (2000). School-based mental health services: A research review. *Clinical Child & Family Psychology Review, 3*(4), 223-241. doi:10.1023/a:1026425104386

Ruderman, M., Stifel, S., O'Malley, M., & Jimerson, S. (2013). The school psychologist's primer on childhood depression: A review of research regarding epidemiology, etiology, assessment, and treatment. *Contemporary School Psychology,17*(1), 35-49. doi:10.1007/BF03340987

Rutherford K, McIntyre J, Daley A, Ross LE. (2012). Development of expertise for mental health provision for lesbian, gay bisexual and transgender communities *Med Educ*,46(9):903-13. doi: 10.1111/j.1365-2923.2012.04272. x.

Sharma, M., & Branscum, P. (2013). School-based drug abuse prevention programs in high school adolescents. *Journal of Alcohol & Drug Education, 57*(3), 51-65. Retrieved from: http://wwwjournal-of-alcohol-drug-education

Shelton, C. L., Smith, A. F., & Mort, M. (2014). Opening up the black box: An introduction to qualitative research methods in anaesthesia. *Anaesthesia, 69*(3), 270-280. doi:10.1111/anae.12517

Smokowski, P., Cotter, K., Robertson, C., & Guo, S. (2013). Anxiety and aggression in rural youth: Baseline results from the Rural Adaptation Project. *Child Psychiatry & Human Development, 44*(4), 479-492. doi:10.1007/s10578-012-0342-x.

Splett, J. W., Fowler, J., Weist, M. D., McDaniel, H., & Dvorsky, M. (2013). The critical role of school psychology in the school mental health movement. *Psychology in The Schools, 50*(3), 245-258. doi:10.1002/pits.21677

Subtirelu, M., Rincon-Subtirelu, M., Pickett, M., & Health, G.W. (2014). Promoting active living and healthy eating among inner-city youth through community health workers: From clinic to neighborhood. *Health, 6*(17) 2342-2348. doi:10.4236/health.2014.617269

Suldo, S. M., Friedrich, A., & Michalowski, J. (2010). Personal and systems-level factors that limit and facilitate school psychologists' involvement in school-based mental health services. *Psychology in the Schools, 47*(4), 354-373. doi.org/10.1002/pits.20475

Sulkowski, M. L., & Joyce, D. J. (2012). School psychology goes to college: The emerging role of school psychology in college communities. *Psychology in the Schools, 49*(8), 809-815. doi:10.1002/pits.21634

Shosha, G. A. (2012). Employment of Colaizzi's strategy in descriptive phenomenology: A reflection of a researcher. *European Scientific Journal, 8*(27). Retrieved from http://eujournal.org/index.php/esj/article/view/588.

Sutherland, J., & Cameron, R. (2015). Employing phenomenology to highlight the richness of the leadership experience. *Proceedings of the European Conference On E-Learning,* 365-373. Retrieved from https://www.scimagojr.com

Suryani, S., (2016). The application of Colizzi's method in conducting research across two language. *Malaysia Journal of Psychiatry, 25* (1). Retrieved from: http://www.mjpsychiatry.org/index.php/mjp

Sznitman, S., Dunlop, S., Nalkur, P., Khurana, A., & Romer, D. (2012). Student drug testing in the context of positive and negative school climates: Results from a national survey. *Journal of Youth & Adolescence, 41*(2), 146-155. doi:10.1007/s10964-011-9658-2

Substance Abuse and Mental Health Services Administration. (2015). *Behavioral health barometer United States.* Retrieved from http://www.samhsa.gov/data/behavioral-health-barometers

Topper, A., & Lancaster, S. (2013). Common challenges and experiences of school districts that are implementing one-to-one computing initiatives. *Computers in the Schools, 30*(4), 346-358. doi:10.1080/07380569.2013.844640

Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work, 11*(1), 80-96. doi:10.1177/1473325010368316

United States Census Bureau. (2014). Quick facts. Retrieved from http://www.census.gov/

United States Department of Education. (2015). *Programs, Information and Assistance Services, Funding Opportunities, Education* S*tatistics and Publications.* Retrieved from http://www.ed.gov/

United States Department of Health and Human Services. (2015). *Early Child Development.* Retrieved from /www.hhs.gov

Venkata, J., & Panicker, A. (2013). Prevalence of attention deficit hyperactivity disorder in

primary school children. *Indian Journal of Psychiatry,55*(4), 338-342. doi:10.4103/0019-5545.120544

Walcott, C. M., & Music, A. (2012). Promoting adolescents' help-seeking for mental health problems: Strategies for school-based professionals. *Communique, 41*(1), 4-7. Retrieved from https://www.iahcsmm.org/members/communiqu%C3%A9-online.html

Waldeck, D. (2017). Qualitative research with participants suffering from ostracism: A practical guide for the novice researcher. *The Qualitative Report, 22*(7), 1744-1758. Retrieved from https://nsuworks.nova.edu/tqr/

Walsham, G. (2006). Doing interpretive research. *European Journal of Information Systems*, *15,* 320-330. doi: 10.1057/palgrave.ejis.3000589

Wang, C., Do, K. A., Frese, K., & Zheng, L. (2018). Asian immigrant parents' perception of barriers preventing adolescents from seeking school-based mental health services. *School Mental Health*, 1-14. doi:10.1007/s12310-018-9285-0

Weist, M. D., Youngstrom, E. A., Stephan, S., Lever, N., Fowler, J., Taylor, L., & Hoagwood, K. (2014). Challenges and ideas from a research program on high-quality, evidence-based practice in school mental health. *Journal of Clinical Child & Adolescents Psychology, 43*(2), 244-255. doi:10.1080/15374416.2013.833097

Williams, E., Sands, N., Elsom, S., & Prematunga, R. K. (2015). Mental health consumers' perceptions of quality of life and mental health care. *Nursing & Health Sciences, 17*(3), 299-306. doi:10.1111/nhs.12189

Williams Jr., R. D., Barnes, J. T., Holman, T., & Hunt, B. P. (2014). Substance use prevention

among at-risk rural youth: Piloting the social ecological one life program. *Journal of At-Risk Issues, 18*(1), 19-26.doi: 10.1016/j.jadohealth.2012.10.043

Williams, K. A. & Chapman, M.V. (2014). Mental health service use among youth with mental health need: Do school-based services make a difference for sexual minority youth*? School Mental Health, 7*(2)120-131. doi:10.1007/s12310-014-9132

Wrigley, T. (2015). Re-Engaging young people in education - Learning from alternative schools. *Improving Schools, 18*(2) 200- 202. doi:10.1177/1365480215592066

Wyman, P. A., Brown, C. H., LoMurray, M., Schmeelk-Cone, K., Petrova, M., Yu, Q. Wang, W. (2010). An outcome evaluation of the sources of strength suicide prevention program delivered by adolescents' peer leaders in high schools. *American Journal of Public Health, 100*(9), 1653-1661.doi:10.2105/AJPH.2009.19002

Yettick, H., Baker, R., Wickersham, M., & Hupfeld, K. (2014). Rural districts left behind? Rural districts and the challenges of administering the Elementary and Secondary Education Act. *Journal of Research in Rural Education, 29*(13), 1–15. Retrieved from http://jrre.psu.edu/

Yilmaz, K. (2013). Comparison of quantitative and qualitative research traditions: Epistemological, theoretical, and methodological differences. *European Journal of Education, 48(2*), 311-325. doi:10.1111/ejed.12014

Yin, R. (2013). *Case study research: Design and methods* (5 ed). Thousand Oaks, CA: Sage Publications.

Appendix A: Copyright Interview Protocol

©Brandon E. Gamble & Katina Lambros (2010 2012) Site Based Mental Health Provider Interview Questions/Rubric for Paper Name School Site&/or Position /Title Interviewee: _____

(Name is optional, School site optional, position/title not optional. With each case all information will be confidential. However, we may want to follow up and if the respondent is agreeable to a follow up please circle YES or NO)

1.Where can I obtain, demographics of school and students served (e.g. grade, gender, ethnic groups, economics, test scores...etc.)? If you do not know, who can I talk to? (EDP 517Counseling/Mental Health course student, you are to provide this information for the assignment to be considered complete?

2. Who most frequently receives mental health and/or psycho-educational services at your school site (e.g. grade, gender, ethnic group, externalizing behavior, teacher referred, parent referred)? Ways services are provided to students (e.g. Individual, group, contracted agencies, prevention literature or class presentations etc...)? What is the most frequent way service is provided?

People most often contacted for support for services: People you know (e.g. family, friends, associates) but do not contact... Medical /Health–Legal or Civil Rights – School Based Discipline –Business –College Readiness and/or Access–Bilingual Multi-Cultural-Faith/Based-Medical /Health–Legal or Civil Rights –School Based Discipline –Business – College Readiness and/or Access–Bilingual or Multi-Cultural-Faith/Based-Of the people you do know by rarely contact, what keeps you from accessing that person more?

SBMP Interview continued:

Access for minorities, especially for Blacks, Latinos, and English Language Learners have been identified as a challenge in recent research... How, if at all, is your clinic addressing this issue? Another way to ask: Or In what ways have you and/or your staff promoted minority access to mental health services?
OPTIONAL FOLLOW-UP:
What do you think it would take for more involvement of African American, Asian/Pacific Islander, or Latino males (i.e. fathers or boys) to get involved with mental health services?

Appendix B: SBMHC's Study Flyer

SCHOOL-BASED COUNSELORS IMPACTS CHILDREN AND YOUTHS

VOLUNTEERS NEEDED FOR RESEARCH STUDY

PURPOSE: The purpose of this study was to examine school-based mental health (SBMH), counselors' perceptions of Adolescents use of SBMH services by adolescents ages 12-17 from a school district in Connecticut, United States.

ELIGIBILITY:

Self-identified as a school-based mental health professional (i.e. psychologist, counselor, social worker, special education teacher, nurses and others), in the school counselling milieu. (2) Possess the ability to share personal experiences and assessment of school-based mental health services. (3) Demonstrate good knowledge of common mental health issues faced by adolescents and ability to describe thoughts in English language. (4) Consent to a 30 -45-minute interview.

(5) Must have a year or more service experience providing care to adolescents in a school setting. (6) Participant will receive an explanation of the purpose, risks, and benefits of the study. (7) Must agree and allow the interview to be audiotaped to enhance accuracy of data collected.

BENEFITS: improve adolescent motivation to use SBMH services and may improve academic success of adolescents struggling mental issues

COMPENSATION: None

Appendix C: Study Audit Trail

Study Audit Trail

Evidence of Trustworthiness	Strategies Used	Explanations
Credibility	Triangulation	I used multiple source of data including, interview, reflexive journals fieldnote/memos, salient literatures gathered by triangulation guided by research question to analyze and validate SBMHCs context.
Internal Validity	Member Check	Member check was established through frequent contacts with my dissertation mentor and committee.
Transferability	Used Thick Description	I used thick description to precisely explain the research design, methodology, the decisions I made during data collection and strategies used to organize, manage and analyze data for readers of this study to decipher.
External Validity	Purposive Sampling	I used purposive sampling strategies to identify the participants that met study eligibility criteria to participate. 15 participants were recruited and participated in a face-face semi-structured interviews as proposed to achieve rich data for analysis and answer research questions.
Dependability	Created an audit trail	I used audit trail to track decisions made, their rationales and ensured rigor to demonstrate credibility of this study. Also, I used Nvivo to identify themes, define significant statement, run queries and used multiple sources of data by triangulation to analyze data
Reliability	Code strategy	I Used Nvivo to code data, create categories of themes and run queries, triangulate data, extract verbatim statements for analysis to demonstrate and establish reliability of the study process.
Confirmability	Triangulation	I used multiple sources of data including audio, interview transcripts and relevant literatures gathered by triangulation to analyze data collected.
Objectivity	Practiced Reflexivity	I used bracketing thinking activity of reflexivity to minimize personal value, beliefs, experiences, that can bias the confirmability of this study findings.
	Negative Case Analysis	I used Nvivo to identify themes and define significant statements, extracted verbatim statement that supported some propositions made in chapter 5. Also, provided examples of identified themes that did not corroborate with some of the ten interrelated theoretical constructs or support study findings.

Appendix D: Certificate of Completion

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Samuel Okeorji** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 09/19/2013.

Certification Number: 1275487.