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# School Counselors' Lived Experiences Supporting Students with Mental Health Concerns

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Abstract

School Counselors' Lived Experiences Supporting Students with Mental Health

Concerns

by

Linda F. Peterson


MA, Lindenwood University, 2004

BS, University of Missouri-St. Louis, 2002



Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision



Walden University

August 2019

Abstract

Mental health in schools is a growing concern for many school counselors, educators and communities. School counselors are in key roles in the school setting to support students with mental health concerns. This research was done to gain a deeper understanding of the experiences, beliefs, and attitudes of school counselors supporting students with mental health diagnoses. This hermeneutic phenomenology research used n=4 participants school counselors and each has worked in their field for over 6 years. Additionally, each participant worked in the same school building for a minimum of 3 years or more. Semi structured interviews were used to collect the data. Key findings indicated that the participants all identified many of the same mental health diagnoses in their schools. There were five themes that emerged from the data: The themes included: (a) common mental health concerns, (b) desire for education/training, (c) outside resources for students with mental health concerns, (d) barriers to effective student support and (e) limited time to support students with mental health concerns. The results of this study may inform school counselor education programs, inform other school counselors of ways to support students with a mental illness, and begin conversations about mental health funding for schools.

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Dedication

This dissertation is dedicated to God almighty: I thank you for the wisdom, patience, and knowledge you have allowed me to gain during this process. Thank you to my husband for all the late-night edits, wiping of tears, and tolerating the many stressful times. To my children Jonathan, Jasmine, and Jessica, for inspiring me to not quit and for cooking your own meals as I sat and typed. Lastly, to all the dedicated counselor educators, school counselors, and those in the education field: You would not be there if you were not passionate about your craft. Thank you for all you do!

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Chapter 1: Introduction to the Study

**Introduction**

The World Health Organization (2014) describes mental health as "a state of well-being in which an individual can cope and handle stressors of life" (para. 1). In the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.), a mental disorder is described as a clinically significant behavioral or psychological dysfunction that impairs functioning (Stein, Philips, & Kendler, 2010). Students in schools bring many stressors and personal traumas with them every day. One in five students will experience a mental illness in their lifetime (Moon, Williford, & Mendenhall, 2017). Due to this estimate, schools are experiencing an increase of students entering schools with a formal mental health diagnosis (Powers, Bower, Webber, & Martinson, 2011). According to the American School Counselor Association (ASCA), school counselors provide responsive services that support the students who need emotional support but do not address the diagnosed psychological disorders (ASCA, 2012). However, there appears to be a limited amount of research about the perspectives of school counselors and how they perceive this mental health crisis in schools (Svirydzenka, Aitken, & Dogra, 2016). The perspectives of school counselors who work with mental illness are important to help understand the thoughts, experiences, and actions of students with emotional dysregulation.

Many students in schools are experiencing trauma and are being diagnosed with a mental illness in early adolescence (Shavers, 2013). The higher prevalence of mentally ill students is causing school counselors to look for mental health resources for students

(DeKruyf, Auger, & Trice-Black, 2013). However, when mental health services are not readily available to students and their families, school counselors are put in a position of being the first, and sometimes the only, mental health providers the students and their family members encounter (Moon et al., 2017). Students cannot be successful if they are not able to focus and thrive in the school setting. Due to this, school counselors must work with families and students and understand how to integrate their own mental health training in school settings to support students with severe mental health concerns (DeKruyf et al., 2013; Kozlowski & Huss, 2013). School counselors may have varied perceptions about having to integrate their own mental health training in schools. These perceptions may induce role confusion between practicing as a mental health professional and focusing on academics and social emotional support of students (DeKruyf et al., 2013; Kozlowski & Huss, 2013).

School counselors must be ready to adjust to supporting the educational, social, emotional, and mental health needs of all students. At the most basic level, the role of the professional school counselor can be described as agents of social change (Bowers, Lemberger-Truelove, & Brigman, 2017). Contributing to social change is important when providing support in an educational setting (Griffin & Steen, 2010). The social implications of this study may vary from one school district to another. However, social change can be for specific stakeholders such as school counselors, administrators, and mental health advocates to discuss their role, daily activities, and perceptions of school counselors. This discussion can help in the examination of school counselor programming in hopes that current programming can be modified to better support

students with mental illness. This research can also add value to social change through collaboration with other educators and outside resources in the community and identifying any barriers that may prevent school counselors from being effective when supporting students diagnosed with a mental illness.

The perception of school counselors is also important due to the significant increase in mental health concerns in schools (Collins, 2014). To better serve this specific population of students, school counselors' perceptions and roles need to be interpreted and described to support students in a more efficient way. School counselors can make systemic meaningful changes in schools by learning how their own perceptions hinder or help students with a mental illness. According to ASCA (2017), it is the responsibility of school counselors to find ways to actively support the social and emotional learning of all students. The school counselor role has evolved and transformed from ordinary guidance to mental health professional in schools (Cinotti, 2014; Collins, 2014). The many obligations given to school counselors are important enough to explore school counselors' ever-evolving role and the perception of that role.

The 21st century educational system continues to have one clear demand for schools: to service the whole child. This request is called the *whole child initiative*; simply stated, it is the desire for "each student to enter school healthy and learn about and practice a healthy lifestyle" (ASCA, 2014, p. 17). This is something every school counselor and educator desires, but not all students entering schools are taught how to handle stress; some have experiences crippling to their self-esteem and face many stigmas when it comes to seeking support for a mental health concern (Brown, 2018).

This research involved interviews with school counselors on their perception of the support they give students with mental health concerns. This research is needed because school counselors must be ready to adjust to supporting both the educational and social, emotional, and mental health needs of all students. Understanding the perceptions of school counselors when supporting students with mental health concerns will help in the examination of the delivery of services to students and begin the conversation about the systemic changes that may need to occur in school systems. The growing concern for supporting students with mental health issues is a widely discussed issue among school counselors, educators, mental health professionals, and the global community (Gulliver et al., 2016).

Chapter 1 includes a background of the study, problem statement, research questions, and purpose of the study. I discuss the theoretical framework, nature of the study, and any limitations. I summarize the information discussed and include definitions and important terms. In the background section, I explore various research studies that focus on students' mental health and the perceptions of professionals on how mental health concerns impact schools and students.

**Background**

The professional school counselor's role is to support students in five specific areas: (a) direct student services, (b) school counseling core curriculum, (c) individual student planning, (d) responsive services, and (e) indirect student services (ASCA, 2012). Responsive services are defined as "activities designed to meet students' immediate needs and concerns. Responsive services may include counseling in individual and/or

small group settings or crisis response" (ASCA, 2013, para. 4). Social emotional wellness

is considered a significant part of the services provided by school counselors. Every day,

professional school counselors are supporting students with mental health concerns by

consulting with parents and teachers, referring students to outside clinical mental health

resources, and supporting the identification of students with greater mental health needs

(Gruman, Marston, & Koon, 2013). Professional school counselors are specifically

trained to support the social emotional needs of students (ASCA, 2012). Many

professional school counselors are in positions that help support, improve, and educate

students with mental illnesses (Clemente, 2018). Clemente (2018) noted that school

counselors are supporting students with a mental illness, but applying this support in

schools can be challenging for the school counselor and the student. Adelman and Taylor

(1999) discussed the importance of having support for mental health in schools. They

postulated that many schools only begin to focus on the mental health of students when

the students' learning has been impacted. Even though this article is 20 years old, the

information provided by Adelman and Taylor (1999) remains relevant to schools today.

Adelman and Taylor explain the ongoing importance of understanding any perceived

experiences by the school counselor that may hinder how students with mental illness are

supported. Yates (2017) discussed that the mental health of a student can cause concerns

in schools. Yates' (2017) qualitative research explored teachers' perceptions of mental

health needs in schools; participants were 12 teachers who were asked about their

perspectives regarding supports given to students with mental health concerns in schools.

The research revealed that the teachers did not feel they were able to adequately discuss

what a student with mental health concerns needed and the teachers felt like there were many barriers keeping the students from receiving the help they needed. There is a limited amount of research regarding the school counselors' perceptions when supporting students with mental health concerns. Hill, Ohmstede, and Mims (2012) surveyed stakeholders such as school counselors, principals, and school psychologists and concluded that participants agreed that the need for mental health support in schools was imperative, but there were significant differences in what that experience and support should be. Perceptions of the stakeholders varied, but they agreed and supported the mental health supports that were brought into the school system (Hill et al., 2012). There were no recommendations on how to better support students with mental health concerns, but all stakeholders agreed that school counselors' interactions with students created a positive effect on many of the students' academic achievements (Collin, 2014; Hill et al., 2012). With school counselors engaging daily with students with mental health concerns, their perception on the need for mental health supports in schools is a valuable contribution to the conversation.

Berger's (2013) quantitative research study focused on the school counselors' perceptions about how prepared they feel to work with mental illness in schools. Sixty counselor participants certified in grades K-12 working in a public-school system were given a survey that included qualitative and quantitative components. Berger's research focused on how the counselors perceived their own training to work with students with a mental illness. The systemic barriers that were noted by the school counselors included a lack of appropriate professional development in the school system and a lack of time to

do their job-related duties. Berger's findings were consistent with the theme in other research that many school counselors support students with mental illnesses in schools but are limited in what that support of interventions should look like (Carney, Kim, Hazler, & Guo, 2018). Carlson and Kees (2013) discussed that school counselors reported they were comfortable with the level of counseling skills but became uncomfortable with those same skills when they had to work with students with a formally diagnosed mental health concern. School counselors understood the need of supporting students with mental illness concerns, but they were more likely to work with outside mental health providers for students to receive mental health services (Carlson & Kees, 2013). Additionally, 88% of the school counselors reported that they felt like there was limited time in their day to use their mental health training with students. Carlson and Keys (2013) recommended that school counselors get support from administrators, so they can be used more effectively in schools to help students with mental health concerns.

Corthell (2014) examined the role and experiences of the school counselor and found that the perceptions of stakeholders, such as school counselors and administrators, included the idea of more training for school counselors. The research also suggested that along with the additional mental health training of school counselors, more school-based mental health provider services be added in schools. Corthell (2014) stated that the perception of all stakeholders was important and understood the need for more funding to support school counselors and school-based mental health services in the school system. Schools are often seen as the first setting for students to receive mental health support,

but not all students receive what they need to be successful (Carlson & Kees, 2013). Corthell (2014) acknowledged that school counselors understand that mental health support is needed for effective student support. School counselors are the first responders in schools and work with students' social emotional concerns. School counselors, not administrators, are the most consistently offered intervention for students in many schools. Corthell (2014) recommended more training for professional school counselors, supporting the idea that exploring the perceptions of school counselors can benefit the types of training needed. However, the gap noted in this research is that school counselors are not being asked about their perceptions of what this support should look like when supporting students with a mental illness.

One ineffective practice that continues in many schools is the assignment of a large number of students to one school counselor; this practice limits the amount of support students can receive (Brown, 2018). Unfortunately, in some cases, school counselors are still put in this difficult position (Carlson & Kees, 2013; Collins; 2014; DeKruyf et al., 2013). The volume of students needing mental health counseling has increased. There is a prevalence of 8%–18% for diagnosed mental health disorders in students from kindergarten to 12th grade (Fazel, Hoagwood, Stephen, & Ford, 2014). Having a severe mental health disorder will directly impact a student's academic success.

Berger (2013) postulated that many school counselors support students with mental illness, but most school counselors felt that doing this was not part of their daily activities. Berger (2013) revealed that many school counselors perceived themselves as uncomfortable being the consultant in schools regarding students' mental health

concerns. School counselors are asked to help identify students who need mental health support, to consult and support academic concerns, and to meet the needs of all students going forward. How school counselors perceive their support in supporting students with a severe social emotional concern is important for their students to be successful (Brown, 2013). According to Collins (2014), the school counselor role has been changing and evolving depending on the need of the school system, not the needs of students, which hinders the professional identity of the school counselor. According to McCarthy, Van Horn-Kerne, Calfa, Lambert, and Guzman (2010) the school counselor role includes assigned outside the ASCA national model, such as student discipline, schedule building, lunch duties, and office duties. McCarthy et al. (2010) supported the proposed research of understanding the perceptions of school counselors when supporting students with mental illness in schools. Collins (2014) believed the perception of the school counselor is important in exploring the training, efficacy, and support of students. Collins' (2014) research supports my research in discussing the role of the school counselor, exploring current interventions school counselors are trained to implement, and considering what perceived barriers or ideas prevent the real work of counselors based on lived experiences and perceptions.

Mental health needs in education are rising, and school counselors face many barriers in addressing and supporting those needs. Loades and Mastroyannopoulou (2010) discussed how 20% of students will experience mental health concerns. McMillan and Jarvis (2013) reviewed literature about the mental health concerns and the impact these concerns have on students. In their review, they focused on how some students are

at risk and have greater needs than other students (McMillan & Jarvis, 2013). The article

also discussed how teachers and other educational staff can be effective in helping these

students succeed academically and emotionally. McMillan and Jarvis (2013) concluded

that the educational staff needed to embed an integrated approach to recognize the mental

health concerns and specific needs of students. McMillan and Jarvis (2013) postulated

that if school leaders, such as administration, teachers, and school counselors, understood

where resources were needed, it could lead to a more effective schoolwide approach to

supporting students with mental health concerns.

In their qualitative study, Blackman et al. (2016) discussed that the perspectives

of principals were important to the success of bridging the gap between schools and

outside community mental health agencies. They conducted one-on-one interviews with

seven principals to gather data on the community mental health support brought to the

schools. They used semistructured interviews to develop themes and patterns on the topic

of mental health support in schools. Blackman et al. (2016) provided the participating

schools with school-based mental health support for 1 year. Their goal was to obtain the

principals' perceptions after the programs had run for specific length of time. The

principals' perceptions were positive in that they all believed having outside mental

health resources in the school supported students and families. Blackman et al.'s (2016)

research supports the need for understanding the perceptions of school counselors and

how they first support students with a mental illness in their school buildings before

referring them to outside clinical mental health facilities. Blackman et al. (2016)

illuminated the idea that support for mental health is a widely needed resource, but school

counselors are typically on the frontline of being able to offer outside resources and supports to students. Such interventions for supporting the mental health needs of students provide significant support, but school counselors have a shared responsibility in working with this population of students (McCarthy et. al., 2010). The limitations of the study of McCarthy et. al. (2018) were highlighted in the data of the research. One limitation was that the researchers did not have representation from all schools in the district, nor from the appropriate support staff who collaborate, consult, and support the students with mental illness. Another limitation of this study is that professional school counselors need to have a voice in the development and planning for services in regard to students. McCarthy et al. (2010) found that school counselor burnout results in increased stress when they are not included in advocating for students, providing outside resources, having their voice heard regarding caseloads, and actively participating in services for students with mental health concerns. My research exploring the perspectives of school counselors supporting students with mental illness will allow for a deeper look at how the perspective of counselors can add value to schools and communities.

After reading previous research about educational stakeholders important to the success of students, I found several gaps. The literature suggested there has not been enough research on the perception of school counselors in schools when supporting students with mental illness. Many research articles continue to exclusively focus on counselors' professional identity, training needed for educators, and resources needed for schools battling mental health issues in classes but not the experiences or perceptions of school counselors (Blackman et al., 2016; Collins, 2014; McMillan & Jarvis, 2013). In

my research, I sought to understand the perceptions of school counselors when supporting students with a mental illness. Similarly, Loades and Mastroyannopoulou's (2010) research revealed similar evidence that school counselors' perceptions were not considered when supporting students with a mental illness. They discussed how those same school-based interventions would be helpful to the school counselor and teachers when supporting students with a mental illness. Although it did not focus on the perceptions of counselors, the research will add pertinent information on mental health issues in schools.

Researchers have recommended studies on how mental health counselors view the role of the school counselor when supporting students with mental illness (Brown, 2013). Collins (2014) discussed how school counselors are in great positions to support students with mental health concerns but did not address the lived experiences in addressing those concerns in schools and did not discuss ways the perceptions of school counselors impacted change within the school system. This study is needed to help key stakeholders understand school counselors' perceptions. This research may also help school counselors explore and shift their perceptions to help students and to advocate for more mental health support in schools. Students identified as needing mental health support in schools tend to not receive the support they need (Moon et al., 2017). School counselors are given the task of helping those students receive support for mental health concerns and support for academic concerns (ASCA, 2013). Schools need to extend the access to mental health support within the community (Moon et al., 2017). By expanding and connecting to community agencies, students will be coupled with the support they need to

be successful. Understanding and including the perception of others can help align valuable information so that students with mental health concerns can get the support they need.

## Problem Statement

In this study I sought to address the attitudes, perceptions, and practices of school counselors when supporting students with a mental illness in schools. I have not found previous research that focuses on school counselors and the services they provide specifically to students with a mental illness. The damage of this lack of knowledge influences the type of connection the school counselor may have with key stakeholders, such as students, families, outside clinical mental health resources, and school administration. Documenting the lived experiences of school counselors may help in preventing perceived barriers they live with and perceived conflict in their role. The perceived competency of school counselors may also hinder how they support students with emotional dysregulation throughout the school day.

Not understanding the lived experiences of school counselors can impact different areas in their role. First, the perception of the school counselor can influence the way in which students with mental health concerns are supported in schools (Berger, 2013). ASCA (2013) outlined a comprehensive program for school counselors to use as a framework for success in their role. This framework is data-driven, and using this new data can help in understanding the lived experiences of school counselors and may impact the current framework. If there continues to be a lack of information about school counselors' lived experiences when supporting students with mental health concerns, it

may create and add to the systemic underestimation of the role of school counselors, thereby diminishing the relevant training they have in supporting students with a mental illness (Svirydzenka et al., 2016). ASCA (2015) states that school counselors are aware that while implementing a comprehensive school counseling program, they strongly accept that they may be the only mental health support for many students and their parents. The existing literature is lacking recognition that school counselors play a pivotal role in guiding the development of socioemotional strategies, academic growth, and development in schools (ASCA, 2015). Brown (2013) acknowledged that school counselors require a minimum of a master's degree to work with students with mental illnesses, but the role of the school counselor is ever-changing. Brown (2013) describes the role of the school counselor as the person to collaborate with many stakeholders (teachers, school psychologist, and community resources) in and out of schools. The school counselor role can be described as a flexible worker with a specific goal to support and advocate for students. The problem with this ever-changing job description is that school counselors are typically the ones needed to disseminate the contextual data about how frequently their experiences align with the expectations of the job.

## Purpose of the Study

The purpose of this qualitative hermeneutic phenomenological study is to explore the perceived barriers and the lived experiences that professional school counselors encounter while supporting students with a diagnosed mental illness. Mental illness impacts many students and can prevent students from learning (Collins, 2014). In a classroom setting, it has been reported that many students are identified as having a

mental illness. At least 20% of those same students have already been diagnosed but have not received appropriate services (Burnett-Zeigler & Lyons, 2012). This study is motivated by the many roles school counselors engage in, such as being seen as mental health providers in schools, consultants, and collaborators with teachers, staff and parents (DeKruyf et al., 2013). Obtaining a better understanding of school counselors' lived experiences may help inform better policy in schools, gain a better understanding of the training school counselors need, and help examine any negative perceptions that are hindering their success.

## Research Questions

The research questions that guided this study are the following:

RQ1: What are the lived experiences of school counselors supporting students with mental health concerns?

RQ2: What barriers, if any, do school counselors experience when supporting students with a mental illness?

## Conceptual Framework

To understand and find meaning from the lived experiences of school counselors who work with students with mental illness in schools, I used a hermeneutic phenomenology approach for this research. Hermeneutic phenomenology is a philosophy used to understand the lived experiences of a specific group of people. Phenomenology is also considered an inductive qualitative approach rich in determining how we understand meaning (Miles, Francis, Chapman & Taylor, 2013; Reiners, 2012). Hermeneutic phenomenology theory can be used when there is a search to understand meaning in how

others understand and apply sense to their world (Miles et al., 2013). As a result, in the desire to understand the phenomenon behind school counselors' experiences supporting students with a mental illness, I used a hermeneutic approach in this research. The thought behind phenomenology is that reality is not set but is based on the varied realities of the subjects (Reiners, 2012). This theory will allow the researcher and participants to engage in a way that will help understand the lived experiences behind the phenomenon occurring when school counselors support students with mental health concerns in schools.

Martin Heidegger created hermeneutic phenomenology, and Hans-Georg Gadamer, a student of Heidegger, expanded on the hermeneutic circle (Regan, 2012; Shalin, 2010). Gadamer rejected the assumption that conversational texts have original meaning regardless of interpretation (Regan, 2012). Gadamer believed that meaning and thought are dependent on language (Gadamer, 2004). A researcher's own experience of a phenomenon is important; if researchers are not aware of their own forethought, judgments, and biases, it may directly influence the act of understanding the phenomenon and may negatively affect the interpretation of the meaning of that same phenomenon for each participant (Gadamer, 2004). As a current school counselor, I must also be aware of my own bias and forethought, which may carry into the phenomenon being studied (Regan, 2012). Gadamer believed that the meaning behind an act will eventually enrich our other experiences (Regan, 2012). Gadamer believed the hermeneutic circle could be used not only to overcome our own biases but also to become more aware of our own forethought and attitudes forming our thoughts (Shalin, 2010). By using the hermeneutic

circle, I remained in a constant repetitive thought of understanding that was open to change and self-reflection (Shalin, 2010).

Heidegger was a student of Husserl, who is considered the father of phenomenology (Miles et al., 2013; Reiners, 2012). Heidegger believed that people are interpretive by nature (Reiners, 2012). Heidegger contradicted Husserl's beliefs by extending what he believed about hermeneutics. The concept of being in the world or *Dasein* was developed by Heidegger because he perceived it to be how humans made the framework of their experiences (Miles et al., 2013). Heidegger postulated that as humans we cannot separate ourselves from our experiences of *Dasein* and the contextual meaning we place on those experiences in time (Miles et al., 2013). This contradicted Husserl's theory of *knowing the world* through consciousness because Heidegger believed it was impossible to only look at and live experiences without embedding meaning to those same experiences; he believed people were always in the world (Reiners, 2012). Heidegger was interested in how people perceive what occurs and how their personal awareness changed what they understood. Heidegger used what is called the hermeneutic circle as a way of arriving at understanding and interpreting a personal awareness through text. The hermeneutic circle is used to interpret text and to recognize the meaning of the lived experiences of a group being studied. (I discuss this theory in greater detail in Chapter 2.) The hermeneutic circle is a circular process that helps interpret meaning from the text beginning with the parts of what is learned from the participants back to the world of their lived experiences, while accepting there are many truths in those experiences (Regan, 2012).

To understand and extrapolate meaning from the lived experiences of school counselors, I will thoroughly examine and analyze the interviews to explain the interpretation and understanding of the school counselors (Miles et al., 2013). The hermeneutic circle is a construct of consciousness and can be used to discuss data gathered from participants. The hermeneutic circle will help in understanding the meaning between the reader and the text or, in this case, the experiences of the school counselors and the researcher (Starnino, 2016). In theory, a researcher will initiate the interpretation with a preconception of the lived experiences of the school counselors. The researcher would then continuously reflect on the parts and the whole interview until meaning was derived. When using Heidegger's theoretical circle, researchers use the opinions and assumptions of the research participants to understand the interpretation and form new meaning (Starnino, 2016). This process allows a researcher to be able to change and grow with what is known and help shape the understanding of the phenomenon being studied.

The hermeneutic framework relates directly to this study and research questions. I explored the lived experiences of school counselors supporting students with a mental illness. According to Gadamer (2004), this framework can be applied to how people engage in their daily activities, such as supporting students. Hermeneutics requires a reflective look at a person's processes and verbal and nonverbal communications. Therefore, the theory used in this research can be applied directly to understanding and inquiring into the lived experiences of school counselors. The uniqueness of this methodology is that people are thought to be varied in thought and processes as their life

stories are experienced. The life stories of students with mental illness in schools can be different for each school counselor.

Using hermeneutics allowed me to investigate the essences of the day-to-day unique experiences of the school counselors and how their roles in schools influence supporting students with mental illness. Gadamer (2004) suggested that using the hermeneutic theory helps researchers go beyond their own narrative to find meaning through the process of interpretation. This suggests that the process of interpretation begins right away with the first conversation between a researcher and a participant. This active engagement may consist of listening, observing, challenging beliefs, judging the participant, and reflecting on preconceptions while creating new and different perspectives (Gadamer, 2004; Regan, 2012).

**Nature of the Study**

The nature of this study will be a hermeneutic phenomenological approach. Hermeneutics is a process by which a researcher uses data from someone else's perspective to understand a phenomenon (Regan, 2012; Clark, 2008). The rationale for using this approach is to explore the experiences of the school counselors firsthand. This approach was considered the best way to understand the lived experiences of school counselors because I was able to describe, interpret, and use contextual data to reach a deeper understanding of what was occurring. Hermeneutic phenomenology was used to understand the school counselors' experiences and then interpret the experiences to understand the phenomenon. To conduct this research study using hermeneutics, I conceptualized the range of experiences that came from different school counselors.

Understanding "the totality of all that can be realized or thought about by a person at a given time in history and in a particular culture" helped me in understanding the lived experiences of school counselors (Clark, 2008, p. 59). By interviewing school counselors, I attempted to interpret and understand the totality of what they were experiencing during a school day to support students with a mental health need. Researching school counselors' lived experiences could lead to more conversations about school counselors' training, their role, and the collaboration of school counselors when supporting students with mental health needs. Critchley (2009) described Heidegger's philosophy as a way of minimizing subjective opinions when looking at the whole and the parts of others' lived experiences. This ambiguous activity of taking someone else's experiences and genuinely and objectively unveiling what people see is important because it aides in understanding the role and identity that school counselors hold of themselves and how that identity and role impact their day-to-day activities in schools with students who have mental illness (Mantzavinos, 2016).

There are several ways to engage in this process of understanding: through preunderstanding, prejudgments, and fore-conceptions. To interpret the preformed opinions, prejudices, and misconceptions of the researcher, a circle of understanding must occur. Data are connected using a hermeneutic circle. In this circle, researchers apply lived experiences, take in prejudices, and examine any fore conceptions they have. Researchers continuously use this process while seeking an interpretation of the experience. According to Regan (2012), the data review process is not a method but a "fluid set of guiding principles used to find truth" (p.291). The guiding principles allow

researchers the ability to transform meaning into themes and patterns, synthesize the information for clarity, and understand the experience of the participants.

A phenomenological view acknowledges experience as an important quality of consciousness. Giorgi (2009) posited that the ways of obtaining information in a phenomenological approach are through interviews, recorded files of experience, or asking for a written account of experience. Therefore, researchers use a hermeneutic inquiry to look for meaning, understand the meaning of a lived experience, and connect the experience of the participants through the data collected (Broome, 2011). Researchers analyze interviews and conduct self-reflection and revisions of understanding. After looking at the participant data individually, researchers can delve in the perceptions, comparisons, and patterns of the participants' answers. The merged results help researchers develop themes, patterns, and generalizations on a more meaningful level of inquiry. Social contact between people can be a major influence on how people behave and how they perceive their own behavior. This phenomenological study will provide space for participants to speak to their perspectives without negating the their viewpoint (Broome, 2011).

Eddie-Hirsch (2015) posited that the intrinsic awareness of a researcher is important in understanding the data and perceived phenomena of the participants. In this research, I sought to gather information from school counselors to understand any lived experience in supporting students with mental health issues in schools. My semiformal interview approach included a list of topics and questions that guided the conversation. A semiformal interview can be unstructured but have the same questions for each

participant. The conversational interview is flexible and informal so that it appears to be the most natural interviewing process. Using a semistructured conversational interview helps build rapport between interviewer and participant. The semistructured interview allows the interviewee to take the conversation into different territory that may not be accomplished in a structured interview.

In qualitative research, when researchers reach a point of no new themes, patterns, or coding, they can assume data saturation has been reached (O'Reilly & Parker, 2012). The weakness of the semistructured conversational interview is that it will require more time to complete. A more generalized weakness is the variety of information from one participant to the next. If interviews vary too drastically, it can cause contradictions when trying to understand the interview data. To handle this concern, I considered the sample size and continued sifting through the data until the themes and patterns were exhausted. In this research, I made sure the specific research questions were addressed by all participants in the sample to maintain consistency.

**Definition of Key Terms**

*Mental illness*: A syndrome characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental process underlying mental functioning (American Psychiatric Association, 2013).

*Mental disorder*: Conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and is associated with

present distress or disability or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom (Stein et al., 2011).

*Perception*: A cognitive process required to process information or a person's sensory experience of the world that includes recognizing stimuli and activities in response to these stimuli. Perception may include a person's touch, sight, sound, smell, and taste (Cherry, 2017).

*Stigma:* An inadequate feeling of self-perception or a perceived negative attribute or thought that causes people to devalue or think less of themselves or another person (Zhao et al., 2015).

*School counselors*: People working inside educational systems who recognize and respond to the need for mental health and behavioral prevention, early intervention, and crisis services that promote psychosocial wellness and development for all students (ASCA, 2015, para. 1).

**Assumptions**

The following are the assumptions that made in relation to studying the lived experiences of school counselors when supporting students with a mental illness. These assumptions were made due to the conceptual framework of the study. The first assumption was that all participants are highly qualified, current school counselors who have the appropriate training, licensure, and supervision to implement their job. This assumption helped the researcher gain data based on the same state licensure and training so the feedback led to data saturation. A second assumption was that all participants interviewed gave honest and truthful answers. This led to credibility and richness in the

answers given during the semistructured interviews. A third assumption was that the participants' current and/or personal situations taking place at the time of interviews did not hinder or bias any of the information obtained about supporting students with a mental illness. This depth of the participants' answers guided me to express and write about the specific experiences of the participants. Lastly, the final assumption was that the school counselors participated and shared their experiences willingly. This final assumption allowed me to embed analytical rigor to the interpretation of the lived experiences and look at every participant as unique to the role and theme that developed in the hermeneutic analysis.

In the context of the study, the assumptions used were necessary to conduct the research. Many of the assumptions were necessary because hermeneutic phenomenology requires me to assume that the participants are credible resources in sharing their experiences. Creswell (2012) postulated that researchers must also understand that within the credible resources there will be multiple realities that will help shape the different perspectives of the participants. This means that I must understand that each reality is different, and I must combine various perspectives to form understanding. The assumptions listed allowed me to not embed personal biases in the interviews but to become subjective in the connecting of the multiple experiences.

As the researcher, it is important to make sure the phenomenon being studied has transferability. The hope is that readers of this research can use the rich descriptions of the data as connections from the text to the experiences of school counselors. This research should be transferable enough to expand on the needs, roles, and responsibilities

of school counselors at every grade level. The transferability is also evident through the research findings. The research findings will be applicable not only to the participants in the research but to the training of school counselors and the advocacy of their programming in school districts. As the researcher, I attempted to make sure that the readers of this research can apply the contextual illustrations to new research that can inform and explore the experiences of school counselors supporting students with mental health concerns.

## Scope and Delimitations

The first delimitation of this research was the choice of participants. The participants were school counselors in grades K-12 working directly with students with mental health concerns. There are many other related topics to mental health in schools that could be addressed. I chose this topic because, although mental health issues in schools can impact all educators in a school building directly or indirectly, school counselors are unique in that their job is to have contact with everyone in the building, parents, and community resources. Therefore, mental health concerns will always influence school counselors directly due to their role, training, experience, the socioeconomics of school, and the grade level the school counselor works with, such as elementary, middle, and high school (Walz & Bleuer, 2013).

I considered other approaches to this research. The first approaches considered were the qualitative approach of social constructivism and postmodernism. Supporting students with mental illness in schools can be researched by using social constructivism. In this approach, I considered using different viewpoints of how students diagnosed with

a mental illness have problems that may impact their learning (Charmaz, 2006). The other approach I considered was postmodernism using grounded theory. This approach would have used the perspectives of school counselors but would not have let me focus on the lived experiences of school counselors; I also would have connected contradictions in the text (Creswell, 2012). However, I chose the qualitative hermeneutic approach to address the philosophical assumptions. School counselors' lived experiences may transfer to more conversations about the training of school counselors, the mental health role of the school counselor, and the collaboration of community support of school counselors when supporting students with mental health needs. As the results are described from the data, readers can transfer the contextual data and apply them to other schools and students with the same concerns.

## Limitations

The first limitation of the study was the creation of the research questions. This is a limitation because the questions used were not open-ended enough to expand on during the interview. Another limitation was all participating school counselors being from the same state. If I had used school counselors from various states, it would have added a broader understanding of the perceptions of mental illness of students in schools. Another limitation may derive from the participants. Due to using a purposive sample of school counselors, they might have felt obligated to answer with a positive spin. If the school counselors did not answer from their own personal lived experiences, the data might not be transferable and will not add rich description of what the real phenomenon looks and feels like. A limitation of using hermeneutic qualitative research is that it focused on

experiences, perceptions, and truthfulness that are unique to each individual participant (Wilcke, 2002). In other words, the participants can make up their experiences and the experiences may not add value to the research. Focusing on people's perceptions and personal interpretations of their experiences, may have led me to begin to form assumptions about those experiences. There was a close relationship between the research topic and my own career and job-related duties. By acknowledging my own perceptions and bias, I needed to collect my personal thoughts in a reflexive journal to continually examine the reason behind my thoughts, so they did not influence the research. In using personal bias in interpreting the themes and patterns discussed by the participants, it allowed me and participants to become more reflective when reviewing the text. Being reflective of self and how I saw myself in comparison to the other school counselors in the research created a deeper level of rich data to enhance the analysis of what was being stated by the participants. This deeper level of data emerged when I drew from my own personal experience and was reflexive over my preformed judgments and perceptions, and I used this information in my interpretation of the data. If the perceptions were subjective in nature only, it could influence how the data were summarized and discussed.

Lastly, my own inexperience in utilizing this inquiry procedure could be a limitation to this research. My own inexperience may have caused me to miss valuable information, dismiss observational data, and miss vital information given by participants. As an ongoing part of working with personal bias and limitations, a researcher can use reflexive journals and personal notes (Ahern, 1999). The use of journals and notes aids a

researcher in deciding when to ask probing questions, be aware of personal ideas and concepts, and make sure the development of themes and patterns are created from the participants' interviews (Gearing, 2004).

## Significance of the Study

Effective interventions and prevention in schools is essential for professional school counselors who support students' social and emotional well-being (Reinke, Stormont, Herman, Puri, & Goel, 2011). The World Health Organization (2017) suggested that 10%–20% of students under 18 years of age have been formally diagnosed with a mental illness. UCLA's Center for Mental Health in Schools (CMHS; 2017) noted that in the last 10 years there has been a dramatic increase in students being diagnosed with clinical depression, ADHD, and emotional problems. As social change advocates, school counselors are concerned with removing any negative systemic perceptions and any unhealthy experiences that can hinder supporting students with a mental health illness. Major policy gaps and emerging trends show a fragmented connection of mental health programs versus cohesive interventions for mental health support of students (Carlson & Kees, 2013). This is significant to this study because students spend more time in schools than in other venues, and thus, schools need to be prepared to support the mental health needs of students (Fazel et al., 2014).

According to Hill et al. (2012), many schools face significant barriers regarding mental illness in schools. Hill et al. (2012) also reported that two thirds of students are not receiving the mental health support they need. The limited amount of services school counselors can use continues to rise, but school counselors are still expected to do

increasingly more with inadequate support. DeKruyf et al. (2013) found that mental

health support in schools is on the increase, but many of the students' needs are not met

due to the overload of work school counselors face and the incorrect allocation of school

counselors' time in the school day. CMHS (2007) recognized that, with mental health

research and resources school counselors have in their buildings, there are still quite a

few deficiencies that prevent schools from providing effective support to students.

Deficiencies include poor screening systems to determine the needs of students early,

universal interventions not effective in identifying students with mental health needs, and

systems that do not adequately denote depression versus poor motivation or low-self-

esteem (CMHS, 2007; Fazel et al., 2014; Stein et al., 2003). These continued deficiencies

suggest that school counselors may be providing a fragmentation of services to students

due to the overwhelming amount of student need in schools. Training professional school

counselors specifically about servicing students with mental health needs will help

prepare adept and self-confident counselors who meet the needs of all students.

School counselors' lived experiences can help in formulating dialogue on the

additional support needed for eliminating perceived obstacles and barriers that prevent

student success. Counselors spend a great amount of time on direct counseling of

students, but there are still many students not being supported (Adelman & Taylor, 2012;

Carlson & Kees, 2103). Hill et al. (2013) found that the level of satisfaction among

school counselors supporting mental health concerns in schools was low due to lack of

adequate provisions. Those provisions were resources such as funding to pay for

community mental health counselors to come into schools and the lack of time during the

school day. Whiston and Quinby (2009) posited that school counselors have a significant impact on students with mental health concerns, and therefore, their role should be considered when bringing in mental health support for students.

To add to the current literature, this qualitative study will help to inform stakeholders about current supports in schools and the lived experiences to fully using those supports. A variety of psychosocial universal programs have been put into place to support students with mental health concerns in schools (Adelman & Taylor 2012; Paternite, 2004), but mental illness is still on the rise in schools and across the country (Carlson & Kees, 2013). Carlson and Kees (2013) noted that 75% of school counselors agree that supporting students with mental health concerns is a part of their role in schools. However, there is little information regarding the perceptions of those doing the job and how their daily routine is impacted due to perceived barriers (Carlson & Kees, 2013). School counselors have unique lived experiences, varied perceptions, and specific rationales for perceiving that the barriers they face in schools are preventing them from using the various resources offered. Understanding the patterns and themes to these perceived barriers will help inform future school counselors, bring about systemic changes, and increase community resources. Community resources and systemic changes have an opportunity to be as small as supporting mental health professionals create more effective after-school groups, to wider efforts like the school district writing grants for more mental health services in schools.

The perceived barriers may also be preventing school counselors from appropriately supporting students and families dealing with mental illnesses (Fazel et al.,

2014). The intended social change of the research will be to inform current school counselors and other stakeholders about how to minimize perceived barriers and create a climate of positive support around the discussion of mental illness. Thus, the themes, patterns, and lived experiences of the professional school counselors in this study may help inform other school counselors on how their perceptions and their roles may help enlighten others through positive advocacy for the students and families they serve.

Recognizing the lived experiences of school counselors and the obstacles and systemic barriers they face can help promote a higher level of student academic success (Adelman & Taylor, 2011; Corthell, 2014; Walley & Grothaus, 2012). The awareness will help give stakeholders the knowledge needed to train students to identify and use appropriate coping strategies, understand where to seek help, and focus for longer periods of time in the classroom. Those same lived experiences will help professional school counselors explore changes that affect counseling lessons, research new professional development opportunities, and increase awareness about the needed education of professional school counselors (O'Grady, 2017). When perceived barriers are removed, students have the potential of creating meaningful transformation for themselves, their families, and communities (Bulanda, Bruhn, Byro-Johnson, & Zentmyer, 2014; Walley & Grothaus, 2012).

## Summary

While the mental health of students has been increasingly discussed due to the rising number of students being formally diagnosed with a mental illness, schools still need many changes to occur to support this growing population (Brown, 2013; McGrath,

2010; Perfect & Morris, 2011). Even with the support of agencies, such as the Centers for

Disease Control and Prevention (CDC), the ASCA, and the National Alliance on Mental

Illness (NAMI), many barriers, concerns, and vast stigmas associated with mental illness

remain. Noted barriers that affect students getting mental health support include schools

not valuing the need for support, historical context of support given to mental illness, and

limitations of time in schools for the interventions (Atkinson, Squires, Bragg, Muscutt, &

Wasilewski, 2014; Moon et al., 2016). Mental health agencies and school counselors try

to combat some of those barriers by offering many ways to support students through

consultations, referrals, training of school staff, and working collaboratively with

teachers to support mental health in the classrooms (ASCA, 2012). However, with both

support from national agencies and support within the school system concerning the

emotional health of students, the delivery of therapeutic services is often fragmented and

inadequate (Atkinson et al., 2014). When investigating the research on the lived

experiences and perceptions of school counselors in supporting students with mental

illness, a lack of knowledge still remains (Carlson & Kees, 2013; Dix, Slee, Lawson, &

Keeves, 2012; McGrath, 2010). This lack of knowledge may be a significant oversight

when school counselors are asked to engage in responsive services.

Chapter 2: Literature Review

**Introduction**

The mental health of students is an increasing concern for not only school counselors but everyone in the community (Wingfield, Reese, & West-Olatunji, 2010). According to Garmy, Berg, & Clausson (2015), many adolescent students are at risk for mental health concerns, and about 60% of adolescents formally diagnosed with a mental illness will have recurrent problems. School counselors' perceptions may affect the way they provide support to students and effect the training necessary for school counselors to perform their job with fidelity. Therefore, it is important to understand what school counselors perceive and how they support students with diagnosable mental illness in schools. Understanding their perceptions is one step to helping school counselors address the needs of the whole child. Numerous articles and research have covered the perception of other educators, such as teachers and school psychologists, about their perceptions of what is needed to support students (Dix et al., 2012; Gaete, Rojas-Barahona, Olivares & Araya, 2016). However, there is little in the literature regarding the perceptions of school counselors and their emotions about the barriers to mental health support in schools for students (Reinke et al., 2011; CMHS, 2007; Loades & Mastroyannopoulou, 2010; & Dix et al., 2012).

Many schools try to address not only the academic needs of students but the psychosocial, mental, and physical health of students so they may develop into effective, productive citizens. The literature presented information addressing the resources available to students with mental health concerns and the different barriers to actual

resources accessible to students in schools (Reinke et al., 2011). CMHS (2017) identified that there are not enough clinical services in schools to address the needs of students with traumatic and mental health concerns. Reinke et al. (2011) posited that there has been an increase in the availability of evidenced-based interventions in the school setting, but little change in students' mental health has occurred.

The problems this study seeks to address are the attitudes, perceptions, and practices of school counselors when supporting students with a mental illness in schools. The mental health of students has become an increasing concern for many school counselors, community stakeholders, and school districts (Carlson & Kees, 2013). When the influence of a mental health concern creates a barrier to a student's academic success, the school counselor may spend a large amount of time supporting these students (Hill et al., 2012). To eliminate the absorption of time that is taken away from the school counselor serving other students, educational advocates may need to look at the framework of the school counselor role (Hill et al., 2012). Understanding the framework and knowing school counselors' perspectives will hopefully engage all educational stakeholders in much-needed conversations about preventive programming, academic support, and overall strategic training, which in turn will help students with academic and mental health needs.

In this chapter, I discuss the important areas of research in my review of the literature. The topics of importance were mental illness, an overview of mental health concerns in schools, academic achievement of students with mental illness, addressing barriers to supporting students with a mental illness, and the professional school

counselor role. This literature review will support the limited knowledge of the experiences of school counselors and introduce the reader to the staggering concerns of students dealing with a mental illness. The review will also reveal a gap in the literature when it comes to understanding the phenomenon of school counselors supporting students with a mental illness.

## Literature Search Strategy

I used various sources of information in the literature review, including the Walden University library to search for peer-reviewed articles; databases searched included ERIC, Psych INFO, PsycARTICLES and the ASCA database. Additionally, I used subject specific databases for specific search terms: *school counselor, mental health, adolescent mental health, school counselor roles, student academics,* and *professional school counseling*. In addition, I used general web searches with Bing and Google Scholar to search for full-text articles regarding mental illness and mental health in schools. Those general web searches led me to nonprofit and governmental organizations, such as the National Alliance of Mental Illness, American Counseling Association, and American Psychological Association. Graduate-level books and Walden's dissertation database were used to find important data on qualitative research and hermeneutics. When the information I searched in the databases was not found, I then searched for school counselors and students with mental illness. I also changed some wording in the search engines and searched for topics on adolescent mental illness in schools.

**Mental Illness in Schools**

NAMI (2017) revealed that 10 million people in the United States have experienced a mental illness. *Mental illness* is typically viewed as an undesirable label , but every person has a unique experience that contributes to and impacts their mental health. A person's mental illness is not a result of one personal event but may include multiple connecting sources of ongoing stress and traumatic events (NAMI, 2016). To discuss a student's mental illness, mental health professionals must first understand the applied definition of the term. The *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*, 2013) defines a mental illness as a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or developmental processes underlying mental functioning. Other sources differentiate mental health and mental illness by describing a mental illness as an altering of the mood, a change in behavior, and an inconsistent processing of an individual's thoughts; mental health can be defined as a person's ability to cope with the day to day stressors of life (CDC, 2017; *DSM-5*, 2013; World Health Organization, 2014).

NAMI (2011) reported that, in 2009, there were profound limits imposed on state spending for services to help citizens living with serious mental illnesses. Unfortunately, whenever there are significant cuts that impact society, more disadvantaged groups, such as those with mental illnesses, are affected. Living with a mental illness can have profound effects on a student's quality of education and life. When the issue of mental health is discussed, it is viewed as a person's emotional well-being, mental well-being, physical well-being, and the quality of life that person is experiencing.

Mental disorders have become more common in schools, causing restricting opportunities for students in the classroom (Tabish, 2005). NAMI (2017) estimated that the start of mental illnesses most often occurs in adolescence. About half of people with mental illness experience onset by age 14 (Association of Children's Mental Health [ACMH], 2016; NAMI, 2017). Adelman and Taylor (2006) revealed that 12%–22% of all adolescents under the age of 18 need some sort of support with a mental illness or a social/emotional problem, and this support typically begins in schools. The literature more recently revealed that over 40,000 adolescents nationally were treated for some form of self-injury, and later, many of the same adolescents attempted suicide (CDC, 2014). Fazel et al. (2014) discussed childhood disorders having a high prevalence of up to 18% in students in school. The same research indicated that more than 35% of students had at least one diagnosed disorder by 10th grade or age 16 (Fazel et al., 2014).

Grant and Brito (2010) also described high school students as having greater emotional distress than in previous years. This increase shows that mental health and psychosocial success are growing concerns for many in education and society. Students with severe mental health issues still must attend school. The school systems are being bombarded with students who cannot focus and learn due to mental health issues. Unfortunately, schools are faced with the challenge of teaching these students regardless of illness. Schools are required to increase test scores and social/emotional health. Part of the role of the professional school counselor is to work with the whole child, which means that school counselors collaborate, support, and provide information to staff about what life stressors are impacting the students (ASCA, 2012). Ford & Nikapota (2000)

found that an educator's perceptions add value in training to understand mental health concerns. Having conversations among key stakeholders is a must to address various levels of support in schools that address the mental health of students. Ford and Nikapota (2000) examined 100 educators about their perceived experiences of students with mental health services through semi structured interviews. The conclusion was that the teachers wanted to consult with someone in schools, such as a professional school counselor, to get advice and direction on how to support students (Ford & Nikapota, 2000). Unfortunately, the perceptions of the professional school counselors were not gathered, resulting in a gap in the research and a lack of understanding of how the support of students with mental illnesses are perceived by school counselors.

The literature indicates that 18% of children and adolescents have a mental illness and 5% are severely emotionally disturbed (Dikel, 2012). A student with a mental illness in school must overcome not only impairment with academics but impairment in daily functioning. These statistics are overwhelming, and many professional school counselors have indicated that they feel unprepared to handle these students (Carlson & Kees, 2013). Carlson and Kees (2013) identified the role, training, and importance of having a school counselor in schools to support students with mental illness as imperative to the academic, social/emotional, and systemic success of students. Professional school counselors bring a certain type of leadership to school buildings, and if utilized appropriately, it will help improve students' academic achievement and contribute to a positive school culture and climate (Carrell & Hoekstra, 2014).

According to ACMH (2016), meeting the needs of these students will require special school practices. Professional school counselors are not clinical mental health counselors, but they are able to recognize what students need, they have great insights into social emotional learning, and they can work with families to get the support they need. Typically, school counselors are the people on the frontline working with students who have unique problems in school. According to ASCA (2015), over 3 million students ranging in ages have a diagnosed mental illness. This may result in poor school attendance and poor academic achievement for those students (Minahan & Rappaport, 2012). The numbers continue to increase every year and early recognition is important to support students (ASCA, 2015).

**Adolescent mental health concerns**

In every classroom, one out of every five students will be diagnosed with a mental illness, or in a class of 25 students, at least four to five of the students will be struggling with mental illness (Anderson & Cardoza, 2016; CMHS, 2007; NCMHC, 2016). Having at least four to five students with a mental health concern in class together means that many classroom teachers must focus on these students for at least 5 hours a day with the support of the professional school counselor (Minahan & Rappaport, 2012). Students spend more than 50% of their waking day in school, typically for nine months of the year. Many researchers believe schools can be on the frontline in being a preventive solution to students' increasing mental health concerns (Atkinson et al., 2014; Fazel et al., 2014; Wang & Peck, 2013). When students struggle with mental health concerns, they often have attendance issues, academic achievement concerns, behavioral concerns, and

frequent conflicts with peers and adults (Adelman & Taylor, 2012; Lavis, 2014; Skalaski & Smith, 2006).

Families in many communities buy into the negative stereotypes facing a mental health concern, it impacts the school community, student, and family. Due to the stigma of a mental illness, students and families may be afraid to seek the treatment and support they need when they are not emotionally well (Pearl, Fogeard, Rifkin, & Bjorgvinsson, 2017). When students are not emotionally well and are not supported systemically, the risk of violence and substance abuse increases (Harvard Health Publications, 2011). Jones, Greenberg, and Crowley (2015) explained that the consistent problems that students had in schools were due to the students' inadequate levels of mental health functioning. Hashempour and Mehrad (2014) postulated that a student's poor mental health can negatively impact how that student succeeds in school and home. Students must have support to control their emotions, and many school counselors' role is to provide that support (American Counseling Association, 2012). ASCA (2012) stated that the primary role of the school counselor is to provide direct and indirect support to students with socio-emotional, academic, and behavioral needs. Direct support is typically given through individual student support and planning, community resources, and core curriculum. The indirect support for students with mental health concerns include the school counselor making sure the families of students with mental health concerns are supported with community resources and advocation of mental health services. Other research suggested that adequate support of a mental illness may lower rates of violence in schools, prevent school dropouts, and help students attain a higher

education (ACMH, 2017; Dikel 2012; HHP, 2011; Jones et al., 2015). According to NAMI (2011), 40% of students in schools who need support with a mental illness are not receiving treatment. These challenging outcomes for schools mean that if students cannot focus due to social or emotional instability, educating these same students will be challenging. In the last few years there has been an increase in trauma responses in schools, and an increase in the awareness of mental health supports needed in America (Stein et al., 2003). Several studies discuss this mental illness crisis, however few of them speak directly to the perception of the mental health provider in schools, the professional school counselor (Fazel et al., 2014; DeStefano, 2015; Stein et al., 2003). This gap in the literature prevents the possible increased conversations, increased professional development and increased community alliances of professional school counselors supporting students with a mental illness in schools.

**Impact on academic achievement**

Strauss (2013) proposed that for many students, there is a relationship between social emotional concerns and poor school achievement. At times, this lack of achievement can be noted from a student's entry into school until his graduation (Strauss, 2013). School problems of the student can be as stagnating as poor attendance to difficulties with behavior regulation, attention/concentration, and adjustment to school (Adelman & Taylor, 2012; McGrath, 2010; NCMHC 2016). In correlation to this, high school students will acquire many of these school problems, and as a result have a higher chance of earning failing grades, which will keep them from graduating on time and lead to not only becoming a school problem but a community one as well. It has been noted in

the literature that "only about 32% of students in high school facing serious mental illness will continue onto postsecondary education" (NCMHC, 2016 p.1.). Therefore, professional school counselors now must balance a comprehensive school counseling program that will allow for integrating the academic success of the student and the student's social emotional learning collectively.

Lavis (2014) found that mental health problems have many deep impactful results for students seeking enough educational success. In a literature review by Green et al. (2004), it supported other findings that young people with pervasive behavioral concerns, and psychosocial problems in school are more likely to be omitted from class, have lower grades, find it difficult to master the curriculum and are more likely to drop out of school. The mental health of students can either lead to higher rates of achievement and self-esteem or bring about violence and/or poor social emotional control in schools (MAIG, 2009; Dikel, 2012).

There is a great heaviness for schools to attain high academic achievement for all students despite many mental health concerns they face. Massey (2015) discussed that mental illness in students was considered one of the risk factors for students not having academics success and for the higher rates of school dropout. A qualitative research was conducted by Massey (2015), to explore the perceptions of educators supporting students with a mental illness. In the research, Massey (2015) used N=130 educators to investigate their perception of supporting students with a mental illness. The data were gathered from classroom teachers, administrators, school counselors, and social workers. The educators were asked several open-ended questions to form data around their perceptions of

supporting students with a mental illness in their school. The research participants were recruited from several high schools, middle schools and a few elementary schools. The outcome revealed that the educators all perceived that it was the school counselors' role to support these students, screen students for referral for services, and a conceptualized view that the teachers did not have enough training to support students with a mental illness. This study revealed that all educators understood and accepted that more mental health services are needed in schools but were all unclear about what those supports should look like. It is the role of the professional school counselor to advocate, refer, support, and communicate with families about clinical mental health resources (ASCA, 2012). School counselors try hard to work around barriers to gain this support for students. Three barriers that many professional school counselors face is the limited amount of community mental health services available to students, the increasing number of students needing mental health support and appropriate training to identify students with mental health concerns (Kaffenberger & O'Rorke-Trigiani, 2013). Massey (2015) also concluded that the participants felt that the barriers to receiving the needed supports began with school funding, mental health stigma, and priorities in the classroom and school This research added additional information about the overarching concern of mental health in schools however, this was another research that was limited in adding the specific voice to school counselors who support students with mental health concerns in schools. Gaining the perceptions of school counselors who support the role of including clinical mental health advocates and providers in schools will add value to the

conversations around the achievement gap of mentally healthy students and those students struggling with their mental health.

The achievement gap is just one of many factors that plague U.S. school systems. The achievement gap, according to Basch (2011), is the difference between white students' and minority students' achievement in the same setting. However, there is also an academic achievement gap that exists between mentally healthy students and those diagnosed with a debilitating mental illness. Basch (2011) conducted a literature review on what contributed to the achievement gap. According to Basch (2011), mentally healthier students have less of struggle performing academically and noted that learning can take place when students are not faced with disparities. Basch (2011) also found that health problems influenced students' academic achievement and adversely impacted how they learned in the classroom. The literature review revealed a major limitation in that it only analyzed previous articles on minority, urban youth and did not include other minority groups in the sampling. While this author's focus was on minority groups facing health disparities, Basch's (2011) literature review found relevant information regarding mental health and academic success. The literature review concluded that all schools would benefit from having a coordinating school health initiative that also included a coordinated school mental health initiative (Basch, 2011).

Ramirez (2014) researched the correlation between students' mental health and their academic achievement. The study used the data from n=38 students. The students' academic baseline scores and information were documented before mental health support was given to the 38 students. The students' academic baseline scores and information

included state testing data, attendance, and suspension data. The results, after school based mental health support was given, showed slight improvement in test scores and student attendance. In the conclusion of the research, Ramirez (2014) suggested that the research may have had better results if the mental health support had been given simultaneously or collaboratively between the school and community resource. However, Ramirez (2014) did not address what role if any the school counselor or any other school stakeholder played in the 38 students receiving the mental health support. Ramirez (2014) also did not suggest that there was any form of family engagement. Therefore, it can be surmised that not having the support of a figure within the school to also support the mental health resource may have hindered the student to have substantial growth academically. This research study provided information regarding the crisis of mental health in schools, but it did not include valuable perceptions of key stakeholders such as the professional school counselor's regarding how they work with students with a mental illness.

**Barriers Addressing Students Mental Health Concerns**

The mental health of students has become a nationwide concern for not only school counselors but mental health providers everywhere (Massey, 2015; Atkins, Hoagwood, Kutash & Seidman, 2010). A now common setback in education is that more school aged students are exhibiting behavioral concerns, academic failure, and psychiatric labels at a younger age (Adelman & Taylor, 2012). In many large suburban school districts, there are numerous students with diagnosable mental illnesses who do not receive support of any kind (ACMH, 2017). The strategies in schools to support this

high percentage may have barriers that represent disjointed interventions that do not address this complex problem effectively (Adelman & Taylor, 2012).

School counselors and all educators are now faced with a challenge of overcoming barriers and increase academic achievement for students with mental health and social emotional concerns in the classroom. Dix et al. (2012) found in their research named KidsMatter, that among many priorities identified as important in schools, the development of a student's mental health and wellbeing is considered integral to achieving better academic success. The procedure for implementing the KidsMatter research was to issue questionnaires to students, teachers, and parents. During the two years of research Dix et al. (2012) found that implementing mental health programs in schools increased the overall happiness of the student sample group and increased academic improvement. The limitations of the study were the inability to control attendance of the students, the variance of socioeconomic status of the participants, and being able to compare the same implementation from one rural district to an urban district. The gap in the research is that there continues to be a focus on stakeholders such as teachers and parents; however, there continues to be a lack of focus on school counselors and their perceptions on how to support students with mental health issues in their schools and classrooms. During their research, Dix et al. (2012) disseminated questions about social emotional competence and mental health to parents, teachers, and students; however, they left out the school's primary mental health resource, the professional school counselor. Therefore, the gap in the literature that is continuous is the non-existent perception of the professional school counselor.

Many educators must find a way to not only engage all learners but also work with mental illnesses that they are not equipped to handle (Minahan, 2012). For example, according to Paternite (2005), a teacher who spends "10 minutes of each academic class period per day dealing with mental health concerns or disruptive behavior, equals a loss of more than 60 hours in a nine-week grading period or roughly thirty-four 7-hour days in a school year" (p. 659). This is just an example, but the hours that the students are missing of valuable class time is now being directed to the students that need the mental and social-emotional support to achieve. Dikel (2012) suggested that many students within every classroom who has some mental health issue will continue to struggle unless the mental health of those students are addressed. In a previous research study that was conducted by Massey (2015) it agreed with Dikel (2012) in noting that in classrooms teachers perceived that students continue to struggle in classrooms due to less than adequate resource distributions in schools for the mental health of students.

In a survey conducted by Gracy et al. (2014), there were n=626 principals and assistant principals surveyed. The principals and assistant principals were asked to rate how certain barriers such as vision impairment, poor diet, and mental health conditions impacted their school environment and prevented the identified students from effectively learning. The n = 626, principals were from a mixed socioeconomic level of schools. However, the school leaders from lower economic schools responded with a higher rate of students who were unable to learn and focus in the classroom due to mental health issues. The survey revealed that the perception of how the school leaders viewed their schools also impacted how they responded to the survey. The data in the research

revealed that there is a direct correlation between mental health concerns and the academic success of students. Very few principals responded that they had any additional school-based mental health support in their school buildings other than the school counselor. Ironically, even with this lack of mental health resources, the principals failed to consult the one person who has knowledge on how to support students with mental health needs, the school counselor. The researchers used the perception of the principals; however, the school counselor was not considered in the survey. In many schools the school counselor is on the front line of supporting students and they work collaboratively with parents to connect a mental health agency in addressing the needs of the student. The limitation in this research conducted by Gracy et al. (2014) centered around the fact that all stakeholders (counselors in particular) were not included to address the mental health and physical health of the students.

Mental health issues can wreak havoc on classrooms and be burdensome if the educator is not effective and appropriate support is not given. In some cases, teachers have little to no training to support mentally ill students in the classroom, yet they are offering therapeutic interventions (Minahan & Rappaport, 2012). In the United States, there are serious behavioral and academic concerns that not only plague schools but impact society. According to Anderson and Cardoza (2016), the reality is that school counselors are asked to work with many families facing a students' mental illness and have case-loads too high to be effective. Public education is in a unique position of being able to enact change and alter negative perceptions of mental health in schools, in families and in communities facing mental health issues of students. The overall mission

of schools is to develop students' ability to process, understand and cope with the world around them so that they become well rounded citizens who contribute to their communities.

The topic of mental health in schools has continually been on the rise in many educational and mental health circles (Shute, 2012). The literature acknowledges that a typical classroom today as described by Lamport, Graves, and Ward (2012) "contains gifted students, slow learners, English language learners, students on the autism spectrum, hyperactive/attention deficit students, socially and emotionally challenged students, and socio-economically challenged students" (p. 55). With this type of diversity within the classroom, professional school counselors' perceptions may be different than that of the parent, teacher, or administrator on how to effectively address the needs of the students. So far, a review of the literature has shown that there is a need for addressing the mental health of students. The analyzation of the literature has also provided research gaps between the role of the school counselor and how they are perceived to be used in schools. ASCA (2012) postulates that school counselors are to address all student's needs. The professional school counselor work within dual roles that require them to be flexible consultants that embrace interprofessional collaborations in schools (Mellin, Hunt, & Nichols, 2011). Understanding the perception and roles of the school counselor can benefit the education of students and the implementation of school based mental health services needed in schools.

**The Professional School Counselor**

Throughout time, the school counselor's role has been very fluid depending on the day to day activities of the building in which the school counselor works (Kozlowski & Huss, 2013; Sumerlin & Littrell, 2011). Students, parents, teachers, administrators and even the community hypothesize about what the actual role of a school counselor is and what that role should look like. Mellin et al. (2011) postulated that the counseling profession continues to struggle with understanding and instituting a set professional identity. School counselors are trained to work with parents, teachers, and students to increase academic and social emotional success (ASCA, 2012; Sumerlin & Littrell, 2011). The priorities and duties of the school counselor are now in some ways at a heightened awareness due to the overwhelming mental health crisis that has risen in schools (DeKruyf et al., 2013; Dikel, 2011). According to ASCA (2012), the school counselor's role is now considered "crucial" to helping students in schools overcome barriers to learning. This task is not an easy one, when the barrier is a diagnosed mental illness. With the amount of duties assigned to the counselor who oversees 250–400 students at a time, it is sometimes crucial to deal with pressing issues first (Rosales, 2015). The school counselor must find ways to advocate and communicate the increased need for clinical mental health services to be aligned with the school to support students. The role of the school counselor is to spend the greatest amount of time in direct service to the student body through three distinct areas such as responsive services, curriculum, and individual student support (ASCA, 2012). As I continue to describe the role of the school counselor, it has been found that the main goal of any role of the school counselor

is to be flexible, adaptive, and evolving to continue to meet the needs of the students, parents, and the school community (Mellin et al., 2011).

In a qualitative study conducted by Sumerlin and Littrell (2011), they investigated what kept the school counselor's passion high, by investigating the perception of the school counselor. A phenomenological approach was used to gain data on the feelings, emotions, and experiences of school counselors. In this research study conducted by Sumerlin and Littrel (2011) it was postulated that many of the school counselors interviewed perceived that their success with supporting students came from consistent professional development, peer interactions, and having well trained supervisors in schools. The researchers used a phenomenological approach. Summerlin and Littrel (2011) interviewed N=9 school counselors about how they sustained passion in their field of school counseling. They found that the school counselor's role has changed and shifted significantly over the years; however, even with stressful changes, many school counselors managed to keep high passion for what they do for students. The results in the study by Sumerlin and Littrell (2013) revealed that school counselors need to be aware of burn-out and must continue to find value in what they do to continue to have a high passion level in their work. This research study used rich interviews and gained valuable data; however, the research did not investigate how the school counselor felt or understood better while supporting students with mental health problems. The research also did not reveal how much time the school counselors poured into supporting this population of students. This research did not further the investigation of the lived experiences of school counselors because school counselors were not consulted to

provide their perceptions, practices, or experience supporting this population of student. However, it is useful data to include when looking at school counselor burnout when facing the many roles in school.

**The role of the professional school counselor**

The school counselor's role over many decades has gone from guidance vs. education, guidance vs. counseling, and now guidance vs. mental health (Gysbers, 2001). According to an article by Gysbers (2001), the school counselor does not focus his/her role solely on one area of need but on multiple areas that have various purposes. Now, ASCA (2016) stated that the role of the school counselor should focus on all areas of the whole child. ASCA (2016) also stated that due to the training of school counselors they can provide education, prevention, and referral services to families to address mental health concerns (para. 5). Over time, school counselors have and will continue to meet the juncture of multiple priorities. To do this, the school counselor's role will continue to transform to meet the needs of the student body, school, and community.

In a descriptive survey research study conducted by Carlson and Kees (2013), the researchers investigated the experiences and thoughts of school counselors working with mental health professionals in public schools and students with mental health concerns in schools. The researchers included a targeted sample of N = 120 school counselors. The data were generated and disseminated by using a survey, asking questions about comfort level and the experiences of the school counselor. Carlson and Kees (2013) found that most of the school counselor respondents perceived themselves as being comfortable supporting challenging students, but the school counselors felt unprepared to directly

address mental health issues of students in schools. The school counselors in the study were willing to continuously collaborate with outside mental health professionals to support students. By analyzing the results of this study, Carlson and Kees (2013) indicated that some school counselors desired more training and support from school administration to be successful in supporting students with a diagnosed mental illness. This research lacked direct feedback from school counselors regarding their day to day lived experiences supporting students with mental health concerns. Understanding the perceptions of the counselors and analyzing why they felt discomfort in supporting this population, could have added more depth in the collected data for further study. The research revealed that many school counselors felt that the school counselor's role, time, and other daily commitments in schools prevented them from actively supporting students with higher mental health needs (Carlson & Kees, 2013). Lastly, this research supported the idea that school counselors' lived experiences are important in beginning to look at the role, training, and successful leadership of the school counselor in schools. The research supported this by postulating that school counselors can lead the advocacy role of mental health in schools and are in position to lead the charge (Carlson & Kees, 2013).

Due to the many diverse roles of the school counselor, the school counselor may be the only one in the building getting a perspective of the whole child that others may not glimpse (Lahey, 2016). The school counselor's role in a school setting has a diverse set of priorities than a mental health counselor. The school counselor's priorities must focus on students, teachers, parents, community resources, mental health of students,

socio-emotional health of students, and working collaboratively with administration. The school counselor has evolved from the traditional vocational counseling to a more wrap around, comprehensive counseling program (ASCA, 2016). The school counselor is in a unique position to give feedback about their role barriers they face to support students with mental illness.

The many roles of the school counselor are no longer limited to guidance but have emerged to supporting the mental health needs of students and working collaboratively with community-based mental health professionals. Winburn, Gilstrap, and Perryman (2017) discussed how students bring various mental health issues with them to school, and, if not addressed, the dysfunction will impact school success. The article also addressed how school counselors need to understand that they can be the catalysts for therapeutic healing to support students with mental health concerns in schools (Winburn et al., 2017). In the same article, Winburn et al. (2017) assumed that school counselors are given the time within the day to embed and carry out a therapeutic intervention such as teaching stress reduction techniques and collaboration with students and families who need it. The assumption in this article is that the school counselors in this study have a small population of students and have an adequate amount of time within the school day to support students individually. School counselors support students with mental health concerns. With the increasing numbers on a school counselor's caseload, it may not be a feasible suggestion. According to ASCA (2012), the increasing number of students with mental health concerns are emerging so quickly that it may not be feasible for school counselors to support those needs adequately within a typical school day. Winburn et al.

(2017) postulated that school counselors can incorporate behavioral and therapeutic interventions to address social and emotional struggles that students have in schools. The article discussed how students bring various mental health issues with them to school, and, if not addressed, the dysfunction will impact school success (Winburn et al., 2017). Winburn et al. (2017) also suggested that the school counselor should work directly with students to provide this support and that this therapeutic support aligns with a comprehensive school counseling program.

**The demands of the professional school counselor**

ASCA recommends that school counselors work with a ratio of 1-250 students at a time, but for most school counselors, that ratio is over this limit (Rosales, 2015). This creates a conundrum for many school counselors in the way they conceptualize their own role in schools. The role of the school counselor for many is to implement the comprehensive model to limit any barriers to learning for students. Unfortunately, the comprehensive model has drifted due to changes in politics, education reform and the rise in mental health needs in schools (Kolowski & Huss, 2013).

ASCA (2012) states that one of the many roles of the school counselor is embedding the comprehensive guidance model into the school. The comprehensive guidance model is used by school counselors to impact and work with all students and staff. If this model is followed with fidelity, the role of the counselor should cover academic achievement, socioemotional achievement, career development, evaluating data, and consultation (ASCA, 2012). The school counselor's role is also to supervise, collaborate, promote equity, and help students have a safe learning environment. School

counselors can use their influence and interprofessional collaboration to induce change in settings in which others cannot tread, making them an asset to all schools, parents, and communities (Mellin et al., 2011). School counseling roles continue to shift due to education reform but will always have a role that is "comprehensive in scope, preventative in design, and developmental in nature" (ASCA, 2012b, p. vi).

The multiple role of the school counselor still exists and changes day to day depending on the needs of the population in which the counselor serves. With mental health concerns on the rise in society, it makes direct counseling in schools the most distinctive role of the school counselor of today (Collins, 2014). The reality for most school counselors is that their caseload of students is so overwhelming that they can only support so many students at a time (ASCA, 2016). Brains are still developing in adolescents, coupled with mental health concerns that can cause challenges for students needing social and emotional support.

The school counselor's focus is wide-ranging, but when the mental health needs of the student is a focus, the school counselor can understand the different barriers to academic achievement (Bardhoshi, Schweinle, & Duncan, 2014). When school counselors help students minimize perceived barriers to getting mental health support, they put students in a better position of obtaining academic achievement (Collins, 2014).

School counselors address many mental health concerns in schools. An increased number of students are struggling with their mental health daily, and per Kataoka, Zhangm, and Wells (2002) and ASCA (2012b) many of those students will not receive the help they need. The professional school counselor is faced with supporting all

students but specifically with students with ADD, mood disorders, disruptive behaviors, and learning disorders (DeKruyf et al., 2013). With this melting pot of needs, the school counselor has a unique perspective to the barriers that students face. School counselors are challenged with helping students overcome any barriers to learning that impact them in the K-12 school setting. Therefore, there needs to be an increased focus on the mental health support of students.

ASCA (2012) and Walley (2015) understand that the professional school counselor can help students receive research-based interventions to alleviate any obstacles that prevent students from achieving. School counselors are well suited to provide support to students with mental illness and mental health concerns. School counselors can offer a wide range of support for students and consult with outside agencies to triangulate services. In a research study by Corthell (2014), it was noted that professional school counselors are in a significant position in understanding the mental health needs of students in schools. Corthell (2014) used a qualitative method to investigate how school counselors perceived their roles when collaborating with outside mental health professionals. It was found that mental health counselors' and school counselors' roles overlapped when dealing with mental health concerns. Both mental health and school counselors were more effective when they could collaborate regarding the mental health of a student (Corthell, 2014). This research also found that the mental health counselors were identified as obstacles because they were not able to provide consistent services to students, the relationship with the school and student was not being adequately made, which contrasts with school counselors who are with the students

throughout the school day and have many opportunities to engage with the students with mental health concerns (Corthell, 2014). In the research, Corthell (2014) understands the importance of gaining the perspective of the professional school counselor regarding supporting students with mental health needs. The main difference in this research that my research will address is what are the specific day to day lived experiences with school counselors that may limit or enhance the support students receive.

Teaching social/emotional stability has become an important mission to educating students, which is the goal of professional school counselors (ASCA, 2012). The literature is consistent with previous research by Adelman and Taylor (2006), the CMHS (2007), and Fazel et al. (2014) in that mental health services in many schools can be integrated to the general curriculum, but there are unseen barriers to students receiving these embedded practices. The unseen barriers continue to prevent successful integration into the schools and to the student to support psychosocial education. To strengthen this integration of mental health support in schools there needs to be research done with school counselors about their perception of what barriers are preventing educational success of students with mental health concerns.

The literature has limited research on the perceived perception of professional school counselors and the barriers they systemically perceive to adequately support students with mental health concerns. The literature postulated that many mental health professionals in schools, such as professional school counselors, are referring a greater number of students each year to mental health services outside of the classroom to combat the rising mental health concern (Corthell, 2014). The research also suggested

that this greater number of students being referred outside of the school system are still not receiving the mental health support they need, thereby causing a continuous systemic problem in schools. Research by Adelman and Taylor (2006), CMHS (2007), Corthell (2014), and Taylor (1999) posited that there are unseen barriers that keep students from improving even though there are multiple supports provided in schools such as school counselors.

## Conceptual Framework

The conceptual framework for this research is hermeneutic phenomenology. Edmund Husserl was known as the father of phenomenology (Giorgi, 2006). Husserl used phenomenology as specifically a descriptive form of understanding. Husserl believed that using phenomenology helped the researcher obtain a way of gathering new knowledge (Aspers, 2009). Husserl also postulated that phenomenology is the study of how people experience different things and how we view the experience. In using hermeneutic phenomenology as an approach, I will be able to investigate the human experiences of the school counselors for meaning and interpret that meaning to uncover the phenomena in question.

Hermeneutic phenomenology was created by Martin Heidegger and continued to be expanded upon by Hans-Georg Gadamer (Guignon, 2012). Hermeneutics is defined by Heidegger as interpretation (Kakkori, 2009). Heidegger who was a student of Husserl continued to expand on hermeneutic phenomenology. Heidegger was more focused on the question of being. Heidegger postulated that we gain knowledge by beginning with preconceived knowledge or assumptions and grow our knowledge from those

preconceptions by being in the world *Dasien* experiencing the phenomenon (Aspers 2009). Heidegger believed that the meaning of the experiences we participated in was important and that the participants and the researcher should be reflective of those experiences. Heidegger called this description of the theoretical process the hermeneutic circle (Guignon, 2012). The hermeneutic circle can be explained as a theoretical process of reflecting on what the researcher already understands about the phenomena in question and interpreting that information along with what the participants share (Laverty, 2003). This process is a theoretical way of describing the phenomenon using interpretation and the transcriptions of the interviews of the participants. Heidegger believed that as we gain information from experiences and thoughtful reflection, insight will eventually "shows itself" in the human experience (Van Manen, 2017).

Hans Gadamer was a student of Heidegger. Gadamer postulated that we can share in language to find meaning in our experiences (Regan, 2012). Gadamer expanded on hermeneutic phenomenology by focusing on three areas of how we use language to communicate with each other. Gadamer referred to language usage as being able to infer and read between the lines, reflect on what others say, and project through our words our emotions, feelings, and intentions (Regan, 2012). Gadamer believed language is used as freedom to share our experiences, verbalize our understanding, and connects us as humans. Language also allows people to use their contextual preconceived knowledge about what they perceive is occurring within those experiences and verbalize how those similar experiences shape their phenomena (Van Manen, 2017).

Phenomenological research focuses on lived experiences and first-person accounts (Finlay, 2009). As human beings, we find meaning and insights within those experiences (Van Manen, 2017). In this research, I interviewed school counselors and asked about their firsthand experiences supporting students with a mental illness. I then reflectively analyzed the firsthand accounts and interpreted the text for explicit meaning. In using hermeneutic phenomenology to understand the school counselor's lived experiences. I aim for rich descriptions of what those experiences share for each school counselor and hope to clarify those experiences by revealing a clear phenomenon.

School counselors in most cases have the first formal engagement with students that have a diagnosed mental illness. Collins (2014) stated that there are many articles and research about a school counselor's pedagogy, competence, counseling interventions, and professional identity. However, there is no research on the lived experience of the professional school counselor. Therefore, this phenomenological hermeneutic research seeks to better understand the lived experiences of school counselors when supporting students who have a mental illness. The conceptual framework presented within this phenomenological hermeneutic research is a literature review guided by a variety of resources. Due to the limited amount of information on this specific topic, the resources used to guide this conceptual framework were formal and informal data. The conceptual model is still a continual work in progress that will include the experience of the school counselors, the environment in which they work, their perception of their professional identity, the connectedness between the students they serve and roles of the professional school counselor that have drastically changed over the last 100 years (Collins, 2014).

The literature used for this study will contribute to the discussion and further uncover categories and themes within the framework.

The specific mission of schools is still the same, to educate students. Skalaski and Smith (2006) explained how students with good mental health are more successful. The authors of this research also addressed how the number of school counselors in schools is not adequate to meet the needs of the number of students who need support (Skalaski & Smith, 2006). Professional school counselors can become stressed at work and home and feel disconnected and confused about their roles when they have inadequate support. For these reasons, it is important for educators to be aware of school counselors' perceptions in order to better equip them to meet the needs of students with mental illnesses (Skalaski & Smith, 2006).

Lastly, this study sought to understand the lived experiences of school counselors supporting students with a mental illness. The conceptual framework in this research is important to bring a clearer focus within the content and data retrieved from the participants. This will be done by linking the literature review, results, data, and methodology within this research.

## Summary

Chapter 2 included a review of the literature regarding the review of mental illness, mental illness in schools, academic achievement, barriers to addressing mental illness, and the role of the professional school counselor. The literature that was found helped to establish that there is a limited amount of research on professional school counselors supporting students with a mental illness in public schools. Additionally, it

was found that there is more research on administration and teachers in schools regarding mental health concerns than with school counselors as key stake holders. It remains unknown about what are the perceptions of school counselors when supporting this population of students in schools.

When school counselors offer responsive services in schools, they should be for a limited amount of time per the ASCA national model (2012). However, because school counselors are recognized as the default mental health provider for many students facing a traumatic event or mental health concern, they spend most of their time in responsive services and are not able to get to the other areas of job focus (Corthell, 2014). According to the current framework for school counselors, school counselors are not to provide therapy or long-term counseling in schools (ASCA, 2012). Many issues that are noticed in schools when offering mental health support are issues of timing, bringing in outside resources, funding for mental health support, and training (Carlson & Kees, 2013). Current research addresses some of the lack of time, and resources many school counselors may face but does not speak to those lived experiences or the engagements with students and families facing mental illness in their homes. Much of the current research about mental illness in schools lacks information and minimally gives voice, specifically to the unique perspectives of school counselors supporting students who have a mental illness. In Chapter 3, it will discuss the research methodology of hermeneutic phenomenology used in this research study and the data collection procedures.

Chapter 3: Research Method

**Introduction**

The purpose of this study is to understand and explore the lived experiences of school counselors supporting students with a mental illness. Mental illness is prevalent among school-age children. Knightsmith, Treasure, and Schmidt (2013) posited that one in 10 students in schools are known to have a diagnosed mental illness. In some cases, school counselors are placed in the position of being the only mental health professionals some students ever encounter. Being the only mental health professionals supporting these students is an alarming situation for schools. Understanding the lived experiences of school counselors when supporting students with a mental illness is important. Understanding this interaction from the perspective of school counselors may promote more collaborative conversations about school counseling training, job expectations, and greater awareness of how the school counselor role is important for schools and communities. There has been an overwhelming amount of research conducted regarding mental illness and how students are obstructed academically by a mental illness (Basch, 2011; Hashempour & Mehrad; 2014: Lavis, 2014; Ramirez, 2014). However, there is limited research about school counselors and how working directly with students with a mental illness shapes the perception of school counselors' lived experiences in schools. To understand the lived experiences of school counselors, I used a hermeneutic phenomenological approach. The discussion in this chapter will include the steps that occurred in interpreting the findings and completing the study and the steps used in exploring the experiences of school counselors. Additionally, in this chapter I explain the

research design, my role as the researcher, and any concerns of trustworthiness in the research.

## Research Design and Rationale

The following are the research questions that guided this study:

RQ1: What are the lived experiences of school counselors supporting students with mental health concerns?

RQ2: What barriers, if any, do school counselors experience when supporting, referring or collaborating for students with a mental illness?

Interview questions are more than just a succession of questions and answers but can be influential in the thoughtful reflection of the ideas and thoughts of the participants (Paterson & Higgs, 2005). Comprehending someone's personal experience necessitates a research methodology that lends itself to interpretation. Therefore, for this study, a hermeneutic inquiry was required. In a qualitative hermeneutic approach, researchers clarify their own bias and remain open to receiving rich contextual information that will dig deeper into a phenomenon that may be occurring. Using a quantitative research method would not allow for richer analysis of a groups' description of what they see, hear, or feel while experiencing the phenomena of study. Quantitative research is typically used for quantifiable data, and qualitative data is used for understanding motives, experiences, and phenomena. Qualitative hermeneutic phenomenological research will support me in describing the experiences of the school counselors and will allow for those experiences to be narrowed down to themes (Sloan & Bowe, 2014). As previously stated in Chapter 1, qualitative research is a way to help in understanding a

group's common concern and conceptualize their common observable issues (Creswell, 2009). Research with a qualitative inquiry may occur through interviews, observations, and visual materials. A phenomenological hermeneutic approach will be used to gather data and interpret it to find meaning in the school counselors' lived experiences.

Phenomenological research is considered a strategy of inquiry in which the participants can describe their experiences through direct engagement with the researcher (Creswell, 2009). I considered different forms of qualitative inquiry for this research: grounded theory, ethnography, case study, phenomenological, and a narrative inquiry. Grounded theory was considered but not used because it did not allow for a deeper interaction and engagement into the participants' self-reported experiences. Ethnography form of inquiry was not used because it focuses more on cultural groups and does not lend itself to understanding the group's individual experiences. A case study was not applied due to my desire to use informal semi structured interviews with more than one person to gain data. Typically, case studies are used to gain data on programs and activities of participants (Creswell, 2009). Lastly, my desire was to gain knowledge on the firsthand experiences of school counselors to construct meaning from the phenomena of their interactions with students who have mental illness (Creswell, 2013).

I chose hermeneutic phenomenology specifically due to the exploration of experiences, perceptions, and engagement in the daily duties of a school counselor at every level of education (Mellin et al., 2011). Van Manen (2017) postulated that this form of research can give the appropriate voice to lived experiences. Prentice, Engel, Taplay, and Stobbe (2015) used hermeneutic phenomenology as the conceptual

methodology to research interprofessional collaboration. They found that hermeneutic phenomenology supports researching emerging phenomena and is better at articulating phenomena occurring in the lives of interprofessional groups in education (Prentice et al., 2015). There is value in using qualitative hermeneutic phenomenology in research; it allows for more detailed understandings of the lived experiences of the school counselors, which then can lead to policy changes and the needed changes in training and education to support the mental health of students (Prentice et al., 2015; Wener & Woodgate, 2013). Using phenomenology in the field of education will help interpret opinions and insights so that the development of relevant learning may occur among school counselors.

## Research Tradition of Hermeneutic Phenomenology

Van Manen (1990) described hermeneutic phenomenology as the perception and meaning a person gives to an event. In other words, this type of study helps a researcher find out what it is like to experience a phenomenon in the researcher's own words. I selected hermeneutics as an appropriate approach to this research because the goal was to interpret how school counselors' personal interactions and daily experiences with students diagnosed with a mental illness set the tone for their professional practice. Hermeneutic phenomenology helps to shape the interpretations of a person's lived experiences by understanding different perspectives of people involved in the same situation. Moustakas (1994) stated that hermeneutic phenomenology can also be the interpretation of experiences that have substantial meaning to the people involved in the experiences. The decision to use this method of inquiry derived from the lack of

information in the current literature about school counselors on this topic. I also felt that it would fit within the desire to construct meaning from a specific phenomenon when information directly related to the subject being studied is lacking (Creswell, 2013).

Another reason for using hermeneutic phenomenology is when a researcher's bias is embraced and explored (Gadamer, 1976). Being in the field of counseling has pushed my desire to capture the lived experiences of school counselors. According to Gadamer (1998), using this research from a personal lens could help clarify my own bias on this topic by immersing myself in the interviews with other school counselors and building a contextual connection with the counselors being interviewed. Heidegger and Gadamer postulated that language and understanding of that language are connected to humans "being in the world" and are important when using hermeneutic phenomenology. Van Manen (2017) suggested that this form of research can be less structured, which means it allows for follow-up questions with the participants and is constructed so that additional questions can be inserted at any time to gain clarity of the participants' lived experiences.

There are three significant assumptions that inform hermeneutics as a research method suited for interpretation of professional practice. The first assumption is a shared understanding with others; this shared understanding typically occurs through language and communicating verbally with one another. Gadamer (1976) named this back and forth language as the fusion of horizons in which we talk to others to create understanding. The next assumption is that as we talk to each other, we create meaning of our world. The more we ask questions and have open conversations, our knowledge increases on the topic of discussion (Paterson & Higgs, 2005). Lastly, as the researcher

reflects on what was said and the interpretation of what is said, a connection of information begins from the many parts back to the whole and vice versa. This is known as the hermeneutic circle; a researcher becomes a part of this circle and begins to emerge with a clearer interpretation of the experience or phenomenon (Paterson & Higgs, 2005).

## Role of the Researcher

My interest in the research topic of the lived experiences of school counselors when supporting students with mental health concerns has been informed and shaped by my own lived experiences. I am a school counselor and a licensed professional therapist with my own agency. Working in a school system with mentally ill students has been quite different from being in a private office setting. These two vastly distinct roles have led me to many different perceptions about each role and the experiences I have encountered. Just as Van Manen (2017) states, my role as the researcher was to be open to the everyday attitude and dispositions of the participants in this research. Along with that, my role as the researcher was to be able to differentiate between my own biases and judgements so that I could be effective in discerning the themes in the phenomenon and the meaning being expressed by the participants (Henriksson, Friesen, & Saevi, 2012). This form of research also helped me to explore and interpret the individual experiences of the school counselors while facilitating the research process. Therefore, my role as the researcher included becoming the primary data collector and understanding and identifying my own personal values. Lastly, as the researcher, my role required me to be an observer, interviewer, and analyst for the rich contextual data I gathered. Being immersed as the researcher challenged me to be deliberate in my actions and

contemplative in how I sought to understand the lived experiences of the school counselors.

**Researcher Bias**

As the researcher of this study, and being personally connected to the topic, I needed to understand and consider my own bias (Creswell, 2013). Understanding your own reflexivity and bias is important to qualitative research because it can alter the accuracy of the interpretation of the data collected (Finlay, 2002). In this research, I needed to be aware of my own preunderstandings before, during, and after data collection. In doing this, it allowed for the building of rapport with the participants to build and maintain trustworthiness and have transparency and accountability during the research (Creswell, 2013; Finlay, 2002). There are thoughtful intentional acts that can be done to minimize bias in research, but in this research, I was open to it and used it to form additional information. Understanding and realizing one's own bias can be different for each researcher (Creswell, 2013; Norris, 1997). For this research, I was aware of my assumptions and lived experiences as a current school counselor. I engaged in personal reflection and analysis of my own perceptions about supporting students who have mental health concerns in my school by maintaining a journal of my experiences while conducting this research.

Finlay (2002) understood that journaling can help the researcher focus on how the researcher may have influenced the interviews with the participants and help bring focus to any prejudices the researcher may hold. In addition, the journaling will serve as a means of me documenting my assumptions, biases and thoughts during and after the data

collection process. The journal will help me replace my own personal preconceptions with new ones and through revisions create new interpretations of the biases that may arise (Oldershaw, Richards, Simic & Schmidt, 2008). Any biases arise will be discussed with my dissertation committee in the hopes of disseminating a clearer meaning of the lived experiences.

**Reflexive role**

As the researcher in this study, I understand how my own beliefs, ideas, and culture can help guide my thoughts in during the data gathering in this qualitative research. Therefore, for this research there needs to be a process in which I am transparent, trustworthy and reflective of how I engage with the participants and interpret my data. According to Bulpitt and Martin (2010), a reflexive methodology means that the researcher in a qualitative study engages in understanding the semi structured interview process. The researcher should be aware of how to become a part of the data being collected. The researcher should also maintain a clear professional identity and have an open mind toward the information received from the co-researchers. My dual role as a researcher and school counselor is important in being reflexive. Bulpitt and Martin (2010) postulated that the dual role of the researcher can be an advantage in giving the participants in the same role nonverbal permission to speak about the same professional role with empowerment. The participants can discuss their knowledge regarding their role as a school counselor with the researcher with the understanding that the knowledge and expertise is similar in nature. While being reflexive the researcher should understand how creating a unique relationship with the participants with the same professional identity

may cause the researcher to have preconceived assumptions of the answers derived from the participants.

**Member checking**

Member checking is a method used in qualitative research to check the accuracy of the information gathered by the researcher. To conduct member checking, the researcher will send a copy of the participant's transcript back to the participant to verify what was discussed and allow the participant to provide feedback toward the accuracy of the transcript (Creswell, 2013; Harper & Cole; 2012). According to Harper and Cole (2012), researchers using member checking encourages participants to have additional self-reflection. Member checking also allows participants to have voice within the research and helps the participants to gain self-awareness by reviewing the information obtained by the researcher. Additionally, the participants in the research may gain additional insight into their lived experiences by rereading what was previously discussed during the interview (Harper & Cole; 2012).

The member checking will be conducted in two stages. The first stage of member checking will occur after the first transcription of the interviews. In this research, I asked the participants to read the transcription for accuracy and for clarification of any statements that were not taken correctly (Shenton, 2004). Miscommunication can occur in qualitative research. By using member checking to validate trustworthiness I will continue to use an audit trail by sending the data gathered back to the participants to verify that the information given was accurately recorded. By doing this I will be able to

validate that the data collected is congruent with what the participant gave during the semi-structured interviews.

Lastly, I was able to be reflective regarding my own bias by considering how my sample was selected. I will continually revisit the data collected for accuracy in my interpretation and for insightful meanings within the data. I will work to give a valid voice to the participants that will share their information for this research.

**Possible ethical issues**

Ethics in research is defined as good conduct and making good moral judgements (Stevens, 2013). The safety and well-being of research participants should be the first concern of researchers. The interaction between participants and the researcher in qualitative research can be ethically challenging if the participants and researcher share a common role or have differential of power within the same setting. In qualitative research, the participants and researcher personally connect during the data gathering process. The researcher must obtain the data and interpret the data based on the conversation between the participant and researcher (Sanjari, Bahramnezhad, Fomani, Shoghi, & Cheraghi, 2014).

When considering my ethical dilemmas, using my current school district as one of the districts I will gather my data from, I need to be aware of the ethical concerns that may arise. As the researcher, I must also make every effort to ensure that I am not only protecting the participants in my study, but I am also disseminating the information gained ethically so that no harm comes to the participants (Stevens, 2013).

When we discuss ethics in qualitative research, what comes to mind is the idea of protecting the participants through confidentiality and disclosure of what is the purpose of the study. However, there are three specific areas of good ethical behavior researchers must consider. The three specific areas are procedural ethics, ethics in practice and relational ethics (Boydell, 2007). Procedural ethics is when the researcher considers how to get approval to conduct the research. This procedure involves supporting the university, gaining IRB approval, communicating the rights of the participants and addressing how the researcher will keep the participants safe (Boydell, 2007; Creswell, 2013). Ethics in practice is when the researcher writes the proposal and describe how informed consent will be handled. An additional example, of ethics in practice for a researcher is when the researcher addresses the possible ethical concerns that may arise during the interview; this could be things such as being overly involved with a participant or deciding how far to dig for more information when the participant is unwilling to give more information. Lastly, relational ethics happen when the researcher is seen as having a dual role in the research, meaning conducting oneself as the researcher and engaging in the role being researched. Relational ethics also manifest as connectedness between the researcher and the participant if they are supporting in the same work environment (Boydell, 2007).

The first ethical concern is using my own place of employment. By using my current work environment, I become the researcher and the school counselor. In this dual role, I must consider confidentiality, informed consent, and directly quoting specific details so that my participants stay anonymous to those within the school district. The

other issue related to dual roles in this research is that a researcher may become overly involved with the participant and cross boundaries during the interview process (Allmark et al. 2009). However, in this research this ethical concern did not occur due to consistent reflection and understanding of my role as an unbiased observer and co-participant. Stevens (2013) encouraged the researcher to reflect on the problems that research engagement may cause the participants, and endeavor to limit any potential inappropriate engagement. As the researcher, I will make sure that the participants are not embarrassed, are not in distressed by sharing their experiences, and that their decision to participate will be made from a place of informed consent. This will be addressed by using probing questions, asking for feedback by using member checking, and reflexivity as a constant strategy (Allmark et al. 2009).

The next ethical concern is the interpretation of data. As a school counselor currently participating in my own lived experiences of supporting students with mental health concerns, I must focus on understanding different perspectives on this topic and to make sure I am interpreting the data without personal interjection of personal feelings. Maintaining neutrality and limiting bias will be a focus during interviews. There will be a continuous focus to limit this ethical dilemma by using member checking, sharing transcripts, and being continuously reflective while transcribing the data (Allmark et al. 2009).

To address many of the ethical issues that inherently comes along by using a qualitative research method as the researcher I will embed several different measures. There will be different measures put into place to address ethical issues. The measures

that will be put into place will begin with assigning numbers to the participants to address confidentiality. This will help in reporting the findings and interpret data honestly and be will help the research become more reflective while transcribing. I will also try to recognize my own bias and personal emotions during the data gathering and interpretation process. I will give the final transcriptions to the participants for clarification and validity to help inform the participants of how the data will be used before finalizing transcriptions (Creswell, 2013, p 58–59). All steps taken will be ethically correct and justifiable for qualitative research. As a researcher, I must always understand and accept my power and voice when interviewing participants to the completion of a study.

## Methodology

This research will seek meaning into the lived experiences of school counselors when supporting students with a mental illness. This research will reveal how this lived experience has had an influence on the interactions of school counselors when supporting students with mental illness in the school setting. While focusing on the school counselors, I will begin to look for meaning in the lived experiences described by the participants. In the many roles of the school counselor, one goal is to build rapport with the counselor's, students and to engage in a therapeutic relationship with the students. School counselors are taught to accept each student's experiences in schools as unique to that individual student and interaction between student and counselor. Due to this interaction, one can postulate that there needs to be active engagement within the world in which humans share (Heidegger, 2003). Heidegger presumed that it is impossible not

to include our experiences when considering any phenomenon (Reiners, 2012).

Interpretation of our everyday interactions can include our role, culture and history within

the phenomenon. Heidegger called these fore-structures, because these structures within

each of us can be interconnected into what we experience (Miles et al., 2013). The

interconnectedness between school counselors and students with mental illness in schools

creates a unique relationship between them. ASCA (2012) stated that this relationship is

important to the achievement of students. ASCA (2015) also postulated that school

counselors establish programs that focus on the immediate needs and concerns of

students.

**Population**

The primary goal of this hermeneutic phenomenology research will be to gather

rich textual data from specific participants to help describe and gain clarity on a

phenomenon being investigated (Creswell, 2013). The research population included are

currently employed school counselors in grades K-12. The school counselors currently

work within a St. Louis public school system. The participants will need to be currently

working in a public-school counselor role for over 3 years. The participants will have to

be consistent in supporting students in the same school district for a minimum of 3-5

years. As the researcher, I will send out an email to a couple of school districts that

educate 1 to 3,000 students in the state of Missouri.

**Sampling**

A purposeful sampling methodology will be used in this qualitative research. As

the researcher, I will select individuals who could purposefully inform my study by

meeting the specific criteria (Creswell, 2013). The participants will be those directly engaged in the profession of school counseling. According to Etikan, Musa & Alkassin (2016), this type of sampling is used when there is a thoughtful choice of participants to be used within the study. Through this type of sampling methodology, I will invite 3 to15 participants to discuss their lived experiences while supporting students with a mental health concern within their school. This type of sampling is considered a nonrandom technique used to gain participants with information rich experiences that has knowledge and a willingness to participate (Etikan, Musa and Alkassin, 2016).

This research will also include a snowball sampling method. This method will be used if enough participants are not recruited through purposeful sampling. In a snowball sampling the research will have the ability to ask the current participants for recommendations of other participants that fit the criteria of the study. The advantage of using snowball sampling is that trust and a good rapport must be made with the current participants. If the connection between researcher and participant is not strong, the referral of other potential participants may be limited. The advantage that snowball sampling brings is that the participants are invested in the research and feel validated. This connection with participants will allow for a better contextual gathering of data to be shared (Biernacki & Waldorf, 1981). A limitation to snowball sampling is that the researcher may not be able to determine if the people being referred to the research will have credible data to contribute (Biernacki & Waldorf, 1981). If that occurs, it has the opportunity to cause a sampling error.

A convenience sampling was considered but will not be used. In a convenience sampling, the researcher uses participants who are convenient to gather data. However, this will not be used because I, as the researcher, will need specific criteria to be meet by all of the participates in the research (Etikan, Musa, and Alkassin, 2016). This form of sampling can inevitably be bias and not representative of the population in which the phenomena is occurring (Farrokhi and Mahmoudi-Hamidabad, 2012).

In a qualitative study the researcher must understand the relationship between meeting saturation and knowing when the sample size is adequate. Participants for qualitative research are typically not as large as participants in a quantitative research sample. According to Mason (2010), after an extended period in a qualitative research there begins a point in which the data received from the co-researchers do not lead to new data or different experiences. In this period of interviewing the participants, the researcher will have different opinions for the same experience thereby creating significant usable data and creating saturation.

A sample size of a qualitative phenomenological study can vary, depending on the data that will be gathered (Charmaz, 2006). Qualitative research can have a sample size of at least four to 10 participants that have enough detailed experiences that research saturation can be met (Creswell, 1998). When the researcher has too many participants it can create a lot of redundancy in the data for the researcher (Mason, 2010). The redundancy in the research can determine the point within the research when the researcher must determine that the data gained from participants is enough to stop the interviews (Charmaz, 2006). The researcher will eventually decide that there are enough

participants to participate in the research and the data from the sample is enough to find

the themes and patterns in the phenomena being investigated. Saturation can be assumed

to be met if the researcher feels that there are enough people within the sample

participating that have enough quality experiences that will provide the researcher with

valuable data (Creswell, 2013). Therefore, saturation can be assumed to be met at any

point if it is the guiding principal within the study (Charmaz, 2006 p.10). Lastly,

Guetterman (2015) recommends that when considering the sample and saturation in a

study, the researcher must be continually reflective in determining the extensiveness of

the study in connection to the relevance of the number of participants that will be needed

for rich data. When this reflectiveness of the researcher is done correctly it should impact

the procedures of the research, planning of the research, and interpretation of the data

gathered from the research.

**Participant Contact and Recruitment**

In exploring the lived experiences of school counselors supporting students with a

mental illness, recruitment will be purposeful (Creswell, 2013). The recruitment will flow

as following: I will used two school district websites to get the email addresses for all

currently employed school counselors in each district. I reviewed the listserv of each

school district to make sure all email addresses were correct. I sent the mass email to all

currently employed school counselors and emailed an introduction, consent form, and

recruitment letter.

I contacted potential participants currently working in two school districts within

the St. Louis county school by using a mass email listserv from the school districts main

websites to the school counselors in those districts. The email also contained the research study informed consent information. This allowed for the potential participants to contact me directly by email or phone with any questions or to volunteer to participate. This also allowed me to give my email address to all potential participants. The school Districts chosen for this research were in St. Louis County.

After I received consent from potential participants and agreements to participate, I sent those participants the informed consent information, the demographic qualifications sheet and the recruitment letter once again to make sure they understood the study.

After the participants returned the demographic qualifications sheet back to me via email or fax, I called them to clarify with the school counselors the options in which they can be interviewed. They were able to choose from a taped face to face interview, or taped phone interview, or face time.

After the participants sent back the demographic sheet and confirmed a date, method of interview and time of the semi structured interview, I will sent each participant a sample of the possible questions for the semi structured interview and another copy of the informed consent information. This allowed the participants to understand that they were able to opt out at any time during the data gathering process.

The first email was needed to describe the purpose of the research and to get approval to conduct the research with the school counselors. Within the email, there were a copy of the demographic questions attached to the email so that the school counselors understood how eligibility to participate would be decided.

The second email sent to the participants who committed to an interview contained a brief questionnaire and the informed consent information that talked about the purpose of the research study, questioned if the school counselors would be willing to participate, and inquired if they would like a face to face interview, phone interview, or face time interview.

The questionnaire asked about the school counselors' length of time as a school counselor, age, gender, and grade level(s) in which they were responsible for as a current school counselor. Once the questionnaire was received back via email from the counselors who responded, I then used the questionnaires to pick one to two school counselors from an elementary school, middle school, and high school. Having a school counselor from each grade level will help the researcher to reach saturation. Each participant who agreed to the interview received a copy of the potential questions for the semi-structured interview.

Lastly, a phone call was made to each participant to set a time and date to either speak over face time, regular phone call, or in person face to face. The interviews were audio taped and then transcribed. There were not any historical or legal documents used within the semi-structured interviews. The data was collected, and the saturation of the data was determined when the researcher decide that there was not any additional information to be obtained (Charmez, 2006).

**Instrumentation**

Semi structured interviews were used to gather data from the participants. Follow-up interviews were used to address any gaps in data. The follow up interviews

specifically addressed any misunderstandings, any missing information, and any unclear

information received during the first interview. Journaling will be used by the researcher

to document any biases or preconceptions and to use as an additional lens for data

reflection.

Field notes were used as a way of documenting data being gathered and to

document any biases, concerns, or new textual data that arise. Creswell (2013) noted that

researchers are urged to use field notes to use in the interpretation of the data observed

and provided by participants. By using field notes within the research, I was be able to

capture rich descriptions, and note any observable interactions among the researcher and

the participants (O'Brien, Harris, Beckman, Reed & Cook, 2014). The field notes added

value to the research by aiding the researcher to document participant meaning, body

language, and be helpful in documenting the transferability of the findings (Phillippe &

Lauderdale, 2017).

**Researcher-Developed Protocol**

The researcher developed protocol used to capture the essence and lived

experiences of the school counselors were interview questions developed by the

researcher. The questions used were created based on the proposal submitted to the

Internal Review Board (IRB) to assure that the questions were appropriate to achieve data

regarding the phenomena in question. Patterson and Williams (2002) understood that

using open ended questions was a defined way of obtaining the data from participants

experiencing the researched phenomena. The purpose of the questions in this research

study was to elicit guided conversations with free responses. Hermeneutics encourages

the researcher to gather data from participants in a contextual way that emerges from conversation between the researcher and the participants. Giorgi, (2008), Landridge, (2007), and Patterson and Williams (2002) have postulated that interview questions help focus the topic and helps in the analysis of the data. Therefore, I developed two instruments to focus the topic and aide in the analysis of the data. These two instruments are the brief demographic information sheet and interview questions (Appendix A and Appendix B). The answers to the research questions were captured by audiotape and then transcribed. After being transcribed and analyzed, the transcriptions were sent back to the participants to clarify meaning and interpretation of what they said.

The demographic information was collected from the participants using a created document (Appendix A). I created the document that was used to vet out the school counselors' criteria to participate and to determine who did not meet all qualifications.

**Data Analysis Plan**

The purpose of this qualitative, hermeneutic phenomenology research will be to explore, describe, and understand the lived experiences of school counselors supporting students with mental health concerns. Hermeneutic phenomenology is described as the art and science of interpretation (Paterson & Higgs, 2005; Tan, Wilson, & Oliver, 2009). Phenomenology is a qualitative research approach that will help this researcher explore and examine the experiences of the school counselors while gaining a first-hand experience of the people living within the phenomenon. Heidegger (1967) stated that our preunderstandings and what we bring to the world around us can be interpreted, thereby having meaning. The professional school counselor has many different roles within the

school setting. Due to this diversity of roles, in this research I wanted to examine the interpretive lens of school counselors and ascertain how they specifically support students with mental illnesses. The analysis of this research will serve the purpose of understanding the role of a school counselor and how a student's mental health influences school counselors' professional practice in schools. Prior to interviews with school counselors, I was able to formulate my own pre-understandings from reading the literature on mental health and school counselors support of students.

Table 1

Outline of researchers pre-formulated initial horizon of understanding

| Issue | Pre-understanding |
|---|---|
| Personal stance | Not enough time in day to truly support students with mental health concerns |
| | Not seen by parents as a resource to supporting students with mental health needs |
| | Feeling unprepared to offer effective classroom strategies to teachers to support the students in the classroom with mental health concerns |
| | Feelings of being overwhelmed with more and more students per year being formally diagnosed with mental health *DSM-5* diagnosis |
| | Frustration at parents not keeping up with resources or recommendations to support students with mental health needs |
| Professional identity | Unclear on role when in school setting |
| | Teachers see school counselor as a resource and mental health facilitator/support versus school counselor having time to be effective |
| | Spending quite a bit of time with students with ADD/ADHD, OCD, depression and suicidal ideation |
| | Feeling that I am missing a large population of my students |
| | Feeling of not being effective |
| Training | Understanding that school counselors and mental health counselors have similar training but feeling unprepared |
| | Not feeling effective when working with students with mental health concerns in schools |
| | Yearning for school district to have specific training for school counselors versus having teachers and counselors in same curriculum training |
| Duties given by administration | Feeling overwhelmed when not available to support all students |
| | Feeling of being involved quite frequently with duties not related to school counseling |
| | Frustration with writing 504s, attending IEP meetings, utilized for discipline concerns |

Gadamer (1989) believed that the collaboration between the researcher and participants is important because it encourages interpretation. Therefore, our understanding grows the more we engage with each other and bring our vastly different histories and past experiences to the situation being examined (Gadamer, 1989). After the data were collected, I read the transcripts with the process of understanding and revising how I interpreted the information. This process involved reflection of my own biases and

pre-judgements and questioning the dialog that took place between myself and all

participants. I then continued to read my notes, reflect on the interviews and come to an

understanding of how the data has impacted my understanding and the participants. I then

transcribed the interviews. After transcription of the interviews I continuously examined

the interviews by looking for shared language and the different interpretations of the

experiences of the school counselors (Patterson & Higgs, 2005). For example, while

transcribing the participants transcripts, I found that PSC1 stated, "I offer different

strategies and support students who all have different mental health concerns, sometimes

the student refuses the help or support." PSC2 stated, "I support students with mental

health concerns by working closely with staff to ensure students have effective coping

strategies." PSC3 stated, "I support students by offering classroom strategies such as

stress balls and maybe drawing." Lastly, PSC4 stated, "I sometimes offer students

school-based strategies to support those particular students." The participants all had the

same language of using strategies of some sort to support students with mental health

concerns in schools. I then used the interviews and shared language of the school

counselors to construct new knowledge by ongoing examination of the transcriptions.

This process will support in continually moving dialectically from the whole of the

interviews to the many parts of the interviews so that I am able to develop a better

awareness of the phenomena being studied. The processed used is called the hermeneutic

inquiry. Gadamer (1998) framework referenced gaining the lived experiences from

participants, being-in-the world, and looking form meaning from the text and the

perspective of the researcher. In the following paragraphs, I have tried to break down the specific steps used to incorporate this methodological framework.

**Step One**

Initially, I entered the research by journaling about my own pre-judgments concerning school counselors supporting students with a mental illness. Before I began the research, I examined my own experiences so that I could account for my own influence while holding the interviews, looking at the transcriptions and drawing out any of my own personal conclusions. As a current school counselor, I had to clarify how I experienced the interactions. I needed to do this to recognize my own connection through past experiences, previous knowledge, and my own research will help me as the researcher build upon the understanding of the phenomena in question (Patterson & Higgs, 2005). By using this lens, I was be able to come into this research open to learning from the participants (Finlay, 2009). In researching the literature and being reflexive, it allowed me to enter the interviews to openly receive varied interpretations from other school counselors. It also created a more thorough conversational relationship with the participants to better understand the human phenomena taking place (Finlay, 2009; Van Manen, 2007). Heidegger believed a person can never be fully free of their own experiences but can gain a better understanding when connecting and contextualizing it in their own experiences (Lewis & Staehler, 2010). Therefore, who I am, my background, my experiences and the interpretation of the data I gathered was ongoing throughout this research process.

In my data analysis, I began by examining the different histories and lived experiences of school counselors by listening to my recorded semi-structured interviews. While listening to the interviews after they were all collected and clarifying conversations took place, I found that the school counselors were focusing on describing their own meaning of what was occurring within the school settings. In other words, the concept of "*situated freedom*" was allowing me to focus on interpreting the deeper meanings of the school counselors "*being-in-the-world*" and how those meanings influenced how they supported students (Lopez & Willis, 2004). For example, PSC3 stated, "I feel the most successful working with students with mental health concerns when I connect with parents and have the support of an outside resources." PSC4 stated, "I don't always feel successful, but when I can refer parents out to a resource, it helps." After listening to the semi-structured recorded interviews, I will transcribe the interviews. By continually listening and documenting the meanings of the interviews. I was be able to hear and look for the verbal tones, specific descriptions and conceptual understandings of the school counselors (Finlay, 2014).

**Step Two**

In the second step, I transcribed the recorded interviews into a written transcript of each participant. While I listen to the recording if the interviews, I took notes by going back and forth from listening to the whole interview and breaking down the interview into different parts. I also reflected on my journaling about each participant and how they impacted my own thoughts and experiences as a school counselor. Hermeneutical phenomenology depends on interpretation and description of the lived experiences of the

participants in the study. As the researcher, I wanted to identify and understand the experiences of the participants. In doing this, it will help create a sense of the whole experience being described by the school counselors. As I continued to take notes, I began to omit irrelevant information of the interview such as "um," "you know," and "ah." For example, PSC3 would ramble a little because she had so much to say. PSC3 stated things like: "then I also--there's so many things--that not one to blame" all of the pauses were lined off with red pen throughout the transcript to gather the more influential thoughts. These words and phrases will not add more detailed information about the lived experiences of the school counselors supporting students with a mental health concern. The parts of the interview deleted was anecdotal information such as topics on weather and specific information about teachers or administration that has no connection to supporting students with a mental health concern. I looked specifically for statements to delete that are repetitive, pauses and any information that is too personal in nature that does not directly reflect the topic being researched. While reading the transcription over again, I began to reflect on the whole experience of what was said in the transcripts by immersing myself within what was captured. In my journal, I noted specifically that PSC3 talked the most but was also considerably animated with powerful emotions when talking about her experiences. PSC3 came across as being frustrated with not having enough time in her day so that she could be more helpful to those students she felt needed her the most. Heidegger used the phrase *state of mind*, which denotes a person's present state of being, and how that being is changed by our past lived experiences. PSC3 spoke a great deal about how her lived experiences effected how she reflects on her present

interaction with students with a mental illness in her building. PSC3 mood was totally

dictated by her actions and those experiences she had with supporting students. (Wrathall,

2005).

I also made note of things that needed further clarification. After correcting some

of my interpretations and finding new key concepts I began to look for common themes

within the descriptions of the experiences of the participants (Finlay, 2014; Giorgi, 1975,

1985, 2009). For example, PSC1 stated, "When the student refuses support and the parent

does not follow through with recommendations, it's hard." PSC2 stated, "When parents

do not follow through with resources and the minimal amount of resources we currently

have that comes into the school." PSC3 stated, "It's frustrating when everyone is looking

to you for support, but parents do not follow through." PSC4 stated, "My day-to-day

workload, parents not following through with their student." The theme that was forming

from the whole of the transcripts to the smaller units was the theme of parents being a

barrier to supporting students with mental health concerns in schools.

As I continued to immerse myself within the descriptions and transcriptions of the

interviews, I discovered important preliminary common units of meaning within the data.

Common units of meaning are text within the data that help the researcher form common

characteristics of the phenomena being investigated as stated above. The lack of parental

control is not seen as a negative toward the school counselors. Heidegger suggested that

people will always find themselves in between giving in to the world and freedom of

choice (Wrathall, 2005). This is where Dasein exist being in the world, which for the

participants would be not having control over the parents therefore seeing and perceiving

them as a barrier to supporting students. The frustration that was found was that the

participants had to acknowledge no matter how hard they supported students they had no

control over the outcomes. Eckartsberg (1998) defines units of meaning as the researcher

inserting and immersing themselves in the transcription of the interview to get

understanding of what the participants are trying to convey. Focusing deeply on the

interviews will allow the researcher to uncover specific concepts and thoughts within the

interviews that created preliminary meaning units that specifically held to the topic of

school counselors supporting students with a mental illness. In using this hermeneutic

process, I will be reflexive in my analysis by continually going between the experiences

the participants shared and the awareness about the experiences that was developing for

myself (Finlay, 2014).

**Step Three**

In the third step in the data analysis, I focused on the preliminary meaning units to

create final meaning units. Final meaning units are described as the main topics and

themes of the phenomena that are derived from the researchers ongoing review of the

data. Final meaning units will be developed by focusing on the preliminary meaning

units, which are specific phrases, and thoughts expressed by the participants that focus on

a specific topic (Finlay, 2014). I continued to write notes in my journal for a deeper

reflection and sense of what the counselors experienced. For example, while interviewing

PSC1, I noted that he seemed to be very closed and was very careful with his words. In

my journal I noted that, "Participant 1 does not want to come across as being negative."

PSC1 stated things like, "The issues are bigger than we can see, and many parents are

clueless to what to do, so they don't do anything and hope it gets better." PSC1 was experiencing circumspection. For PSC1 this means that his lived experience of feeling overwhelmed with parents not following through has impacted how he saw the parents he worked with while trying to support students with a mental illness. PSC1 showed a mood of frustration, which was understandable, because he was not experiencing his interaction in schools like teachers or administrators would.

I continued with underlining new emerging thoughts within the transcription that alluded to textural and structural personal descriptions of the phenomena being examined. For example, in rereading the transcripts and listening to the audio, I was able to continuously go back and forth from one question answered by one school counselor to the same question answered by a different school counselor and connect the narratives of each counselor to form specific themes within the data. I will continually connect parts of the data that create preliminary meaning units back to the whole so that the meaning units are supported by the experiences of the participants. This will help to create my final meaning units, which are the main themes of the phenomenon.

The themes that will be created by using the final meaning units will be used to focus on the participants' general narrative and story of their lived experiences. I will then connect the themes that developed from the interviews and connect them back to specific research questions answered. I will connect those themes with the questions that connected to supporting students with a mental health concern. I will continuously move from the whole of the experiences to parts of the experiences described. This process will lead to a new awareness of the phenomena in question and help shape the narratives of

each participant. This will require a thoughtful and thorough reading and rereading of the transcriptions and lead to some follow-up interviews with the participants to clarify any meanings, thoughts or gaps in the interview.

**Step Four**

The final step in the data analysis I began to form general descriptions of the possible phenomena. I embed follow up interviews with a couple of the participants to clarify any missing information, or unclear statements. The follow up interviews were transcribed and re-read, and the data were added to the current themes and meaning units. I discussed the themes that are specific to each participant in the general description of the phenomena. I did not only concentrate on the themes but also focused on understanding and translating the narratives of the counselors, the language they used to describe their experiences, and any interrelationships of experiences that connected the participants to share a similar narrative. I was be able to develop some thoughtful insight into the lived experiences of the participants by utilizing follow-up questions, audiotaped interviews, transcriptions, coding, and by being reflexive in my notes and journal.

The participants shared their interpretation of what it is like to support students with mental health concerns. Reading the transcripts caused me to reflect on the term *coming to a clearing* stood out while pulling specific language and contextual data from the transcripts. Coming to a clearing means having a correct interpretation of how experiences control the thoughts, actions, and impact that experiences have on people (Wrathall, 2005). *Coming to a clearing* for the school counselors in this study meant that they projected possibilities based on their lived experiences. Within these similar

experiences, I was able to construct the meaning units and themes from the whole of the interviews to the parts that helped shape the themes. For example, all participants discussed how they found out that students had mental health concerns. The participants all discussed how they were notified, but due to the limited nature of conversation, it was not a theme. Here is an example, PSC1 stated, "I don't know, the students themselves, typically the parents don't want us to know." PSC2 stated, "The mental health concern is only found out if the student is causing problems." PSC3 stated, with a little exhaustion, "I have a good relationship with most parents, being at the school so long so I guess students and parents for the most part, every once in a while, a teacher will tell me if the student shares with them." PSC4 stated to the same question, "We are only notified if parents call us, a lot of the time I don't know." Heidegger stated that *Dasein* creates an understanding from life experiences of and how those life experiences influence the phenomenon (Wrathall, 2005). The general description of the phenomena will be formed by comparing thoughts and experiences shared by the participants and immersing myself within the data (Patterson & Williams, 2002).

## Issues of Trustworthiness

In this section I will discuss the credibility, transferability, confirmability and dependability in my research. In addressing these four areas, I will be able to discuss in more detail how my data will be gathered and discuss how the data will be used. This section will allow for other researchers to validate the trustworthiness of my research.

**Validity/Credibility**

Winter (2000) states that validity is not one single concept or idea but can be discerned by the processes we use in research. As the researcher I tried to embed specific processes that will lend itself to the accurate interpretation of the lived experiences of the participants. The goal of this research was to give voice to the lived experiences of school counselors that support students with a mental illness in schools. Therefore, I tried to make sure that there were specific processes in place to show credibility, reliability and validity of the data that was gathered from the school counselors (Winter, 2000). I wanted to make sure I was interpreting, observing, and understanding the information clearly enough to convey to others a plausible phenomenon directly related to school counselors' lived experiences supporting students with a mental illness.

The descriptive validity of this research was established before the research began by using specific criteria in which to establish the research sample. The research sample only included those members of the professional school counseling community that met the specific criteria of the research. Only interviewing those candidates to participate, allowed for rich data to be investigated and specific lived experiences to be extrapolated. My interpretive validity was established during the research process by embedding data checks after each interview with the school counselors. This allowed for follow up probing questions to clarify any misinterpretations of the data. (Curry, Nembhard, & Bradley, 2009).

In addition, an audit trail was used to make sure content validity was achieved. An audit trail for this research was created so that continuous data checks were able to occur

throughout the research process. As the researcher, I continuously wrote down personal insights to combat my own lived experience as a school counselor (Curry et al., 2009: Gubashani, 2003). As new findings emerged, I followed up with participants over the phone and face to face for clarification of the data and to ensure a more comprehensive understanding of what was being interpreted. By doing continuous follow up with the school counselors and my dissertation committee it helped in discerning when research saturation was met.

**Transferability**

Results of this study may be transferable to some populations but not all because it is specific to school counselors supporting a specific type of student. However, some comparisons can be made in a similar setting. According to Anney (2014), if the researcher "uses purposeful sampling there is potential that the research may have transferability" (p. 278). The results may be transferable to others in schools supporting students with a mental illness or classroom teachers with learners with a mental illness. For this research or any research to have transferability, it needs to reflect a research process that can be duplicated and easily followed. The researcher will need to make sure that the processes in the research is documented sufficiently and that the data collection has rich descriptions. In this research, the data were taken from one specific group and was purposively used based on preset criteria.

**Dependability**

Dependability of a research is when the researcher has supported all documentation with data (Anney, 2014). When dependability is achieved, the researcher

uses an audit trail that can lead back to specific data taken from the participants in the study. To trace data back to its origin, the researcher must have documented the information in a number of ways such as an audit trail, appropriate coding, member checking and other ways to support the research. All these ways develop trustworthiness and validity of the data in a research (Morse, 2015). In this research study, I used my own personal reflection journal, member checks, probing questions, and interview transcriptions to gather the data for interpretation. As the researcher, it is my job to make sure I am aligning the data and records with how the data were obtained.

**Confirmability**

Anney (2014) describes confirmability as the way in which a researcher is reflexive in coming to conclusions about the data in the research. Confirmability should be considered a way for the researcher to not fabricate or assume about data that is not actually confirmed. Confirmability is considered a qualitative approach due to the researcher having to interpret the data and, in some ways, discern whether the interpretation is the researcher's or the participants. As the researcher, I was able to confirm my data by conducting reflexive journaling. By doing this, I was able to be thoughtful about my own preconceptions and judgements before I made final interpretations (Anney, 2014). In reflexive journaling, I was able to look back on the interviews, side notes, and thoughts when I was in the stage of gathering my data. In becoming aware of my own biases and background, I was able to discriminate between my own personal judgements and the themes that were arising among the school counselors.

**Ethical Procedures**

In qualitative research, the researcher interacts with the participants usually in a role of the observer, participant, and data gatherer. Strong procedures need to be in place to make sure that the separate roles of the researcher do not impact the participant or the research in a negative way. In qualitative research, the researcher forms a different relationship than in quantitative research. Therefore, I considered that I may face ethically challenging situations and that some of the concerns may be inevitable to avoid due to the personal contact and rapport that needs to be built with participants (Sanjari et al., 2014). Ethical procedures should be in place for various stages and processes of the research study. Those procedures are things such as gaining access to participants, treatment of participants, gaining IRB permission to conduct the study, and confidentiality of data and how the data is shared.

Gaining access to participants is one of the many ethical concerns that face researchers. The first step is to gain approval from the researcher's internal review board. When connecting with the internal review board, the researcher will review his proposal to make sure it is ethical and appropriate for research. According to Sanjari et al. (2014) researchers should not be intrusive to participants and make sure that the participants are aware of all conditions of the research. This can be handled by making sure there is informed consent and the researcher has taken the appropriate steps to treat all participants fairly.

In this research the largest ethical concern was to make sure that my dual role as researcher and participant was appropriate. I also needed to make sure there were no

ethical boundaries crossed by using the school district in which I am employed.
Therefore, I needed to consider any potential negative impact that my peers may
encounter while participating in my research (Sanjari et al., 2014). I did not anticipate
having any strong emotions displayed by the participants during the interview stage of
this research. However, I was prepared to offer support if needed. I will offer the
participants a list of resources to outside therapist for mental health support. I will need to
define my role within the research study, make clear mention of how the data will be
used and handled, and make sure I am not causing harm to any participants.

The data that was collected and analyzed was obtained with complete
transparency of my actions. Sanjari et al. (2014) stated that participants should always
understand what data were collected and know how the data will stay safe. Any
participant should have a reasonable expectation that all information will be private.
Therefore, confidentiality should be maintained, and data should be saved, including
audiotapes to maintain an audit trail. My dissertation committee and I were the only
people to have direct access to any vital information obtained from participants.

**Summary**

In this chapter my methodology for this research study was discussed. Many
topics were discussed such as, the role of the researcher, methodology, how data will be
analyzed, and trustworthiness of this study. A data analysis plan and many ethical
considerations were also mentioned. In Chapter 4, I will discuss how the research
methods were used, analysis of the data, and how trustworthiness was accomplished and
documented.

Chapter 4: Results

**Introduction**

Listening to the school counselors' voices and experiences revealed a clearer insight into the day to day experiences of school counselors, but not only into the personal experiences also into the individual needs of each participant. I conducted this research in response to the continued rise of mental health concerns of students in schools (Gaete et al., 2016). After reviewing the literature, I found gaps in the research between the role of the school counselor and how they are perceived to be used in schools for the support of mental health concerns with students. A limited amount of research has directly addressed the perception of school counselors and how they support students with a mental illness in school (Dix et al., 2012; Gaete et al., 2016). ASCA (2012) postulated that school counselors should address all student needs. Professional school counselors work in dual roles that require them to be flexible consultants who embrace interprofessional collaborations in schools (Mellin et al., 2011).

In Chapter 4, I summarize the research questions, data collection methods, demographic information of the school counselors, findings of the study, and several themes that emerged during reflection and data analysis. The research questions for this study were:

RQ1: What are the lived experiences of school counselors supporting students with mental health concerns?

RQ2: What barriers, if any, do school counselors experience when supporting students with a mental illness?

I will discuss the themes that arose by analyzing the research questions answered by the participants.

**Setting**

There was an easygoing conversation and relaxation that the participants exuded due to the location. PSC3 mentioned that she did not feel stressed, nor did she feel uncomfortable that someone they worked with would see them in this setting. All participants met the demographic requirements to participate in the interviews. As the researcher, I collected the data via face-to-face semi structured interviews. I allowed the participants to first just talk about their experiences, thoughts, and perceptions of mental health concerns in schools. I then asked specific interview questions that they reviewed during the recruitment phase of the study. The participants had quite a bit to say and moved with great pace and ease through the interview questions. I allowed 60 minutes for each interview, but some participants wanted to continue after all interview questions were answered. They all felt they had more to say about students in public schools with mental health concerns. I collected data over a 2-week period. Follow-up phone calls added an additional week of data gathering. Each phone call or face-to-face connection for follow-up questions took 20–30 minutes for each participant contacted. I did not offer incentives or any form of compensation to any participant in the study.

**Participant Demographics**

The participants were required to meet criteria to participate in this study. The criteria included being a licensed school counselor in the state of Missouri, currently working as a school counselor in a St. Louis school district, and being employed in the

same school district and building for a minimum of 3 years. I excluded any counselors who did not meet the minimum requirements to participate in the study. I labeled participants as PSC1, PSC2, PSC3, and PSC4 to protect any identities within the study.

Table 2

Participant demographics

| Participant | Age | University | Gender | Experience (years) | Level | Years in same building | Race |
|---|---|---|---|---|---|---|---|
| PSC1 | 26 | Traditional | Male | 5 | Middle school | 3 | Black |
| PSC2 | 39 | Traditional | Female | 10 | Elementary | 9 | White |
| PSC3 | 41 | Traditional | Female | 15 | Middle school | 10 | White |
| PSC4 | 32 | Traditional | Female | 6 | Elementary | 3 | Biracial |

**Data Collection**

Walden University gave approval to conduct this research before any interviews or documents were sent out to recruit and interview participants. The IRB number 03-22-19-0316363 was given for this research. After approval was gained to conduct the research, I sent emails to two different school districts directly to all school counselors in those districts. I gained access to the emails for the school counselors using the school districts' websites. I received 10 replies to the emails for participation, but only four met all research criteria to participate in the research. Saturation was reached with the four participants. Saturation can be met more readily in a small research study, but saturation can also be met when there is enough data for the study to be duplicated (Fusch & Ness, 2015). Four participants signed the consent form and returned the demographic sheet with the information requested (Charmaz, 2006; Creswell, 1998; Fusch & Ness, 2017; Mason, 2010). The data collection allowed for my preconception, the participants'

perspectives during the unstructured interviews, and literature review on school counselors and mental health. I used hermeneutic phenomenology as the methodological framework and was able to include the description of the lived experiences within context, the idea of being in the world, hermeneutic circle and preunderstanding, and fusion of horizons (Mak, 2003). This allowed for deeper exploration into the perspectives of the participants.

I began by scheduling the face-to-face semi structured interviews and began interviewing the school counselors over a 2-week period. The follow-up interviews added another week to the interview process. I recorded the interviews using a recording application on a digital audio recording device. Each participant was interviewed once, but each participant received a follow-up phone call to gain clarity from any answers they gave that I had questions about. The interviews were conducted at a private office located in a public library in a central area of St. Louis to accommodate each participant. Each interview varied in length, but all interviews lasted over 1 hour with each participant. The follow-up phone calls lasted no more than 30 minutes for each participant. After each interview with each school counselor, I listened to the recording to engage in reflexive journaling. I also read over my notes taken during the interviews.

In my first step in reviewing the data, I reviewed my own prejudgments and thoughts that were documented in my journaling. Within my journaling, I found myself identifying with the participants in many ways. I remember noting that "the first participant was young and probably did not have enough experience to add depth to my research." Additionally, I attempted to control my bias by writing out what was similar to

my own experiences as a school counselor supporting students with a mental health concern. I wrote in my notes during the interview with all participants that they all appeared to become emotional discussing the topic and genuinely came across as wanting to help. I also noted in the reflexive journal that in each interview there was a common camaraderie with each participant being interviewed. This camaraderie came into the interview process quickly. With that same note, I wrote about how I introduced myself, gave a little background about why I chose this topic, and informed the participant that I was currently a school counselor. By using this simple introduction, I was able to build instant rapport with each participant and this helped shape the mood during the interview. The mood between the interviewer and the interviewee seemed lighter and the conversation became more conversational than clinical. Another entry in my journal included data about my personal assumptions and biases that were brought with me to the interviews. I have been a school counselor for over 18 years, but I realized I came to the first interview assuming I would not get good data due to the participant who was being interviewed only having 8 years of experience as a school counselor. I learned that none of the participants being interviewed had been on the job for as long as I had, which led me to believe the interviews would not have as much detailed data to add to the research. That however was not the case; all the participants had similar experiences as me and were passionate about how to serve and support students in the schools. I believed the reflexive journaling helped in deciding if I needed to schedule any follow-up conversations to clarify information and revise thoughts as I analyzed the data. I debriefed with the participants after the interviews to check for any discomfort or

emotional stress. All participants stressed that they were okay emotionally and did not

need any resources. I listened to the transcripts several times before transcribing. This

allowed me to continue reflexive journaling. After listening to each recording many

times, I transcribed the information. As I reread the transcripts, I created preliminary

meaning units from the data received by the participants. A *meaning unit* is a specific

phrase, sentence, or series of words that conveys a related experience or perception of

that experience (Burnard, 1994).

Table 3

Preliminary meaning units

| | Meaning units | Example from semi structured interview |
|---|---|---|
| PSC1 | Mental health concerns<br>Training/education<br>Possible barriers<br>Resources<br>Time management | Well, in our building we see a lot of students with anxiety, depression, suicidal thoughts, and trauma.<br>They really have this even before coming to middle school. Every story is different.<br>Sometimes student's com on their own to tell us. A lot of the times parents tell us.<br>No, it wasn't. It wasn't at all. I think I maybe go more of a tool set through the school psychology classes that were in my counseling program. |
| PSC2 | Mental health concerns<br>Training/education<br>Possible barriers<br>Resources<br>Time management | I have had many students over the years with diagnosed mental illness, ranging from Bipolar disorder, Anxiety, OCD, and ODD.<br>They get the diagnosis many times and we do not know. A parent may notify the school or the teacher.<br>I feel that my university prepared me for learning about mental health issues for adults, but I wish we would have spent more time talking about mental health issues for students. |
| PSC3 | Mental health concerns<br>Training/education<br>Possible barriers<br>Resources<br>Time management | Each day I am I am working with some form of a mental illness. I see a lot of depression, ODD, ADD, ADHD and a lot of self-harm. I see self-harm more frequently.<br>I feel confident in my own ability. But I feel like a lot of focus is put on counselors to "fix" things.<br>The class we had was subjective information. In school we just researched anxiety and depending on who talked about what in class is how we learned.<br>We need better programming.<br>. |

| PSC4 | Mental health concerns Training/education Possible barriers Resources Time management | I have students with ODD, OCD, and ADHD, anger issues I completed professional counseling courses, they prepared me, I recognize that I am not fully able to address serious mental illness. They could do a better job of teaching us strategies specific to the school setting. |
|---|---|---|

After reviewing each transcript, I found that there were gaps of information that were missing. I found that the information I needed clarification on was outside resources, perceptions on diagnosis and time management in each school counselor's day. The follow-up sessions were conducted by phone and were recorded.

In step two, I re-read the whole transcript of each participant before beginning to transcribe. I took notes while transcribing the interviews. I took notes going from the transcription of the interviews, notes taking during the interview, and from my reflexive journal. I reviewed the whole of the data, while looking at the parts to gain a better understanding of themes and meaning units. Each participant had their own way of describing how they perceived their role in supporting students with mental health concerns in schools. For example, PSC1 stated, "I offer different strategies and support students who all have different mental health concerns, sometimes the student refuses the help or support." PSC2 stated, "I support students with mental health concerns by working closely with staff to ensure students have effective coping strategies." PSC3 stated, "I support students by offering classroom strategies such as stress balls and maybe drawing." Lastly, PSC4 stated, "I sometimes offer students school-based strategies to support those particular students." The participants all had the same language of using strategies of some sort to support students with mental health concerns in schools.

Reading the whole and breaking the information down into parts was enough to establish certain themes within the research. After transcribing the interviews, I continued to use reflexive journaling.

After the reflexive journaling, I conducted follow up interviews to clarify meaning, thoughts, and perceptions. The interviews were stored on a laptop as a Microsoft word document. I also allowed each participant to review their own transcription. The transcripts were on an external hard drive and locked in the office of the researcher. The review of the transcript happened before the follow up clarifying calls were made so that new data could arise from the follow up conversations. This allowed the participants to add more information and clarify any information they felt was not clear or needed to be explained further. The information from the interviews will be saved for five years and then destroyed appropriately, so no identities will be compromised (Creswell, 2013).

In step three, I continued to look for preliminary meaning units. To do this properly, I continued to review the raw data within the transcription and then began to break the data down into specific words based on themes and meaning. This helped me to explore patterns in each transcript (Miles et al., 2013). One theme that continued to appear within the phrases was the theme of collaboration. Each participant mentioned collaboration with many supports such as parents, teachers, and outside community supports. PSC1 stated, "The most important thing to support students with mental health concerns are the parents, outside resources, and school collaboration." PSC2 stated, "In order to be successful, I need home and school to consistently work together to connect

with outside resources to support the student. PSC3 stated, "I feel the most successful working with students with mental health concerns when I connect with parents and have the support of an outside resources." PSC4 stated, "I don't always feel successful, but when I can refer parents out to a resource, it helps."

While I continued to read over the data, I was able to connect five main themes throughout the interviews. The themes included: (a) common mental health concerns; (b) desire for education/training; (c) outside resources for students with mental health concerns; (d) barriers to effective student support; and (e) limited time to support students with mental health concerns.

Table 4

Theme perception by participant

| Themes | Participants |
|---|---|
| Common mental health concerns | PSC1, PSC2, PSC3, PSC4 |
| Desire for education/training | PSC1, PSC2, PSC3, PSC4 |
| Outside resources | PSC1, PSC2, PSC3, PSC4 |
| Barriers to effective student support | PSC1, PSC2, PSC3, PSC4 |
| Limited time | PSC1, PSC2, PSC3, PSC4 |

The final step in the data analysis was to take the general descriptions of the possible phenomena and use those themes to discuss and analysis the phenomenon occurring between the school counselors. I conducted follow up interviews with all participants to clarify any missing information, or unclear statements. The findings were clear in that the participants had a sense of being overwhelmed working with students with mental health concerns. The statements that had similar meaning in this perception was noted in asking a question about barriers. The participants began to describe things in

place that they perceive prevents them from being effective in supporting students with mental health concerns. PSC1 stated, "When the student refuses and the parent does not follow through with recommendations." PSC2 stated, "When parents do not follow through with resources and the minimal amount of resources that we currently have that comes into the school." PSC3 stated, "It's frustrating when everyone is looking to you for support, but parents do not follow through." PSC4 stated, "My day-to-day workload, parents not following through with their student."

Each participant had individual ways of describing how they felt supporting students with a mental health concern without support. However, they all still verbalized that they will continue to work with students to the best of their ability. I continued to strive to be open to the participants. I wanted to be able to see the experience from their lived experiences while also interacting with them to learn more about their worldview of the current research. This caused me to conduct an active evaluation of my own experiences as a school counselor. I revised my fore-conceptions in order to connect my own thoughts to the participants ideas of what they were sharing with me (Finlay, 2008). My perception about parent follow through and time management was challenged. In my own day to day activities as a school counselor I found speaking with parents and building a rapport was a way to assure parent follow through to supporting students. However, many of the participants perceived that even if they spoke with parents, the follow through to support students with mental health concerns was still a challenge. The only male participant gave rich layers of information about his day to day support of students. He expressed his frustration and elations with an eagerness not seen by the

female participant in her role for over 10 years. PSC1 stated, "The issues are bigger than we can see, and many parents are clueless to what to do, so they don't do anything and hope it gets better." I felt as if I understood exactly where he was coming from. I understood and felt as if I was back in his role at that moment. I felt his frustration as he relived trying to help his students.

**Data Analysis**

Transparency in analyzing the data was done by attempting to explore meaning through the thick descriptions given in the interviews (Roller, 2017). The interviews must be analyzed to gather data into small sections to process. In this data analysis, I first reviewed and reread the interview transcripts. The hermeneutical circle approach was used to interpret the data. The theory behind hermeneutical circle is to collaborate between the researcher and the participants to grow understanding as we engage (Gadamer, 1989). I read each transcript separately and then lined them up and re-read each answer together. This was done by printing out the transcripts. By connecting the interviews by question, I was able to gather common language and create my preliminary meaning units. I was also able to highlight various words and phrases that were common among each question. Once all common words and phrases were highlighted, circled and underlined, I was able to explore the meaning behind each phrase and words. I repeated this process for all four interview transcriptions.

I moved to a second step of data analysis by finding common themes as I continued to read the interviews separately and together. I also continued to use my own notes that I created during each interview. The notes helped me to be reflective over what

I wrote during the interviews for each participant versus what I felt after the interview. For example, I jotted notes on PSC1's third question. I noted that the participant appeared visually frustrated when talking about his collaboration with the parents for support of the student. I used my journaling to add to the exploration of an emerging phenomenon. In exploring the emerging themes, I highlighted phrases and words with a different color on all interview transcript. I then combined the emerging themes by rewriting them on Microsoft word document to continue to explore how the words and phrases emerged and connected meaning. I once again reread each transcript to make sure the themes that emerged encompassed a connection of lived experiences that each participant expressed during each interview. Continuing to go over the whole of the transcripts to the parts of the transcripts that were helpful in determining themes, patterns, and repeat phrases and words.

**Hermeneutic circle illustration**

In continuing the examination of the data, I began to disseminate which themes emerged from each participant. Once the themes were confirmed, evaluated, and grouped, I then began to give codes to protect the identities of each participants.

There were five themes that emerged from analyzing the data they included: (a) common mental health concerns, (b) desire for education/training, (c) outside resources for students with mental health concerns, (d) barriers to effective student support, and (e) limited time to support students with mental health concerns.

In order to pull these themes out of the data, I had to process my preconceived knowledge about the phenomenon so that I my understanding what was authentic. What I mean by authentic is that I took my own biases, ideas, prior knowledge away (foresight) and looked at the data from the text of the participant. By doing this, I was able to be there (Dasein) and have a deeper textual understanding for a more vibrant engagement with the participants. I continually revised my understanding as I reflected over each individual interview. This allowed me to rigorously comb over the interviews for descriptions of the phenomenon that stood out the most and had common ideas.

Jager (2010) postulates that as researchers, we need to think and process our lived world. In looking into the lived world of the school counselors, I found the process to be enlightening to discover how different school counselors in different settings processed and lived the same experiences. As the researcher and a school counselor, I had a hard time extracting my own emotions during the interviews. Friesen, Henriksson, and Saevi (2012) agreed that the researcher should avoid focusing on their own emotions and experience which may cause too much focus on the researcher than the participants. I found that I was seeing the school counselors as individual human beings who are trying to find a space within a day to be as effective as possible. Giorgi (2008) states that in phenomenology, there should be a suitable amount of openness and flexibility when using this method. I found that in using the hermeneutic phenomenology method for this research, the method helped me to open my mind and see my own world through the eyes and lives of other school counselors. This experience helped me create my own internal

validity check because I was able to understand where the participants were coming from, embed the right amount of empathy, yet validate and understand the day to day interactions they were sharing during the interview. By doing this, the participants voiced that they enjoyed the interview and hoped to see possible systemic change in the future. PSC3 also stated that, "I hope a few principals and parents read this; it will help in the evolution of our programming and interaction with parents of students with mental illnesses." From this statement, the perception of the school counselor, as we continued to talk, was that school counselors are valued, but our roles continue to be unclear. That lead me to reflect over the earlier literature that stated throughout time, the school counselor's role has been very fluid depending on the day to day activities of the building in which the school counselor works (Kozlowski & Huss, 2013; Sumerlin & Littrell, 2011). The participants all displayed calmness and an intertwined persona of using their head, heart, and hand while discussing their lived experiences supporting students with a mental illness (Todres & Galvin, 2006). Therefore, as I continued to interview each participant, I attempted to put away my many judgements from taking on the role of a school counselor for over 17 years. Each participant brought a unique feel to the interviews. PSC1 was optimistic in his delivery of his answers. When asked to tell me more about how he discovered students in his building had an official mental health diagnosis, he paused and stated, "I don't know, the students themselves, typically the parents don't want us to know." PSC1 also stated that he "never had to think about this." PSC2's emotions and engagement came across as not as confident in her role or engagement with students. PSC2 stated, "The mental health concern is only found out if the student is causing

problems." PSC3 stated, with a little exhaustion, "I have a good relationship with most parents, being at the school so long, so I guess students and parents for the most part, every once in a while, a teacher will tell me if the student shares with them." PSC3 had been in the school counseling field the longest and shared most of her information without pause but with a sense of just fact telling. PSC3 preconceived knowledge did not change during any of the interview process. PSC4 stated to the same question, "We are only notified if parents call us, a lot of the time I don't know." During the interviews, I found myself consistently going back and forth between experience and reflection due to the many personality differences of the participants. Each participant gave great textual data and consistently reflected on their answers and added more data without being prompted.

<div align="center">**Evidence of Trustworthiness**</div>

**Credibility**

A key factor in qualitative research is to make sure that the findings are accurately aligned with what is being researched. When a phenomenon has been documented correctly, then trustworthiness will have been created. This trustworthiness then leads to building credibility within the research. To build credibility in this research, there were several actions used to have credibility within the data such as: member checking, journaling, interviews, clarification of data, coding, and transcriptions (Gunawan, 2015). The semi-structured interviews were given ahead of time to the participants for review and then used with each participant during semi-structured interviews. The participants expressed that having the questions ahead of time helped them create richer descriptions

of the possible phenomenon. Lastly, reflexive journaling was used at the end of each interview. Using reflexive journaling helped in creating my initial impressions and helped find the emerging themes and patterns when reading over the data (Shenton, 2004).

**Transferability**

There are multiple strategies used within this research to create transferability. According to Shenton (2004), transferability can be thought of as how relevant the data and information gained can be applied to a larger population. In this research, I provided detailed descriptions of the themes, detailed descriptions of similar phrases, and reflected on the researchers own bias by journaling so that an audit trail may be maintained (Anney, 2014). However, transferability may be limited due to a couple of factors. The first being the number of participants in the study. The number of participants may limit a broader perception of mental health support in schools by counselors. The limited number of schools utilized to recruit participants, the socioeconomic level of one school district over another, and the experience of the researcher.

**Dependability**

For a research to have dependability, the steps of the research should be noted in detail so that the research may be reproduced (Anney, 2014). The reader of the research should be able to assess if the proper steps were taken to assure dependability. In this research study, I was able to provide specific detail of the data gathering and was able to provide an audit trail of steps used (Shenton, 2004). The audit trail will allow for others to access and repeat the research at another time. The steps used in this research included sending out emails to school counselors in two separate school districts in St. Louis,

responding to school counselors that returned the information and consent forms, and conducting semi-structured interviews with participants that met all demographic criteria. The researcher used member checking by allowing the participants to read their transcripts. I was also able to ask clarifying questions before and after the member checking to allow for clarity in the different lived experiences. The result was to learn about the lived experiences of school counselors supporting students with mental health concerns in schools.

**Confirmability**

Patton (2002) states that confirmability is created by the researcher creating objectivity in the data analysis. In this research, I was able to increase confirmability by using triangulation, member checking, and reflexive journaling. The triangulation was created by sending the transcripts back to participants to review and add additional feedback. The reflexive journaling included notes throughout the research and documenting personal thoughts during the research study.

<div align="center">

**Results**

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There were five main themes that emerged after analyzing the data: (a) common mental health concerns, (b) desire for education/training, (c) outside resources for students with mental health concerns, (d) barriers to effective student support, and (e) limited time to support students with mental health concerns. The themes continually emerged with each participant during the semistructured interviews. The emerging themes explored the concerns of the school counselors when they experience engagement with students with mental health concerns.

**Common Mental Health Concerns**

This research explored the lived experiences of school counselors when supporting

students with a mental health concern in school. In *DSM-5*, a mental disorder is described

as a clinically significant behavioral or psychological dysfunction that impairs

functioning (Stein et al., 2010). This dysfunction not only impairs the student emotionally

but can cause academic struggles for the same student. Students who struggle with any

form of a mental health concern in school typically will have areas in which their

learning and the learning of their peers may become impacted (Moon et al., 2017;

Skalaski & Smith, 2006). In this research, the four participants spoke about several

common themes when they had to support students with a mental health concern. The

emerging themes were consistent across the four participants in two different school

districts. PSC1 shared these common mental health concerns. PSC1 stated, "Well in our

building we see a lot of students with anxiety, depression, suicidal thoughts." "A lot of

students have experienced trauma." "Every student is different and unique. I have seen

more anxiety and self-harm, but not sure if most of the self-harm is being mimicked due

to the age group I work with."

PSC2 shared his experiences with a variety of mental health diagnosis: "I have

had many students over the years with diagnosed mental illness, ranging from bipolar

disorder, anxiety, OCD, and ODD."

PSC3 shared information about what she sees in her school building: "I probably

deal with a student with a mental illness on a daily basis." "Sometimes several times a

day. I see ADHD, OCD, ODD, depression, and anxiety all the time." "There was a time

frame that it was self-harm that I would see more frequently, but it's definitely seen in a

higher number of students that are considering planning suicide." "So, I have seen a

definite rise in those."

PSC4 shared information about what she sees in her school building: "I have experience

with students who have ODD, CD and ADHD and for the most part I help them with

anger management, coping skills, organizational skills, conflict mediation and often

provide them with referrals." "Yes, there has been a rise in suicidal ideation, self-harm,

and anxiety over the last 5 years or so."

The common theme that emerged is that the school counselors are interacting with

many of the same *DSM-5* diagnosed mental illnesses in students. Within the two school

districts included in this research study, the participants all expressed an overwhelming

desire to strive to support all students. The mental health of students continues to be a

concern in schools and the United States (Adelman & Taylor, 2011; CDC, 2013). During

the semi structured interviews, the participants acknowledged that they perceived that in

each school year there has been an increase in the diagnosis of mental health illness of

their students (Powers et al., 2011). However, the participants also perceived their

educational training and internships inadequate in helping them feel confident diagnosis

working with this population of student in schools.

**Desire for Education/Training**

According to the Council for Accreditation of Counseling and Related Education

Programs (2016), school counselors should graduate within their program with the

appropriate knowledge and skills to support all students. The Council for Accreditation of

Counseling and Related Education Programs (2016) also postulates that school

counselors should be able to address the connection between a student's social/emotional

and academic achievement. Many school counseling educational programs train

professional school counselors to support students in direct student services such as the

core curriculum, individual student planning, and responsive services (ASCA, 2012).

After analyzing the data from the semi-structured interviews, overall the participants did

not feel they had received adequate training on how to support students with a diagnosed

mental illness within their buildings. The participants were asked to discuss if they

perceived that their education and training prepared them to work with students with

mental health concerns. The participants all agreed that their training and preparation was

inadequate for the level of mental health training they felt they needed to support students

with a mental illness in schools.

PSC1 stated: "No, it wasn't. It wasn't at all. In my counseling program, I don't

believe I received the tools. I believe that if school counselors were supported better, with

more training or more professional development that was specific to mental illness, that

will continue to sharpen our tools."

PSC2 was asked to speak about her experience with her formal training as a

school counselor: "I feel that my university prepared me for learning about mental health

issues for adults, but I wish we would have spent more time talking about mental health

issues for students. When we did talk about mental illnesses, it was usually around

preteens or adolescents, which is very different from elementary age students."

PSC3 shared her concerns about her training and its effectiveness: "I feel like the class we had on it was people researching it. I feel like there could be better programming around not only, but this is what the DSM says for this diagnosis."

PSC4 stated: "I do feel like my professional counseling courses prepared me, but at the same time I recognize that I am not licensed to fully address serious mental issues. I also think that they could have done a better job of teaching what mental illness will look like in a school setting."

PSC4 also stated that "understanding what mental illness can look like in a school setting would be helpful for people coming into the field. It would've been helpful for me to know what you can expect to be able to do with this, or that mental illness."

The theme of feeling unprepared due to the lack of training is what emerged from the analyzed data. All four participants continued to discuss how they needed more professional development and support within their buildings. I asked PSC1 in which class did you feel you were taught the most about mental illness and PSC1 stated, "I think I maybe got more of a tool set through the school psychology classes that were in my counseling program. I think it helped feed that passion of wanting to be a school counselor. Definitely, the tool set wasn't large enough for the stuff that we actually face in the school setting.

The participants' lived experiences all connected to the theme of feeling unprepared to adequately support students with a mental illness in schools. The training of the school counselor is important to a professional school counselor's self-efficacy (Springer, Cinotti, Moss, Gordillo, Cannella & Salim, 2017). Although the participants

felt as if they were underprepared, each participant stated that they will continue to learn from new experiences. PSC3 stated,

> I feel confident in my own ability and knowing that if I don't have all of the answers, or a specific strategy, I will still try to support the student. Professional associations that I am affiliated with that can help me with strategies for different situations.

Experience on the job goes is important in a professional school counselors' level of confidence they have in their ability to be successful (Springer et al., 2017). Bandura (1986) mentioned that the same self-efficacy may eventually impact the growth of the professional if it is not corrected. Therefore, it can be said that understanding the training needs of school counselors and the experiences they encounter can be vital to increase performance outcomes (Springer et al., 2017).

**Outside Resources**

According to Carlson and Kees (2013), using outside school-based resources to support a student's mental illness is more likely to provide students with access to the services needed. Many schools serve as the first connection to a mental health resource for students and their families. The mental health needs of students are increasing, and many students are not getting the support they need through community based mental health facilities (Perfect & Morris, 2011). Many of the participants within this research were able to speak to the use of outside mental health resources that they provide to parents in order to support the students in their buildings.

PSC1 shared how she supported students with a mental illness by utilizing outside resources to come either to the school or refer the student to. PSC1 shared that,

"It seems to be more support needed than I can offer. I offer a lot of outside references. I have to use different therapists outside and learn the community resources. We use a local agency call Preferred Family Health, which is a big help in school." "You are limited with time so [a community agency] comes into the building and conducts direct counseling. Parents say I will take the resource." "Yeah, I think we could have more visits from outside counselors or mental health professionals. We just need different resources. We need to seek out more mental health professionals in the area, just to maybe meet for coffee or just to go talk. We now have to build our network, and our toolbox."

PSC2 was asked how she perceived being successful when supporting students with a mental illness in her building. PSC2 stated that, "It can be challenging. I tend to see the most success when a team of people (parent, teacher, counselor, administration, outside agencies) are all working together to come up with a plan and implement that plan with fidelity." The participant then went on to talk about the resources she utilized to support students. Many times, a child has received a diagnosis from an outside agency after being referred to them by the school. We use outside agencies. [Our city] has a wide variety of resources available, but I find that some resources take a really long time to see the student or can be costly. "There is a lot of reaching out to agencies. I have created a community resource guide that I give parents that help the with a variety of agencies to call if they feel their family needs support."

PSC3 had a lot to share about utilizing outside resources in her building. PSC3 shared that success happens when "I am working in conjunction with their therapist outside of school if we have a release that we can work together for the care and treatment of the student. I can collaborate if I know they have an outside therapist, but parents do not always share. I can work with the outside resource like a therapist if we are on the same page of what that can look like within a school." I can't fix the child on my own without the resources and cooperation partnership of their parents, and also any outside resources that might be needed. One of the main partnerships that we have is through a local agency that provides free counseling that will come to our school. Their funding, is kind of a loophole." "There are alternative programs or an online program or an abbreviated outside resource where they only come for their core classes. Often time with outside resources I am playing phone tag."

PSC4 shared that she felt that outside resources were the only way for her to support students with mental illness effectively in her building: "I provide resources to various agencies in the area as well as refer students to in-school programs. When I feel like they need more than what I can offer, I typically refer students outside of school. I utilize agencies for mentoring groups, and I use district social workers." "There is a limited amount of resources that will come into the school due to poor funding and lack of funds for certain areas. "

The perception within this theme was that collaboration with other mental health agencies, parents, and other stake holders was valuable in supporting the mental health needs of students. All participants agreed that providing mental health support in the

school setting and offering those resources are instrumental to increasing the support of mental health in schools (Eiraldi, Wolk, Locke, & Beidas, 2015).

## Barriers to Effective Student Support

The fourth theme that emerged was the perception and lived experiences of barriers that prevented students from receiving the mental health support they needed. All four participants discussed parents as being the main barrier to students receiving mental health support inside and outside of school. According to Fazel et al. (2014), mutual barriers to the implementation of supporting students in schools with a mental illness can include parental factors and stakeholders within the school. The participants were asked to describe what they perceived to be barriers to supporting students with mental health concerns. There were many commonalities such as time, number of students, inconsistency in training, and stakeholders such as teachers. However, the recurring theme that consistently emerged was the perception of parental follow through seen as a barrier to supporting students with a mental health concern. PSC1 shared that, "Parent collaboration is key but many times the parents are embarrassed. Parents do not reach out, or they do not know what type of help to ask for. A lot of the time it can be scary for parents, and it can be hard for them to be held accountable; that is when they family and student refuse help." "We were not set up in a way that offered the student the best support and the parent did not follow through with the resource. Students don't have the means to help outside of school or don't treat it as a concern." "They fear that their son or daughter's mental health may be impacted by an undiagnosed illness. Some families don't take advantage of the resources." PSC2 responded to the same questions and

shared, "I usually check in with the parents and teachers regularly on students that have high needs because there could be some with a diagnosis I don't see, and those are the ones parents don't share the info. Also, getting families to take advantage of resources outside of school (even when the cost and availability are not an issues) can be hard." I try my best to work with parents but many times (for various reasons) the parent does not want to talk about a possible mental illness, they just want me to "fix" it." "No follow through with parents at home is a huge barrier."

PSC3 shared that, "The parent does not take into consideration what the staff members and I are reporting and choose to rely on what the student is saying instead of taking the word of the professional. It's frustrating in the fact that sometimes people look and expect me to fix them and send them back to be ready to take a geometry test when in reality, this is a true mental illness." "So, this is another pushback kind of angle that we will see, that although that may not be my main concern for the student, if it gets the student free counseling and the parents don't have to drive to appointments and make the appointments, the parents still sometimes refuse." "No one issue can be blamed. I feel like there are different issues, that families, parents, parent understanding parent pushback, parent involvement, parent responsiveness." "Again, it's not that that's their fault. I know by the sheer day to day activities that they have, the pressures they have on jobs and home and balancing everything." "Socioeconomics plays a huge issue with trying to balance everything with your kid's mental health. I am met with "I will handle this at home," and then there is no follow through at home."

PSC4 also shared perceived thoughts on barriers to supporting students with a mental health concern: "Parents not following through or parents believing the child's sadness or behavior is not a true concern. It does not matter whether its socioeconomics or not. We are only notified if parents want the support." "Sometimes parents are ashamed or worry about how it will look to family or community; they just won't communicate. Sometimes you get from parents, thank you so much we'll follow up, can you send me some resources, or I am met with, we will handle this at home and they never follow up." "The fact that they expect school counselors to be the fixers of all mental health, of all emotional, of all problems so the kids can sit in a desk and do school."

The perceptions about what limited the school counselor to support students with a mental illness continually went back to the emerged theme of parent support of the student and the school counselor. The emergence of this theme had an undercurrent of struggles with stress and self-efficacy by the school counselors. The semi-structured interview allowed the school counselors to vent and share perceptions from a lived experience that to some level challenged their fears about how effective or ineffective they felt they really were with the time demands to support students.

**Limited Time**

The last emerging theme was the time constraints and duties that the school counselors experienced in their building. The participants all experienced and expressed an overwhelming amount of frustration when speaking about the time limits, they had to support students with a mental illness in their buildings. ASCA (2015) states that a school

counselor should spend most of his/her time in direct contact with students in specific

areas. The areas are responsive services, the counselor's curriculum, and individual

student planning. This should be done so that all students benefit from the school

counseling program (ASCA, 2015). While conducting the semi-structured interviews

with the participants, the school counselors were asked to describe times when they

perceived they were not being successful with students with a mental illness and explain

what were the things that prevented them from feeling successful. The participants all had

an emerging theme around the amount of time they could advocate to support students.

Along with the theme of time, and barriers, the participants acknowledge that they did not

perceive that they were supporting the students successfully.

PSC1 described her time in different ways: "I think I probably had the tools

maybe to just do enough to get the student through the day, but I think in my experience

thus far, in just the time I had, I couldn't give these students everything that he or she

might have needed. You're typically limited to different time that you can see the kids all

day long. No, the time we have is very limited with the duties that are not ours as

counselors." PSC2 shared that, "I also have a lack of time in my own day. It isn't

unheard of for me to take time out of my evening with family to call or make a phone

meeting with an outside resource so that I have availability to speak with them. Many

days I do not feel I have the adequate amount of time to provide to students with mental

health concerns, its overwhelming." "Too much time and it's ongoing with tantrums and

behavior issues." PSC3 stated that, "sometimes there is a misrepresentation when you

say, "school counselor" that some people think that equals a mental health therapist and

that I have time to sit down for an hour to process and have an actual session with a student. I have an hour lunch duty that is in the middle of my day." "I have 504s, I have team meetings, and I have IEP meetings that I am required to attend. I have different duties that are assigned to me. So, within that day, trying to give these students the attention and care that they need, I feel like at times I'm just putting out the fire and calming them down and getting them back to class, and it's just a repeat cycle. I feel like I see those students over and over again."

PSC4 described her support around time in this way: "I unfortunately just don't have the time that students may need nor can I guarantee I will be consistent from day to day or week to week. It is difficult to feel or be effective with serious mental concerns when teachers need help with right now behaviors." "Another barrier is just time! I am constantly pulled into things that are not in my role as the school counselor. I can at least say, I notified a parent, and then I reflect back and think that is all I have time to do." "Everyone expects school counselors to do all of those additional duties. But don't give them time to actually work and program with individual students, or small groups."

The last theme that emerged was the theme of time and various duties that many school counselors have in their day to day routines in schools. The needed improvement that emerged was the amount of time school counselors feel as if they lack in order to be successful working with students. The duties of the school counselor should meet the ASCA national model. Many duties have been given to school counselors, thereby preventing them from implementing a high-quality comprehensive school counseling program (DeKruyf et al., 2013).

Overall, school counselors who support students with mental health concerns experience emotional highs and lows within their school day. The data showed that they the participants experienced various *DSM-5* diagnosed mental health concerns in both middle and elementary school. The more positive themes that were perceived from the school counselors was that outside resources and a desire for more education and training would help them to support students. On the other hand, the same school counselors understood there were barriers that prevented them from being as effective as they would like, such as parental follow through and limited time within the school day.

## Summary

The research questions varied throughout this semi structured interview. I discussed the themes that emerged from the participants responses. I used Microsoft Word to hand-code the data. I also used reflexive journaling, calling the participants for clarifying questions, note taking during the semi structured interviews and re-reading transcripts for clarity so that the data helped formulate the emerging themes. School counselors supporting students with mental health concerns all perceived similar themes throughout their interviews. The themes included: (a) common mental health concerns, (b) desire for education/training, (c) outside resources for students with mental health concerns, (d) barriers to effective student support, and (e) limited time to support students with mental health concerns.

## General Narrative Summary of the Phenomenon

One of the themes was the increase of mental health concerns. The school counselors discussed how the common mental health concerns were becoming

overwhelming situation in each building. When asked what they meant by this, the

participants alluded to the number of students growing each year that has a formal *DSM-5*

diagnosis. Even though all participants were interviewed privately, when speaking with

each of them about what specific mental health concerns that they were supporting the

most within their buildings, all participants spoke of common mental health concerns

with frustration. They listed oppositional defiant disorder, depression, other mood

disorders and ADD/ADHD as growing in number each year. One participant discussed

that in the middle school, there were many days that he was not able to leave the

counseling office due to so many students with anxiety that they could not get to class.

Although each school counselor supported students with the same mental health concerns

within their buildings, each counselor responded differently when asked about these

students. There were variances in tone of voice, identifiable expression and body

movement. For example, PSC1, physically rolled his eyes when speaking about students

and self-harming behaviors while PSC3 smiled when asked the same question. However,

PSC2 and PSC4 both slumped their shoulders and had a monotone voice that suggested

stress around so many mental health concerns. None of the participants had specific

answers regarding ways how to support the growing mental health needs of all students.

The second theme of advocating for more education was connected to the emotion

of frustration. During the interview, all participants wanted fresh updated information to

support students and teachers but expressed how limited they felt when supporting

students. The school counselors each identified that they wanted and needed consistent

training and education to support students. As we discussed what this training and

education could look like, the participants expressed that the school districts could embed more training within the school's professional development program. Each participant expressed feelings regarding their limitations to support their students.

There was a combined consensus among the participants that they did not feel comfortable discussing possible strategies with parents to help them manage their children with mental health concerns. One school counselor detailed how she felt helpless when she had to share strategies with parents to help them with their children who had diagnoses such as oppositional defiant disorder or a specific mood disorder. The participants were able to identify where they felt they needed and wanted more training but did not have adequate feedback on what the specific training could look like within the different school districts.

The third theme developed when we discussed outside resources. The participants admitted to having various services within the district that they consistently used. What I found later by reviewing the transcripts is that all school counselors had resources, but only one school had a resource that saw students within the school day. When asked what they felt would be needed to make outside resources more readily available to students and their families, the answers varied slightly. All participants voiced a concern of the limited amount of resources they could offer but also spoke with exasperation when discussing how the resources could benefit students more. The participants described how they felt it could be improved. The overall descriptions included having consistent resources in the building that would see all students. When I asked the participants why this was a problem now, it was revealed that the resources that were coming into the

building or outside in the community were only available to some students who met

certain criteria such as financial need and demographic background. The participants'

frustration was that they have not found a resource that would fit the need of all students.

The participants all found similar barriers that hindered them in supporting

students with mental health concerns. Several participants discussed how the various

barriers have been around for many of their years working in the school building. When

asked to discuss what those barriers looked like for them, the participants described not

having enough time in the school day, many parents not following through with resources

or suggestions, teachers not using strategies discussed and expressing that they all needed

more training as the years progressed because mental health concerns continue to rise.

One participant mentioned that she has team meetings that included the principal,

counselor, a special education teacher and the school psychologist. Along with discussing

the team meeting she has with the staff members, the participant stated that she also met

weekly with teachers to discuss strategies. All participants stressed frustration when they

discussed how after the meetings with staff (teachers) to discuss useful strategies to help

students, most teachers become overwhelmed and do not remember to use the classroom

strategies that were discussed. The participants stated that typically students would end

up with some form of behavior consequence from the teacher or principal without ever

receiving support that was discussed from the team meetings. The participants explained

that these phenomena occurred often, presenting a consistent barrier to supporting

students.

The overall emotions displayed by all participants were the emotions of anger and frustration when discussing parents. Parental follow through was discussed numerous times as a barrier to supporting students. Two of the participants literally laughed, paused, and rolled their eyes during the interview. One participant stated, "If I could hotline parents for not following through, I would." When asked if there has ever been a time when the lack of parental follow through caused more disruption in a student's life, the same participant told a story about a student who tried to commit suicide, and it broke her heart when she visited the student in the hospital. The participant stated that this was the first time when she realized that without parental support, school counselors are just running in circles with great ideas but not follow through for the student. When asked if there ever was a time when they conducted a hotline on parents for lack of support, one participant incredulously shook her head and said, "No unfortunately not. We can't force people to care."

Lastly, the perception of limited time in the school day was the most talked about theme by all participants. One participant stated, "I feel like I just pick up where I leave off each day; it feels never-ending." I asked participants to be very specific and describe what a typical day looked like. All participants spoke of lunch duty, IEP meetings, individual parent meetings, trying to call kids in with crisis or peer concerns, returning calls, subbing in classrooms, recess duty, hall duty when kids change classes, morning duty, school dismissal, meetings after school, writing 504 plans, being called to classrooms for behaviors, testing, scheduling, and classroom lessons. This theme of limited time surfaced major frustration and aggravation from all participants. I noted the

frustration and asked participants what stood out as the most frustrating duty they had and what was the most useful. Three of the participants agreed that lunch duty was the most useful because they had a chance to chat with students while they ate and felt more visible to students they had not connected with. The participants all agreed that it also helped them see who were making new friends and who was eating alone or not eating at all. All participants mentioned that writing and holding 504 meetings was the most frustrating task that came with all the things they were responsible for during the day. This was met with an equal perception among all participants of frustration, anger, and disbelief. Not one participant had positive things to say about writing and managing the 504s in their building.

## General Summary of Phenomenon

School counselors who have experience supporting students with a mental health concern have many stories and perceptions of what has been successful and what they perceive as a hinderance to their success (Walley & Grothaus, 2014; Kaffenberger & Seligman, L, 2011). School counselors continue to be on the front line in schools attempting to support students with mental health concerns that impact them daily in the classroom (Bernes, Bernes, & Bardick, 2011; Walley& Grothuas, 2014). Even though many school counselors have many different experiences, there appears to be many common themes within those same experiences.

The lived experiences of school counselors in this study revealed that many school counselors have a heart and a passion for supporting students even when they perceive that there are many barriers to their own success (Adelman & Taylor, 2010;

Kaffenberger & Seligman, L, 2011). In this study, there was a clear awareness by all participants that a one size fits all mindset in school counseling does not work. Therefore, school counselors do what they can to meet the needs of all students that share in the various mental health concerns discussed in this study (Walley & Grothaus, 2014).

ASCA (2012) postulate that school counselors must continue to support all students directly and indirectly at least 80% of their school day. However, what was found in this study, is that many school counselors feel overwhelmed when participating in the many school tasks assigned to them. School counselors must act as leaders in many areas within their day while still focusing on responsive services and specific interventions that are not a one size fit all solution (Walley & Grothaus, 2014; Kaffenberger & Seligman, L, 2011). ASCA (2012) agrees that school counselors should collaborate to support students with mental health needs. However, there are many barriers that still exist that prevent this support to be given effectively.

This research revealed five main themes. The themes included: (a) common mental health concerns, (b) desire for education/training, (c) outside resources for students with mental health concerns, (d) barriers to effective student support, and (e) limited time to support students with mental health concerns. These themes correlated with a research study conducted by Kaffenberger and Seligman, L (2011). In the research, Kaffenberger & Seligman, L (2011) revealed limitations to the school counselor's success in supporting students with a mental health concern. The same research revealed that the areas of concern included training/education, availability based on time, and access to outside resources. In this study, school counselors perceived that

they felt gratification in what they did on the job but yearned for more support, more time, continuous education, less barriers, and more resources to support students (Adelman & Taylor, 2010; Kaffenberger & Seligman, L , 2011; & Strauss, 2013). School counselors are in schools to support all students; however, the participants in this study revealed that they felt as if they were not able to help all students reach their optimal potential.

In Chapter 5, I will discuss my findings and results as they connect to the literature. I will also discuss how this study can help with social change and later conclude with recommendations for additional research, counseling resources and training.

Chapter 5: Discussion, Conclusions, and Recommendations

**Introduction**

The prevalence of mental illness in adolescents has increased considerably (CDC, 2019). About 14–20% of students in school have a diagnosed mental illness, and in that 14–20%, about 70–80% of those same students are not receiving any support with their diagnosed mental illness (CDC, 2019; Kaffenberger & O'Rorke-Trigiani , 2013). According to ASCA (2015), school counselors' primary responsibility is to provide direct and indirect services to students on their caseload at least 80% of their day. However, there is a lack of research to understand the lived experiences of school counselors when supporting students with a mental health concern. Many school counselors are the first, if not the only, support in some cases for students struggling with a mental health concern in school (Carlson & Kees, 2013; DeKruyf et al., 2013; Kaffenberger & O'Rorke-Trigiani, 2013). The school counselor role becomes crucial when supporting students. School counselors are in place to create programs that support and enhance the academic, personal, and social/emotional success of all students (ASCA, 2015). Therefore, the purpose of this hermeneutic phenomenological qualitative research study was to grasp a deeper understanding of the lived experiences of school counselors supporting students with a mental health concern.

Understanding the perceptions of school counselors who support this specific group of students may help improve the education and training of school counselors, help lower the stigma of mental illness, and increase awareness to the strategies they use to support those students in schools (Adelman & Taylor, 2012; McGrath, 2010; NCMHC,

2016). I received 10 responses from my search for participants; from those 10, four participants met the criteria needed to participate in the study. In Chapter 5, I discuss the findings, speak to the limitations, and explore the implications of this study for current and future school counselors. I conclude this chapter by summarizing the research data and giving my recommendations for further research.

## Interpretation of Findings

The four school counselors had many similar thoughts around supporting students with a mental health concern. The participants' direct experiences were clearly seen and heard in how they discussed their training, education, role, and collaborations. After rereading through the transcripts and asking clarifying questions to reach a deeper meaning, there were five themes that emerged from the interviews: (a) common mental health concerns, (b) desire for education/training, (c) outside resources for students with mental health concerns, (d) barriers to effective student support, and (e) limited time to support students with mental health concerns.

### Common Mental Health Concerns

The participants expressed their thoughts around what diagnosed mental illnesses they readily saw in their buildings. The follow-up questions inquired about how they were informed about the students' diagnosis. The list was made up of self-harm, suicidal ideation, bipolar disorder, anxiety disorders, oppositional deviant disorder, obsessive compulsive disorder, depression, attention deficit disorder, attention deficit hyperactivity disorder, and conduct disorder. The disorders that were mentioned by all participants were oppositional defiant disorder, obsessive compulsive disorder, anxiety, ADHD,

ADD, and depression. PSC1 and PSC3 stated that they were typically informed about these diagnoses by parents or students. They also voiced that many times they are not informed until there is some form of mental health crisis or concern from a classroom teacher. The participants' experiences with the disorders varied. PSC3, PSC2, and PSC4 worked a lot with oppositional defiant disorder and anxiety disorder, while PSC3, PSC4, and PSC1 worked daily with anxiety disorders with their students. There did not appear to be any indication of whether the common mental health concerns noted were more specific to a certain grade level. PSC1 and PSC3 worked in a middle school, and PSC2 and PSC4 worked in elementary school buildings (see Figure 1).

All participants voiced concern about the rise in anxiety and depression that continues to be prevalent in their schools. The participants all expressed that their experience was not positive when parents did not take them seriously when reporting their concern for their student. For example, PSC1 was asked to describe a time when they felt like they were not successful. PSC1 stated, "Even though parents are aware of diagnosis and have been informed there is a concern at school, the parent just hopes that things get better." PSC1 also stated that, "The issue was bigger than the school could handle."

Erickson and Able (2018) addressed the prevalence of mental health issues and suicidal thoughts among adolescents. They discussed how school counselors play a key role in supporting students with mental health concerns through advocacy and collaboration (Erickson & Able, 2018). Students identified with a diagnosed mental illness in school are more likely to need the support of the school counselor. Mental

illness can disrupt students' social/emotional health and cause them to fail academically (Walley & Grothause, 2013). Kataoka et al. (2002) discussed the lack of use of mental health services among adolescents. Their cross-sectional analyses study used three main samples to retrieve the data for the study: (a) National Health Interview Survey, (b) the National Survey of American Families, and (c) the Community Tracking Survey. Their research revealed that about 80% of students between the ages 6 and 17 years old did not use the mental health services for illnesses such as mood disorders, conduct disorders, and anxiety disorders. In the survey, it was assumed that the reason 80% of students did not get the support they needed could be due to many factors. Kataoka et al. (2002) postulated that the factors varied by ethnicity and possibly socioeconomics.

In this study PSC1 and PSC2 were not certain why there was not better follow through with support when parents were made aware of the concerns or if the student was previously diagnosed with a mental health concern. PSC1 stated, "A lot of parents do not follow through because sometimes they assume everyone else is wrong." PSC2 stated, "Families for whatever reason do not follow through with resources." The overall perception in this study for lack of follow through was perceived as bias, embarrassment, denial, and lack of follow through even when resources are offered. Kataoka et al. (2002) stated that previous studies looking at mental health data focused on larger populations and had varied results on unmet needs of students with mental health concerns. This study did not have conclusive data on students' unmet mental health concerns not being addressed adequately.

Overall, participants were frustrated by not having enough school-based strategies to support their students. They felt that they had a limited set of strategies that did not lend well to students with more severe emotional concerns. This limited set of strategies enhanced the emotions of discomfort when it came to supporting students with mental health concerns. PSC4 stated, "It is difficult to feel or be effective with serious mental concerns when teachers need help with right now behaviors." The assumptions in this study are that students with mental health concerns may incur problems in the school setting. The diagnoses of students with mental health concerns are increasing significantly. According to Dikel (2019), educators are aware that the mental health of students is becoming an increasing concern. School counselors and professionals in schools are seeking ways to effectively support this increase in mental health concerns. In this research, the participants are looking for new, appropriate ways to support students.

**Desire for Education/Training**

All participants spoke to the education and training they received while undergoing their master's degree program. All participants conveyed that they felt they had enough training to hold the role of professional school counselor, but they all felt unprepared to support students with mental illnesses. The participants shared that they took a college course that focused on mental illnesses, but they still felt unprepared to work with students with mental health concerns. Two of the participants specifically spoke to taking a mental health diagnosis class but described that in the class they learned more about the mental health diagnoses and not how to utilize strategies in schools to work with that population of students.

Carlson and Kees (2013) explored the comfort level of school counselors and their perceptions about how to serve students with mental health concerns in school. Their research included 120 school counselors and the data revealed that they too experienced discomfort trying to support this group of students in schools. Carlson and Kees (2013) postulated that the mental health needs of students are consistently changing and that school counselors have heightened expectations put on them to work with students with a mental illness.

Hill et al. (2012) conducted a research study to identify the need for support in schools for students with a mental health concern. There was a total of 240 school counselors, principals and school psychologists who were surveyed to understand the need for mental health support in schools. The results showed that they all agreed that it was needed within the school; however, the data were varied on what that support should look like. In this research, it was revealed that the school counselors were the people within the building providing the support to students with a mental health concern. Mental health support provided in the school setting is occurring; however, many of the students who need the support are not getting what they need (Crespi, 2009; Hill et al., 2012).

Overall, the data in this research revealed that school counselors are in place and have a role to work with students with a mental health concern but feel a discomfort at engaging in this way in schools. PSC3 summed up her emotions around providing this support and stated, "I know umbrella issues and diagnoses, but I may not know everything about the student and their history to support them adequately."

The perception of this research was that school counselors are desiring better training and professional development in order to effectively support students. ACMH (2017) stated that 1 in 10 students have a mental health challenge. The school counselor continues to be in a specific role to support these students, however, the research in this study postulate that the participants struggle with what effective support should look like. PSC4 stated, "she feels that the higher-level course work prepared her for the role of school counseling, however she recognized that she was not a licensed mental health professional." Being able to support specifically in the school counseling role is important because mental health concerns are more pervasive during adolescents, early support is more effective to the student, and early interventions are more effective (ACMH, 2017). Therefore, understanding what the professional school counselor needs for educational growth is important. Professional school counselors need specific training that is unique to the setting that they are embedding within daily (Kozlowski & Huss, 2013). School counselors must be ready to support all students and have adequate training and support to fulfill their role and responsibilities. This research also noted that school counselors need specific training and a larger database of interventions that are specific to school counseling and classroom supports.

**Outside Resources**

The use of outside resources was another emerging theme. All participants expressed and displayed a bit of hope and dismay when it came to express their experience with using a strategy to support students with a mental health concern in school. The strategy they all seemed to utilize was the use of an outside resource to either

come to the school, send to the home, or refer families to the agency. The participants

shared a varied range of emotions and experiences when answering how they supported

students. PSC1 stated, "I offer help to some students who do have different mental

illnesses going on and the family refuses the help." PSC2 stated, "I have created a

community resource guide that I give parents that help them with a variety of agencies to

call if they feel their family needs the support." PSC4 shared, "I use a variety of outside

agencies and refer my students to in-school programs." PSC3 shared, "maybe an outside

referral is made." According to King-White (2018), School counselors are a great

resource to support students with mental health concerns in schools and may use a tiered

support system to support those same students.

School counselors coordinate and facilitate services to support a student's mental

health to make sure all students receive the support they deserve (ASCA, 2012). Overall,

the efforts of the school counselor to support the students with outside resources has

proved effective to a certain extent as stated by the participants. However, ASCA does

not support school counselors giving long term support in schools. ASCA does state that

school counselors can have an impact on students with mental health needs through crisis

intervention, referrals, advocacy, and outreach (ASCA, 2012).

Baker (2013) postulated that support within the school is imperative to support the

academic and emotional success of students. The participants in this research diligently

referred students for outside support with their mental health concerns. Disseminating

treatment to students where the struggle and learning was occurring appeared as a

consistent thread of advocation in this research by Baker (2013). Baker (2013) also

postulated that the failure of follow through with many families when referred to resources to support the mental health of students occur due to many factors. The factors range from, "economic difficulties, lack of transportation, and missing appointments." Due to this failure of follow through for school counselors in this research study created a perception that their support of students in schools with mental health concerns was seen as a barrier to being effective.

**Barriers to Effective Student Support**

The third theme that emerged were the perceived barriers to supporting students with mental health concerns. The participants were asked about what they perceived to be barriers to supporting students, and there was a unified theme of not getting and obtaining parental support for students who have diagnosed mental health needs. The participants discussed with much passion and sadness about the ways in which they did not get parents on board to support students. The first barrier was presented by the participants by not getting parents to follow through with resources. PSC3 and PSC1 elaborated the most about parent follow through.

PSC3 had the most to say about her lack of success working with parent. "I feel unsuccessful which happens quite frequently. I have information about a student from another student or teacher and reach out to parents, but the follow up is not made and we continue to see the same issues." "Parents do not take into consideration what the staff member or I am reporting and choose to rely on what the student is saying instead of taking the word of the professional." "Some people give me push back and can't get past the fact that their child has a problem."

PSC1stated that, "Parents do not call and inform the counselors of the mental illness." "We offer help to some students who have different mental illnesses going on and the family refuses the help." "A lot of parents don't follow through, and I think it's not because there's something wrong with their son or daughter but because mental health is still stigmatized a lot."

The overall theme of parents being barriers to getting support to students was specifically addressed by all participants. According to Fazel et al. (2014) common barriers that can exist when supporting students with a mental health concern include things such as stigmas, parental risk factors, family, and fragmentation of services. School counselors recognize the changes in school performance and social emotional behaviors. Therefore, school counselors attempt to actively provide awareness and support of mental health concerns in schools (ASCA, 2015). When a student's mental health imposes on his ability to grow academically and social/emotionally it impacts all stakeholders within and outside of the school system (ASCA, 2015).

The theme of parents as possible barriers to supporting students with mental health concerns was a strong theme within this research. For example, PSC3 and PSC4 viewed parental noncompliance in some cases as a systemic failure. They both stated that, "schools have the first priority of educating students, not correcting parental engagement" The participants admitted that parental follow through was a very high concern in supporting students with a mental health concern but felt that once they informed parents of the concern "there were not any systems in place to hold parents accountable." In a research study by Storlie and Toomey (2016) it postulated that the

professional school counselor clearly recognizes that parental support as essential in student's growth and academic achievement. In addition, the study recognized that professional school counselors should be included in more research regarding the support and programming for a marginalized group of students in schools.

**Limited Time**

The last theme that emerged was the theme of having a limited amount of time to support students to the degree in which they need it. There are many barriers to supporting students with a mental health need; however, limited time appeared as a stressor for all four participants in the study. The school counselor typically recognizes the importance of taking his turn with other appointed duties within the school building; however, when this is consistently done, it can limit the effectiveness of the school counselor (O. Conner, 2018). The participants in this study did not complain about specific duties but expressed an exasperation over the limited amount of time they had to support students. PSC1 shared, "I think my experience thus far, in just the time that I had, I couldn't give these students everything that he or she might need." PSC2 shared her views on her time with a sad expression. PSC2 stated that, "I have a lack of time in my own day. It isn't unheard of for me to take time out of my own family to call an outside resource. Many days I feel as if I do not have adequate time to provide to students with high needs." PSC3 stated with intense emotion that, "I feel like at times I am just putting out fires and calming down and getting them back to class." PSC4 shared that with a little exasperation that, "I do not feel very effective as I unfortunately just don't have the time

that students may need nor can I guarantee I will be consistent from day to day or week to week."

In this research, it was apparent that the amount of time that school counselors can devote to a situation largely depends on the needs of the school, and the team that they work with such as the administrators and other educators (O'Connor, 2018). According to ASCA ethical standards (2012) speaks to professional school counselors having the right to be free of non-school counseling activities within their buildings. Furthermore, ASCA (2012) explains that often the role of the school counselor is misunderstood by principals, parents and even other educational staff. When this misunderstanding is perpetuated it can cause unrealistic expectations to address clinical topics by the school counselor (Stone, para 7, 2017). The participants in this study experienced frustration and stress when talking about the barriers they faced when trying to support students with a mental health concerns (Stone, 2017). The participants perceived that due to other duties such as attending 504s, IEPs, testing, PBIS responsibilities, team collaboration meetings, recess, hallway supervision, before school duty, after school clubs, and responding to various forms of crisis every day, their time is limited, which makes it difficult to support students with mental health concerns.

I discussed the research questions, the outcomes of the study, and the themes that emerged from interviewing the four participants in Chapter 4. I used hand coded the interview data. I generated the five themes from the interview data that uncovered the lived experiences and perceptions of the participants. The themes included: (a) Common mental diagnosis seen in schools, (b) the desire for more education and training

specifically on mental health diagnosis, (c) the utilization of outside resources to support students with mental health concerns, (d) perceiving parental follow through as a barrier to effective support of students and (e) the perception of limited time during school day to support students with a mental health concern.

## Theoretical Implications

This research used hermeneutic phenomenology as the framework for this research. Hermeneutic phenomenology is a research method used to understand the lived experiences of a specific group of people. Phenomenology is also considered an inductive qualitative approach rich in determining how we understand meaning (Miles et al., 2013; Reiners, 2012).

Martin Heidegger was the creator of hermeneutic phenomenology and was followed by Hans-Georg Gadamer who expanded on the hermeneutic circle (Regan, 2012). The hermeneutic circle is used to understand the connectedness and interdependence of the parts and the whole of a thought being studied. Heidegger believed that humans desired to reach a deeper level of understanding and believed that people are interpretive by nature (Reiners, 2012). Due to this understanding, Heidegger created the concept of being-in-the-world. The concept of being- in- the- world or "Dasein" was developed by Heidegger because he perceived it to be how humans made the framework of their experiences (Miles et al., 2013).

I used the hermeneutic circle to address the research question. "What are the lived experiences of school counselors supporting students with mental health concerns?" Gadamer (2004) stated that comprehension first begins when we begin to realize we are

"interpellated by something (298)." In this research, the school counselors were mutually connected by responding to their lived experiences, supporting students with a mental health concern in their schools. The next step, once the research question was created, was for the school counselors to be interviewed. The hermeneutic process has a goal to find emerging themes and connections among the participants through their interviews (Gadamer, 2004). In speaking about the research questions, the researcher and the participants must allow themselves to be open to interpretation, bias, and assumptions to increase an awareness of the possible phenomenon (Regan, 2012). All participants and the researcher expressed a sense of helplessness when discussing the unsuccessful or failed attempts of supporting students. PSC1 expressed that many times parents do not follow through with recommended resources for students. PSC2 shared that she is most unsuccessful when parents do not share in her the concern for the student and do not follow through with resources. PSC3 stated, "that sometimes parents do not take the recommendations offered and minimize the situation with their student's mental health." PSC4 showed visible signs of stress during the interview when she stated that when parents do not follow through, students do not get the needed support. After all participants answered the same question, it became clear that they all shared the connection of the possibility of parents being perceived as a barrier to supporting students in their buildings.

In the hermeneutic process, the researcher is looking for the agreement and consistency in the data to find the deeper meaning and emerging themes (Gadamer, 2001). Gadamer stated that we look for reason in this process and the "solidarity that

unites all of the participants" (Gadamer, 2001, p. 605). The common language used by

the participants was important to capture. According to Gadamer (2004), language is the

standard in which understanding, and agreement take place between people" (p. 371).

The participants shared an overall agreement on many themes that emerged. The

language used by the participants were words such as, "resources, barriers, unsuccessful,

time, education and training." The hermeneutic circle continues repeatedly to gain

meaning from the interviews from the participants back to the world of their lived

experiences, while accepting that there are many truths within those experiences (Regan,

2012). By using this approach, I was able to be included within the study by using

reflexive journaling and transparency (Patton, 2002). As the author, I was able to use my

own background being a professional school counselor to take my fore-thoughts and

question my own methods and day today routines with students with mental health

concerns. This theoretical lens supported me in acknowledging my own biases, past

experiences, and systemic concerns I have carried with me over the last 17 years.

**Limitations of the Study**

The first limitation in my research will be my limited experience of conducting

research, coding research, transcribing, and data analysis in research. The protocol

selected will help with data gathering and minimize confusion with the participants. The

most appropriate type of interview design needs to be selected for the research questions

and theory (Turner, 2010). If the researcher is asking questions that will not guide the

data to answer the questions, it will cause the researcher to have diluted and unusable

data. Turner (2010) described qualitative interviewing as being complicated when

completed by an inexperienced researcher. According to Jansick (2012), interviewing increases your ability as a researcher by adding to your observational skills. Researchers use observational skills in many ways like building rapport and understanding informal communication. Building a good rapport with the participant will be important when trying to get the best information from the interviewee. Creswell (2009) points out that there may be challenges in creating and conducting a great interview. In order to minimize many challenges, the interviewer should be aware of the setting around him, create good instructions, understand and know how to work all recording equipment and be prepared for the participants' unexpected behavior during the interview (Creswell, 2009). Due to this inexperience I had an experienced committee to guide my process from the beginning to end of the research. I also, was able to also gather feedback from the Institutional Review Board. The IRB process was helpful in monitoring and minimizing risk to any participants in my study.

Another limitation I had in my research was researcher bias. According to Mehra (2002), inexperienced and experienced researchers need to have self-discovery. Understanding one's own bias and blind spots on a topic or issue is crucial to validity and reliability in research. Therefore, I tried to minimize personal bias in this research by having procedures for member checking, reflexive journaling, participants reading the transcript, submitting research for my chair to review, and follow-up conversations with participants for clarity in answers. This was all done in order to show and represent unbiased data.

Another limitation of this study was the transferability of the results to more school districts in the state of Missouri. Being a novice researcher assumes the chance that I do not have enough detailed information that can provide other researchers enough information to replicate this study. This research was very specific to school counselors in the educational setting but may not be able to transfer to teachers within the same setting. I used purposive sampling to recruit participants who held master's degrees and had been in their field for three years or more. Purposive sampling occurs when participants are specifically recruited due to qualifications that match the research (Etikan, Musa, & Alkassim, 2016). All participants met all criteria to be included in the study. Due to the sampling strategies used, it limited the ability to transfer the results to a larger population.

Lastly, not obtaining accurate or real information from the participants will be considered a limitation. The information in the study did not come directly from the students or their parents, therefore depending on the participants to give accurate information was a real limitation. A large amount of time used on transcribing the data and coding accurately can be noted as a limitation if it becomes a distraction and the researcher is not adhering to the timeline set. Concerns about making sure confidentiality is upheld is common limitation of a research study.

## Recommendations

After speaking with current school counselors in this research, I found that there is an increased demand on school counselors. The school counselors perceived that they were overwhelmed with the lack of time that was needed to support students with a

mental health concern in schools. It was also found that parental involvement and collaboration was key to supporting students with mental health concerns in schools. As a current school counselor, the perception was shared along with the participants that more school counselors are needed, and the professional identity of the school counselor continues to change. There are four areas in which recommendations can be made, research, counseling, training/supervision, and advocacy.

**Research recommendations**

All participants in this study alluded to or specifically expressed that they felt that there were many barriers to students getting support when they have a mental health concern. Those barriers included poor follow through in homes, lack of adequate time to support students, and the desire for more training specifically in the area of mental health in schools. When students are not emotionally stable, they have a harder time staying on task and learning (Pearl et al., 2017). Therefore, more research is needed to help schools get more funding for mental health support in schools (DeKruyf et al., 2013).

As discussed in Chapter 2, the literature indicates that 18% of children and adolescents have a mental illness and that 5% are severely emotionally disturbed (Dikel, 2012). A student with a mental illness in school must overcome poor academic achievement and some diminishing of daily functioning at school. (NCMHC, 2016). This increased funding can help with the investigation of what supports along with school counseling can be put into place for school counselors and students within the school setting. The research can also include investigation into college programs and how they

may better equip potential school counselors to support students with a mental illness in schools.

**Counseling resources recommendation**

Counseling is an important part of the school counselor's role. However, the participants in this research discussed how there is a limited amount of counseling services that schools can connect families with within the community. The recommendation would be for more research on the outcomes of embedding a mental health counselor within each school building. In this research, the participants admitted to using community-based resources, but all participants recognized there still was a limited amount of support even with adding this as an option. The participants in this research were referring students to many outside resources such as National Counsel of Alcohol and Drug Abuse, Preferred Family Health, and local mental health counselors. The recommendation of having a fulltime mental health provider onsite for school districts was discussed by two of the participants as a way of increasing parent follow through with mental health resources (Baker, 2013). According to NAMI (2011) many students in schools are not receiving any support of any kind. With that in mind, many school counselors are the only trained line of support that the student has access.

**Training recommendation**

The participants in this study perceived their training to be adequate, however they desired more specific training on how to work with students in a school setting with severe emotional challenges. More research is needed to discern what specific training is needed for school counselors that is not already available. The research may also include

looking at the specific mental health diagnosis that school counselors are supporting the most and find ways to embed that training in schools for professional school counselors. The recommendations of the researcher are to increase specific professional development for school counselors. In this research and in the research by Carlson and Kees (2013) professional school counselors indicated that they feel unprepared to support students with mental health concerns in schools. Carlson and Kees (2013) summarized that the role, training, and importance of having a school counselor in schools to support students with a mental illness is imperative to the academic, social/emotional, and systemic success of students. As also discussed in the literature review, professional school counselors are not clinical mental health counselors; however, they are able to recognize what students need, have great insights to social emotional learning, and can work with families to get the support they need.

According to ASCA (2012), over three million students in schools currently is diagnosed with a mental illness. The fear from participants in this research and ASCA (2012) is that these unfortunate numbers continue to increase. Research on a students' social and emotional wellbeing is important for a healthier society. Therefore, as advocates for students and children, we must find an acceptable way of encouraging them to develop naturally. If this research encourages change, we will be able to offer mental health training for school counselors to support those students who would otherwise be left untreated and unnoticed (Baker, 2013). The participants voiced their displeasure of consistently being included in teacher trainings and only focusing on the area of academics while so many students had concerns with social emotional control (CMHS,

2007; NAMI, 2011). Encouraging more school districts to invest in specific professional development of school counselors can increase the self-efficacy of school counselors working with students with mental health concerns. Learning more about best practices and interventions for students with mental health needs can help equip school counselors to improve in their toolbox of mental health support (CMHS, 2007; Fazel et al., 2004; Stein et al., 2003). This will also increase mental health awareness for educators and communities on the effects of poor mental health on adolescents.

**Advocacy recommendation**

Without the much-needed services for students, school counselors and other educators cannot be effective. Advocacy for more economic support for community based mental health support is imperative to lessening the gap of mentally ill students who are not receiving services due to socioeconomics, parents as barriers, and stigma (Baker, 2013; Dikel, 2012; Menas, 2019). School counselors can also be on the front line advocating for more school counselors within many districts to service the whole child (CMHS, 2007; Means, 2019). To eliminate the absorption of time that is taken away from the school counselor accessing other students, educational advocates may need to look at the framework of the school counselor's role and how that role is really being utilized throughout the school day (Hill et al., 2012).

<div align="center"><b>Implications for Social Change</b></div>

After conducting this research, there were a few implications for social change that developed. These social change implications would be beneficial not only to school counselors, administrators, teachers, students and their families. The idea that mental

health plagues communities and schools is usually a taboo topic for many politicians, educators and families. There needs to be a huge shift in the resources, support and the conversations that schools are having about mental health concerns and how school counselors can play a vital role in social change. As stated on chapter 1, this research was seeking to implicate social change by informing and enlightening educational stakeholders on effective interventions and prevention of mental health in schools, mental health support in schools, and perceived barriers of school counselors supporting students with mental health concerns in schools.

**Perceived barriers**

One important social change implication resulting from this research was the feedback from school counselors on what they found as barriers in implementing effective support to students with mental health concerns. This research was able to create deeper conversation about what perceived barriers school counselors face in schools. In this research there were perceived barriers revealed that can now add knowledge and add to conversations among students and instructors in school counseling preparation programs. The perceived barriers were in the areas of ongoing training on mental health concerns, resources for students with more severe mental health concerns, and parental follow through. Understanding these perceived barriers can add more in-depth information and include implications of social change can occur on a systemic level to support current school counselors, students, and other educators.

Understanding the experiences of school counselors on the job was another initial social implication that this research was able to reveal. Understanding the views of

professional school counselors gave good insight into the lived experiences of supporting students with mental health concern. The training of school counselors must be effective in order to support and understand the needs of students (Mellin et al., 2011). This increase of understanding can occur with rigorous training and education of school counselors (Carlson & Kees, 2013). If school counselors are adequately prepared, they can collaborate better with teachers and parents, to offer valuable insight to the social/emotional success of the students and parents needing support (Carlson & Kees, 2013; Winburn et al., 2017). Therefore, having a better understanding of the lived experiences of school counselors supporting students with a mental health concern in school is vital to the success of students, families, and their communities.

**Resources**

School counselors can be pivotal in creating wellness centers, mental health support groups with students, behavioral strategies, collaborations and knowledge of basic concerns causing problems in schools (ASCA, 2012). Participants in this study were able to highlight what resources they needed and discuss if they perceived those resources as being effective. A significant social implication from this research would be to continue conversations around funding for better resources and interventions. Many school districts think about teachers and what they need to implement their curriculum effectively. However, Carlson and Kees (2013) postulated that training resources are vital for school counselors so that they can bring leadership to the school building to support all.

**Interventions and prevention**

Another possible implication of social change for school counselors and students that was derived from this qualitative study was to "increase awareness and discuss the implementation of evidenced based behavioral practices to improve school climate, remove barriers and improve behavioral outcomes for all students." (Sebelius 2013 p. 4.) With the increased awareness of evidenced based social/emotional practices, schools would be able to educate master level school counselors with appropriate strategies and interventions to use within the school setting to eliminate the social and emotional turmoil students have in the classroom. This awareness of evidenced based support of students will create deeper conversations among school counselors about supporting student's social emotional behavior and academics. Additionally, schools can increase conversations with school counselors about their day to day roles, tasks and collaborations with key stakeholders to help improve the students and family's emotional problems, increase student attendance, and increase family involvement in schools (Adelman & Taylor, 2006).

Unfortunately, this research brought up more questions about what are researched based interventions and preventions that will work on all levels. This qualitative research found that none of the participants were confident about what worked in their buildings and felt like more training in this area was needed to be effective. Nevertheless, families, students and communities in America can benefit from better support with mental health policies and procedures in schools. This research created a platform for better dialogue about behavioral supports in schools, perceptions of school counselors and questions

about how more professional development can be done in this area. Once these topics surface the result could be a better school climate, more family cohesion, and better access to mental health services and support for all.

**Conclusion**

The lived experiences shared by the school counselors were full of great descriptions of their perceptions when working with students with a mental illness. The detailed accounts described by the school counselors were rich descriptions and anecdotal detail. These details helped in broadening the research of the support that school counselors give to students with mental health concerns. My study potentially broadens the conversations around mental illness, increased awareness about potential barriers, and increased awareness of the lived experiences of school counselors during their typical day of work. This research also investigated possible changes that can be embedded in many school counseling preparation courses.

Mental health advocacy is needed in schools in order to help students build better social/emotional control and improve academically. Fox (1993) describes a healthy psychological and social/emotional well-being as creating fundamental structural changes in society. In creating this change, we will create a just society in which people will become more egalitarian. "America has come a long way in talking about mental health in schools, yet we are still a country that too often confines mental health and addiction to the far edges of our discourse" (Sebelius, 2013)

There were five themes that emerged from the data: The themes included: (a) common mental health concerns, (b) desire for education/training, (c) outside resources

for students with mental health concerns, (d) barriers to effective student support and (e) limited time to support students with mental health concerns. Results from the data confirmed that many school counselors feel inadequate in their role when working through a lens of a clinical mental health counselor and desire for more training to support students with a mental health concern in schools.

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Appendix A: Demographics Questionnaire for Professional School Counselors

IRB# 03-22-19-0316363

1. Name_____

   Age_____

2. Race/Ethnicity_____

3. Gender_____

4. What grade level do you currently support within your school?

   A. (Elementary) Kindergarden-5th grade

   B. (Middle School) 6th, 7th, or 8th grade

   C. (Highschool) 9th-12th grade

5. How many years have you been a school counselor?

6. Have you currently been employed in the same school district for a minimum of three years or more? _____ If yes, how long have you been with the current school district? _____

7. What is the total number of students within your school counseling case load?

8. Have you experienced any interactions at all with students formally diagnosed with a DSM-5 mental illness? Yes_____ No_____

Appendix B: Possible Semi Structured Interview Questions

IRB # 03-22-19-0316363

1. What is your experience supporting students with a mental illness in your school?
2. Can you tell me about how students in your building are determined to be suffering from a mental illness? In other words, how are you and your staff notified about the illness?
3. How do you determine if you are being supportive to this population of student?
4. Describe to me your overall experience in being successful or not being successful with mental health concerns in your school?
5. Describe your experience with resources for students with a mental illness in classes or community?
6. How effective do you believe you are with supporting students with a mental illness?
7. Describe to me things you perceive are in place that prevent you from being effective in supporting students with mental health concerns?
8. Do you feel your preparation in the college that you attended for your degree was successful in preparing you for supporting students with a mental illness in the school setting? If not, describe what you perceive needs to occur in school counseling training?
9. Describe things within your school programming that you have in place that specifically support families, students, and staff that specifically address mental illness in the classroom or community?

**Addendum E:  Informed Consent for Study Participation**
**Project Description and Participant Consent Form**
**IRB#03-22-19-0316363**

**Title: What are the School Counselors Lived Experiences Supporting Students with
a mental health concern?**

**Who I am and how this research was inspired?**

My name is Linda Peterson, a doctoral student in the Counselor Education and Supervision
Department at Walden University. I obtained your name/contact info via your school districts
webpage. This form is part of a process called "informed consent" to allow you to understand this
study before deciding whether to take part. You might already know the researcher as a school
counselor in another school district, but this study is separate from that role. I am sending this
email to inform you of a research study that I would like to conduct and what your level of
participation entails.  This research was inspired by my many years as a school counselor in the
St. Louis Suburban School District.  As you may know, mental health is a rising concern in many
schools and communities.  However, professional school counselors are on the front line of
supporting these students in many schools.  This experience of supporting students with a mental
illness may be unique for school counselors at every grade level.  I am interested in learning what
those lived experiences are and how we can bring social change to this unique phenomenon.

**What will your level of participation entail?**

There will not be any form of compensation associated with your involvement in this study.
However, your participation will hopefully result in benefiting from adding pertinent information
for professional school counselors facing the same issue.  Your participation will hopefully add
needed social change and advocacy for current and future professional school counselors who
have had similar experiences. Before participation, a demographic sheet will be sent to the
participant to make sure that the participant meets all specific criteria for participation. Your
participation will be held confidential and will continue to be voluntary.  Your one on one
interview will be held at a time and date that is convenient for your participation. All information
gained will be held confidential.  Your name and demographic information will not be shared
with others.  You will always have the option of withdrawing from the research at any time.

**Data collection procedure.**

If you agree to participate you will be scheduled for an individual interview with Linda Peterson,
the researcher.  One interview will be schedule for one hour and you will always have the right to
stop at any time.  There will not be a second interview, however, there will be a follow up call up
to three times for clarity of any information.  This follow up call will not last more than 10 to 15
minutes.

The interview will take place at a local establishment of choosing between the researcher and the participant. This can be a private office, a private home, or even at a public library in a private room. All interviews and follow up conversations will be transcribed and recorded. After recording and transcription is complete, all identifying information will be eliminated. The interviews will be stored on a computer with a pin security system and retinal scan to access the information. The protected web-based storage program (www.onedrive.com) accessible only to the researcher who is also a school counselor and sensitive to the research subject. Your identity will only be known to the dissertation chair, dissertation methodologist and the researcher to maintain your confidentiality. After transcription, the participant will be provided with a copy of the interview and any follow up conversations to review for accuracy and/or clarification on your responses. Again, as a volunteer you may opt out of the process or participation at any. There will not be negative consequences to you or your role in your buildings.

**Possible Questions for research:**
1.  What is your experience supporting students with a mental illness in your school?
2.  Can you tell me about how students in your building are determined to be suffering from a mental illness? In other words, how are you and your staff notified about the illness?
3.  How do you determine if you are being supportive to this population of student?
4.  Describe to me your overall experience in being successful or not being successful with mental health concerns in your school?

## Inclusion information for participant.

All participants in this research study **must have** a state license and currently working as a professional school counselor with at least three years or more of experience. "Please note that not all volunteers will be contacted to take part." The researcher will follow up with all volunteers to let them know whether or not they were selected for the study."

The participant must also have three consecutive years working in the same school district. If you decide to join the study, any information you provide will be kept confidential and any identifiable information will not be connected to your school or your name. Again, as a volunteer you may opt out of the process or participation at any time. There will not be negative consequences to you or your role in your buildings.

## Risk to you during research.

There is currently no known risk to this study. Each participant is different, therefore, if you experience any distress while participating in this study there will be a crisis hotline number offered to you. However, this study does not pose a risk to any participant beyond what is typically encountered in the school counselor's daily professional role.

The distress may be a participant getting fatigued, overly emotional, tearful, or afraid that their identity may be compromised. If this occurs, the participant may opt out of the study at any time. It is anticipated that no distress will occur more than that occurs in your everyday life. If there is any psychological distress, the researcher will be able to offer a 24-hour crisis line. The 24-hour St. Louis Behavioral Health Crisis Response number is 1-800-811-4760.

All information will be kept confidential.  As a volunteer you may opt out of the process or participation at any time.  There will not be any negative consequences to you or your role in your buildings.

## How will you benefit from your participation?

It is my hope that the data collected from your participation will contribute to counseling literature. It is also my hope for the information gained will help add to advocacy for professional school counselors.

## Your participation is voluntary.

For this face-to-face research, the researcher will give you a copy of this form to keep. Your participation is voluntary. There will not be any monetary compensation.   If you choose not to respond or participate there will not be any negative consequences.  You may choose to withdraw at any time.  There are no negative consequences for not continuing with the interviews or beginning the interviews.  The participation in this study will not cause any conflict of interest to you, your students, or your school district.  All information will be held for 5 years (required by IRB rules) and discarded with no connections to names or identity.  If you ever have additional questions, you may contact me at any time at my email address Linda.Peterson2@waldenu.edu **or call 314-918-4554 or 314-368-2409.**

## All research will remain confidential.

All information gained from this research will be kept confidential.  All names will be removed from interviews once transcribed and reviewed. The names of participants will be coded with numbers and names removed. The school districts will not know that you were a participant in this study unless you choose to share your own information.  The information will be stored on a confidential lap top with a retina scan to unlock.  The other data will be locked in a private office in a locked file cabinet.  If any information that may identify you during the interview is given, it will be concealed or deleted.  All information and data will be kept securely on researcher's computer with a password and eye scan security.  No formal or informal reference will be made to any participants within the research.  Please maintain a copy of this consent form for your records and reference throughout the study.  Remember at any time you may opt out of the participation in this research.

## Contact Information for researcher.

Walden University and I want to make sure you are treated with respectful and treated fairly. If you have any concerns about your treatment in this process, please contact the Office of Research Ethics and Compliance at irb@mail.waldenu.edu**.**  Participants can reach me Linda Peterson at 314-368-2409 or 314-918-4554 if you have general questions about the research study.

If you are satisfied with the information provided and will like to proceed to find out if you meet the criteria for continued participation, please proceed to Addendum A to complete the brief demographic survey.   Along with completing addendum A, please sign below and return either in person or via email to Linda.Peterson2@waldenu.edu.


**Name**_____
**Date**_____

**Addendum B: Recruitment Letter to Professional School Counselors (Email)**

**IRB#03-22-19-0316363**

Dear Professional School Counselor,

My name is Linda Peterson. I am currently a doctoral student in the Counseling Education and Supervision department at Walden University. I would like to invite you to participate in a research study entitled *What are the lived experiences of school counselors supporting students with a mental illness?* You were identified as being a licensed school counselor in the state of Missouri working in a St. Louis County school district. All participants in this research study **must have** a state license and currently working as a professional school counselor with at least three years or more of experience. The participant must also have three consecutive years working in the same school district. If you decide to join the study, any information you provide will be kept confidential and any identifiable information will not be connected to your school or your name. There will not be any compensation for participating in this study. You also have the flexibility of deciding not to participate at any time.

I have included the informed consent information for your review and possible research questions for your review below:

1. *What is your experience supporting students with a mental illness in your school?*
2. *Can you tell me about how students in your building are determined to be suffering from a mental illness? In other words, how are you and your staff notified about the illness?*
3. *How do you determine if you are being supportive to this population of student?*
4. *Describe to me your overall experience in being successful or not being successful with mental health concerns in your school.*

All interviews can be held at a place of your choice, at an public library in a private room, using face time on your phone from your home or from the privacy of your home. If you decide to

participate, please send back the attached demographic page, and you will then receive a phone call and an email to schedule your interview.   You may reach me at

Linda.Peterson2@waldenu.edu, 314-918-4554 or 314-368-2409.   You will also receive a copy of additional possible research questions to review before the interview.

Thank you for your time and any consideration to participate,

Linda Peterson, MA, LPC

**Addendum F**

**Recruitment Letter to School Counselors agreeing to participate**

**IRB# 03-22-19-0316363**

Dear Professional School Counselors,

My name is Linda Peterson, a doctoral student in the Counselor Education and

Supervision Department at Walden University. I want to thank you for showing interest in this

research study and agreeing to participate. Thank you for returning your demographic/criteria

sheet. In this email I have included a copy of the research questions, my contact information and

the informed consent information (Addendum E). Please sign and return to me via email or fax,

my fax number is 314-442-4139. My email is Linda.Peterson2@Waldenu.edu .

Many of us are facing barriers and successes with this population of student and I would

like to learn more about this unique phenomenon in schools. I have recently been approved by

Walden University IRB to speak with school counselors. This study is voluntary, and all

participants' names and information will be kept confidential. As a participant you will be able to

change your mind about participating at any time. There will not be any compensation for

participating in this study. I will call within the week to schedule our first interview with me to

discuss, learn, and share about your experiences? I have included some sample questions that

you can review. Additional questions will be sent if you decide to participate so that you may

review before the actual interview.

Sample Questions:

5. What is your experience supporting students with a mental illness in your school?
6. Can you tell me about how students in your building are determined to be suffering from a mental illness? In other words, how are you and your staff notified about the illness?
7. How do you determine if you are being supportive to this population of student?

8. Describe to me your overall experience in being successful or not being successful with mental health concerns in your school?
9. Describe your experience with resources for students with a mental illness in classes or community?

If you currently have a date and time that works for you, you can email, or call and let me know.

Please call 314-368-2409 or email me at Linda.Peterson2@Waldenu.edu.

Thank you for your participation,

Linda Peterson, MA, LPC