# SMALL MAGNET HIGH SCHOOL SUPPORT STAFF EXPERIENCES WITH STUDENT MENTAL HEALTH NEEDS

by

Joshua David Allen

An applied dissertation submitted to the faculty of
The University of North Carolina at Charlotte
in partial fulfillment of the requirements
for the degree of Doctor of Education in
Educational Leadership

Charlotte

2023

Approved by:

_____
Dr. Rebecca Shore

_____
Dr. Jamie Kudlats

_____
Dr. Jimmy Watson

_____
Dr. Clare Merlin-Knoblich

# ABSTRACT

JOSHUA DAVID ALLEN. Small Magnet High School Support Staff Experiences With Student Mental Health Needs
(Under the direction of DR. REBECCA SHORE)

Students struggle with mental health needs. Student support staff are, within the school, regularly the first employees to encounter and respond to the students' specific mental health needs. It is not uncommon for students' mental health needs to be professionally undiagnosed and professionally unsupported. Barriers to professional treatment are plentiful and when students lack support for their mental health needs, academic and social issues are exacerbated. For these and other reasons, schools struggle to respond to students' mental health needs. The purpose of this qualitative study was to understand the lived experiences of student support staff (school counselors, school social workers, and school nurses) who work in small magnet high schools as they work to support students with mental health needs. In-depth, semi-structured interviews were conducted with seven student support staff from three different small magnet high schools within a public school district in North Carolina. After coding the transcribed interviews, four themes emerged from the data: 1) Magnet school student support staff are not professional therapists. 2) Magnet school student support staff struggle to perform their duties/roles. 3) Academic rigors and expectations in magnet high schools contribute to students' mental health needs. 4) Barriers to students abound and some are unique to the magnet school experience. Utilization of existing support structures such as Individualized Education Plans (IEPs) and/or 504 Plans and the Multi-tiered Systems of Support (MTSS) framework is recommended in conjunction with research-based mental health support programs to assist student support staff and schools in supporting students' mental health needs.

# DEDICATION

This dissertation is dedicated to my wife, Leah and our two children, Jax and Harper. I love you all so incredibly much and appreciate your support, patience, and understanding as I've worked so many, many nights and weekends to complete this journey. You all are my entire world. All that I do, I do for you.

This dissertation is also dedicated to the student support staff who dedicate themselves to supporting all students, no matter what. The work you do is not easy, but it is vital to the success of students and schools. To the participants of this study, thank you for sharing your time and experiences with me. I am a better educator because of you.

# ACKNOWLEDGEMENTS

Thank you, Dr. Rebecca Shore, for your constant support throughout this process. Your expertise and guidance has been invaluable and incredibly reassuring. You have been a constant cheerleader for me and the rest of my fellow cohort members as we embarked on this mission to earn our doctorate degrees. Your positive energy and supportive words found their mark. Thank you for dedicating yourself to our success. I also want to thank the rest of my dissertation committee: Dr. Jamie Kudlats, Dr. Jimmy Watson, and Dr. Clare Merlin-Knoblich for sharing your time and wisdom with me as I learned the many intricacies of writing a dissertation.

Thank you, Dr. Walter Hart, for your wisdom and assistance. You interviewed me as an applicant to this doctoral program and then taught our very first class (and several subsequent others). Throughout our cohort's time with you, you've been nothing but on our side and ready to help us however you could. Your leadership throughout this process has been steadfast and has helped our cohort stay on-track and focused on our goals.

Thank you to my fellow cohort members. I can't believe we've reached the end. There were times that I felt we'd never make it, but even the worldwide COVID-19 pandemic couldn't stop us. We flexed, our incomparable professors flexed, we learned how to use Zoom in a hurry, and we didn't miss a beat. Learning with and from you all has been so rewarding to me. I'm so glad I got to share in this experience with you all.

TABLE OF CONTENTS

# LIST OF TABLES

# LIST OF FIGURES

# LIST OF ABBREVIATIONS

| | |
|---|---|
| IRB | Institutional Review Board |
| SEL | social and emotional learning |
| CDC | Centers for Disease Control and Prevention |
| CMHCCA | Community Mental Health Centers Construction Act |
| U.S. | United States |
| SAMHSA | Substance Abuse and Mental Health Services Administration |
| HIPAA | Health Insurance Portability and Accountability Act |
| NIMH | National Institute of Mental Health |
| NC | North Carolina |
| MDE | major depressive episode |
| NCLB | No Child Left Behind Act of 2001 |
| IDEA | Individuals with Disabilities Education Act |
| IEP | Individualized Education Plan |
| SBHCs | school-based health clinics |
| SCHIP | State Children's Health Insurance Program |
| MTSS | multi-tiered systems of support |
| ASCA | American School Counselor Association |
| STEM | Science Technology Engineering & Mathematics |
| AP | Advanced Placement |
| CCP | Career and College Promise |
| GPA | grade point average |

# Chapter 1

## Introduction

Both the National Institute of Mental Health (2021) and the Centers for Disease Control and Prevention (2018b) report data estimating that 50% of all Americans will be diagnosed with a mental illness or disorder during their lifetime. For those aged 18-44 years old, mental illnesses, such as depression, are the third most common cause of hospitalization in the United States (Centers for Disease Control and Prevention, 2018b). Students in the United States PK-12 schools are experiencing mental health needs at an increasing rate; estimates indicate that at least 20% of students in American schools are struggling with some type of diagnosed mental health disorder (Blackman et al., 2016; Powers et al., 2013; Kaskoun & McCabe, 2022).

Within PK-12 public schools there are support staff (school counselors, school social workers, and school nurses) who are often on the front lines of recognizing and supporting students with mental health needs. These student support staff also work in specialized public schools such as magnet schools. A magnet school is a school that has "1 - a distinctive curriculum based on a special theme or instructional method, 2 - voluntary school choice by the student and parent with variable criteria established for inclusion, 3 - access to students beyond an attendance zone or single subdivision of a school district" (Dentler, 1991, p. 6). Little is known about the insights and lived experiences of public magnet schools student support staff as it relates to supporting students with mental health needs. To bridge this gap that exists in the literature, this study explored the experiences of student support staff (school counselors, school social workers, and school nurses) who support students with mental health needs in public magnet high schools. More specifically, this study focused on small magnet schools of less than

600 students per school and a purposive sample of participants that will ensure a potentially closer relationship between the students and the participants in the study.

**Statement of the Problem**

Demissie & Brener (2017) point out that as students grow and develop, multiple problematic mental health conditions can arise such as anxiety, mood, and behavior disorders. School counselors, school social workers, and school nurses often encounter these student mental health needs first-hand. These support staff personnel work closely with the students and their families and often are the first to establish in-school support for these students. They are also typically the person(s) to recommend professional support and/or treatment for the students who struggle with mental health needs. However, scholars report that large numbers of students in public schools have professionally undiagnosed mental health disorders, and seventy-five percent of students with a mental health diagnosis who are in need of mental health services may not receive them (Stagman & Cooper, 2010; Paolini, 2015). Demissie & Brener (2017) note that reasons for this lack of professional mental health support include a "lack of access, insurance coverage problems, lack of coordinated care, a shortage of specialized care providers, lack of stable living conditions, confidentiality issues, and fear of stigmatization" (p. 277). Many potential factors contribute to the numerous gaps in supporting students who struggle with mental health needs.

Students respond to their mental health needs in a variety of ways including some that can seriously affect developing feelings of hopelessness, feeling overwhelmed, loneliness, extreme sadness, inability to function due to states of depression, and various ranges of anxiety (Vanderlind, 2017). These same students can also experience disruptions to their ability to consistently process academic and non-academic information, can have difficulty navigating

social situations, and report loss of academic confidence (Venville et al., 2016). Unfortunately, suicide is a consequence of mental illness for some students as they struggle with these needs. A recent study by the U.S. Department of Health and Human Services (2020) found that from 2007 to 2017 the suicide death rate among U.S. citizens aged 10 to 24 increased 57.4%.

This reality of suicide in young people, coupled with the alarming number of students struggling with mental health needs, implores a response from schools. In this response, however, schools and school support staff commonly struggle with the proper training needed to adequately support these students and the large amounts of time also needed to properly address their needs with evidenced-based practices (Lyon et al., 2011). A national 2014 study conducted by Costello et al. found that of the students struggling with mental health needs, less than half are supported with appropriate interventions from within their schools. When these mental health needs are not properly supported, the symptoms students experience from them can negatively impact their relationships with other peers, and can lead to a decrease in the students' overall engagement with school. They can also lead to further problems later as an adult such as relationship struggles and unemployment (Caldarella et al., 2019).

Evidence suggests that there are many pitfalls in the road to successfully supporting students with mental health needs. Harris & Plucker (2014) note that the research surrounding strategies that school counselors and other school support staff should use in supporting students with mental health needs is lacking. A common practice among school support staff is to refer students to a variety of external resources for mental health assistance and/or treatment which may or may not be easily accessible within a school community. Within these resources, "evidence-based programs for anxiety, milder depression, and behavioral problems and disorders in children and adolescents exist, but are not systematically offered" (p. 2) in part due to the

financial resources needed for families to access them and difficulties families face in navigating the logistics involved with treatment (Wolf et al., 2021).

In addition to the lack of easily affordable and accessible professional resources, cultural factors can affect the ability to meet the mental health needs of students. A 2006 study by Cabiya et al. of 1,890 parent and child Puerto Rican participants discovered a mental health service disparity among Puerto Rican children in that males utilize mental health services more than females do. Further issues surround the equity in access to treatment for mental health needs in the United States; socially disadvantaged groups including those with low-income status and/or in diverse ethnic/racial groups experience lower service utilization for mental health needs compared to those in advantaged groups (Alegria et al., 2018). Additionally, families of underrepresented students in United States schools can be hindered by language limitations, child care, or other issues (Harris & Plucker, 2014). Mental health needs can be a significant problem in American schools, and the realities described above point to a new layer of student support that many educators are beginning to consider.

**Conceptual Framework**

Kivunja (2018) explains that, in a research study, the conceptual framework comprises the researcher's:

> thoughts on identification of the research topic, the problem to be investigated, the questions to be asked, the literature to be reviewed, the theory to be applied, the methodology that will be employed, the methods, procedures and instruments, the data analysis and interpretation of findings, recommendations and conclusions the researcher will make (p. 47).

Conceptual frameworks also help: provide an interpretative approach to social realities, provide understanding, and allow the sources of data derived from Grounded Theory (in this research study's case) to become empirical data (Jabareen, 2009).

This qualitative research study will utilize Glaser and Strauss's (1967) Grounded Theory approach. According to Chun (2019), Grounded Theory research is an iterative and recursive process as opposed to a linear one, and the process often involves purposive sampling, simultaneous generation and collection of data and analysis of the data. There are numerous stages of coding that take place using constant comparative analysis and memoing, as developed by Strauss and Corbin (1990). The use of Grounded Theory and constant comparative analysis will allow the researcher to understand the lived experiences of the student support staff within the selected public magnet high schools. This study hopes to help the reader better understand the intricacies within the system of support for students with mental health needs and to shed light on the importance of this topic.

**Purpose**

The purpose of this study was to explore the experiences of school counselors, school social workers, and school nurses at public magnet high schools in supporting students with mental health needs. These student support staff fill key roles within the mental health support system of public schools, and it is hoped that exploring their professional experiences will reveal important elements of the public school mental health support program. Public magnet schools were selected as a focus of this study due to the specialized nature of this subcategory of schools of choice as well as the realities of mental health supports needed within them. The small magnet schools chosen for this study are places where both the short and long term academic expectations on students are heightened. This school atmosphere is unique, and the research

conducted in this study offers additional insight to the limited literature that currently exists concerning student support staff who work closely with students who have mental health needs.

Within the selected small public magnet schools, it is assumed that there is a concerted effort on the part of these student support staff to make real and lasting connections with the students in their caseload and to positively impact their students' individual academic journeys. A result of this relationship is that the students within these schools typically develop a comfortability with these support staff. This, coupled with the high academic expectations described above, often leads to these support staff being sought after when students within their caseload experience mental health needs. Whether working collaboratively to support the students' needs or working individually, these support staff experience the students' mental health struggles first-hand, and this study investigated their experiences as they work within a previously established mental health support system designed to address the mental health needs of students throughout the school district.

**Research Questions**

The following research questions guided this research study:

1. What are the experiences of school support staff (school counselors, school social workers, and school nurses) who work in small magnet high schools in working with students with mental health needs?
2. What are the perceptions of school support staff (school counselors, school social workers, and school nurses) of student access to and participation in school-based and community-based mental health services?

3. From the perspectives of school support staff (school counselors, school social workers, and school nurses) who work in small magnet high schools, what factors contribute significantly to students' mental health needs?
4. From the perspectives of school support staff (school counselors, school social workers, and school nurses) who work in small magnet high schools, how is academic performance impacted by students' mental health needs?
5. What challenges do school support staff (school counselors, school social workers, and school nurses) have with other school staff when working to support students with mental health needs?

**General Ideas About Data Collection/Analysis/Methodology**

This dissertation involved a qualitative study wherein school support staff (school counselors, school social workers, and school nurses) were interviewed by the researcher. The five research questions served as a framework within which participants were interviewed. There are three magnet high schools in the school system selected for this study; within these schools there are experienced student support staff in the form of four school counselors, three social workers, and two school nurses. Following Institutional Review Board (IRB) approval and participant consent, each of these individuals were interviewed, and each interview was transcribed and coded using Strauss and Corbin's (1990) constant comparative method.

**Delimitations**

This study took place during the 2021-22 school calendar year. A purposively sampled large public school district of North Carolina was selected for this study. Of the prospective participants who were purposively selected to make up the sample of the study, one of the four counselors is a male with twenty years of experience as a school counselor. The other three

school counselors' experience ranges from twelve to twenty years. Two of the three prospective social workers are female and one is male with experience in their field ranging from two to seven years. One of the prospective school nurses selected for the study has one year of experience while the other has four years of experience at the school. Gaps in a thorough review of the literature led to the researcher's decision to focus specifically on studying the perspectives of these selected student support staff as it relates to supporting students with mental health needs.

**Table 1**

*Prospective Participant Demographics*

| Prospective Participant | Years of experience | Years experience at magnet high school | Race | Gender |
|---|---|---|---|---|
| Laura | 15 years | 6 years | White | Female |
| Misty | 15 years | 1 year | White | Female |
| Dan | 20 years | 20 years | White | Male |
| Angela | 12 years | 6 years | White | Female |
| Tina | 2 years | 2 years | White | Female |
| Cynthia | 7 years | 2 year | Latinx | Female |
| Chuck | 7 years | 3 years | White | Male |
| Susan | 1 year | 1 year | White | Female |
| Sandra | 10 years | 4 years | White | Female |

**Assumptions**

Based on the researcher's experience working in traditional high schools and multiple small magnet high schools combined with a literature review, the following assumptions were made:

- Small magnet schools offer more opportunity for students to develop relationships with and utilize the services of their school counselor(s), school social worker(s), and school nurse(s).
- Students report their experiences with mental health needs more frequently than their peers in traditional high schools.
- Students struggle with mental health in ways that many school staff and parents/guardians are both unaware of.
- In public schools, if a student is hungry - free breakfast and lunch can be provided; if a student can't see the board or his/her textbooks - school staff will work to obtain an eye exam and reading glasses for the student at no cost; if the student is missing school supplies - school staff work to provide the student with whatever he/she needs; if the student is unable to afford a prom dress or tuxedo - the school has donated attire in special closets to loan out and/or give to students. However, if a student has a mental illness and does not have the appropriate finances and/or insurance carrier/policy, school staff offer interventions such as educating students on calming and/or mindfulness techniques and briefly talking through their struggles.

**Definition of Terms**

Mental health - "our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices" (Centers for Disease Control and Prevention, 2018a, para. 1).

Mental illness - "conditions that affect a person's thinking, feeling, mood or behavior, such as depression, anxiety, bipolar disorder, or schizophrenia. Such conditions may be

occasional or long-lasting (chronic) and affect someone's ability to relate to others and function each day" (Centers for Disease Control and Prevention, 2018a, para. 2).

Stigma/stigmatization - "an attribute or behavior, which is socially discrediting and results in that individual being perceived as unfavorable or abnormal by society" (Vidourek & Burbage, 2019, para. 6).

Social and emotional learning (SEL) - "the capacity to recognize and manage emotions, solve problems effectively, and establish positive relationships with others, competencies that clearly are essential for all students" (Zins & Elias, 2007, p. 234).

**Organization of the Study**

Chapter 1 began with statistics on the prevalence of mental health issues both in America and in American public school students and by explaining that little is known about the lived experiences of student support staff (school counselors, school social workers, and school nurses) who work to support students dealing with mental health needs particularly in small magnet schools. The remainder of Chapter 1 presented the following information: the statement of the problem, the conceptual framework for this study, the study's purpose, research questions of the study, general ideas about data collection/analysis/methodology, delimitations, assumptions, and definition of terms that are relevant to this study.

Chapter 2 will present a review of the relevant literature surrounding mental health. Areas included in Chapter 2 include a) the history of mental health in America, b) important statistics regarding mental health and mental illness in America, c) mental health realities in American schools, d) the history of mental health in American schools, e) solutions, supports, barriers, and disparities American students face with mental health needs, and f) an introduction of the student support staff who work with students with mental health needs. Chapter 3 will detail the

methodology that was used in this study, how the sample was obtained, how the data was collected, and the trustworthiness of the study. Chapter 4 will provide an analysis of the data and results of the study. Finally, Chapter 5 will offer a summary of the study, a discussion of the findings and their connection to the literature, limitations of the study, implications of the study, and will provide recommendations for future research.

# Chapter 2

## Introduction

In this chapter a review of the relevant literature surrounding mental health will be provided. Specifically, areas included in this chapter include a) the history of mental health in America, b) important statistics regarding mental health and mental illness in America, c) mental health realities in American schools, d) the history of mental health in American schools, e) solutions, supports, barriers, and disparities American students face with mental health needs, and f) an introduction of the student support staff who work with students with mental health needs. The following table outlines how this literature will be reviewed.

**Table 2**

*Literature Review Categories*

| | |
|---|---|
| *Mental Health Terms* | Centers for Disease Control and Prevention, 2018; National Institute of Mental Health, 2021 |
| *Mental Health History* | Druss, 2002; Rosenheck, 2000; Mental Retardation and Community Mental Health Centers Construction Act of 1963; Community Mental Health Extension Act of 1978; Smith, 2012; Druss & Goldman, 2018; Centers for Medicare and Medicaid services, 2020; Exec. Order No. 13263; The Department of Health and Human Services, 2002; Patient Protection and Affordable Care Act of 2010; Substance Abuse and Mental Health Services Administration, 2015; Center for health care strategies, 2021; U.S. Department of Health and Human Services Office of Civil Rights, 2020 |
| *Mental Illness Statistics* | National Institute of Mental Health, 2021; U.S. Department of Health and Human Services, 2020; Centers for Disease Control and Prevention, 2019 |
| *U.S. Schools, Mental Health Realities, and School Violence* | Blackman et al., 2016; Powers et al., 2013; National Institute of Mental Health, 2021; Demissie & Brener, 2017; Vanderlind, 2017; Venville et al., 2016; Stagman & Cooper, 2010; Paolini, 2015; Polanin et al., 2020; Vossekuil et al., 2002; Lee, 2013 |

| | |
|---|---|
| *The History of Mental Health in U.S. Schools* | Sedlak, 1997; Hoag & Terman, 1914; Tyack, 1992; Sedlak & Church, 1982; Education for All Handicapped Children Act of 1975; Flaherty et al., 1996; Slade, 2003; Atkins et al., 2010; Rones & Hoagwood, 2000; National Center for Healthy Safe Children, 2021; Achieving the Promise, 2003; School-Based Health Clinic Establishment Act of 2007; The Healthy Schools Act of 2007; Mental Health in Schools Act of 2007; Stephan et al., 2007; U.S. Department of Education, 2014; U.S. Department of Education, 2011; Mental Health Services Act of 2020 |
| *Mental Health & Mental Illness - Solutions, Supports, & Barriers, Disparities for U.S. Schools & Students* | National Institute of Mental Health, 2018; Individuals With Disabilities Education Act, 2004; U.S. Department of Health and Human Services, 2006; Arora et al. 2019; Hertz & Barrios, 2021; Walter et al., 2019; Adelman & Taylor, 1998; Dever & Raines, 2013; Torcasso & Hilt, 2017; White et al., 2017; School-based health alliance, 2021; Health Resources and Services Administration, 2020; Goldman et al., 2020; U.S. Department of Education, 2014; Stagman & Cooper, 2010; Powers et al., 2013; Tyack, 1992; Demissie & Brener, 2017; Swick & Powers, 2018; Reardon et al. 2017; Wolf et al. 2021; Liberman et al., 2011; Cadigan et al., 2019; Davis et al., 2021; Ogbeide et al. 2018; Cabiya et al. 2006; Alegria et al., 2018; Harris & Plucker, 2014; Gonzalez, 2005; Bowers et al., 2013; Vidourek & Burbage, 2019; Wahl, 2012 |
| *Students & Mental Health - Support Staff* | Marsh & Mathur, 2020; Shelton & Owens, 2021; Maelan et al., 2018; Lyon et al., 2011; Costello et al., 2014; Caldarella et al., 2019; Harris & Plucker, 2014; Walley et al., 2009; American School Counselor Association, 2020; Repie, 2005; Lynn et al., 2003; McManama et al., 2011; Frauenholtz et al., 2017; Stevenson, 2010; Bohnenkamp et al., 2015; Puskar & Bernardo, 2007; Ravenna & Cleaver, 2016; Braden et al., 2001; Fagan & Wise, 1994; Graves et al., 2014 |
| Magnet Schools | Merriam-Webster, 2021; Dentler, 1991; Blank, 1989; Wang et. al, 2018; Siegel-Hawley & Frankenberg, 2011; Ballou, 2009 |

**The History of Mental Health in the United States**

The Centers for Disease Control and Prevention (CDC) (2018a) defines mental health as including "our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices" (para. 1). Related to this, the CDC defines mental illness as "conditions that affect a person's thinking, feeling, mood or behavior, such as depression, anxiety, bipolar disorder, or schizophrenia. Such conditions may be occasional or long-lasting (chronic) and affect someone's ability to relate to others and function each day" (Centers for Disease Control and Prevention, 2018a, para. 2). Problems with mental health are common in the United States; both the National Institute of Mental Health (2021) and the CDC (2018b) report data estimating that 50% of all Americans will be diagnosed with a mental illness or disorder during their lifetime. For those aged 18-44 years old, mental illnesses, such as depression, are the third most common cause of hospitalization in the United States (Centers for Disease Control and Prevention, 2018b).

The history of mental health and mental illness in America is one in which the care of these patients moved from families and almshouses to state-run institutions that could provide custodial care; however, it was not uncommon for most mental health disorders to go undiagnosed and untreated (Druss, 2002). This remained true until the 1950s and 1960s when the treatment for individuals with mental health needs began to shift from inpatient to outpatient services and from relegating these individuals to custodial care to a more active treatment model (Rosenheck, 2000). In 1963, President John F. Kennedy signed into law the Mental Retardation and Community Mental Health Centers Construction Act (CMHCCA) of 1963; this law called for the creation of community health centers that allowed for comprehensive treatment for people with mental illnesses where patients could not only receive treatment in their own

community (vs. institutionalization in a remote town) but could receive more diverse forms of treatment (Mental Retardation and Community Mental Health Centers Construction Act of 1963). The CMHCCA was expanded in 1975 by the U.S. government and three years later was amended with the Community Mental Health Extension Act of 1978; this legislation required these community mental health centers to provide screening, consultation/ education, inpatient, outpatient, emergency, and follow-up of discharged inpatients services to all patients, services that had previously not been guaranteed to patients (Community Mental Health Extension Act of 1978; Smith, 2012). Later, in an effort to better educate professionals working with mental health and mental illness needs, the American Mental Health Counselors Association, founded in 1976, established recommended criteria emerging professionals must have whereas previously, these standards were determined by each individual institution; these standards included sixty semester hours of graduate work and a minimum of 1,000 hours of clinical supervision (Smith, 2012).

In the 1980s and 1990s several changes occurred within the field of mental health as the Epidemiological Catchment Area Survey of over 20,000 individuals issued in 1980 and 1985 revealed that less than half of those diagnosed with a mental health disorder received treatment and that of those receiving treatment for their disorder, most received it in the general medical setting vs a more specialized setting that was becoming the preferred avenue of treatment (Druss & Goldman, 2018). Because of these findings, renewed efforts were made to establish federally grant-funded mental health centers and to allow for health insurance companies to provide benefits and treatment options separate from general medical care (Druss & Goldman, 2018). Focused on allowing patients easier access to mental health services, the federal government again intervened with the The 1996 Mental Health Parity Act [and later the Mental Health Parity and Addiction Equity Act of 2008] (Centers for Medicare and Medicaid Services, 2020); these

statutes sought to reduce the financial burden for patients with mental illnesses "by barring differential coverage limits such as higher cost sharing, separate visit or hospitalization maximums, and unequal application of managed care techniques" (Druss & Goldman, 2018, p. 1200).

In 2002, President George W. Bush signed an executive order that created a Commission to conduct a comprehensive study of the United States mental health service delivery system, including public and private sector providers, and to recommend revisions for improving the overall effectiveness of the system (Exec. Order No. 13263). After completing its work, the Commission reported that the American mental health care system is fragmented and in disarray, and this reality is leading to unnecessary and costly disability, homelessness, school failure and incarceration (The Department of Health and Human Services, 2002). 2010 saw the passage of the Patient Protection and Affordable Care Act; this legislation expanded health insurance coverage prohibiting exclusion of patients based on preexisting conditions and required that health insurance plans include treatment for mental health as an essential benefit (Patient Protection and Affordable Care Act, 2010).

The history of mental health treatment in the U.S. demonstrates a focus on community based efforts, and that continues now. The Substance Abuse and Mental Health Services Administration (SAMHSA) advocates for community-based services and supports that are family-driven, individualized, accessible, and collaborative across an interagency network (2015). The Affordable Care Act, as noted above, additionally provided funding for states to create health homes, agencies that would curb costs and provide comprehensive care coordination for individuals suffering from chronic health needs such as serious mental illness; as of January, 2019 twenty-two states and the District of Columbia have created 37 such sites

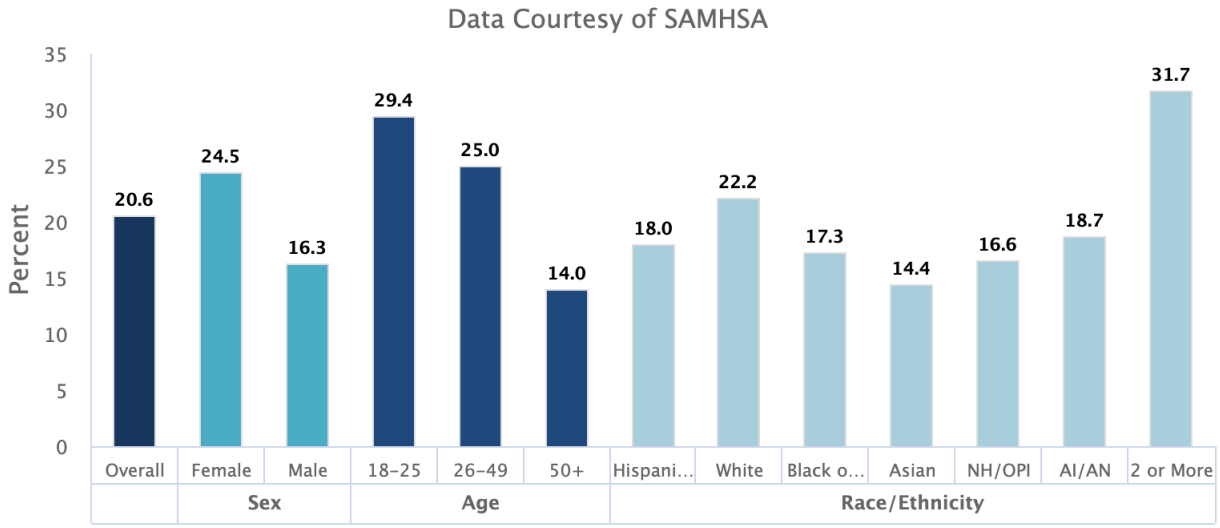
(Center for Healthcare Strategies, 2021; Druss & Goldman, 2018). During the COVID-19 pandemic and in a response to fears of all patients requiring medical care, the U.S. Department of Health and Human Services Office of Civil Rights issued a temporary exemption to allow providers to deliver telehealth by using technology platforms that are not HIPAA compliant so as to reduce barriers to care (2020); this treatment has allowed patients with mental health treatment needs an option for continued care.

**Mental Health & Mental Illness Statistics in the U.S. & North Carolina**

The National Institute of Mental Health (NIMH) reported in 2019 that approximately one in five American adults live with a diagnosed mental illness (National Institute of Mental Health, 2021). Specifically, this is reflective of 51.5 million adults aged 18 or older; of these, females are more likely to be diagnosed with a mental illness than males, as their percentages are 24.5% and 16.3% respectively. The NIMH also reported that adults in the 18-25 age group, represent 29.4% of mental illness diagnosis while adults aged 26-49 represent 25.0%; adults 50 years old and older with a mental illness diagnosis represent 14.1%. When analyzing the racial make-up data of those with mental illness diagnosis, NIMH data reflected that adults who identify as two or more races make up 31.7% while Caucasian adults make up 22.2%; African American adults account for 17.3%, and Asian American adults represent the lowest rate at 14.4%.

**Figure 1**

*Past Year Prevalence of Any Mental Illness Among U.S. Adults (2019)*



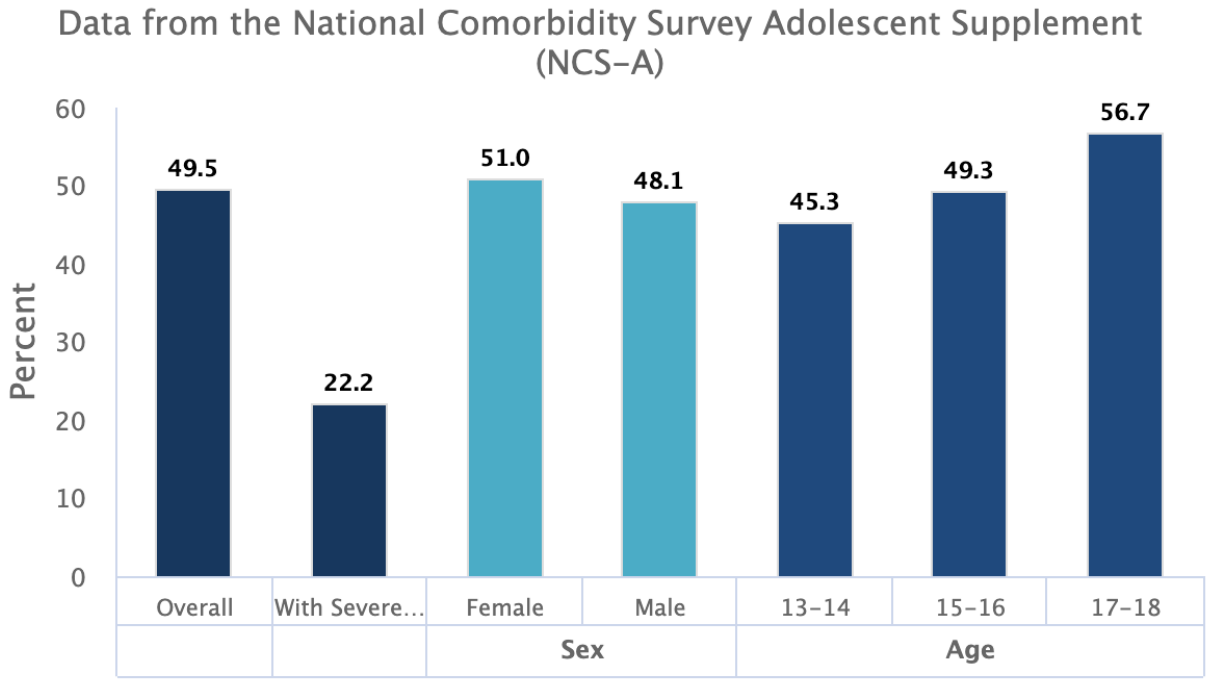

*(National Institute of Mental Health, 2021)*

Mental Health Services are also tracked and reported within the NIMH. These services include inpatient treatment/counseling, outpatient treatment/counseling, and having used prescription medication for problems with emotions, nerves, or mental health (National Institute of Mental Health, 2021). Of the 51.5 million American adults with a mental illness diagnosis, 23 million received mental health services in 2019. Of these 51.5 million, 49.7% of adult females received mental health services in 2019 as compared to 36.8% of adult males. The NIMH also reported that 38.9% of adults aged 18-25 received mental health services, the lowest of any age group, while 45.4% of adults aged 26-49 received mental health services; 47.2% of adults aged 50 or older received mental health services.

When considering the percentages of adolescents aged 13-18 with mental health needs data from 2001-2004 shows that 49.5% reported a mental disorder (National Institute of Mental Health, 2021). Females represented 51% while males represented 48.1%; adolescents aged 13-14 represented 45.3%, those aged 15-16 represented 49.3%, and those aged 17-18 made up 56.7%.

**Figure 2**

*Lifetime Prevalence of Any Mental Disorder Among Adolescents (2001-2004)*

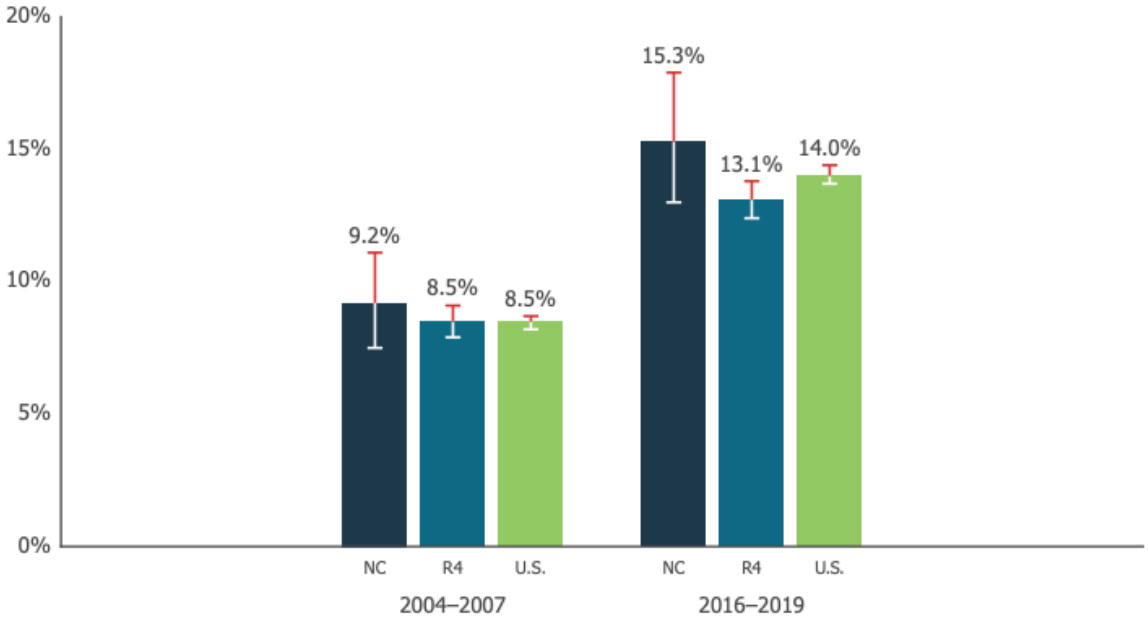



*(National Institute of Mental Health, 2021)*

Mental health statistics within North Carolina (NC) are worth review as well. Within the state, the average percentage of adolescents in the 12-17 age group with what is termed as a major depressive episode (MDE) by the SAMHSA increased between 2004–2007 and 2016–2019. Specific to the 2016–2019 time period, the percentage of MDEs in North Carolina was 15.3%. This percentage is higher than both the regional and national percentages. Regional percentages are representative of the following states: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee (Substance Abuse and Mental Health Services Administration, 2020).

**Figure 3**

*Changes in Past-Year Major Depressive Episode (MDE) among Youth Aged 12–17 in North Carolina, Region 4, and the United States (Annual Averages, 2004–2007 and 2016–2019)*

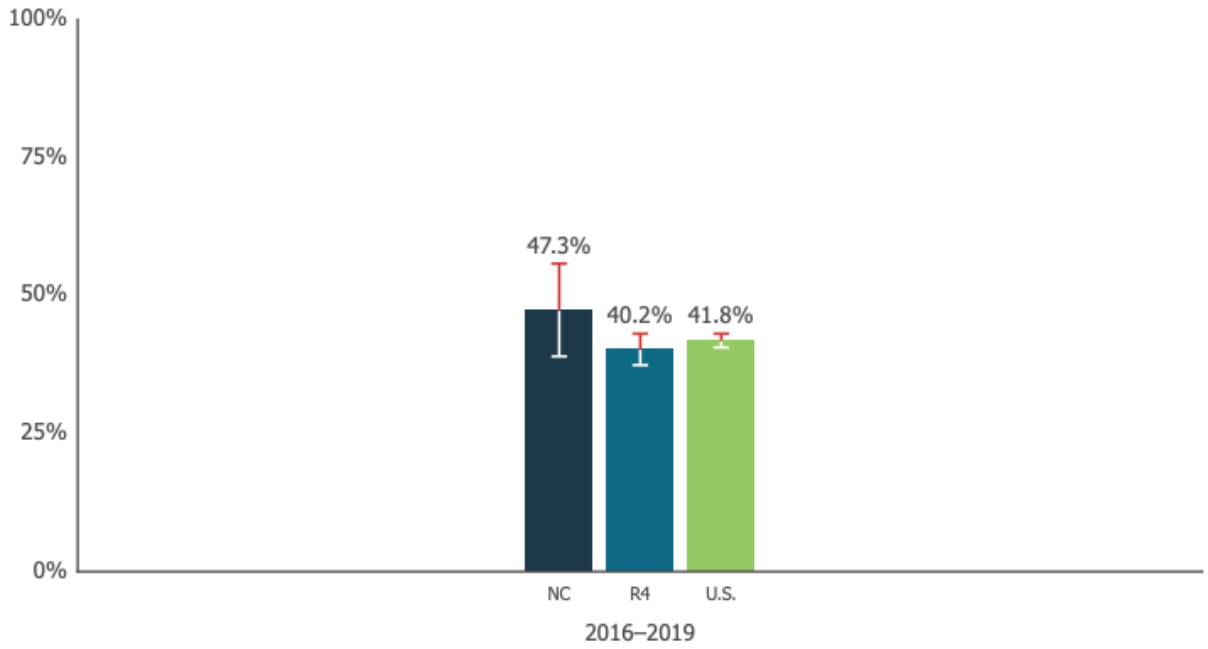



*(Substance Abuse and Mental Health Services Administration, 2020)*

Among this 15.3% of NC youth, 47.3% received mental health services for their MDE within a year of their diagnosis during the 2016-2019 time period. This percentage is slightly higher than the regional and national percentages (Substance Abuse and Mental Health Services Administration, 2020).

**Figure 4**

*Past-Year Depression Care among Youth Aged 12–17 with Major Depressive Episode (MDE) in North Carolina, Region 4, and the United States (Annual Average, 2016–2019)*




*(Substance Abuse and Mental Health Services Administration, 2020)*

The Substance Abuse and Mental Health Services Administration (2020) also notes that from 2017-2019, annually 6.5% of North Carolinians aged 18-25 experience serious mental health illness. This number is slightly lower than the regional and national percentages that are 6.9% and 7.9% respectively. However, these numbers are higher in all three demographics compared to the data from 2008-2010 where those aged 18-25 in NC experienced serious mental illness at an annual percentage of 2.1% while the same age group regionally and nationally experienced serious mental illness at 2.8% and 3.7% respectively.

Suicide can be a consequence to mental health disorders, and data from 2007-2017 reflect that the suicide death rate among Americans aged 10-24 increased 57%; from 2007-2009 to 2016-2018, suicide rates increased significantly in 42 out of the 50 United States (U. S. Department of Health and Human Services, 2020). The CDC distributes the High School Youth

Risk Behavior Survey in each odd numbered year, and in 2019 the following data was collected that relates to mental health concerns for high school students: 36.7% felt sad or hopeless, 18.8 % seriously contemplated suicide, 8.9 % attempted suicide (Centers for Disease Control and Prevention, 2019). Within NC, the annual percentage of adults aged 18-25 who expressed serious thoughts of suicide increased 4.5% from 2010-2019. As of 2019 data, 9.8% or 103,000 NC adults aged 18-25 expressed serious thoughts of suicide (Substance Abuse and Mental Health Services Administration, 2020).

**U.S. Schools, Mental Health Realities, and School Violence**

Studies suggest that students in the United States are experiencing mental health needs at an alarming rate; estimates indicate that at least 20% of students in U.S. schools are struggling with some type of diagnosed mental health disorder (Blackman et al., 2016; Powers et al., 2013; National Institute of Mental Health, 2021). Demissie and Brener (2017) point out that as students grow and develop, multiple mental health conditions can also arise such as anxiety, mood, and behavior disorders. Students respond to their mental health needs in a variety of ways including possessing feelings of hopelessness, feeling overwhelmed, loneliness, extreme sadness, inability to function due to states of depression, and various ranges of anxiety (Vanderlind, 2017). These same students also experience disruptions to their ability to consistently process academic and non-academic information, can have difficulty navigating social situations, and report loss of academic confidence (Venville et al., 2016). Scholars point out that large numbers of students have undiagnosed mental health disorders while seventy-five percent of students with a mental health diagnosis who are needing mental health services do not receive them (Stagman & Cooper, 2010; Paolini, 2015).

When students struggle with mental health and there is either no treatment for their problem(s) or there is a disruption in treatment for their problem(s), negative behavior issues and/or school violence can result (Polanin et al., 2020). Indeed, an examination of school violence involvement and/or instigation revealed strong connections with mental health struggles and needs. According to Polanin et al. (2020), when students reported being a victim of bullying, fighting, or feeling unsafe at school, they also reported having compromised mental health needs.

After multiple school shootings during the late 1990s in Columbine, CO, Paducah, KY, and Jonesboro, AR the U.S. Secret Service and the U.S. Department of Education launched a joint investigation into school violence in an attempt to better understand the issues surrounding the school shootings and to hopefully prevent them from happening again; their report was titled, *The final report and findings of the Safe School Initiative*. (Vossekuil et al., 2002). This investigation revealed that the school attackers struggled with coping with significant losses and personal failures; many of them (78%) also considered or attempted suicide in the past. Seeking to prevent future attacks from happening, the investigators explained that many students, not just those who engaged in school-based attacks, experience or perceive major losses in their lives; however, this does not mean that they are necessarily a danger to commit acts of school violence. Vossekuil et al.(2002) noted that according to the report, thirty-four percent of school attackers were recipients of a mental health evaluation prior to their respective attacks, and seventeen percent of them were diagnosed with a mental health disorder. Ten percent of the school attackers who were receiving treatment for their mental health disorder refused to comply with their doctors' prescribed medicines that were meant to treat their psychiatric disorder.

Ultimately, the team of investigators recommended that when schools have information that indicates a student is struggling with appropriately managing a difficult situation, the student

may need to be referred to appropriate mental health services and resources (Vossekuil et al., 2002). Since the year 2000, school violence has increased 21% (Paolini, 2015). Since the publication of the above report, school shootings have not stopped. A 2013 review of school shootings by Lee revealed that sixty-one percent of school attackers demonstrated a history of suicide attempts and had documented histories of mental illness including experiencing symptoms of severe depression or desperation prior to their school attacks.

**The History of Mental Health in U.S. Schools**

After the 1880s, the American school system began to see more and more students attending later grades of school, particularly high school, and in these new forms of school came new services, primarily social services that were offered to students (Sedlak, 1997). In short, the mission of schools began to shift from a singular focus on history, science, math, and language to a more broad set of offerings to students that was considerate of their individual aspirations and personal circumstances (Sedlak, 1997). As health services began to expand in school, health services advocate Lewis Terman championed an expansive role for these services by claiming that:

> ...the public school has not fulfilled its duty when the child alone is educated within its walls. The school must be the educational center, the social center, and the hygiene center of the community in which it is located-a hub from which will radiate influences for social betterment in many lives (Hoag & Terman, 1914, p. 10-11).

In the early part of the twentieth century, reformers of public schools continued to push for social services to be more integrated into school-life; one such effort involved students participating in settlement houses with a focus on mental health casework to improve learning outcomes (Tyack, 1992). However, as of the 1920s despite efforts to curb school delinquency and

promote mental health in students from outside agencies, school districts often did not invest money in mental health supports, and in financially strapped districts, these ancillary school support staff were often the first ones to lose employment with the school systems. After World War II these school social workers and mental health professionals were phased back into employment with the schools to support struggling students; this was particularly true of more affluent school districts where strong efforts were made to reduce school dropout rates (Sedlak & Church, 1982; Tyack, 1992).

1975 saw the passage of the Education for All Handicapped Children Act of 1975; this legislation became the first law to mandate equal access to public education and newly expanded agendas within the public school arena, namely full service schools and school-based mental health programs (Education for All Handicapped Children Act of 1975). Equipped with such a federal mandate, and worried over alarming rates of teenage risk taking such as drug and alcohol abuse, increasing levels of teenage suicide, and school drop out rates, mental health services in schools continued to increase during this time (Flaherty et al., 1996). As of 1970 there were zero school-based health clinics; by the mid 1980s there were 150 school-based health clinics that included a mental health component operating within the greater U.S. By 1997 there were 948 with over two-thirds of them providing mental health services to students (Flaherty et al., 1996; Slade, 2003; Atkins et al., 2010).

From this foundation of services emerged into what came to be known as the system of care in the 1990s. Within a system of care, mental health services "should be child centered, family focused, community based, and culturally competent" (Rones & Hoagwood, 2000, p. 224). Students should have access to a vast array of services including: outpatient treatment, home-based services, day treatment, case management, crisis services, therapeutic foster care,

residential treatment centers, health services, school services, and social services. Rones & Hoagwood (2000) note that the system of care became the foundation for mental health services in U.S. schools and these systems saw rapid growth from 1985 to 1999. During this time school-based mental health services were defined as "any program, intervention, or strategy applied in a school setting that was specifically designed to influence students' emotional, behavioral, or social functioning" (Rones & Hoagwood, 2000, p. 224). In a response to rising levels of school violence, substance abuse, and school safety, the U.S. Department of Education, the U.S. Department of Health and Human Services, and the U.S. Department of Justice combined to create the Safe Schools/Healthy Students initiative; this program noted that violence in schools stemmed from a variety of factors made up of students' early childhood experiences, family life, mental health, and substance abuse issues (National Center for Healthy Safe Children, 2021). The Safe Schools/Healthy Students initiative took all of these issues into consideration and drew on the best practices and the latest thinking in education, justice, social services, and mental health to help local communities take action (National Center for Healthy Safe Children, 2021).

President George W. Bush's Executive Order 13263 created a Commission of experts to study the mental health delivery system of the United States; this Commission, in its final report, explained that children spend most of each of their days in schools, and while schools are concerned with education primarily, mental health is essential to learning as well as to social and emotional development (Achieving the Promise, 2003). Because of the important relationship between emotional health and school success, schools must be partners in the mental health care of our children. This Executive Order went on to note that schools are in a key position to identify mental health problems early and to provide a link to appropriate services. Referencing

the No Child Left Behind Act of 2001 (NCLB), the Commission explained that the NCLB legislation was designed to help all children, including those with serious emotional disturbances, achieve their ultimate potential; given this, "schools must work to remove the emotional, behavioral, and academic barriers that interfere with student success in school. Consequently, it is critical to strengthen mental health programs in schools" (Achieving the Promise, 2003, p. 63). Finally, the Commission connected mental health services in schools with the Individuals with Disabilities Education Act (IDEA). For students qualifying for an Individualized Education Plan (IEP) within IDEA, the Commission urged that there should be a stronger family focus for supporting these students' mental health needs in addition to youth involvement and support. It further advocated that funds from the IDEA should be considered for use in training teachers, student support staff, and families to recognize early signs of emotional and behavioral problems in students; additionally, appropriate referrals for mental health assessment, mental health services, and classroom accommodations should be implemented and evaluated using evidence-based school mental health interventions (Achieving the Promise, 2003).

In 2005, the U.S. Department of Education created *Grants for the Integration of Schools and Mental Health Systems*; these grants provide funding in order to increase student access to quality mental health care by developing innovative programs that link school systems with local mental health systems (U.S. Department of Education, 2014). Programs that receive this grant funding must: 1) enhance or develop collaborative efforts between schools and mental health service systems to enhance or provide mental health prevention, diagnosis, and/or treatment to students, 2) enhance the availability of crisis intervention services and determine appropriate referrals for students needing or potentially needing mental health services, 3) provide training

for all school staff and mental health care professionals who will participate in the program, 4) provide technical assistance and consultation services to school systems and mental health agencies and families who are participating in the program, 5) provide interpreter and culturally competent services to participating families who require such support, and 6) evaluate the effectiveness of the created program(s) in increasing student access to quality mental health services, and make recommendations to the U.S. Secretary of Education about sustainability of the program (U.S. Department of Education, 2014). On average, there were seventeen school districts each year that were awarded a grant ranging in amounts from $80,000.00 to $400,000.00. From 2005 to 2010, there have been 102 school districts awarded grant funding for this mental health support opportunity (U.S. Department of Education, 2011).

Additional government support has been attempted with both the Senate and the House of Representatives working on separate pieces of legislation that ultimately never became law. In the Senate, the School-Based Health Clinic Establishment Act of 2007 was introduced. This legislation required the Secretary of Health and Human Services to award grants for the cost of operating school-based health clinics (SBHCs) that would provide comprehensive primary health services, including mental health treatment, during school hours to children and adolescents by professionals in healthcare (School-Based Health Clinic Establishment Act of 2007). Additionally, these SBHCs would be required to 1) provide services to students whose parents/guardians gave consent for health treatment, and 2) provide, during the academic day, on-site (at the school) access to health treatment and, outside of school hours, to provide 24-hour coverage via an on-call system to guarantee access to services year-round. Finally, this bill would have allowed the Secretary of Health and Human Services to give preference to applicant

schools/school systems who prove an ability to serve student populations that have historically demonstrated difficulty in accessing health and mental health services.

In the House of Representatives, legislation was introduced that would have similarly supported students with overall health, including mental health needs. The Healthy Schools Act of 2007 would have supported the already existing SBHCs by strengthening Medicaid and the State Children's Health Insurance Program (SCHIP) (The Healthy Schools Act of 2007). This Act would assure Medicaid and SCHIP reimbursement to school-based health care providers for providing health services, including mental health services. The Act would also establish a mechanism for states to certify SBHCs in order to be recognized under Medicaid and the State Children's Health Insurance Program for Medicaid and SCHIP-enrolled students.

The Senate attempted, again, to support students with mental health needs via the Mental Health in Schools Act of 2007. This Act would provide grants, contracts, and/or cooperative agreements to develop methods to assist students in dealing with violence; these methods would include assisting local communities and schools in applying a public health approach to mental health services that would include providing comprehensive services and supports and incorporating strategies of positive behavioral interventions and supports (Mental Health in Schools Act of 2007). The Secretary of Health and Human Services would also be authorized to implement comprehensive school mental health programs that would incorporate positive behavioral interventions and supports. Eligibility requirements for these programs would require 1) a partnership between a local educational agency and at least one community program or agency that is involved in mental health; 2) the program to provide for in-service training of all school staff; and 3) proof of the sustainability of the program after funding ends. Like the attempts at legislation described above, Stephan et al. recognize that schools, because of their

historic connection and involvement with children, families, and communities, serve as a natural place for students and families to be exposed to information about mental health and available services (2007).

In 2020, Representative Grace Napolitano introduced legislation in the House of Representatives to support students with mental health needs. The Mental Health Services for Students Act would provide $200,000,000 in competitive grants of up to $2 million each (Mental Health Services Act of 2020, 2020). It would also provide on-site licensed mental health professionals in schools across the country. Funding would be distributed by the Substance Abuse and Mental Health Services Administration (SAMHSA), which will set guidelines and measure the outcomes of the funded programs. This legislation passed in the House of Representatives but was never taken up for a vote within the Senate. The legislation passed again within the House of Representatives in May of 2021 but was again never taken up for a vote within the Senate after it was referred to the Senate's Committee on Health, Education, Labor, and Pensions.

In 2022, President Biden signed the Bipartisan Safer Communities Act into law. This legislation provided $1 billion to schools via the Elementary and Secondary Education Act to "establish safer and healthier learning environments" (Office of Elementary and Secondary Education, 2023). Within this Act is a provision specific to supporting schools and students with mental health needs:  the School Based Mental Health Services Grant Program. This program requires interested schools to propose their plans to first, increase the prevalence of credentialed school-based mental health services providers and second, to propose their plans to increase the likelihood that these credentialed service providers will stay in their position. The Department of Education estimates awarding 50-150 grants to schools ranging from $500,000 to $3 million

each year for up to five years in an effort to support mental health needs in American schools (U.S. Department of Education, 2022).

**Mental Health & Mental Illness - Solutions, Supports, Barriers, & Disparities for U.S. Schools & Students**

The National Institute of Mental Health (NIMH) explains that if a student has behavioral or emotional challenges that are connected with his/her mental health, the student may be able to benefit from education plans and/or accommodations that are provided within U.S. educational laws: IDEA and Section 504 (National Institute of Mental Health, 2018). IDEA, as noted previously, is a law that works to "ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living" (Individuals With Disabilities Education Act, 2004a, para. 44). Within IDEA is a provision for students who have an emotional disturbance that is medically diagnosed. Specifically, IDEA defines this as:

> a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: An inability to learn that cannot be explained by intellectual, sensory, or health factors. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. Inappropriate types of behavior or feelings under normal circumstances. A general pervasive mood of unhappiness or depression. A tendency to develop physical symptoms or fears associated with personal or school problems. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance (Individuals With Disabilities Education Act, 2004b, para. 12).

Section 504 of the Rehabilitation Act of 1973 is a national law that protects qualified individuals from discrimination based on their disability (U.S. Department of Health and Human Services, 2006). For students who do not qualify for protective and supportive services within IDEA or Section 504, Arora et al., explain that a different avenue schools are popularly utilizing is called the Multi-Tiered Systems of Support (MTSS), and within the MTSS model that is focused on mental health support, evidence-based support services are utilized along a continuum: all students are a part of what is known as Tier 1 where support services are implemented school-wide with the purpose of preventing mental health concerns that may be a barrier to academic achievement (2019). Within Tier 2, a smaller portion of students are categorized who need selective services; within this tier the goal is to remediate students who are at risk for mental health concerns. Tier 3 services represent the smallest number of students who have the highest level of mental health need; again, in all three tiers, evidence-based practices are utilized to support students.

Unfortunately, in their study of 119 MTSS framework schools within the U.S. Arora et al. discovered that the fewest number of interventions were classified as Tier 3, suggesting there is a relative lack of available intervention options at this tier of service compared to Tier 1 and Tier 2 (2019). Hertz and Barrios (2021) argue that Tier 3 services are for students who are already experiencing mental health challenges, and these special Tier 3 strategies are needed to prevent the student's mental health symptoms from worsening and to prevent additional mental health symptoms from developing. Given that Tiers 2 and 3 require the most student-specific services, these tiers allow for frequent opportunities for partnerships with community-based mental health support resources; the students in these tiers may also qualify for Medicaid services and/or additional funding via the U.S. Department of Education that can help increase the likelihood of

these community-based partnerships that are essential to increasing student access to student-friendly, affordable, and local services that would either be allowed to work within the school(s) or with the student(s) remotely (Hertz & Barrios, 2021; Walter et al., 2019).

Various other approaches have been taken in an effort to support students with mental health needs. If mental health services are going to occur within schools, obviously this will impact instructional time (Adelman & Taylor, 1998). To mitigate this, a self-reporting screening tool was studied by Dever and Raines to determine if such a tool was effective at both identifying, addressing, and monitoring students with mental health needs and to determine if use of such a tool lessened the impact on instructional time (2013). The results of this study were that use of this screening tool required less than one hour per school year to determine which students and which schools required mental health support, and as such the tool was found to be an effective tool in supporting students' mental health needs (Dever & Raines, 2013).

TeenScreen is a national program designed to identify students with mental health and suicide risk; it was designed in 2003 by Columbia University (Torcasso & Hilt, 2017). The program organizes community mental health practitioners to serve as program coordinators, screeners, debriefers, clinicians, and case workers into what is called the screening team; the screening team then works with participating students whose parents have given consent. Students are screened to determine their risk for mental health disorder or suicide and are referred to external support services, if needed. If external, community based mental health support is needed, the parents are notified and encouraged to agree to the referral (if the parent refuses, the student's case is reviewed for medical neglect), next steps in the referral process are explained by the screening team, and case management/follow-up then occurs for the next three appointments the student has. Torcasso & Hilt's (2017) study recognized the importance of

mental health support interventions in at-risk students, and its results indicate that this screening program increases the utilization of mental health services by 76% for students receiving one follow-up visit and 56% for students receiving three or more follow-up visits.

Another program, the Bridge for Resilient Youth in Transition, developed in 2004 out of a collaboration between a school psychologist at Brookline High School and staff at the Brookline Community Mental Health Center to support both academic and clinical outcomes for high school students returning to school after a mental health crisis was evaluated to determine its effectiveness (White et al., 2017). Within this program, a set of short-term, general education interventions are utilized that focus on supporting students' return to functioning in the regular school environment within 8–12 weeks of their return to school without falling back into a mental health crisis. The results of this study indicate that, indeed, students experiencing a mental health crisis do need support at reintegrating into their normal school lives, and this program saw "statistically and clinically significant improvements in program staff members' ratings of students' overall functioning, most significantly in relation to moods/emotions, self-harmful behaviors, and school functioning" (White et al., 2017, p. 877).

The School-based Health Alliance partners with U.S. Health Resources and Services Administration to advocate for the support and proliferation of school-based health centers (SBHCs) that can eliminate barriers students and their families face when accessing mental health care services (School-based health alliance, 2021; Health Resources and Services Administration, 2020). Seventy-five percent of all SBHCs have a mental health care provider on-site, and in schools where SBHCs are present, students are ten times more likely to utilize the mental health services within the SBHC than if no SBHC was present (School-based health alliance, 2021). Services within these SBHCs include crisis intervention, mental health

assessment, grief and loss therapy, substance abuse therapy, and meditation to assist students struggling with mental health needs.

Creating and sustaining mental health programs as the ones described above often relies on a combination of reimbursements for clinical services; these combinations include public funding, private contracts and grants, and other revenue sources (Goldman et al., 2020; U.S. Department of Education, 2014). As the scholars above noted, all schools do not benefit from school-level or district-level mental health support services (Stagman & Cooper, 2010; Powers et al., 2013; Tyack, 1992). One of the reasons behind this disparity is the financial burden families typically bear (Powers et al., 2013; Demissie & Brener, 2017; Swick & Powers, 2018). In a 2017 study by Reardon et al., it was explained that of the families surveyed, the singular barrier of the financial burden mental health services carry was the most frequently reported, and that the threat of paying fees actually deterred families from seeking help at all. Additionally, other indirect costs incurred by parents/guardians such as loss of wages and travel costs were also factors limiting students' access to mental health support services (Reardon et al., 2017). Wolf et al., in their 2021 study of incremental care for students requiring mental health support, also noted that some schools and/or school systems may not be able to implement school-based mental health support services in-part because of the high costs and logistical challenges associated with training school staff.

Mental health services, when offered in school-based settings and when offered via community-based settings, frequently involve the use of medical insurance, and the having or not having medical insurance also serves as a financial burden to families of students needing mental health support services. Mental health disorders are more prevalent among the uninsured, and even when the uninsured have a medically diagnosed mental disorder, they are still less likely to

seek treatment than insured patients (Liberman et al., 2011). In their 2019 study of 161 young adults around barriers to seeking mental health services, Cadigan et al., explained that an inability to afford treatment was described as the third highest barrier to treatment at 39.4%. Other reasons for lack of mental health treatment included the patients thought they could handle the problems they were experiencing without treatment (60.6%) and the patients did not have adequate time to seek treatment due to job responsibilities, child care responsibilities, or other commitments; 33.1% reported that they did not know how to go about receiving mental health services, therefore they did not try (Cadigan et al., 2019).

Additional barriers to mental health treatment seeking include lack of adequate transportation, lack of access to mental health care professionals, distrust of social service agencies among involved families, and perceptions of stigma in admitting a mental health disorder was present (Powers et al., 2013). Admitting that one has a mental health disorder is a positive first-step to seeking treatment; however, some have a problem with doing so due to the stigma associated with mental health disorders (Davis et al., 2021). Part of this stigma continues to exist due to a lack of understanding about what mental health disorders are and what treatment for them might look like (Davis et al., 2021). Swick & Powers (2018) report that lack of access to appropriate and consistent care is also a barrier faced by students requiring mental health support services. Also, once a student is identified as needing community-based mental health services and is referred to such services, this well-intended approach is often unsuccessful if families face challenges such as a language barrier or a lack of job flexibility that will enable them to leave work for their child's mental healthcare appointments (Swick & Powers, 2018). In a study investigating why some families seek mental health care services and some do not, Ogbeide et al. (2018) noted that even though a large number of primary health care visits may

encompass mental health care support for certain areas, the majority of the 639 patients studied reported that they would not seek services outside of their primary health care provider.

A 2006 study by Cabiya et al. of 1,890 parent and child Puerto Rican participants discovered a mental health service disparity among Puerto Rican children in that males utilize mental health services more than females do. Among the broader population of American students, there are numerous gaps among the races as 31% of Caucasian students receive mental health services for mental illnesses, compared to only 13% of students who are Hispanic or African American (Stagman & Cooper, 2010). Further issues surround the equity in access to treatment for mental health needs in the United States as socially disadvantaged groups including those in low-income status and ethnic/racial minorities experience lower service utilization for mental health needs compared to those in advantaged groups (Alegria et al., 2018; Stagman & Cooper, 2010). Additionally, families of underrepresented students in United States schools can be hindered by language limitations, child care, or other issues as they seek treatment for their child's mental health needs (Harris & Plucker, 2014). In his 2005 study of urban students of color in poverty and their access to mental health support services, Gonzalez reported that poverty-stricken urban students of color are at a higher risk of developing mental health problems, and these same students are less likely to receive proper mental health support services. Gonzalez goes on to explain that students of color live and develop in diverse cultural communities, often very different from those offering mental health supports, and because of this, there must be a strong effort to deliver culturally competent treatment options by those in the mental health care community (2005).

An additional barrier to mental health treatment, and one that scholars believe is one of, if not the most significant, is that of the stigma that those suffering from mental health needs suffer

(Bowers et al., 2013; Vidourek & Burbage, 2019; Wahl, 2012). “Stigma is defined as an attribute or behavior, which is socially discrediting and results in that individual being perceived as unfavorable or abnormal by society” (Vidourek & Burbage, 2019, para. 6). There have long been unfavorable public opinions about mental health and mental illness, and those negative attitudes have been slow to change (Wahl, 2012). In a survey of 1,400 people with mental illness diagnoses it was found that once the participants’ mental health disorder and/or treatment was revealed to others, social rejection was a common occurrence as the participants explained that their friendships declined as did visits from neighbors leaving them feeling socially isolated and alienated (Wahl, 2012). Of seventy-nine youth participants in a 2013 study by Bowers et al., 47.8% of them reported that stigma was the number one barrier when they considered accessing mental health treatment. Specifically, 69.5% of the same participants perceive stigma as a major barrier to accessing school-based mental health services. Not only did the young people in this study report that the school environment significantly complicated their perceptions towards accessing school-based mental health services, but so too did the school-based mental health services providers (Bowers et al., 2013). Vidourek & Burbage (2019) explained that stigma associated with individuals’ mental health problems can result in the unintended avoidance of treatment because of fears of being labeled or treated differently from others in society; individuals were concerned about being labeled as “crazy.” Student participants explained that education focused on the realities and common occurrences of mental health issues would greatly help in improving stigma-related attitudes and increase empathy among their peers.

**A History of School Counselors, School Social Workers, & School Nurses**

School support staff have a unique history that is worthy of review. Schmidt (2008) explains that the Industrial Revolution in the U.S. led to the emergence of supportive professions

like counselors to help people address their social, personal, and vocational concerns. Changes within social and economic conditions during this time combined with increased numbers of adolescents in public schools raised both awareness and concern regarding young people and their personal, social, career, and educational development; these changes led to school counselors becoming a fixture in public schools. School counseling, in its early stages, regularly resulted in vocational guidance for students so that they may explore various careers that may suit them. School counselors also began helping students with their character development and peer-to-peer relationships. These counselors were frequently referred to as guidance counselors, and as America continued to grow and flourish, these student support staff were instrumental in helping guide students toward career paths best suited to their individual needs and abilities (Schmidt, 2008).

Aside from a focus on guiding students in vocational career options, school counselors also worked throughout the twentieth century to establish programs that would meet the needs of all student populations. During this time, comprehensive school counseling programs began to develop that focused on recognizing students' academic/social-emotional needs, teaching students goal setting, aligning student support services to academic curricula, delivering appropriate support services, and evaluating the results (Schmidt, 2008).

Schools and students have been supported by school social workers since at least the beginning of the twentieth century (Altshuler & Webb, 2009). From the earliest days of their support, they focused their efforts on the most vulnerable students and many of their responsibilities were dictated by societal conditions within the schools and school systems they were employed by (Minnich, 2014). Community organization and collaboration with students and families has become a main tenet of school social workers' jobs. For example, school social

workers regularly support these disenfranchised students with various basic needs such as clothing, food, and shelter. Additionally, these support staff are regularly used in home visits to help problem-solve students with excessive attendance issues (Franklin & Allen-Meares, 1997). School social workers' history of supporting students in so many internal and external areas has led to them successfully working with current multi-tiered systems of support and has placed them as ideal support staff to connect mental health providers with both general school populations and individual students (Alvarez et al., 2013).

The turn of the twentieth century also saw the emergence of nurses in schools. Initially, school nurses found employment in the more industrialized, affluent, and northern portions of America. The rapid rise of urban communities also saw a rapid rise in poverty, substance abuse, and a lack of sanitary conditions. These realities were commonly referred to the school nurse to address. According to the literature, however, in the south, school nurses were not generally utilized as a specific school position. Indeed, the organization of schools in southern America was very different, and the rural nature of schools and lack of societal support for school nurses resulted in stifled employment opportunities initially in this student support field (Houlahan & Deveneau, 2021).

As America continued to grow and evolve, so too did public schools and the health needs of students. Early schools were impacted, just as society was, by various contagious illnesses. To combat this, schools utilized medical inspectors who physically inspected all school children. Students who were found to be sick or contagious were sent home to be treated; untreated, the student(s) could not return to school. An unintended consequence of this was the long-term exclusion from education of many children whose parents would not and/or could not comply with the medical inspector's directions to treat their child. To ameliorate this, school nurses

became more and more prevalent. Their work with students, families, and community resources helped keep students in school (Houlahan, 2018; Rogers-Struthers, 1917). Following the two world wars, America was certainly more organized regarding public schools, but a commitment from lawmakers to ensure school nurses were a mainstay throughout public schools via appropriate funding was lacking (Houlahan, 2018). From World War II to current times, school nurses have found more consistent employment opportunities in schools as funds were permanently made available, even if minimally so. Today, school nurses address a variety of health issues students face including day-to-day health concerns, health needs caused by poverty, and environmental/mental health concerns (Wolfe, 2013; Houlahan, 2018).

**Students & Mental Health - School-based Services**

There are many different options students, families, and schools can take in seeking mental health treatment; however, in order for mental health support within schools to be successful a variety of stakeholders must be knowledgeable about what mental health is, what their options are as a school staff, and how to access those options, especially teachers who have such frequent contact with students. If a formal program is not in existence within their school or school system, teachers should be aware of the school-based professionals that are in place such as the school counselor, school social worker, and/or the school psychologist who can arrange for data collected, both qualitative and quantitative, by the teacher to help build a justification for the student's need to seek mental health support services at the school level or in conjunction with a community-based partner (Marsh & Mathur, 2020).

School-based mental health services provide benefits to the students needing them such as ease of access, affordability, and assistance with accessing community-based mental health services (Shelton & Owens, 2021). Gone untreated, students in need of mental health services

experience a significant impact on their academic performance and their social/emotional well-being that can carry into adulthood. In their study of 10, 649 U.S. high schools, Shelton and Owen (2021) found that many schools lack mental health professionals inside their schools. The participating school administrators in this study cited lack of funding and inadequate access to mental health care professionals as reasons for this. The study also discovered that rural area schools had significantly reduced access to mental health care services when compared to urban and suburban area schools.

In a qualitative study of 10 secondary schools analyzing teachers' and lead teachers' (also known as deans of students) roles and understandings surrounding supporting students with mental health needs, Maelan et al. (2018) discovered that these school staff recognized their roles in supporting students needing to manage their mental health care needs largely due to the impact this need had on student learning. Additionally, these school staff understood the importance of developing a relationship with their students that went beyond the learning of the curriculum; developing a closer relationship with these students helped the school staff to know how best to support their students both in and out of the classroom.

Schools and school support staff commonly struggle with the proper training needed to adequately support these students and the large amounts of time also needed to properly address their needs with evidenced-based practices (Lyon et al., 2011). A 2014 study conducted by Costello et al. found that of the students struggling with mental health needs, less than half are supported with appropriate interventions from within their schools. When these mental health needs are not properly supported, the symptoms students experience from them can negatively impact their relationships with other peers, can lead to a decrease in the students' overall

engagement with school, and can lead to further problems as an adult such as relationship struggles and unemployment (Caldarella et al., 2019).

Potholes in the road to successfully supporting students with mental health needs are many as Harris & Plucker (2014) note the research surrounding strategies school counselors and other school support staff should use in supporting students with mental health needs is lacking. School counselors are often the first professionals students struggling with mental health encounter, and as such these school counselors are uniquely positioned to recognize and respond to the diverse mental health needs of students (Walley et al., 2009). With this unique positioning, however, comes concerns of student caseload. The American School Counselor Association (ASCA), recommends one school counselor for every 250 students, but the national average reveals that one school counselor has 430 students representing their caseload (American School Counselor Association, 2020). Additionally, the ASCA recommends that student advocacy be a part of the school counselor's job.

In a study investigating the Strong Teens Program, a program designed to increase social and emotional learning (SEL) knowledge, to decrease internalizing symptoms such as sadness, anxiety, and loneliness, and to increase student resilience when faced with these struggles, Caldarella et al. (2019) found that high school counselors and social workers were instrumental in training school staff, educating students about the Strong Teens Program, and administering the program with consistent fidelity. School counselors and school social workers' collaboration on supporting this initiative was seen as a positive reality that Caldarella et al. encouraged to occur in other schools (2019). In a survey of school support staff's perspectives in supporting students' mental health needs, Repie (2005) discovered that school counselors, school psychologists, and regular and special education teachers all reported differences in knowledge

and perceptions about what mental health and mental illness were and how their students were impacted by each. For instance, school counselors and school psychologists rated student depression and suicidal ideations as more serious, whereas regular and special education teachers rated attention deficit and hyperactivity as more important.

School social workers play an important role in supporting students' mental health needs as well as they can provide mental health consultation to teachers in terms of classroom interventions that can be employed or by providing direct services to students and their families via home visits (Lynn et al., 2003). This collaboration with teachers is supported by McManama et al.'s 2011 study of school social workers' roles with students experiencing mental health needs as they note that school social workers are more than merely conductors of student-centered services, in addition to this they often spend more time than other student support staff working with students, families, community-based organizations, and teachers to help facilitate mental health supports for students. Teachers are seen as vital in the student mental health support process as McManama et al. argue that, in conjunction with the school social worker, the two create strategies that centrally involve the teacher in the support of the student rather than allowing the school social worker to solely fill this role (2011). Similar to a school counselor's role of "point person" in organizing student support efforts, Frauenholtz et al. (2017) argue that the school social worker serves as a partner with local mental health agencies and all school personnel to both be trained as trainers and to implement school mental health trainings. These mental health trainings are seen as necessary given the dearth of understanding among school staff related to mental health and mental illness (Frauenholtz et al., 2017).

Some students' mental health needs require medical treatment, and in these cases school nurses can play a vital role in both supporting students' mental health needs and in helping

parents and families to understand and navigate the necessary medical avenues (Stevenson, 2010). Bohnenkamp et al. (2015) argue that the central focus for school nurses is to support students' ability to access their education; given that school nurses have the ability to have close contact with large numbers of students, it is natural for them to be a part of the school's mental health support team, particularly so as a result of their connections and awareness of external community supports. School nurses can further promote mental health and academic achievement through instructional seminars given to targeted groups within the school, screening of students; collaboration with community-based mental health care specialists, teachers, school counselors, and student families is also essential to wrap-around mental health support services for students (Puskar & Bernardo, 2007). Indeed, in a 2016 qualitative study of school nurses' experiences in supporting students with mental health needs, the school nurses noted that they played a crucial role in promoting the importance of students' mental health thus reflecting their unique position both within the school and the overall community in working to ensure positive outcomes for students and their families (Ravenna & Cleaver, 2016).

School psychologists can also play a role in supporting students with mental health needs. However, these professionals are not always utilized in such capacities. Braden et al. (2001) explain that these support staff commonly find themselves working with students who are unable to benefit from their education without additional academic support services. Scholars explain that school psychologists spend over 50% of their time supporting schools with cognitive testing of students to help schools determine the most appropriate academic and/or behavioral supports and interventions needed (Fagan & Wise, 1994; Braden et al., 2001). Additionally, school psychologists often have unfavorable caseloads. The number of students school psychologists are tasked with supporting can be overwhelming and prevents them from being utilized as an

additional resource when supporting students with mental health needs (Fagan & Wise, 1994). A 2014 study of 72 school psychologists reported that their greatest challenge faced in supporting students beyond cognitive testing was their large caseload (Graves et al., 2014).

**Magnet Schools**

According to the Merriam-Webster dictionary, a magnet school is one "with superior facilities and staff and often a specialized curriculum designed to attract pupils from throughout a city or school district" (2021, para. 1). Magnet schools are unique places of learning that, by definition, attract unique students. Dentler (1991) explains that magnet schools are schools that have three unique characteristics. They offer a unique curriculum based on a specific instructional method or theme. They are made up of students who voluntarily choose to attend after meeting pre-established entrance requirements, and their attendance boundaries are beyond a specific feeder area within a school district. Within the United States, the magnet school concept was implemented in the late 1960s in an effort to respond to changes extending from the Civil Rights movement, and over the next several decades, the concept began to grow rapidly. Originally established to attract White students to urban, non-White schools/areas within a school district, these schools hoped to entice student enrollment by offering specialized learning where students benefited from smaller teacher-student ratios and enrichment opportunities such as field trips designed to enhance learning. Teachers also benefited from additional professional development to sharpen their skills as educators (Blank, 1989; Wang et. al, 2018; Siegel-Hawley & Frankenberg, 2011). Today, magnet schools regularly operate with a particular focus or theme. Examples of this include content-specific schools with a STEM (Science, Technology, Engineering, and Mathematics) focus, pedagogically focused schools such as Montessori schools, and career and technical education schools (Ballou, 2009).

**Summary**

After a review of the existing literature, there is a paucity of research describing experiences of magnet high school support staff's experiences in supporting students with mental health needs. The student support staff in these schools are uniquely challenged to serve these unique students, and as such they have unique experiences that other school professionals and support staff can benefit from. Because there is little research available to consider regarding the experiences of school counselors, school social workers, and school nurses in supporting magnet school students' mental health needs, further research is needed to look at the challenges, opportunities, and general experiences faced by magnet school student support staff when working with students in these mental health situations.

# Chapter 3

## Introduction

Meeting student mental health needs is important for supporting learning in United States schools, and scholars point out that students are experiencing increased needs at an alarming rate. According to estimates, at least 20% of American students are experiencing some type of diagnosed mental health disorder (Blackman et al., 2016; Powers et al., 2013; Kaskoun & McCabe, 2022). Indeed, in addition to the diagnosed problems, the research indicates that a significant number of public school students have mental health disorders that have been professionally undiagnosed, and that seventy-five percent of students with a professionally diagnosed mental health disorder may not be receiving professional mental health services (Stagman & Cooper, 2010; Paolini, 2015). Gaps in the literature suggest there is a lack of research regarding the insights and experiences of student support staff and this is even more acute regarding support staff who work in magnet high schools.

The purpose of this study was to explore and understand the lived experiences of student support staff (school counselors, school social workers, and school nurses) who work in small, specialized magnet schools who encounter and work firsthand with students struggling with mental health needs. This study aimed to add to the existing body of literature surrounding student mental health and specifically supporting students with mental health needs in magnet schools. In addition, information from this study may be utilized by school districts and student support staff in small or specialized schools to develop a more comprehensive perspective on support for students with mental health needs. The qualitative methodology used for examining student support staff's experiences with student mental health needs will be explained in the following sections:  statement of the problem, research questions, subjectivity, research study

design, participant selection, procedures/instrumentation, data collection, data analysis, trustworthiness, limitations, summary.

**Statement of the Problem**

Demissie & Brenner (2017) note that as students grow and develop, it is not uncommon for various mental health conditions to arise such as anxiety, mood, and behavior disorders. As these issues with students are observed by school staff, students are commonly referred to someone within the school's student support staff (school counselors, school social workers, and/or school nurses) for assistance. In addition to support from these school staff, external resources such as professional support and/or treatment can also be recommended to the parents of the students with mental health needs.

A common problem with referring students to various external resources, however, remains students' and their families' ability to access them within a school community. Barriers such as a lack of financial resources and difficulties navigating the logistics involved with treatment remain real challenges students and their families must try to navigate (Wolf et al., 2021). Additional hurdles to accessing mental health assistance include cultural factors such as males utilizing mental health services more than females, language barriers, and general uncertainties about opening up to mental health professionals about private matters. Equity issues also exist for those in socially disadvantaged groups, those with low-income status, and/or those in African American and Latino racial groups and these factors can lead towards students from these groups experiencing a lower service utilization (Cabiya et al., 2006; Alegria et al., 2018; Harris & Plucker, 2014). Scholars note that obstacles such as these result in seventy-five percent of students with a mental health diagnosis who are in need of mental health services likely not receiving them (Stagman & Cooper, 2010; Paolini, 2015).

A result of these barriers to support and treatment is that large numbers of students have mental health disorders that are professionally undiagnosed. Additionally and regardless of students receiving mental health supports or not, observed student responses to mental health needs can include developing feelings of hopelessness, feeling overwhelmed, loneliness, extreme sadness, suicidal ideations, inability to function due to states of depression, and various ranges of anxiety. Students can also experience difficulties in their ability to consistently process academic and non-academic information, can have difficulty navigating social situations, and report loss of academic confidence (Vanderlind, 2017; Venville et at., 2016; Lyon et al., 2016; Caldarella et al., 2019). Contributing to these problems, schools and their student support staff struggle with the adequate training needed and the significant amounts of time needed to properly address student mental health needs with evidence-based practices (Lyon et al., 2016; Caldarella et al., 2019). Students have mental health needs, and the realities described above point to the need for a thorough examination of student support staff's interactions with students with mental health needs.

**Research Questions**

The following research questions guided this research study:

1. What are the experiences of school support staff (school counselors, school social workers, and school nurses) who work in small magnet high schools in working with students with mental health needs?
2. What are the perceptions of school support staff (school counselors, school social workers, and school nurses) of student access to and participation in school-based and community-based mental health services?

3. From the perspectives of school support staff (school counselors, school social workers, and school nurses) who work in small magnet high schools, what factors contribute significantly to students' mental health needs?
4. From the perspectives of school support staff (school counselors, school social workers, and school nurses) who work in small magnet high schools, how is academic performance impacted by students' mental health needs?
5. What challenges do school support staff (school counselors, school social workers, and school nurses) have with other school staff when working to support students with mental health needs?

**Subjectivity**

The researcher is a White male, career public educator having spent twelve years as an English teacher in a traditional high school setting and most recently as a school administrator for more than seven years at magnet high schools. During this time, the researcher has had the opportunity to work alongside school counselors, social workers, and school nurses as they support students with mental health needs. In working with and learning from these professionals, the researcher observed that students within these magnet high schools struggle with mental health in ways that school staff and parents/guardians struggle to manage. The researcher's interest in studying this stems from these observations.

As Chenail (2011) explains, for the qualitative researcher whose primary method of data collection is participant interviews, managing bias is a challenge. Bias, as described by Hammersley & Gomm (1997) is a researcher's propensity to gather and share data (information) in a way that is representative of the researcher's professional and/or personal experiences and opinions. Bias likely exists in most study designs. When the researcher acknowledges such

biases in advance, this helps the researcher to address and to more effectively remove possible bias within his or her research (Smith & Noble, 2014). Given that the researcher is familiar with the work of school counselors, school social workers, and school nurses and has worked in conjunction with them when supporting students with mental health needs, the researcher made concerted efforts to avoid allowing this familiarity to impact the design of the study, influence throughout the interview process, and influence during the analysis and interpretation of the data collected from participants' interviews. Additionally and specific to the interviews required for this qualitative study, the researcher, prior to beginning each interview and at numerous times throughout each one, emphasized his role as an empirical researcher as opposed to a peer, co-worker, or supervisor.

**Research Study Design**

After conducting a review of the literature, gaps were identified in the area of research that focuses on the lived experiences of student support staff at specialized magnet schools who work with students who struggle with mental health needs. As a result, a qualitative study was selected by the researcher to investigate and understand how the selected school staff experience and interpret their work with students who struggle with mental health needs. Qualitative research, according to Ravich and Carl (2019), "uses interpretive research methods as a set of tools to understand individuals, groups, and phenomena in contextualized ways that reflect how people make meaning of and interpret their own experiences, themselves, each other, and the social world" (p. 2). This type of research study design will allow for an in-depth understanding of the realities these school personnel face and has the potential to highlight areas for professional growth and district-wide improvement in better supporting these students.

The specific design chosen for this qualitative study is one rooted in Grounded Theory that utilizes a constant comparative analysis. As described in Chapter one, Grounded Theory as developed by Glaser and Strauss (1967), is a research method that is particularly suited to qualitative studies. Within this recursive method, as the researcher collects data, he/she codes the data and systematically analyzes the generated codes. As described by Chun (2019), throughout this period of analysis, numerous stages of coding occur using a constant comparative analysis and memoing as developed by Strauss and Corbin (1990). This constant comparative method involves the researcher coding the collected data while also comparing the generated codes to previous incidents within the same category (Strauss & Corbin, 1990). As this period of data analysis continues, themes will emerge that will help the researcher construct theory relevant to the study.

**Participant Selection**

Patton (2002) explains that there are no predetermined rules when determining the number of participants in a particular study. “Sample size depends on what [the researcher] wants to know, the purpose of the inquiry...what will be useful, what will have credibility, and what can be done with available time and resources” (Patton, 2002, p. 244). Participants were selected using purposeful sampling. Purposeful sampling allowed the researcher to “deliberately select individuals and research settings that can help the researcher obtain the information needed to answer the research questions” (Ravich & Carl, 2019, p. 83).

The participants who were selected for this study work both in the field of student support services as either a school counselor, school social worker, or school nurse, and they work at specialized, small magnet high schools within a large public school district within North Carolina. This form of purposive sampling allowed for these types of unique student support

staff the opportunity to participate in the study. Specifically, nine school staff were invited to participate (four school counselors, three school social workers, and two school nurses) in this study. This particular number of participants represents the total number of student support staff working at each of the selected magnet schools. Specific to the potential school social worker participants and potential school nurse participants, they are itinerant employees within the selected school district meaning that they are required to split their time supporting multiple schools as full-time employees. The potential school social workers support one traditional school and one magnet high school each. The potential school nurses are made up of one school nurse who supports one traditional school and one magnet high school and one school nurse who supports two magnet high schools. Of these nine potential participants, one of them has a working relationship with the researcher while the other eight do not. This potential sample is made up of two males and seven females. All participants were White.

**Table 3**

*Participant Demographics*

| Participant | Years experience | Years experience at magnet high school | Race | Gender |
|---|---|---|---|---|
| Laura | 15 years | 6 years | White | Female |
| Misty | 15 years | 1 year | White | Female |
| Dan | 20 years | 20 years | White | Male |
| Angela | 12 years | 6 years | White | Female |
| Tina | 2 years | 2 years | White | Female |
| Chuck | 7 years | 3 years | White | Male |
| Susan | 1 year | 1 year | White | Female |

Three magnet high schools were selected due to their familiarity to the researcher. The criteria used for inclusion in this sample included the following requirements:

1. Individuals currently working as a school counselor, school social worker, or school nurse for at least one year.
2. Individuals currently working in small specialized magnet high schools.

Pseudonyms were given to each participant and to the names of the schools where they work to protect their anonymity and maintain confidentiality. The specialized magnet schools selected for the study were comprised of schools that meet the following requirements:

1. Operate within the same school system.
2. Have requirements for application including: proficiency in middle school reading and math standardized assessments, overall "C" average on middle school report cards, good standing in attendance in middle school grades 7 and 8, and good standing in conduct in middle school grades 7 and 8.

The researcher completed the IRB process as outlined by the University of North Carolina at Charlotte and obtained permission from the Associate Superintendent of Academic Services, as required by the school district the researcher worked within. After approval from the University of North Carolina at Charlotte's Institutional Review Board (IRB), the researcher reached out to the participants via in-person requests, phone calls, and/or emails to solicit their participation in the study. Requested participants had the right to decline the opportunity to participate and had the ability to end participation in the study at any time. Additionally, the researcher ensured the student support staff that their participation was genuinely voluntary and was in no way connected to their professional obligations and responsibilities. Participants were

invited to provide their preferred day and time outside of school hours for the interview to be conducted.

**Procedures/Instrumentation**

The study began with a recruitment survey/form that introduced the purpose of the study, explained the participant criteria, described the participant time commitment, informed the protection of participants' identities, and collected contact/demographic information from the participants. This survey was in the form of an electronic Google form. Specifically, the Google form included questions about how long the participants have worked in public education, what current position they hold, how long they have worked in their current position, and how long they have worked in their current position at their current school. The recruitment form is located in Appendix A .

The second instrument used in the study was a semi-structured interview. A semi-structured interview is one where the researcher utilizes an interview instrument to organize and guide the interview. Specific questions were asked of all participants; however, the order of the questions varied depending on the conversational path of the interview. In addition, the follow-up questions that occur with each interview varied. Probing questions are described within the interview instrument and were used as needed during the interview (Ravitch & Carl, 2019). These semi-structured interviews took place virtually using the virtual meeting program Zoom. Each participant engaged in one interview approximately 60 minutes in length. The interviews were recorded using the recording feature within the Zoom meeting platform; the interviews were transcribed verbatim. Transcripts of the interviews were analyzed for themes using Glaser and Strauss's (1967) Grounded Theory approach. This iterative and recursive process included the simultaneous generation, collection, and analysis of the data (Chun et al.,

2019). Numerous stages of coding occurred using constant comparative analysis and memoing, as developed by Strauss and Corbin (1990). The interview protocol is included in Appendix B .

The second instrument described above is aligned specifically with the purposefully selected participants as the instrument was developed with their unique experiences, their unique settings (small magnet high schools), and their unique students' needs in-mind. Participants' answers to the questions on this instrument informed each of the five previously described research questions. To increase credibility of this instrument, a pilot study using the interview protocol was conducted in the Spring of 2021 with participants who met the same criteria as the participants for this study. As a result of this pilot study, the researcher was able to clarify and adjust interview questions so that the information obtained from the interviews would directly aid the researcher in answering the research questions.

**Data Collection**

Once permission processes were completed and approved, the researcher distributed the recruitment survey/form described above to all student support staff as outlined in this study within the three magnet schools within the selected school system. The form was distributed to the participants via email, and a deadline for completion of two weeks was established. If participants did not respond to the email within one week, two follow-up emails were sent at the beginning of the second and third weeks from the initial email. Only two follow-up emails were sent. This form enabled the participants to provide their preferred contact information and preferred time of day/week to conduct the interview.

Once the participants provided consent to participate in the study, the researcher requested to interview the participants individually and virtually after school hours or when convenient for the participants. As previously noted, for virtual interviews, the researcher

utilized the Zoom virtual meeting platform and the Zoom account connected to the researcher's university student account in order to take advantage of the Cloud recording feature that enabled the researcher to create free audio transcriptions of each recorded interview. As a back-up to the Zoom meeting recordings to ensure the meeting was recorded, the researcher recorded each interview using a smartphone's voice recording app. After generation of the transcripts, the researcher listened to the recordings while reading the transcripts to ensure accurate transcription and formatting. Upon completion of this step, the researcher offered to share the transcript of the interview with each participant in an effort to ensure that his/her words and meanings were properly captured. Once accurate transcription was verified, the researcher deleted all audio recordings and kept the transcripts. Any identifying information that was collected during the course of the interview was erased from the transcripts, and as noted above, each participant was assigned a pseudonym. The researcher used the same steps to record the interviews and to transcribe the data from each interview to maintain consistency of product.

**Trustworthiness**

Lincoln & Guba (1985) describe a process whereby the researcher can ensure quality and confidence in the study. They outline areas that the researcher must address: credibility, dependability, confirmability, transferability, and authenticity. In this study, the researcher worked to conduct a credible study by being immersed in the data for a prolonged period of time. Additionally, the researcher utilized member checking as outlined in Lincoln & Guba (1985) where the interview transcripts were returned to the respective participants to ensure the accuracy of each transcript. After allowing each participant to review the transcript, if needed, the researcher conducted a more brief, second interview to allow the participant an opportunity to clarify his/her words and/or the meaning behind them.

In an effort to achieve dependability, the researcher conducted multiple readings of each interview's transcript and constant comparison of the data helped the researcher achieve credibility. Such efforts further ensured the accurate reflection of the participants' statements and meanings in the emergent codes and themes. Confirmability was achieved as the researcher's dissertation methodologist had access to the raw data in the form of the interview coding spreadsheet as he assisted with the study's results. The transferability of this study was evidenced by the rich description of the study participants and setting of the study as described in earlier sections of this chapter. Finally, the authenticity of the study was achieved through the inclusion of raw quotes from the participants (described in Chapter 4) and snippets of the interviews to support the identified themes.

**Data Analysis**

The constant comparative method, developed by Strauss & Corbin (1990) was used to analyze the data collected from each participant's interview. At the completion of each interview, the researcher, as recommended by Creswell (2004), initially read through each of the fully transcribed interviews in their entirety to develop an initial understanding. A second reading of the transcriptions was conducted and included memoing in the margins of each as commonalities were found. The notes from the memoing process aided the researcher in the analysis, interpretation, and coding of the data. The researcher then conducted a third reading of the transcriptions whereby each of the transcriptions were divided into sections of information pertaining to the themes that begin to emerge from the text. These sections were later labeled with codes that aided with the theme identification process. Sample codes created in this process were:  barriers to treatment, school-based factors and students' mental health, and academic performance and mental health.

The researcher utilized a Google Sheet spreadsheet to assist with the organization of data sections and codes. Direct quotes were entered into the spreadsheet that corresponded with each emergent code. This data was color coded to aid the researcher in the identification of information. When sections of the transcriptions presented similar codes, the researcher reduced the redundancy of them. At the conclusion of multiple readings and coding each of the transcribed sections, the researcher analyzed and collapsed the codes into the themes that emerged from the data.

**Limitations**

One limitation of this study was the reality that the participants are all White. This fact is merely a reflection of the staff who work in these student support staff positions within the respective schools; however, it must be noted. Related to this, the demographics of the overall staff populations from the magnet schools featured in this study are shared in Table 4 below.

**Table 4**

*Magnet School Staff Demographics*

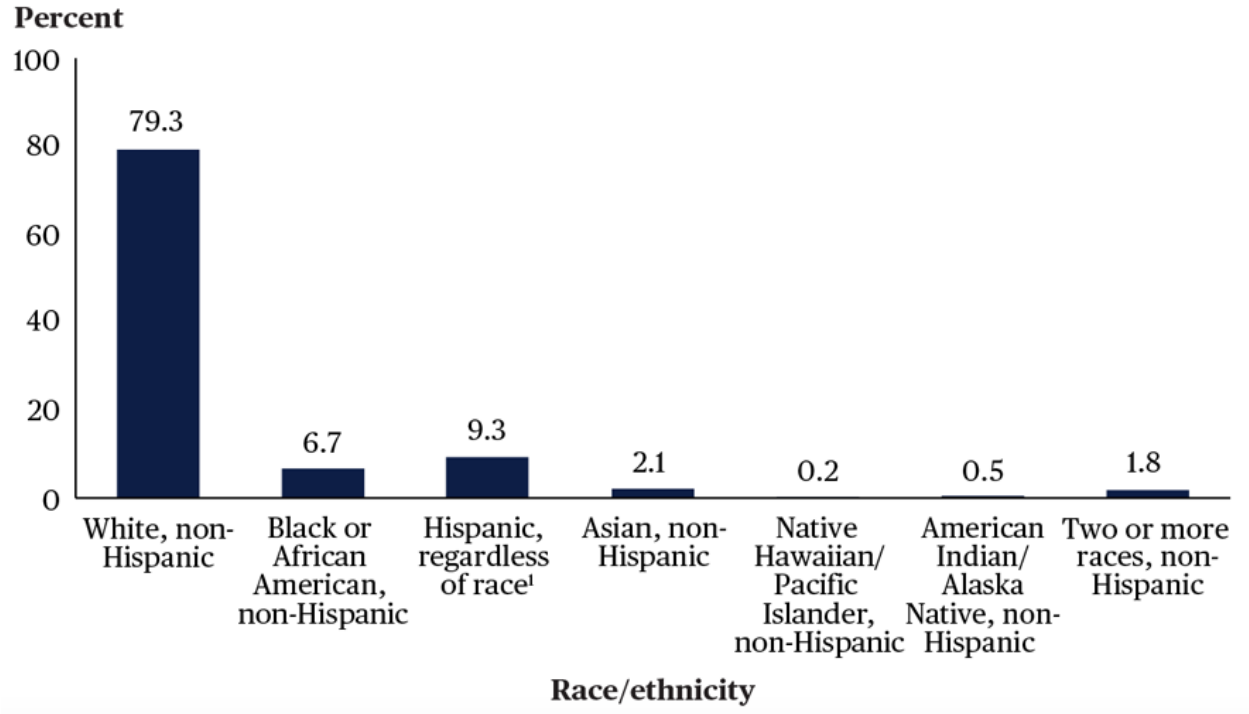
| | Male | Female | Caucasian | African American | Latinx |
|---|---|---|---|---|---|
| North Mountain Early College HS | 2 | 15 | 17 | 0 | 0 |
| South Mountain Early College HS | 2 | 11 | 11 | 0 | 2 |
| North Ridge HS | 19 | 48 | 53 | 12 | 2 |

number = staff

The majority of White staff members employed in these public schools is reflective of national data from 2017-18 that lists percentages of White, Black, and Hispanic educators at 79.3%, 6.7%, and 9.3% respectively (National Center for Education Statistics, 2020).

**Figure 5**

*Percentage Distribution of Teachers by Race/Ethnicity: 2017–2018*




*(National Center for Education Statistics, 2020).*

All three participants' schools have a much more diverse population of students than their staff members as reflected in Table 5.

***Table 5***

*Magnet School Student Demographics*

| | Student Population | Male | Female | Caucasian | African American | Latinx | Asian |
|---|---|---|---|---|---|---|---|
| North Mountain Early College HS | 229 | 77 | 152 | 133 | 32 | 47 | 7 |
| South Mountain Early College HS | 112 | 20 | 92 | 49 | 26 | 20 | 9 |
| North Ridge HS | 512 | 222 | 290 | 322 | 70 | 71 | 30 |

number = students

Due to the small sample size of this qualitative study, the research is limited to what was obtained from the interviews of the participants. Also related to the small sample size of this study is the reality that the results from this study can not be statistically generalizable to other populations. However, naturalistic generalizability, as described by Smith (2018) and Stake (1978 & 1995), should be considered. Naturalistic generalizability occurs when the reader recognizes similarities and/or differences to the results (of the study) with which the reader (of the study) is familiar. Thus, naturalistic generalizability happens when the research connects with the reader's personal experiences.

Specifically, this study sought to explore the lived experiences of student support staff who work in small, magnet high schools. Regardless of these stated limitations, studying and understanding the lived experiences of these vital student support staff is still important. Indeed, as Polkinghorne (1983) and Neubauer et al. (2019) argue, the research of others' lived experiences can be described as rich, cultivated, and accurate. This research should be seen as a valuable tool and research design and may inform additional small high schools (both public and

private) as well as small, magnet schools as the student relationships with staff members will typically be stronger.

**Summary**

This chapter discussed the methodology that was used in this qualitative study of student support staff in small magnet high schools who work with students with mental health needs. Specifics related to the overall topic for this study and the problem it addressed were explained. Additionally, details surrounding research questions and the selected design of the study were given. The methods that drove participant selection as well as the procedures/instrumentation used were also discussed. Finally, a description of how the data was collected was provided should future researchers choose to replicate this study. This research study was conducted to better understand the lived experiences of student support staff who work in small magnet high schools as they support students with mental health needs.

# Chapter 4

## Introduction

As discussed in previous chapters, the purpose of this qualitative study was to explore and understand the lived experiences of student support staff (school counselors, school social workers, and school nurses) who work firsthand with students struggling with mental health needs in small, specialized magnet schools. Research specific to these student support staff's experiences is limited. This study provides an in-depth analysis of this phenomenon that hopes to further expand the understanding of these experiences.

This chapter will explore the data collected from this study by examining the codes generated during the analysis of interview transcripts, the themes that emerged as a result of the coding process, and the connections between the emergent themes and study's research questions:

1. What are the experiences of school support staff (school counselors, school social workers, and school nurses) who work in small magnet high schools in working with students with mental health needs?
2. What are the perceptions of school support staff (school counselors, school social workers, and school nurses) of student access to and participation in school-based and community-based mental health services?
3. From the perspectives of school support staff (school counselors, school social workers, and school nurses) who work in small magnet high schools, what factors contribute significantly to students' mental health needs?

4. From the perspectives of school support staff (school counselors, school social workers, and school nurses) who work in small magnet high schools, how is academic performance impacted by students' mental health needs?
5. What challenges do school support staff (school counselors, school social workers, and school nurses) have with other school staff when working to support students with mental health needs?

**Participants**

The student support staff of three small magnet high schools within a large school district of North Carolina were selected for this study. These student support staff included school counselors, school social workers, and school nurses. Consent to participate surveys were emailed to all support staff employed at each magnet high school, and from that, seven support staff agreed to participate in the study. Of these seven participants, two were males and five were females. All participants in the study were White. Related to this, data from a 2020 study by the American School Counselor Association (2021) showed that the school counseling profession is made up of a workforce that is 77% White, 10% Black, 5% Latinx, 3% two or more races, and 1% Asian. The U.S. Census Bureau and American Community Survey reported that school social workers are 58% White, 22% Black, 3% Asian, and 3% unknown (Data USA, 2020). Reliable data could not be found on the racial makeup of school nurses. All participants were interviewed virtually via the virtual meeting platform, Zoom. Each interview lasted approximately one hour. As described in Chapter 3, each participant was given a pseudonym. Pseudonyms were also used to describe the name of the participant's school.

## Data Analysis

### *Data Coding*

Each virtual interview was conducted via the researcher's university-provided Zoom account. In order to utilize the Zoom audio transcription feature, Zoom's Cloud recording was employed to record each interview. Upon the completion of each interview, Zoom created an audio transcription that was used as a first step to transcribe each interview. After each initial transcription was created via Zoom, the researcher listened to each Zoom-created audio recording to create fully accurate transcripts. To further ensure accuracy of each transcript, member checking as described in Lincoln & Guba (1985) was utilized. With member checking, the interview transcript was returned to each respective participant to allow him/her to review it for accuracy. Following this, each participant was given an opportunity to participate in a second interview in order to clarify his/her words and/or the meaning behind them. After receiving and reviewing the interview's transcript, no participant elected to participate in a second, clarifying interview. Each participant, instead, confirmed the accuracy of their respective transcript.

Part of the analysis process, as recommended by Creswell (2004), involved reading through each completed transcript in its entirety to develop an initial understanding. As the transcripts were read a second time, the researcher recorded important observations and commonalities in the margins. This process aided in the overall analysis and the development of codes. During a third reading of each transcript, a Google Sheets spreadsheet was used and in utilizing Strauss & Corbin's (1990) constant comparative method, each transcript was divided into smaller sections of information that eventually led to the development of codes. This spreadsheet enabled the researcher to better organize and keep track of the significant statements and codes. 659 significant statements were identified from the combined interviews that then led

to the development of codes. Some of the developed codes included: struggling, anxiety, depressed, self-harm/suicide ideation, relationship issues, multiple students per day, daily, multiple times per week, suicide assessment, help them to problem-solve, student does not follow through with treatment, lack of providers, lack of insurance, school-based therapy, self-imposed stress due to high academic goals, socioeconomic factors, grades significantly drop and/or fail classes, disconnect with community-based agency.

Following the development of codes, axial codes were created. Axial coding in a grounded theory study can be broadly described as the establishment of relationships among the data (codes) (Ravitch & Carl, 2019). Specifically, the axial coding stage of analysis allowed the researcher to analyze the initially created codes and look for connections among them that would demonstrate connections among the codes. These connections were then described in multiple axial codes in full sentence form. Examples of these axial codes include: *Students with mental health needs are characterized by struggles with depression, anxiety, difficulties that arise from peer-to-peer relationships, and at times, thoughts of self-harm and/or suicidal thoughts* and *School-based factors at these magnet schools that contribute to students' mental health needs include: self-imposed stress/anxiety due to students' personal academic goals (most often), struggles related to heavy academic loads, and peer-to-peer relationship issues*. Ultimately, sixteen axial codes were developed.

***Emergent Themes***

As the axial codes were analyzed, similarities and relationships began to emerge. These similarities and relationships among the data led to the development of four main themes:

- *Theme 1 - Magnet school student support staff are not professional therapists.*
- *Theme 2 - Magnet school student support staff struggle to perform their duties/roles.*

- *Theme 3 - Academic rigors and expectations in magnet high schools contribute to students' mental health needs.*
- *Theme 4 - Barriers to students abound and some are unique to the magnet school experience.*

The first theme, *magnet school student support staff are not professional therapists* addresses the reality that these student support staff are not trained to be and do not attempt to be the type of professional mental health support therapists that their students need. Six of the seven student support staff participants shared that when they encounter students with mental health needs, referrals to professional support agencies are common and are the recommended regular support option. However, there are times when those options are not utilized by the student and his/her family, and the student support staff are left to support the student as best they can.

The second theme, *magnet school student support staff struggle to perform their normal duties/roles* highlights the fact that supporting student mental health needs within these schools can, at times, feel overwhelming as perceived by these support staff. Individual student mental health needs and/or collective student mental health needs are often very time-sensitive, occur frequently, and take quite a lot of time to work through. As a result, the student support staff's regular job responsibilities are delayed and/or unable to be performed. Six of the seven participants' responses contributed to the development of this theme.

The third theme, *academic rigors and expectations in magnet high schools contribute to students' mental health needs*, emerged as data analysis revealed that all seven participants described a troubling reality among these magnet schools. There are academic standards that students must meet to initially be accepted into the magnet schools and once accepted, there are additional academic standards that must be maintained in order to remain in good academic

standing and thus, at the schools. Because of the unique academic standards and expectations at these magnet schools, students routinely take heavy academic course loads replete with Advanced Placement (AP) classes and/or Career and College Promise (CCP) college classes. The combination of these factors was perceived to contribute to students' mental health needs.

The fourth theme, *barriers to support abound and some are unique to the magnet school experience* reveals a significant experience of these magnet school student support staff. In working to support the students experiencing mental health needs, all seven participants expressed a myriad of barriers that hinder their efforts to support their students. These barriers impact students accessing both school-based and community-based mental health support services.

**Table 6**

*Emergence of Themes*

| Themes | Number of Contributing Participant Experiences |
|---|---|
| Theme 1 - Magnet school student support staff are not professional therapists. | 6 |
| Theme 2 - Magnet school student support staff struggle to perform their duties/roles. | 6 |
| Theme 3 - Academic rigors and expectations in magnet high schools contribute to students' mental health needs. | 7 |
| Theme 4 - Barriers to students abound and some are unique to the magnet school experience. | 7 |

Each of these themes will be discussed individually in the following sections. The findings of this study from which the above themes emerged will be explained using the data collected from the participant interviews. Direct quotations from these interviews will be utilized to demonstrate the participants' experiences in supporting students with mental health needs.

## *Themes*

### *Theme 1 - Magnet school student support staff are not professional therapists.*

Throughout the interviews, participants made it clear that they are trained in their respective area of expertise (school counseling, school social work, or school nursing), but they are not trained as professional mental health support therapists. Dan, a school counselor stated, "You know, I'm not a therapist. I'm not someone that's trained to meet with you [the student] on a daily basis or you know a weekly basis on working through some of these mental health things." Dan elaborated more on this topic as he shared:

> I feel prepared to help students in that initial crisis moment, but I don't have the training to do the kind of professional therapy with a student that he or she may need. So in those crisis moments, in those crisis situations - when a student comes to me and is upset or dealing with something, I feel prepared to be able to handle that situation and work with that student in those moments. But I'm not trained to do therapy with a student, so my goal is to help them in that moment, to help them be successful here at school. If there's things that are going on here that I can help them with or something that they're dealing with on a daily basis, you know, that I can kind of assist with then I feel trained to do that, but if a student is struggling with mental illness, I don't feel trained to meet with them on a constant basis to help them process and go through what they need.

Another school counselor, Laura, shared that she previously worked outside of the school setting in supporting mental health needs of others; however, she went on to explain, "I feel like, especially now with trauma and everything my students experience, that there's still something that I feel like no counselor training program would have prepared us for." Susan, the sole school nurse participant, supported two of the magnet schools in this study. She shared that her training

was specific to nursing and school nursing applications and that not only was she not a professional mental health therapist, but she did not feel trained in supporting students' mental health needs at all:

> I did not feel like I was prepared to help in addressing mental health issues in schools at all, just because me being a school nurse, we did not go through any kind of district suicide training and what to do if we have a student that comes to us with that issue.

Angela, a school counselor, explained that she makes a concerted effort to not be mistaken as someone who can treat the students' mental health needs:

> As a school counselor, we do brief problem, you know, solution-based problem solving. We just try to find brief solutions to whatever it is they're experiencing, and we really try to encourage the student and the parent to seek services outside of school if they are experiencing longer episodes of depression and anxiety because let's face it, we're not therapists.

The school social worker participants shared similar beliefs about their roles within the schools versus them being relied on as a professional therapist trained for supporting students' mental health needs. Chuck explained that he meets with students in his caseload regularly to build a rapport with them and help them stay motivated; however, he went on to note, "I also recognize that if I can't assist someone because of their mental health needs, I know how to go ahead and have that child be seen by somebody else professionally." Tina, the other school social worker participant, echoed the differences between supporting students at the school level and the students receiving professional therapy as she reflected on her own experiences and those of other student support staff as they work with students with mental health needs:

> The school counselor, the social worker, and then maybe the school nurse - they might

> refer to school-based therapy, but before then they might just provide counseling in their own office just not so much as a formal therapy but just a time for that student to express themselves, you know, as opposed to full-on mental health services.

Angela echoed this idea of working with the student, understanding his/her struggle and need, and seeking professional mental health support services accordingly. She explained:

> I just try to meet the student where they are and try to help them seek solutions to their own problems, and help them identify the resources they have, and if they're missing resources, then I reach out to the parent to help the parent locate those professional resources for them.

She went on to share that, like some of the other participants, she previously worked in a professional support agency, so she felt keenly aware of the differences between what she is able to offer her students as a school counselor versus what a professional mental health support agency is able to offer their patients:

> I am not the professional support expert they need. I don't want to rob the student of the opportunity to find that kind of help that's more on-going and long-term and lifelong. Because you can always find a professional counselor once you've graduated, once you're no longer in a school building. I think that's an important skill to have.

Chuck explained, "I give them all the support options, and I let them choose. For me I don't care what services they get as long as they get some type of service that's going to best suit them."

The student support staff who work in these magnet high schools are not professional mental health support therapists. Six out of this study's seven participants' responses reveal that they do not want to be confused as such. Instead, they work diligently to share professional

mental health support options with students and their families in hopes that those resources will best serve the students' needs.

### *Theme 2 - Magnet school student support staff struggle to perform their duties/roles.*

During a school day, school counselors, according to the North Carolina Department of Public Instruction, provide classroom and school-wide guidance, educate students about career and academic planning, engage students in short-term counseling focused on personal skills and mental wellness, and work to connect students, teachers, parents, and school staff for the success of their students (2022b). School social workers work to support students in a variety of ways including: both group and individual counseling, prevention of and intervention in student crisis situations, support of student families, and student advocacy (North Carolina Department of Public Instruction, 2022a). The North Carolina Department of Public Instruction also outlines the work of school nurses as supporting the healthcare needs of students, providing emergency and injury care to students, guiding students and schools through the specifics related to the control of communicable diseases, and ensuring that health-related accommodations are created and provided to students (2022c). Analysis of the participant interviews revealed that these magnet school student support staff can struggle to perform the other responsibilities of their respective jobs due to supporting the frequent mental health needs of students and due to being tasked with responsibilities and roles outside of their roles within the school.

#### *Frequent Mental Health Support Needs Among Students*

When discussing the frequency with which students experience mental health needs in their magnet high schools, Dan explained that he supports these students in his caseload "almost on a daily basis." Laura shared that she experienced students needing minor mental health supports daily and that she experienced students with more serious mental health support needs

"maybe two to three times a week." Related to the more serious mental health support needs, she explained that these support needs at her magnet school take up a lot of her time:

> 'Level three things' (MTSS Tiers) tend to take up a lot of my time…spending you know time doing that, and I feel like the social worker and the nurse, too, they also spend a lot of time with the regular crisis situations as well, or they are fielding things because I am in a crisis.

Misty explained that she encounters such students "every week and sometimes multiple times a week." Angela was very specific when describing not only the frequency of mental health supports she provides but also the type of struggle and/or support she offers:

> We have students at our school who experience anxiety on a daily basis . . . non-suicidal/self injury is also something that we deal with fairly regularly. I encounter a student with mental health needs every day. Some days I can have three suicide interventions in a day.

Specific to the school counselors at each magnet high school, they each noted the amount of time involved with suicide interventions that are utilized as a type of mental health support because students in these types of scenarios are often experiencing a serious moment of crisis that requires intense focus, in-depth questioning, parent/guardian contacts, referrals to and explanations of professional mental health support services, and wait time for the parent/guardian to come pick the student up from school.

Tina, a school social worker whose support time at her magnet high school is limited to two half-days each week due to her school district's staff allotment of school social workers, shared that during her time with her magnet school students she experiences students with mental health needs "every day and sometimes multiple times a day. I feel like every time I'm

on-campus, it can be several times a day just about every day." Susan recalled similar experiences as a school nurse. "I don't think there was a single day that there wasn't somebody with some kind of mental health need whether that was anxiety-related or depression-related," she said.

*Overwhelmed With Responsibilities*

The school counselor participants shared similar experiences related to their job-specific duties versus other professional duties they are tasked with. As the only non-itinerant participants in this study, the counselor participants were also the only ones to share that these other professional duties can overwhelm them. Angela recalled that the numerous demands on her time prevent her from executing her duties as a school counselor:

> As a school counselor we are pulled in so many different directions to do things that aren't necessarily counseling duties from test coordination to master scheduling to 504 coordination. [We're doing] A lot of things that take up our time and take away time that we could be spending with students to help them with their mental health needs.

Dan shared a similar experience. "We do so many things as counselors throughout the day and running here and there that it's hard to keep track of how often I support students with mental health needs," he said. He continued to discuss the demands on his time as he mentioned:

> There's more and more of a demand for our time as counselors, and there are a lot of times where we were not in our office, or that we were in a meeting, or that we were busy in some other way that kept us from supporting students.

Later in the interview, Dan returned to this idea:

> We (counselors) feel like we're pulled in about 100 different directions, and we don't really get as much direct interaction with students as we would like to have because we're

> pulled into doing more administrative things, or testing, or things like that. One thing that I want to do is to try to make impacts with students and try to kind of interact with students as much as I can, but that can be a challenge sometimes just with all the other things that we're asked to do and have going on.

Laura discussed the responsibilities she has been tasked with by those in administrative positions as a challenge:

> It's just they (school and district administrators) don't know where else to put the stuff; somebody's got to do it. I'm the only counselor at my school, so I'm doing everything. I'm in charge of everything from scholarships to mental health, suicide assessments, classroom guidance, academic support pieces, and Johnny's mom's calling because she wants him to go to Duke and he's got a 1.2 GPA…it's the whole gamut. And then, when you put other stuff on top of it - stuff that really could be done by anybody, but administrators are not really sure who else to give it to and they go, 'Ok, the counselor can do that.' Like Governor's School - anybody could do that. Somebody that's competent and detail-oriented can do that. That responsibility doesn't need a school counselor to do that. Enrolling students and making sure they have all the paperwork that they're supposed to have is also super time-consuming. Having to do some of these jobs that somebody else could do, or finding ways to work smarter and not harder I think is a factor or a challenge that prevents me from truly supporting my students the way I want to.

Participant responses indicate that not only are mental health needs of students something they encounter in their roles as student support staff, these mental health needs occur frequently. The data from six of the seven participants points to these support staff being, at times,

overwhelmed with supporting students' mental health needs. This participant perception along with the other duties assigned to them within their school that are not necessarily the sole responsibility of a student support staff employee combines to tax their workload and inhibits their ability to support students as they would like.

### *Theme 3 - Academic rigors and expectations in magnet high schools contribute to students' mental health needs.*

The magnet high schools in this study all require students to meet certain academic standards in order to gain acceptance into them, to remain a student who is in good standing, and therefore be able to maintain one's place as a student in the magnet school. These same magnet schools are each places of strong academic rigor and strong academic expectations. Throughout the participant interviews, participants shared that in their role as a student support staff member, they routinely encountered students experiencing mental health needs as a result of the high academic standards, expectations, and realities within their schools.

#### *Pressures Within the Magnet School*

Dan reflected on the students' personal standards and shared that "academics, and wanting to get As, and wanting to be successful in their academic classes causes probably the greatest amount of stress and really contributes to mental health problems in my school." Later he added, "a lot of our students put a lot of pressure on themselves to be successful here." Tina noted:

> My students have to meet a certain criteria to earn their spot at the school. Sometimes they hit an academic roadblock that perhaps in the past at a previous school they were not used to hitting, and that kind of throws them for a loop, and sometimes triggers their mental health issues.

She continued to share experiences about how students within her magnet school would seemingly be fine during class until “something comes up about an assignment or a grade, and that student’s worried about whatever that the assignment or grade is, then they go into a panic attack - so that can cause anxiety, the academic pressure of their academic performance.” Angela agreed with this idea. She explained that:

> There is high academic rigor at my school. That, coupled with the students’ self-imposed notion of ‘I have to make all A's - I can't make an 89. I have never made less than an A.’ That is the majority of our students, and so when they make an 89 they're crushed, and the mental health needs arise.

Laura agreed with the concept of self-imposed stress due to academic expectations. “There is academic pressure that is self-imposed, and they struggle with how to organize and manage things. I think that can be very stressful and leads to anxiety and being overwhelmed,” she said.

Chuck explained that “the pressure the students are under leads to student mental health issues. It’s all about the standards, the attendance standards, the academic standards, and the behavioral standards. To stay here, the students have to meet the standards.” Dan expressed a similar belief. “I also think that there's this expectation, both from themselves and others, that because they attend this school they have to achieve here and to be successful here,” he said. Chuck returned to the idea of academic pressures within the magnet school setting when he discussed the students’ grades. “If they drop down to a B or something it’s like an ‘end of the world’ type thing, and I'm like ‘Oh my gosh, it's a B. It's okay just relax,’ but they can't handle that pressure sometimes,” he said. Laura added that the general toll of attending a magnet high school where academic standards and expectations are high can have an effect on students’

mental health. “I think with school, especially at our school, there can be a level of stress that I think sometimes the kids put on themselves that adds to their mental health,” she said.

*Pressures Outside the Magnet School*

During the interviews, participants discussed various external factors that contribute to the students’ mental health needs as well. Chuck shared that family members sometimes have their own academic expectations for their children who attend a particular magnet school. “There is family pressure, and those parents say, “Oh, you're at North Ridge, so you've got to perform,” he said. He elaborated more later in the interview by stating:

> I hate to say it, but the parents add to these kids’ problems when they say, ‘Oh, my child goes to North Ridge, and they’re such and such…’ So now the kid’s got to live up to these expectations, and it’s like ‘this is not my choice of being here it's my parents’ choice.’ It’s sad to say, but a lot of the pressure is the parents’ standards and expectations.

Laura echoed these sentiments. She explained:

> Parent expectations are sometimes inappropriate. Our parents can have a lack of understanding of what their student is going through academically. A lot of our students are first-generation college students, and the pressure they feel from their parents takes a toll.

Dan shared a similar perspective. He noted:

> There's this external expectation because they’re at North Ridge and because they're at my school that there's this expectation to - they got into this special magnet school because they met the criteria to get in, so there's this expectation to achieve and to be successful. The pressure comes from parents, grandparents, or other family members who want them to succeed or think that they're going to do well here. That external pressure to

> be successful, which then kind of turns into that internal pressures where they students say ‘Well I've got to be…I've got to do this, I've got to do that, to be successful…’ which then in turn causes stress and anxiety and leads to the students becoming overwhelmed with school.

*Heavy Academic Course Loads*

Heavy academic course loads were also seen as a factor that contributed to students’ mental health needs. Misty explained that “our students are taking three or four or possibly 5 high school classes and then adding on top of that multiple CCP classes. I definitely saw some anxiety related to that.” She went on to share “the course load and the difficulty of the courses definitely has led to some students experiencing mental health issues.” Angela echoed this experience as she explained:

> We can’t ignore the fact that my school is a very rigorous school and teachers pile on the work, and students stay up till two and three in the night to do their assignments. That workload coupled with the students’ lack of sleep is a contributing factor.

In addition to this, Angela described the existence of a culture of academic competition within her magnet school. She shared that students are competing against each other and frequently try to “one-up each other and play the GPA game” in an effort to earn a variety of academic awards and distinctions including: Junior Marshal distinction (top ten percent of the Junior class), Valedictorian/Salutatorian honors, and various college scholarships. This competitive culture she described “has created a monster within our school,” she explained.

> There is an expectation at my school that classes be rigorous; that our students not only achieve academically but also achieve across various extracurriculars. This expectation on top of the ‘one-up game’ or the ‘GPA game’ our students play wears the students out

and can exacerbate student mental health issues.

Laura pointed out that at her school, there is pressure for the students to, academically, stay on-track and pass their classes. Like Misty, Laura's students regularly are enrolled in multiple honors-level high school and college classes simultaneously. "At my school, we stress very much for them to be successful with their courses. We know they're carrying a heavy workload, but it's important they don't fail classes so they can get through the program," she said. When considering the best time in the school day to work with and support her students, Laura explained:

> There is not an easy course to pull them from. They are in full-on academic courses all day, every day - even our elective classes are like, they're no joke - and so to find a place to pull them from to work with them is difficult.

Dan shared that, from his perspective, the top school-based factor that contributed to students' mental health needs is his students being stressed and overwhelmed because of their academic course loads. "The number one issue at my school would be students being stressed or overwhelmed because of academics. We are a very high-achieving school, and our students are very focused on their academics," he said. He went on to explain that he has also observed a sort of academic competition among his students where they push themselves academically to have better grades and thereby a better GPA than their peers. He shared that, "this lends itself to students putting extra stress that's not necessary on themselves. In general, academics, them wanting to get all As, and them wanting to be highly successful in their classes causes the greatest amount of stress." In the push for excellence, he noted that his students try to "to take the most challenging courses and you know, take multiple AP classes and those kinds of things, and I think sometimes that they overwhelm themselves." He summed up his thoughts on this

with this statement, “the biggest/greatest factor at a high-achieving school on students’ mental health is just students becoming stressed with the amount of school work and trying to be that high-achieving student in those difficult classes.”

Overwhelming stress experienced by the students was also common among the participants’ responses. Susan explained that her students’ mental health is impacted as they balance their tough courses and trying to plan the next phases of their lives.

> They aren't sure what they want to do, what path they want to take. All the pressures of, especially in my school and with the seniors especially because they're coming up on that season of life where they have to make all these big decisions. These academic-related, future-related thoughts overwhelm them with stress and can trigger their mental health issues.

Laura agreed. She shared that her students “don’t know how to organize and manage things, and that can be very stressful which can lead to anxiety and feeling overwhelmed and things of that nature.” Tina had a similar perspective. She explained, “my students are stressed because of the pressure. There’s lots of different ‘pots of pressure’ that they’re in at one time.” Dan shared that his students regularly seek to build their student resume within his school, and in doing so they involve themselves with and in many responsibilities that can significantly add stress to their lives:

> Our students are also usually really involved in extracurricular activities as well. We see students who just feel overwhelmed with everything that they've got going on because they are involved in multiple clubs, they've taken multiple AP classes, they’re maybe playing a sport too, so trying to find time to balance all those things is tough… And then, they’re not really getting the sleep that they need when they're going to be staying

up all night to do their schoolwork and then they get stuck in a cycle of trying to survive throughout the day really adds to their stress which compounds their mental health issues.

*Academic Performance & Students' Mental Health*

As previously explained, each of the magnet schools within this study have academic requirements that students must meet to be considered for acceptance. Each school also has minimum academic standards that the accepted students must meet to remain in good academic standing. Related to this, the participants described various pressures the students feel that trigger mental health needs. They also described the various academic realities their students experienced while struggling with a mental health need. Susan described academic problems her students have while experiencing mental health issues. "Their mental health issues really just make it more difficult for them to concentrate in the classroom - especially students with anxiety, they just can't concentrate; they just want to leave," she said. She added that the students she supports who struggle with anxiety also do not want to, in general, attend school because of it. "It affects their attendance, too. And when you don't come to school, that can affect your grades and your academic performance," she said.

Angela experienced similar attendance concerns with her students as they encountered mental health needs. She noted that these attendance issues were also connected to the students' desire for high academic success. "I see attendance issues when students have anxiety about their academic performance," she said. She elaborated, "Take a student who's not chronically absent, but instead rarely absent, they're out on a test day because they're anxious, they're not prepared, and they want that 90 or above." Specific to student attendance concerns she explained, "I could see a student struggling with mental health spiral and make matters worse by missing school to

finish up their assignments. Then it becomes a vicious cycle of battling the mental health issue and trying to fix their grade." Tina observed similar attendance problems at her magnet school when students struggle with mental health issues:

> These students come to school wanting academic success, but then they begin to struggle. I have students who are on the verge of dropping out because it just seems like it's a constant struggle academically for them. We've seen where students fail their classes. We've seen where they don't come to school, and they have very poor attendance.

Dan added that he has experienced similar attendance issues that are connected with students' academic goals and realities:

> They want to do well, and they want to still do their schoolwork, but because they're experiencing the depression or other mental health issue that they are in, they just can't get it done. Sometimes we also start to see attendance problems related to this. They stop coming to school. They stop doing their schoolwork, so the grades start to tend to drop. That then becomes kind of a rolling ball for them, because now they've gotten behind and they can't really get caught up.

Students' academic performance, their attendance, and their mental health realities are, according to the participants, very much connected. Misty explained that "when the students' mental health needs were higher - their academic performance went down." She also noted that the inverse of this was also true. "When they felt stable or they were at a good point with their mental health, then their academic performance skyrocketed, so I would say, those two things are definitely related." Dan shared a similar experience with his students. "When we see students who are struggling and struggling with their mental health then, usually those are students who are struggling academically as well," he said. Laura recalled a story about a particular student

who was experiencing considerable struggles with mental health and how her academic performance was heavily impacted:

> We had a student who was doing so well in all her classes that began to struggle with her mental health. She did not do work. She stayed out of school. She failed her classes, and for that school year we really just worked on supporting her mental health issues. We convinced her to come back to school. We supported her family in understanding what her issues and needs were. We helped her get professional help, and after a while she began coming to school on a regular basis again. Her grades improved, and she returned to being a rock star student.

Laura went on to add, "I think that you can't be academically successful fully without the students' mental health needs being addressed." Tina recalled that the students within her magnet school are initially focused on getting through the specific educational program, but their mental health issues hinder that:

> They tell us when they enrolled in our program back in the ninth grade that they had dreams of getting their two-year degree through our program, but they encountered a mental health issue, they get totally off track with that, and they end up not getting their two-year degree at the end of the program.

All seven participants perceived the academic rigors and expectations within their magnet high school as factors that contributed to their students' mental health needs. Interview data revealed that the academic standards to gain admittance and to remain in academic good standing combined with the unique academic cultures of their schools that feature both internal and external stressors on their students created an atmosphere that is unhealthy to students' mental health.

### *Theme 4 - Barriers to students abound and some are unique to the magnet school experience*

It is not uncommon for those experiencing mental health needs to also experience barriers when seeking to utilize existing supports and/or treatments. This phenomenon exists both within and outside of the school setting as well. Participants revealed that their students who struggle with mental health needs also struggle to find and receive support and/or treatment.

#### *In-school Challenges/Barriers to Supporting Students' Mental Health*

Each of the magnet schools in this study are successful schools in terms of academic performance. Dan shared that this reality has contributed to a culture within his school in which teachers are not always as responsive as the student support staff would like when a student experiences a mental health need. "There have been situations and times in the past where the teacher just continued to give them work and was not very helpful as far as helping that student, and that just continued to create more stress," he added. Tina articulated a similar experience with the teachers in her magnet school. "The teachers sometimes seem tired of hearing about it or have less empathy for it because it seems to happen a lot. The empathy isn't always on the same level, and I understand that, but it's still challenging," she said. Laura shared that she has had the same experience specific to her teachers' academic expectations conflicting with her students' mental health realities. "The teachers get frustrated and say things like 'Well, the student's never in my class. They're not going to be successful'," she said. She went on to say that "I think we just come from different perspectives, and their perspective is the academic and mine is the other pieces - so to kind of come in the middle is sometimes difficult."

Students in these schools take multiple classes each day just like students in other, more traditional schools. The participants, however, continued to indicate that challenges within their schools can come from teachers who are not as responsive to the students' mental health needs as

they would like. Angela expressed, “Some teachers think that their work is the only work that a student is getting, and if all four teachers think like that, then the student is being overwhelmed with assignments while they’re trying to manage their mental health issue.”

Teachers were not the only challenge these student support staff experienced within the school when working to support their students’ mental health needs. The participants also reported challenges with getting the students to participate in the school-based therapy support option for their school. Dan explained that sometimes his students, due to their academic goals and the academic pressures they are feeling, do not want to come out of their classes to meet with the school-based therapist. He stated, “Because we are such a strong academic school, sometimes students don't want to and/or aren't interested in doing school-based therapy. They don't want to miss class. They don't want to be pulled out of class and miss that time.” Laura experienced a similar reality. She stated simply, “The kids don’t want to do it. They sometimes don’t want to miss class for it.” Angela shared that the same is true for her students. “Most of our students are high-achieving students who really don't want to miss instruction. The majority of our students want to be in the classroom. They don't want the services during the school day to interrupt their instruction,” she said.

Some of the participants expressed challenges and barriers to supporting their students in the form of an ill-fitting professional school-based option and an ill-fitting and/or inconsistent school-based therapist. Tina shared, “Students tell me that they have not had an optimal experience. I think they feel like the therapy isn’t helping them. They feel like they have not found the right fit, so they're a bit hesitant to try again.” Angela expressed significant displeasure with the school-based therapy support at her school. “At this school, they (therapists) come and they go. The problem is the transitional nature, and you get the services in place, and then there's

this transition between that therapist and a new therapist. So, it sadly hasn't worked." Ultimately, she shared her thoughts on the school-based therapy at her school in simple terms. "I don't feel the student would be served well with that option. Our school-based therapy option is not effective," she said.

According to the participants, additional barriers to students accessing school-based therapy include: a lack of medical insurance or medical insurance that the agency does not take, high out-of-pocket expenses due to insurance deficiencies, obtaining parental consent, and the stigma associated with mental health. Stigma is not an uncommon barrier to treating mental health. Within these magnet schools, participants saw this barrier reflected in different ways. Chuck shared, "In my experience, some kids will just stop coming down to school-based therapy because they do not want to get picked on for that." Angela explained a similar reality within her school as to why students sometimes chose not to participate in school-based therapy. "They have been, at times, more concerned about the stigma of having a therapist come to them at their school." Susan expressed struggles getting the students to open up about their mental health struggles:

> One of the main barriers I face is students coming and telling me that they do have a need for some kind of mental health support. Most of the time it's, you know they come to you, and you have to kind of dig to the root of the problem.

She went on to add, "There's a lot of stigma around mental health, and not all parents are always on-board with pursuing some kind of school-based therapy or community options."

Specific to the school-based therapy support option, Misty explained that her experiences with it were positive. "With our school-based therapist, it's been really nice because she's been able to get students in and evaluated and on-board, so the turnover for the school-based therapy

is pretty quick," she said. It is worth noting that there were different supporting agencies for the selected magnet schools within this study. Laura's experience with school-based therapy agreed with Misty's. She shared, "Once they get in with the school-based therapist, I feel like they do access that; they do utilize the school-based therapist. I've had students that have said 'Hey, this really helped'."

As previously described, among the student support staff participants in this study, only the school counselors were employed full-time at one magnet school. The school social workers and school nurse are itinerant employees of their school system and are thus required to split their full-time employment with their school system among other schools. They each support a total of two schools, with a magnet school being one of them. This lack of consistency related to the physical location of their employment revealed another barrier to supporting students' mental health needs. Misty shared that her school social worker is only at her school once a week. "The district assigned her to another school for the four other days of the week. When she was around, she was a nice resource to our students. It would have been nice to have her full time," she said. Chuck shared a similar experience:

> For me, the biggest challenge I have is the lack of communication because again I'm only there one day a week, so when we have our student support staff meeting when they get together and talk about students, I'm not in the room and I'm not part of those conversations. I rarely speak with counselors unless I'm on campus that one day a week or they happen to email or call me.

He went on to add that there is, at his magnet school, a lack of communication among all student support staff stakeholders. He shared:

> I've been at this school for three years, and I'm still not on the staff email list. I do not

know what's going on in this school unless I see it hanging on a wall or something like that. The lack of inclusion and communication impacts my ability to support my students.

*External Challenges/Barriers to Supporting Students' Mental Health*

According to the participants, the most common external barrier that students face when seeking to obtain support for their mental health needs is a lack of professional support agencies/providers within the community. Dan noted,"There's not a lot of therapists out there right now. We recently received an email from an agency near us that said that students are now on a waiting list to see a therapist." He continued, "The lack of professional counselors out there to be able to meet with the students is a barrier." Tina shared a common experience. "Accessibility is an issue. Not just whether or not you were referred to the service and set up for the service, but when can you actually get an appointment? Now that can be hard too," she said. Laura echoed this sentiment when she stated, "There's not a lot of mental health resources in the community." She later described speaking with a local agency about their ability to receive more clients and learned, "They're overwhelmed. I spoke to their liaison and she said, 'They're coming in fast and furious and we're doing the best we can, but we don't have enough people.'" Angela explained very directly that "there are not enough community-based resources for students with mental health needs." Misty had a similar experience. "They have such a long list of people that are wanting to be seen and not enough therapists that have open spots to add new clients in," she said.

In most cases, health insurance is a factor that must be considered for a student to receive a school-based or community-based professional mental health support resource. Some student families have health insurance, and some do not. Adding to this barrier, participants shared that

both the school-based and community-based options work with specific insurance carriers. Angela explained that “no matter what the professional resource is, it’s always based on the parents’ insurance or the lack of insurance.” Laura shared that “qualifying for the support is a barrier the student faces. We always have to figure out the insurance or pay-source in order for them to receive the service.” Misty’s perception of this barrier was the same. “A big thing that is difficult is insurance, whether they have insurance, whether they don't have insurance, what kind of insurance they have. That's a barrier, as far as what the family is expected to contribute,” she said. Dan added that “a lot of it has to do with a parents’ insurance and like if there's a preferred provider as far as cost and that sort of thing goes. Insurance is a big factor.” Tina agreed and noted that “being underinsured or uninsured really limits the options” that students have available to them.

Related to this, even if a student’s family has health insurance, there can still be out-of-pocket expenses involved with paying for the professional service and any medications that may have been prescribed to help treat the mental health issue. These financial barriers are also an element that must be considered by all stakeholders involved with supporting the student. Dan shared:

> A lot of these students are already kind of feeling like they don't want to cause an extra burden to their parents. When I talk to students and when I bring up getting outside help then they're like, ‘Well, you know that's just going to be more money from my mom or my dad.’ They don't want to cause an extra burden because sometimes they already feel like a burden, or they feel like their parents are having to deal with them because they're going through something. So they don't want to cause that extra stress or extra financial burden for their family.

Laura explained her experience with this barrier by stating, “the money-piece cannot be ignored. Their parents are paying out-of-pocket sometimes, and it's $120 for them to go see the counselor, and they can't afford that three times a month.” Chuck noted that, “students that come from lower-income and middle-income families that don't have financial resources or whose parents are just living paycheck to paycheck struggle to get help.”

Additional barriers that were shared among the participants’ experiences were cultural barriers and parental consent barriers. Participants shared that at times these barriers were not exclusive of one another. The cultural barriers sometimes impacted the participants’ ability to convince the parents that the student was struggling with mental health issues and that seeking professional help was worthwhile. Tina reported:

> The struggle with connecting on the parent side of things is real. You're dealing with different cultures and different beliefs about mental health, and if your student is coming from a home that doesn't really believe mental health is an issue where the parents may say, ‘You should just snap out of it, maybe you're just you're just down right now but you'll be fine tomorrow.’ Or the parent minimizes it and says ‘Well my kid does this all the time; she says this all the time.’ It can be hard for parents to get on-board with ‘Okay, we really need to do this.’ Maybe they don't want to accept that their child needs mental health services. Maybe they don't believe in it; maybe they're too proud. So that inhibits whether a student can actually access the support at school or in the community.

Tina went on to explain that a significant number of the students she has worked with at her magnet school came from Spanish-speaking homes, and in these cases there were cultural barriers, consent barriers, and language barriers that all must be reckoned with in trying to get the student proper support for their mental health needs. “Finding a mental health provider who can

provide interpretation services as well - well now you've just narrowed down your resources to very few resources because there's really a shortage of providers who speak different languages besides English," she said. Laura shared similar struggles when working to support students who come from Spanish-speaking homes:

> We've had a number of Hispanic families where there was a lot of education that had to occur, and I feel like in the African-American Community as well, there are cultural barriers where we've struggled to get the parents to consent. There's also a distrust because of how black/brown people have historically been treated, so I understand. Sometimes concerns over their citizenship arise, but I always share that this is not anything that's going to be on permanent record or anything like that. The important thing is getting their student proper support.

Chuck explained that obtaining parental consent was one of the biggest barriers he faced when working to support his students' mental health needs:

> We present the family with all of their support options, and ultimately that family still has the right to choose whether or not they feel their child needs the supports available to them. We can sit there and say, 'Yes, this will help' and show them all the evidence to show why this child needs services, but ultimately, it falls back to them. They make that final decision.

Laura expressed that at times there is a lack of understanding about what mental health is and what can be and should be done about it. She said:

> Sometimes the parents just don't understand, and it seems that they're doing the best they can with what they have. It seems that they don't have enough of themselves to go around because they're working; they're trying to put food on the table. They care, but they also

have a lot going on.

It is worth noting that every participant in this study expressed that parental consent was a barrier that they and their students faced when seeking support for the students' mental health needs.

One additional barrier that was common among participant responses was a lack of communication with the external providers. Once the student has been referred to and set up with a community-based mental health support, participants explained that their ability to know what is going on beyond that is limited and can stop altogether. This barrier inhibits the connectivity the student support staff have with the student they are supporting and leaves them unaware of what, if anything, is happening next. There is a 'release of information' agreement that can be signed by the student and his or her parents allowing the student support staff to contact the community-based therapist, but that is not always guaranteed. Dan shared:

> We don't always get the feedback once the student is referred. The referral process can take a little bit of time to just be processed, and once we do the referral and then there's not really a whole lot of kind of follow up, and we don't always know what happened next.

Laura experienced this as well. She explained, "When students utilize community-based counseling, I feel like because I can't call, I have to talk to the kids. There's no direct communication between me and their counselor." Chuck noted that his attempts to get follow-up information from the parents related to what happened next with the student are not always successful. "The big challenge is the family getting back to you. Maybe it's their pride or they don't want people knowing too much of what's going on, but the communication back from them after the referral sometimes is a struggle." Misty's perception of this lack of knowing what happened next was the same:

> With the external supports, the challenge is just is not knowing if they're still receiving their services, what services they're receiving, what things looks like at home for them as far as their family relationships, and if parents or guardians are following through on whatever it is that they're working on with the therapist or getting the student to their appointments. Not knowing what that looks like is difficult.

As shared by all seven participants, students face a multitude of barriers when trying to access support for their mental health need. Some of these barriers not only come from within the school, but appear to be unique to the magnet high school experience.

**The Data & The Research Questions**

Magnet schools offer students a different type of learning experience than traditional schools. In this study, the researcher sought to learn more about the intricacies of supporting students' mental health needs within this unique learning environment and to learn about it from the perspectives of school counselors, school social workers, and school nurses who work in these settings. Five research questions guided this study. In the following section, data collected from qualitative interviews of these student support staff will be explained as they relate to each research question.

***Research Question 1 - What are the experiences of school support staff (school counselors, school social workers, and school nurses) who work in small magnet high schools in working with students with mental health needs?***

Participants shared that they experienced a wide array of realities as they worked to support students who were struggling with their mental health. These experiences included regular encounters with students struggling with mental health needs as most participants shared that they were faced with this on a daily basis. Each participant shared their approach to working

with these students. Among their responses, most support efforts began with a simple conversation with the student that would help the support staff more accurately know how to assist the student. For example, Susan shared that her response to these students varied based on the needs of each student and included her allowing the student to step away from the classroom and away from their peers so that they could "take a breather" in her office. She noted that this would often help take their mind off of the stressor and allow them and her to focus on next steps. Laura shared that she would "talk with them (the student), share resources and suggestions with them," and if needed, she would call their parents to explain what was going on and how they could help support their student. Tina's experience was similar. She explained that she would try "to explore if the student has been diagnosed with a mental health condition, or do they just suspect that that's what's going on?" She went on to explain her next steps. "If I find out that they are in need of a counselor or therapist, then I will refer them for school-based therapy or work to connect them to outside resources," she said.

***Research Question 2 - What are the perceptions of school support staff (school counselors, school social workers, and school nurses) of student access to and participation in school-based and community-based mental health services?***

The student support staff participants were in agreement in terms of student access to school-based and community-based mental health service: access is limited due to a shortage of providers and in some cases due to the providers being overwhelmed with requests. Dan shared that there are simply "not a lot of professional therapists out there right now." Tina agreed as she stated that "there is really a shortage of providers." As explained earlier, Laura shared that a local community-based mental health resource informed her that "they're coming in fast and furious, and we're doing the best we can, but we don't have enough people." Angela noted that her

students often find themselves on waitlists at these local providers and that “there are just not enough community-based resources for students with mental health needs.” Misty expressed that “providers have such a long list of people wanting to be seen and not enough therapists with availability to take on new clients.”

Participation in these professional mental health resources varied according to the participants. Susan shared that of the students she supported who struggled with mental health needs that roughly “80% are seeing or have seen an external or a school-based therapist.” Misty reflected that “about half of my students with mental health needs see somebody.” Chuck explained that “about 70% of them” utilized a professional support. Angela’s experience with this concept, however, reflects a lower percentage of students accessing these services. “I would say that 20% of my students access a professional service outside of school,” she said. Laura explained that when she makes the referral for the school-based therapy, “if the agency is able to take the referral, 90% of my referred students utilize the service.” This number contrasts with the community-based referrals she completed. She went on to explain that “50% of them utilize that type of service. They are just less likely to follow-through with that option.” Dan also shared that approximately 50% of his students accessed a professional mental health support option. Tina shared that she felt like a goal for all student support staff should be for 100% of their students who need these types of professional services to access and utilize them. However, in reality, that number in her experience is different; “75-90% of them access those services, at least initially,” she said.

***Research Question 3 - From the perspectives of school support staff (school counselors, school social workers, and school nurses) who work in small magnet high schools, what factors contribute significantly to students' mental health needs?***

As explained in the third theme, the participants expressed that the academic rigors and pressures within their magnet schools were significant factors. Indeed, they were the most commonly described and most influential factors. In addition to this, social factors within the school were commonly described by the participants. Each of these magnet high schools are small in terms of the overall size of the student population. This smallness played a part in the social factors because as Dan explained, "being at a small school, most students know each other, and there are definitely times where that can be a bad thing." Dan further expounded on this as he noted, "when 'something' happens, some social kind of situation, and most of the people in the school know about it, this causes extra stress on the students involved and worsens their mental health because there's nowhere for those students to hide." He also added this commentary:

> Friend groups can, a lot of times, impact their mental health needs. For instance, if you've got this cluster or those groups of students who are all experiencing some stress or experiencing some kind of depression or those kind of things, one of them let's say could start cutting, and then you could see that trickling through that whole group. So sometimes the social situations and social interactions from those clusters or friend groups can have an impact on their mental health as they're sharing with each other what's going on.

Misty explained that many of her students' mental health issues stemmed from similar types of social situations. "Social interactions are a big factor. The way they interact with each other, sometimes not getting along. It weighs on the students," she said. Chuck described them as "peer clicks." Laura used the phrases "friendship issues and peer problems." Tina labeled them

as “peer relations” and shared that “a lot of interpersonal relationship issues at school trigger meltdowns and anxiety.”

Factors outside of the magnet school that contribute to students’ mental health realities were described by the participants as well. Misty expressed that some of her students’ mental health issues are compounded by their own gender identity. “A lot of the students who’ve had problems with their mental health are struggling because they’ve identified in ways that their families are not aware of and/or do not agree with. That brings a lot of stress on them,” she said. Angela agreed and shared that “problems within the family definitely contribute.” She also explained that “work can be a problem. When students work 30-35+ hours a week, they struggle with keeping up with their school work, the proper amounts of sleep, and normal eating habits.” Laura shared a similar experience. She noted that “their socioeconomic factors impact them. When they’re working to help pay the bills, that’s hard both mentally and physically in several ways.” Laura also explained that her students experience a lack of sleep and that they “don’t eat right.” Additional external factors that contributed to students’ mental health realities that the participants shared with less consistency were:  abuse the student suffers within the home or from significant others, substance abuse, the COVID-19 pandemic, social media, food insecurity, and housing insecurity.

***Research Question 4 - From the perspectives of school support staff (school counselors, school social workers, and school nurses) who work in small magnet high schools, how is academic performance impacted by students’ mental health needs?***

This question was answered in the description of the third theme. In short, the student support staff expressed that academic performance is drastically affected when students struggle with mental health needs. Grades drop. Attendance becomes an issue as students do not come to

school, they come to school late, and/or they leave school early. Classes can be failed. Participants shared that if the mental health need persists or is not addressed, students in these academically advanced and academically challenging magnet schools can get significantly "off track" in terms of completing the academic program he/she is in.

***Research Question 5 - What challenges do school support staff (school counselors, school social workers, and school nurses) have with other school staff when working to support students with mental health needs?***

During the course of the interviews, participants frequently described the challenges they encountered with other school staff. Supports were mentioned, but the participants' responses reflected more challenges than supports when working to support students with mental health needs. An in-school challenge that Laura mentioned was academic "expectations from your state, your district, and your administration regarding proficiency on standardized tests, meanwhile we're dealing with suicidal kids." She shared that her magnet school had a history of strong academic performance, and she saw the expectation to maintain that while managing students' mental health needs as a challenge. Angela explained that the duties she is expected to perform as a school counselor that are not necessarily specific to her role as a school counselor are a challenge. As previously described, the confidentiality that these student support staff must abide by when working with such personal and sensitive information is also a challenge. Participants regularly reflected that they could see benefit from sharing certain pieces of information with various school staff to help build perspective and understanding, but they were not allowed to due to the confidentiality they are governed by.

Regarding supports participants experienced, Susan shared, "if I encounter a mental health situation, I do feel support from the other student support staff. We often will work

together to support the student's needs." Angela explained that while her teachers do not share her same perspective when working with these students, "they do understand that there is an issue and work to be supportive." Tina had a similar experience. "I feel like we have a good support team at my school. We work well together in supporting these students," she said. Laura expressed appreciation for the supports she receives from other staff members:

> It's not just my other student support staff. I've had a cafeteria worker say to me, 'This kid was crying as they went through my line. I'm worried; this is not like this student.' My front desk receptionist has also expressed similar concerns with me about these issues. I feel like we look for these issues more proactively because we really know our students.

**Summary**

This chapter described the findings of this qualitative study. The findings were shared via an analysis of the themes that emerged after reading, member checking, coding, and analyzing the interview transcripts. The emergent themes were:

1. *Magnet school student support staff are not professional therapists.*
2. *Magnet school student support staff struggle to perform their duties/roles.*
3. *Academic rigors and expectations in magnet high schools contribute to students' mental health needs.*
4. *Barriers to students abound and some are unique to the magnet school experience.*

Following an explanation of each of these themes, the researcher addressed each of the questions that guided this study. Additional data not reviewed as part of the explanation of themes were shared in an effort to address each research question.

# Chapter 5

## Introduction

Mental health needs of students in schools are increasing (Blackman et al., 2016; Powers et al., 2013; Kaskoun & McCabe, 2022). Student support staff are often the school employees who initially encounter and who find ways to support these student needs. When students don't receive appropriate support, they struggle with processing academic and non-academic information, managing social situations, and their academic confidence declines (Venville et al., 2016). This study explored the realities that student support staff (school counselors, school social workers, and school nurses) who work in small magnet high schools experience when working to support students with mental health needs. This concluding chapter provides a summary of the study, a discussion of the study's findings and their connection to the literature, a discussion of the limitations of the study, a discussion of the implications of the study, and recommendations for future research.

## Summary of the Study

### *Overview of the Problem*

Student support staff encounter mental health needs in students such as anxiety, mood, and behavior disorders (Demissie & Brener, 2017). Studies show that at least 20% of students in PK-12 schools are experiencing some form of a diagnosed mental health need (Blackman et al., 2016; Powers et al., 2013). As students experience these mental health needs they report feeling hopeless, overwhelmed, lonely, extremely sad, and unable to function (Vanderlind, 2017). When these needs arise, student support staff work with the students and their families to create various in-school support options and to share options related to community-based support services. However, scholars report that seventy-five percent of students with diagnosed mental health

issues who require professional mental health services may not receive them (Stagman & Cooper, 2010; Paolini, 2015). Barriers to these support services include: a lack of training in student support staff, improper or nonexistent health insurance, financial limitations within the student's family, limited professional support options, and access to treatment issues, cultural factors, and language limitations (Cabiya et al., 2006; Demissie & Brener, 2017; Harris & Plucker, 2014; Wolf et al., 2017). Mental health needs are increasing in American schools, and as Bitsko et. al (2022) explain, this is particularly true of high school students more so than elementary or middle school students. The issues surrounding how these needs are supported are worth closer attention.

*Purpose Statement*

The purpose of this study was to examine the lived experiences of seven student support staff members at three small magnet high schools as they work to support the mental health needs of their students. Magnet schools are special places of learning, and the schools chosen for this study have heightened academic expectations of their students. The student support staff in these schools work hard to establish real and lasting relationships with their caseload of students and in doing so, they work to also have a positive impact on their students' academic successes. The connections formed between these support staff and students in these small, magnet schools results in a comfortable atmosphere wherein students feel safe expressing their thoughts, feelings, and needs for both academic and personal issues. These relationships also lead to these support staff being relied on when students within their caseload experience mental health needs. The environment at these schools is unique, and this study's purpose was to add to the limited literature that exists regarding the experiences of student support staff in small magnet high schools who work to support students with mental health needs.

*Research Questions*

The following research questions guided this research study:

1. What are the experiences of school support staff (school counselors, school social workers, and school nurses) who work in small magnet high schools in working with students with mental health needs?
2. What are the perceptions of school support staff (school counselors, school social workers, and school nurses) of student access to and participation in school-based and community-based mental health services?
3. From the perspectives of school support staff (school counselors, school social workers, and school nurses) who work in small magnet high schools, what factors contribute significantly to students' mental health needs?
4. From the perspectives of school support staff (school counselors, school social workers, and school nurses) who work in small magnet high schools, how is academic performance impacted by students' mental health needs?
5. What challenges do school support staff (school counselors, school social workers, and school nurses) have with other school staff when working to support students with mental health needs?

*Review of the Methodology*

This qualitative study focused on the student support staff from three small magnet high schools in a large public school district within North Carolina. All student support staff from each school were invited to participate in the study via a recruitment survey in the form of a Google Form. From this survey, seven of the potential nine support staff agreed to participate in the study. The seven participants were made up of four school counselors, two school social

workers, and one school nurse. With the participants established, the researcher conducted a semi-structured interview with each participant virtually using the virtual meeting platform, Zoom. Each interview lasted approximately one hour. The Zoom account used was connected with the researcher's university student account so that the interviews could be recorded and so that the free audio transcription feature enabled with the account could be utilized. As a backup to the Zoom recordings, the interviews were also recorded by using a voice recorder app on a smartphone.

Upon the completion of the interviews and generation of the transcripts, the researcher listened to the recordings while reading the Zoom-created transcripts editing them as needed to ensure accurate transcription. Once the transcripts were completed, all recordings of the interviews were deleted. Additionally, any identifying information that participants shared during the course of the interview was erased, and all participants were given a pseudonym. Strauss & Corbin's (1990) constant comparative method was used to analyze the data collected from each interview. Following the recommendation of Creswell (2004) in an effort to develop an initial understanding, the researcher read through each fully transcribed interview. During a second reading of the transcripts, notes were written in the margins as part of a memoing process as commonalities and important pieces of data were discovered. Finally, as part of the third reading of the transcripts, the transcripts were divided into sections of information related to themes that began to emerge from the data. These sections of data were then labeled with codes. A Google Sheet spreadsheet was used to assist with the organization of the coding process. At the conclusion of multiple readings and the coding process, the generated codes were combined into axial codes which enabled the researcher to discover emergent themes from the data.

*Summary of Major Findings*

Four themes emerged from the data:

*Theme 1 - Magnet school student support staff are not professional therapists.*

Throughout the course of the interviews, participants shared that when students experience a mental health need worthy of specialized, professional support they as school counselors, school social workers, and school nurses are not that support. They are not trained to be professional mental health support providers and do not want to be seen as such. Dan poignantly addressed this by stating, "I'm not a therapist. . . I don't have the training to do the kind of therapy with a student that he or she may need." Angela shared a similar sentiment when she added, "We really try to encourage the student and parent to seek services outside of school . . . because let's face it, we're not therapists."

*Theme 2 - Magnet school student support staff struggle to perform their duties/roles.*

When students' mental health issues arise, they often take priority over other responsibilities and can take quite a while to navigate. Participants explained that the demands of supporting students' mental health needs can, at times, tax their professional schedule in a way that inhibits their abilities to execute the daily responsibilities of their job. Common among the participants was the reality that they encountered students with mental health needs on a very regular basis:  daily and/or multiple times a week. Laura pointed out that she encountered students requiring minor mental health supports daily and that more serious mental health issues arose "maybe two to three times a week." Laura also explained that supporting these issues "tend(s) to take up a lot of my time." Tina shared that she experiences students with mental health needs "every day and sometimes multiple times a day." Susan agreed, sharing "I don't think there was a single day that there wasn't somebody with some kind of mental health need."

The school counselor participants, as the only non-itinerant participants in this study, also shared that the demands and responsibilities of their job often interfere with supporting their students. Dan shared, "We do so many things as counselors throughout the day . . . that it's hard to keep track of how often I support students with mental health needs." Laura explained her frustrations with this reality by stating:

> Having to do some of these jobs (Governor's School, enrollment responsibilities, etc) that somebody else could do, or finding ways to work smarter and not harder I think is a factor or a challenge that prevents me from truly supporting my students the way I want to.

Angela experienced similar challenges. She stated:

> As a school counselor we are pulled in so many different directions to do things that aren't necessarily counseling duties from test coordination to master scheduling to 504 coordination. A lot of things that take up our time and take away time that we could be spending with students to help them with their mental health needs.

*Theme 3 - Academic rigors and expectations in magnet high schools contribute to students' mental health needs.*

The magnet schools where the participants are employed all have a history of strong academic performance and have a culture where academic excellence among their students often takes the form of upper-level academic courses such as Advanced Placement (AP) and/or Career & College Promise (CCP) classes. As this theme emerged, it was clear that these academic rigors and expectations were both internal and external.

*Pressures Within the Magnet School*

The intense academic atmosphere within the schools, according to the participants, contributes to students' mental health needs. Angela shared:

> There is high academic rigor at my school. That, coupled with the students' self-imposed notion of 'I have to make all A's - I can't make an 89. I have never made less than an A.' That is the majority of our students, and so when they make an 89 they're crushed, and the mental health needs arise.

Dan felt that this reality was the greatest stressor on his students. "Academics, and wanting to get all As, and wanting to be successful in their academic classes causes probably the greatest amount of stress and really contributes to the mental health problems in my school," he said.

*Pressures Outside the Magnet School*

Participants noted that students' family members can exert pressure on the students that exacerbates students' mental health needs. Chuck shared:

> I hate to say it, but the parents add to these kids' problems when they say, 'Oh, my child goes to North Ridge, and they're such and such…' So now the kid's got to live up to these expectations, and it's like 'this is not my choice of being here it's my parents' choice.' It's sad to say, but a lot of the pressure is the parents' standards and expectations.

Laura experienced similar realities with her students' parents. She explained:

> Parent expectations are sometimes inappropriate. Our parents can have a lack of understanding of what their student is going through academically. A lot of our students are first-generation college students, and the pressure they feel from their parents takes a toll.

*Heavy Academic Course Loads*

The participants shared that upper-level academic courses are regularly taken by their students; they all expressed that this heavy academic load contributes to their students' mental health needs. Misty shared that:

> Our students are taking three or four or possibly 5 high school classes and then adding on top of that multiple CCP classes . . . the course load and the difficulty of the courses definitely has led to some students experiencing mental health issues.

Angela explained that there is an atmosphere of academic competition wherein students compete with each other and "play the GPA game" by filling their class schedules with AP and/or CCP classes that can significantly impact their GPA if they perform well in the class(es). She shared that this competitive culture "has created a monster within our school" and that "the GPA game our students play wears them out and can exacerbate student mental health issues."

*Academic Performance & Students' Mental Health*

As students struggle with their mental health needs, they also struggle academically. Each participant shared their experiences with this phenomenon, and they pointed out that the subsequent downturn of their grades in such academically rigorous environments exacerbated the students' struggles. Susan shared that, "their mental health issues really just make it more difficult for them to concentrate in the classroom . . . It affects their attendance, too. And when you don't come to school, that can affect your grades and your academic performance." Angela shared that the students' attendance and grades are impacted as well. "I could see a student struggling with mental health spiral and make matters worse by missing school to finish up their assignments. Then it becomes a vicious cycle of battling the mental health issue and trying to fix their grade," she said.

*Theme 4 - Barriers to students abound and some are unique to the magnet school experience.* Participants shared that the students in their caseload encounter numerous barriers to support. Indeed, some of the barriers students face were connected with their being a student within their magnet school.

*In-school Challenges/Barriers to Supporting Students' Mental Health*

The academically focused atmosphere of these magnet schools led some of the teachers' response to their students' mental health need(s) to be a barrier. Dan explained, "There have been situations and times in the past where the teacher just continued to give them work and was not very helpful as far as helping that student, and that just continued to create more stress." Tina echoed Dan's sentiment when she added, "The teachers sometimes seem tired of hearing about it or have less empathy for it because it seems to happen a lot. The empathy isn't always on the same level." The academic culture of these schools was also seen as a barrier by the participants regarding their students' utilization of school-based therapy. Angela shared, "Most of our students are high-achieving students who really don't want to miss instruction. The majority of our students want to be in the classroom. They don't want the services during the school day to interrupt their instruction." Specific to school-based therapy, participants also noted that the lack of consistency/permanence of the assigned therapist was another barrier students faced. According to the participants, additional barriers to in-school support were: students lacking medical insurance, students having insurance not accepted by the providing agency, problems with parental consent, and stigma. Specific to stigma, Chuck shared, "In my experience, some kids will just stop coming down to school-based therapy because they do not want to get picked on for that."

A unique barrier discovered was the problem that arose from a lack of a consistent presence at the magnet schools by the itinerant student support staff - the school social workers and school nurse. Chuck expressed considerable concern about this issue as he explained that he is excluded from student support staff meetings due to his having to support the other school he was assigned to:

> The biggest challenge I have is the lack of communication because again I'm only there one day a week, so when we have our student support staff meeting when they get together and talk about students, I'm not in the room and I'm not part of those conversations. I rarely speak with counselors unless I'm on campus that one day a week or they happen to email or call me . . . The lack of inclusion and communication impacts my ability to support my students.

*External Challenges/Barriers to Supporting Students' Mental Health*

The external barrier most commonly encountered by students, according to the participants, was the lack of available professional support agencies/providers. Laura explained that a local agency shared with her that "they're (patients) coming in fast and furious and we're doing the best we can, but we don't have enough people." Angela shared that "there are not enough community-based resources for students with mental health needs."

Cultural and language barriers and parental consent were also common as participants noted that cultural differences sometimes made convincing the parents that professional support services should be considered a challenge. Tina explained:

> You're dealing with different cultures and different beliefs about mental health, and if your student is coming from a home that doesn't really believe mental health is an issue where the parents may say, 'You should just snap out of it, maybe you're just you're just

> down right now but you'll be fine tomorrow' . . . It can be hard for parents to get on-board with 'Okay, we really need to do this.' Maybe they don't want to accept that their child needs mental health services. Maybe they don't believe in it; maybe they're too proud."

One challenging aspect, according to the participants, of obtaining parental consent was helping the parents to understand what was going on with their student and what their treatment options were. Laura shared, "Sometimes the parents just don't understand, and it seems that they're doing the best they can with what they have. It seems that they don't have enough of themselves to go around." This lack of understanding and personal capital made it challenging for the support staff and the students.

**Findings and the Literature**

Both the National Institute of Mental Health (NIMH) (2021) and the Substance Abuse and Mental Health Services Administration (SAMHSA) (2020) reported statistics reflecting both the strong prevalence and increase of mental health needs among teenagers within the United States and specifically, North Carolina. Participant experiences seem to reflect this as well as all seven participants expressed that they found themselves supporting the mental health needs of their students daily and sometimes multiple times a day. Demissie and Brener (2017) and Vanderlind (2017) point out that students struggle with mental health needs such as anxiety and depression as they grow and develop. Anxiety, according to the participants, was the most common issue they encountered and helped their students/student families navigate. Interestingly, self-harm and suicidal ideations were the second most common issue. Data from studies conducted by the U. S. Department of Health and Human Services (2020) and the Centers for Disease Control and Prevention (2019) revealed increases in contemplations of

suicide and suicide rates. Six out of the seven participants shared that they too regularly encountered this. As Angela shared, “We do suicide interventions and non-suicidal/self injury reports fairly regularly.” The third most common mental health need encountered by these student support staff was depression.

Interestingly, the NIMH reported that students with behavioral or emotional challenges related to their mental health needs may be able to benefit from an education plan such as an Individualized Education Plan (IEP) or a 504 Plan (National Institute of Mental Health, 2018). In discussing how they support their students’ mental health needs, utilizing an IEP or a 504 Plan was not mentioned by a single participant. Instead of exploring whether or not those types of support could be created for the student, the participants routinely focused on connecting the student with professional school-based or community-based supports.

Arora et al. discussed the utilization of the Multi-Tiered Systems of Support (MTSS) program, regardless of a student’s IEP or 504 Plan, to focus on ways to provide mental health supports to students (2019). This study of 119 MTSS framework schools found that the MTSS concept’s tiered structure, which places students with the most need in tiers two and three, was not as well developed for the tier-three students as it could be. Laura was the only participant to mention this concept, and she only did so briefly as she shared that she believed the MTSS framework that she recently learned about could also be applied in supporting students with mental health needs. She stated, “I think we can be more intentional about who are our tier-two kids. I think that's my piece: who's tier-two, tier-three, what does that look like?”

Various mental health screening programs were recommended by scholars as a way to identify, monitor, and better support students with mental health needs; however, no such screening program was mentioned by this study’s participants (Dever & Raines, 2013; Torcasso

& Hilt, 2017; White et al., 2017). Instead, it seemed that the support approach was more reactionary in that once the student exhibited signs of a mental health need, the support was offered to the students. Research-based mental health support programs also exist as a form of supporting students struggling with mental health needs as described by White et al. (2017), School-based health alliance (2021), and Health Resources and Services Administration (2020); however, no research-based support programs were found to be an option based on the participant's responses.

Multiple studies discussed the funding for professional and/or research-based mental health support services and how this can be a barrier to schools, school systems, and the students who need the support the most (Goldman et al., 2020; U.S. Department of Education, 2014; Stagman & Cooper, 2010; Powers et al., 2013; Tyack, 1992; Powers et al., 2013; Demissie & Brener, 2017; Swick & Powers, 2018; Reardon et al., 2017; Wolf et al., 2021). This barrier was also noted by every participant. Professional supports, whether school-based or community-based, and research-based support programs often come with a cost, and while the supports are needed by the students experiencing the mental health need, this cost cannot be ignored. Related to financial barriers are insurance barriers. As Laura stated, "We always have to figure out the insurance or pay-source in order for them to receive the service." Liberman et al. (2011) found that mental health patients without insurance are less likely to seek professional treatment. A study by Cadigan et al. (2019) found that financial and insurance barriers combined represented the third highest barrier to seeking treatment.

Scholars and the data from this study agree on additional barriers faced by students as lack of proper transportation, lack of access to professional support staff/agencies, and stigma (Powers et al., 2013; Davis et al., 2021; Swick & Powers, 2018). Indeed, the support staff

participants from this study all reported stigma and lack of access as significant barriers to treatment. A lack of access to professional mental health providers was seen as the most common external barrier students faced, according to the participants.

The research suggests that school-based professional mental health supports are ideal for a variety of reasons. Within the school, these supports are easier to access, they can be more affordable, and can help the student connect with community-based services if needed (Shelton & Owens, 2021). Data from this study suggests that this idea was not shared by all participants. Angela expressed disdain for school-based therapy as she stated, "At my school, school-based therapy is pretty much non-existent. We have a program, but I don't think it was successful." She later added, "I have not made referrals for that program in over two years." She described the inconsistent therapists serving her students and her students' lack of a connection with the therapists as reasons she saw little benefit to the school-based programs. Aside from the participants' beliefs about the benefits of school-based supports, as noted earlier, participants also shared that the students in these magnet schools regularly did not seek these services as they were afraid of missing instruction and winding up further behind academically.

Studies by Lyon et al. (2011) and Costello et al. (2014) found that some student support staff were unprepared to support students with mental health needs. Susan was the sole participant to share that she felt unprepared in some areas. She stated:

> When I first started, I did not feel like I was prepared at all, just because me being a school nurse, we did not go through any kind of district suicide training and what to do if we have a student that comes to us with that issue so that's been something that I've had to talk to other support staff on to figure out, you know what we do and what the steps are.

Walley et al. (2009) discussed the unique position that school counselors find themselves in as they work with students struggling with mental health needs. Data from this study reveals that the school counselors were routinely the first school staff member involved in working with these students and that when appropriate, they would involve other members of the student support staff team to help serve the student. A 2019 study by Caldarella et al. revealed that there was great benefit in school counselors and social workers working together to support students and their school's understanding of mental health issues. Laura, Dan, Misty, Tina, and Susan all discussed the benefits of working collaboratively to support students' mental health needs.

**Limitations**

For this study, the researcher focused on the student support staff within three small magnet high schools in a large public school district within North Carolina. The scope of the research conducted is limited because of this. The purposively sampled participants were selected due to their unique employment status as student support staff (school counselors, school social workers, and school nurses) in specialized magnet high schools within this particular school district. One of the participants, the school nurse, had one year of experience, and three of the participants had two years or less experience in working at a magnet high school. Because of the uniqueness of these staff and these schools, it is worth noting that the results of this study are not representative of all student support staff in other magnet high schools. These limiting factors ultimately impact the transferability of the study's results.

Qualitative research methods were utilized to collect data specific to these student support staff's experiences in working with students with mental health needs. In collecting the data, semi-structured interviews were conducted. The schools and school district featured in this study did not employ specialized or other professional and/or research-based mental health

support programs that could also be analyzed as part of this study. Additionally, this study took place during the 2021-2022 school year. This limited time frame impacted the researcher's ability to deepen the study to include student support staff from other specialized magnet high schools.

**Implications**

According to the National Institute of Mental Health (2018), students with behavioral challenges or a medically diagnosed emotional disturbance may be able to benefit from U.S. education laws such as the Individuals With Disabilities Education Act of 2004 (IDEA) or Section 504. These laws are designed to enable students to access their education similarly to their nondisabled peers through the utilization of specialized education and related services. Former President George W. Bush created a Commission of experts to study the mental health delivery system within the United States. After completing their study, this Commission recommended that funds from the federally funded IDEA should be used to train teachers, student support staff, and families to recognize mental health needs in students and to employ mental health services and classroom accommodations using research-based school mental health supports (Achieving the Promise, 2003). An investigation by student support staff, mental health professionals, and student families into whether or not the student's mental health need would qualify for such federally and/or district funded services and academic accommodations would be a good first step into finding new ways to support students in these mental health situations. Indeed, if a student qualifies for an IEP or a 504 Plan, the accommodations from the plan created to support him or her may reduce several barriers to support.

As noted above, only one participant mentioned that the research-based MTSS framework could be utilized in a student support services manner, and she merely mentioned that

she thought that she, as a school counselor, could shift her thinking to the MTSS model and that doing so would be beneficial. Following the recommendation from Arora et al. (2019) to utilize the MTSS model, regardless of a student having an IEP or a 504 Plan, through the lens of student support services to help provide mental health supports, all students would be provided with education and support in this area. This group would comprise the Tier 1 students. Within Tier 1, concerted efforts should be made to educate students and staff about mental health. Additional steps taken to educate parents and guardians on mental health could prove to be beneficial as well. Participants in this study shared that for various reasons students and parents/guardians are not always amenable to participating in professional mental health support services. These education efforts would help to normalize mental health issues and hopefully increase awareness and participation in both proactive and reactive mental health supports.

Tier 2 supports would exist for the smaller number of students needing more specialized support. Evidence-based education, remediation, and support programs would be utilized to assist these students as they manage their mental health need. Finally, Tier 3 programming would be utilized for those students experiencing the most severe mental health needs. Tiers 2 and 3 would include options such as connecting the students with school-based and community-based professional mental health support services (Hertz & Barrios, 2021; Arora et al., 2019; Walter et al., 2019). Within this model, all student support staff within the school would be expected to know this MTSS framework and would be expected to contribute to its implementation throughout the school. With this tiered support structure in-place, the support staff would collectively approach these student support issues with the same understanding of the specific programming and supports offered to students at each tier:  1, 2, and 3. Their understanding of

multiple support options within each tier would expand, and students would ultimately be the beneficiaries of this.

In connecting with the idea of implementing a student support oriented MTSS framework that has a focus on mental health education and support, student support staff could implement formalized and research-based screening programs as support options within Tier 1. TeenScreen, the program used throughout the United States, as described by Torcasso and Hilt (2017), could be implemented within the school to help student support staff know which students could benefit from the school-wide mental health education and support offered within Tier 1, the specialized mental health supports offered within Tier 2, and the more intensive and focused mental health support options of Tier 3. For students needing Tier 3 supports, a program such as the Bridge for Resilient Youth in Transition program as described in White et al. (2017) could prove beneficial in helping these students, again who are in need of the most specialized mental health supports, not fall back into a mental health crisis upon their return to normal school activities. The Bridge for Resilient Youth in Transition program features a set of interventions that can be used within the first 8-12 weeks of a student's return to regular school activities and helps them to reintegrate themselves while being supported by the student support staff.

Given the lack of formalized programming and supports outside of recommending that the student utilize professional therapy one final consideration should be given to the establishment of school-based health centers (SBHCs) such as those recommended by the School-based Health Alliance (2021) and the Health Resources and Services Administration (2020). These SBHCs would feature a licensed mental health care provider on-site at the schools so that the numerous barriers faced by students and families in accessing appropriate mental health care could be reduced. Services such as crisis intervention, formal mental health

assessments, school-based therapy, and meditation could be utilized to help students struggling with a mental health need (School-based health alliance, 2021).

Funding such specialized mental health support programs and the training required to prepare school staff to implement them must be taken into account. When considering all that the students and staff of our public schools must contend with, determining how federal, state, and local dollars will be spent is never fast or simple. However, with the increasing rates of students struggling with mental health needs, those in positions of power who determine how certain monies will be spent should consider the significant implications of ignoring this issue and continuing to rely on student families to hopefully have the health insurance necessary and/or the financial abilities to be able to utilize the professional mental health services recommended to them by their school's student support staff. Related to this, as this dissertation goes to press, the Bipartisan Safer Communities Act, signed into law by President Biden in June of 2022, provides $1 billion to public schools in the form of competitive grants in an effort to address and support students' mental health needs. It is hoped that this new legislation will not only provide much needed funding but will inspire school leaders and support staff to offer school-based mental health supports in ways that have not previously been offered.

**Recommendations for Future Research**

This qualitative study focused on three specialized, small magnet high schools within a large public school district within North Carolina. The results of this study are not reflective of all magnet schools as each magnet school is different, and with this difference comes a different focus and school culture. However, magnet schools are different by design, and as such they offer students and staff a way to participate in school differently. In particular, small magnet high schools allow for the students to more easily access their student support staff and form

relationships with them. This unique reality was a reason small magnet schools were chosen for this study.

Future research is recommended that focuses on magnet schools of all levels in other school districts both in and out of North Carolina and the experiences of student support staff in working to support students with mental health needs. The participants within this study alluded to unique students purposefully electing to attend their respective magnet school and that at times the combination of the students' uniqueness and the academically rigorous culture within their school made for a situation where mental health issues more quickly became apparent. Studying additional specialized magnet schools' student support staff's experiences and the programs implemented within their schools in supporting students' mental health needs would contribute a better understanding of this phenomenon and perhaps better ways to both proactively and reactively address the mental health needs of students.

Related to this, future research is recommended in the composition and allocation of student support staff within specialized magnet schools. The itinerant participants of this study (school social workers and school nurse) felt that their inconsistent presence within their magnet school inhibited their ability to connect with their fellow student support staff and to comprehensively support their students. Analyzing how and why other school districts allocate these personnel in an effort to support students' needs, and in particular, students' mental health needs would contribute to a better understanding of these student support staff's experiences.

Additional research should also be conducted to study the percentage of students with mental health needs in specialized magnet schools. The three schools where this study's participants are employed, according to the participants, had very regular instances where

students' mental health needs required support. Research should be done to determine if this is unique to these schools or if this is representative of other specialized magnet schools as well.

**Conclusion**

Student mental health needs in schools are real. So, too, are the experiences of student support staff (school counselors, school social workers, and school nurses) who work with these students to help them navigate their mental health needs. This chapter focused on reviewing the specifics of this issue, revisiting the study's purpose statement, the research questions that guided the study, the researcher's chosen methodology, and the study's major findings including four main themes:

*Theme 1 - Magnet school student support staff are not professional therapists*

*Theme 2 - Magnet school student support staff struggle to perform their duties/roles.*

*Theme 3 - Academic rigors and expectations in magnet high schools contribute to students' mental health needs.*

*Theme 4 - Barriers to students abound and some are unique to the magnet school experience.*

Additionally, the researcher connected the study's findings with the existing literature, discussed this study's limitations, described the implications of this study, and provided recommendations for future research.

This study contributes to the greater discussion around mental health and mental health supports within American schools and within America. Hopefully, through continued research, education, and discussion around this important issue, America and American schools can take meaningful steps to recognize and better support mental health needs in schools and beyond.

**References:**

Achieving the Promise: Transforming Mental Health Care in America. (2003). *The President's New Freedom Commission on Mental Health.* https://govinfo.library.unt.edu/mentalhealthcommission/reports/FinalReport/downloads/FinalReport.pdf

Adelman, H. S., & Taylor, L. (1998). Reframing mental health in schools and expanding school reform. *Educational Psychologist, 33*(4), 135-152. https://doi.org/10.1207/s15326985ep3304_1

Alegría, M., Nakash, O., & NeMoyer, A. (2018). Increasing equity in access to mental health care: a critical first step in improving service quality. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)*, *17*(1), 43–44. https://doi.org/10.1002/wps.20486

Altshuler, S. J., & Webb, J. R. (2009). School social work: Increasing the legitimacy of the profession. *Children & Schools, 31*(4), 207-218. https://doi.org/10.1093/cs/31.4.207

Alvarez, M. E., Bye, L., Bryant, R., & Mumm, A. M. (2013). School social workers and educational outcomes. *Children & Schools, 35*(4), 235-243. https://doi.org/10.1093/cs/cdt019

American School Counselor Association. (2020). *School counselor roles and ratios*. Retrieved March 8, 2021, from https://www.schoolcounselor.org/About-School-Counseling/School-Counselor-Roles-Ratios.

American School Counselor Association. (2021). *ASCA research report: State of the profession 2020*. Retrieved September 30, 2022 from https://www.schoolcounselor.org/getmedia/bb23299b678d-4bce-8863-cfcb55f7df87/2020-State-of-theProfession.pdf

Arora, P. G., Collins, T. A., Dart, E. H., Hernández, S., Fetterman, H., & Doll, B. (2019). Multi-tiered systems of support for school-based mental health: A systematic review of depression interventions. *School Mental Health, 11*(2), 240-264. https://doi.org/10.1007/s12310-019-09314-4

Atkins, M. S., Hoagwood, K. E., Kutash, K., & Seidman, E. (2010). Toward the integration of education and mental health in schools. *Administration and Policy in Mental Health and Mental Health Services Research, 37*(1), 40-47. DOI 10.1007/s10488-010-0299-7

Ballou, D. (2009). Magnet school outcomes. In *Handbook of research on school choice* (pp. 427-444). Routledge.

Bitsko, R. H., Claussen, A. H., Lichstein, J., Black, L. I., Jones, S. E., Danielson, M. L., Hoenig, J. M., Davis Jack, S. P., Brody, D. J., Gyawali, S., Maenner, M. J., Warner, M., Holland, M., Perou, R., Crosby, A. E., Blumberg, S. J., Avenevoli, S., Kaminski, J. W., & Ghandour, R. M. (2022). Mental health surveillance among children—United States, 2013–2019. *MMWR supplements, 71*(2), 1. 10.15585/mmwr.su7102a1

Blackman, K., Powers, J., Edwards, J., Wegmann, K., Lechner, E., Swick, D. (2016). Closing the gap: Principal perspectives on an innovative school-based mental health intervention. *Urban Review: Issues and Ideas in Public Education, 48*(2), 245-263. https://doi.org/10.1007/s11256-016-0353-1

Blank, R. K. (1989). Educational effects of magnet high schools. *National Center on Effective Secondary Schools*. https://files.eric.ed.gov/fulltext/ED313469.pdf

Bohnenkamp, J. H., Stephan, S. H., & Bobo, N. (2015). Supporting student mental health: The role of the school nurse in coordinated school mental health care. *Psychology in the Schools, 52*(7), 714-727. https://doi.org/10.1002/pits.21851

Bowers, H., Manion, I., Papadopoulos, D., & Gauvreau, E. (2013). Stigma in school‐based mental health: Perceptions of young people and service providers. *Child and Adolescent Mental Health, 18*(3), 165-170. https://doi.org/10.1111/j.1475-3588.2012.00673.x

Braden, J. S., DiMarino-Linnen, E., & Good, T. L. (2001). Schools, society, and school psychologists: History and future directions. Journal of School Psychology, 39(2), 203-219.

Cabiya, J. J., Canino, G., Chavez, L., Ramirez, R., Alegria, M., Shrout, P., Hohman, A., Bravo, M., Bauermeister, J. J., & Maritinez-Taboas, A. (2006). Gender disparities in mental health service use of Puerto Rican children and adolescents. *Journal of Child Psychology and Psychiatry*, *47*(8), 840–848. https://doi.org/10.1111/j.1469-7610.2006.01623.x

Cadigan, J. M., Lee, C. M., & Larimer, M. E. (2019). Young adult mental health: A prospective examination of service utilization, perceived unmet service needs, attitudes, and barriers to service use. *Prevention Science, 20*(3), 366-376. https://doi.org/10.1007/s11121-018-0875-8

Caldarella, P., Millet, A. J., Heath, M. A., Warren, J. S., Williams, L. (2019). School counselors use of social emotional learning in high school: A study of the strong teens curriculum. *Journal of School Counseling 17*(19), 35 pp. https://files.eric.ed.gov/fulltext/EJ1219658.pdf

Center for health care strategies. (2021). *Health home information resource center.* https://www.chcs.org/project/health-home-information-resource-center/

Centers for Disease Control and Prevention. (2019). *High school youth risk behavior survey.* Retrieved March 12, 2021, from https://nccd.cdc.gov/Youthonline/App/Results.aspx?TT=A&OUT=0&SID=HS&QID=QQ&LID=XX&YID=2017&LID2=&YID2=&COL=S&ROW1=N&ROW2=N&HT=QQ&LCT=LL&FS=S1&FR=R1&FG=G1&FA=A1&FI=I1&FP=P1&FSL=S1&FRL=R1&FGL=G1&FAL=A1&FIL=I1&FPL=P1&PV=&TST=False&C1=&C2=&QP=G&DP=1&VA=CI&CS=Y&SYID=&EYID=&SC=DEFAULT&SO=ASC

*Centers for Disease Control and Prevention*. (2018, January 26a). Learn About Mental Health. Retrieved March 8, 2021, from https://www.cdc.gov/mentalhealth/learn/index.htm

*Centers for Disease Control and Prevention*. (2018, January 26b). Data and Publications. Retrieved March 8, 2021, from https://www.cdc.gov/mentalhealth/data_publications/index.htm

Centers for Medicare and Medicaid services. (2020). *The Mental Health Parity and Addiction Equity Act (MHPAEA)*. Retrieved April 3, 2021, from https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet

Chenail, R. J. (2011). Interviewing the investigator: Strategies for addressing instrumentation and researcher bias concerns in qualitative research. *Qualitative Report, 16*(1), 255-262. https://doi.org/10.46743/2160-3715/2011.1051

Chun Tie, Y., Birks, M., & Francis, K. (2019). Grounded theory research: A design framework for novice researchers. SAGE open medicine, 7. doi: 10.1177/2050312118822927

Community Mental Health Extension Act of 1978, Public Law 95-622. https://www.congress.gov/bill/95th-congress/senate-bill/2450

Costello, J. E., He, J., Sampson, N.A., Kessler, R.C., & Marikangas, K.R. (2014). Services for adolescents with psychiatric disorders: 12-month data from the National Comorbidity Survey–Adolescent. *Psychiatric Services 65*(3) 359-366. https://doi.org/10.1176/appi.ps.201100518.

Creswell, J. W. (2004). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (2nd ed). Pearson.

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed). Thousand Oaks, CA: Sage Publications.

Data USA. (2020). Child, family, and school social workers. (2020). Data USA. Retrieved September 30, 2022, from https://datausa.io/profile/soc/child-family-and-school-social-workers

Davis, B., Garza, K. B., Westrick, S., Chou, E., & Jackson, C. (2021). Understanding barriers and solutions towards access to mental health among rural adolescents. *Journal of Clinical and Translational Science, 4*(1). 150-151. https://doi.org/10.1017/cts.2020.443

Demissie, Z. & Brener, N. (2017). Demographic differences in district-level policies related to school mental health and social services—United States, 2012. *Journal of School Health, 87*(4), 227-235. https://doi.org/10.1111/josh.12489

Dentler, R. A. (1991). The national evidence on magnet schools. Occasional Paper Series.

Dever, B. V., & Raines, T. C. (2013). The Use of Student Self-Report Screening Data for Mental Health Risk Surveillance. *Society for Research on Educational Effectiveness.* https://eric.ed.gov/contentdelivery/servlet/ERICServlet?accno=ED564078

Druss, B. G. (2002). The mental health/primary care interface in the United States: History, structure, and context. *General Hospital Psychiatry, 24*(4), 197-202. https://doi.org/10.1016/S0163-8343(02)00170-6

Druss, B. G., & Goldman, H. H. (2018). Integrating health and mental health services: A past and future history. *American Journal of Psychiatry, 175*(12), 1199-1204. https://doi.org/10.1176/appi.ajp.2018.18020169

Education for All Handicapped Children Act of 1975, Pub. L. No. 94-142 (1975). https://www.govinfo.gov/content/pkg/STATUTE-89/pdf/STATUTE-89-Pg773.pdf

Exec. Order No. 13263, 3 C. F. R. 703 (2002). https://www.govinfo.gov/content/pkg/WCPD-2002-05-06/pdf/WCPD-2002-05-06-Pg703.pdf

Fagan, T. K., & Wise, P. S. (1994). *School psychology: Past, present, and future.* White Plains, NY: Longman.

Feldwisch, R. P., & Whiston, S. C. (2015). Examining school counselors' commitments to social justice advocacy. *Professional School Counseling 19*(1), 166-175. https://doi.org/10.5330/1096-2409-19.1.166

Flaherty, L. T., Weist, M. D., & Warner, B. S. (1996). School-based mental health services in the United States: History, current models and needs. *Community Mental Health Journal, 32*(4), 341-352. 10.1007/BF02249452

Franklin, C., & Allen-Meares, P. (1997). School social workers are a critical part of the link. *Children & Schools, 19*(3), 131. DOI:10.1093/cs/19.3.131

Frauenholtz, S., Mendenhall, A. N., & Moon, J. (2017). Role of school employees' mental health knowledge in interdisciplinary collaborations to support the academic success of students experiencing mental health distress. *Children & Schools, 39*(2), 71-79. https://doi.org/10.1093/cs/cdx004

Glaser, BG. & Strauss, AL. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New York: Aldine De Gruyter.

Goldman, M. L., Druss, B. G., Horvitz-Lennon, M., Norquist, G. S., Kroeger Ptakowski, K., Brinkley, A., Greiner, M., Hayes, H., Hepburn, B., Jorgensen, S., Swartz, M., & Dixon, L. B. (2020). Mental health policy in the era of COVID-19. *Psychiatric Services, 71*(11), 1158-1162. https://doi.org/10.1176/appi.ps.202000219

Gonzalez, M. J. (2005). Access to mental health services: The struggle of poverty affected urban children of color. *Child and Adolescent Social Work Journal, 22*(3-4), 245-256. https://doi.org/10.1007/BF02679471

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

Hammersley, M., & Gomm, R. (1997). Bias in social research. *Sociological research online, 2*(1), 7-19. https://doi.org/10.5153/sro.55

Harris, B., & Plucker, J. (2014). Achieving equity and excellence: The role of school mental health providers in shrinking excellence gaps. *Gifted Child Today*, *37*(2), 111–118. https://doi:10.1177/1076217514520967

Health Resources and Services Administration (2020, September). *Mental and Behavioral Health: Mothers, Children & Families*. HRSA Maternal and child help. Retrieved March 31, 2021. https://mchb.hrsa.gov/maternal-child-health-initiatives/mental-behavioral-health

Hertz, M. F., & Barrios, L. C. (2021). Adolescent mental health, COVID-19, and the value of school-community partnerships. *Injury Prevention, 27*(1), 85-86. doi:10.1136/injuryprev-2020-044050

Hoag, E., & Terman, L. (1914). *Health work in the schools*. Boston: Houghton Mifflin.

Houlahan, B. (2018). Origins of school nursing. *The Journal of School Nursing, 34*(3), 203-210. https://doi.org/10.1177/1059840517735874

Houlahan, B., & Deveneau, L. (2021). The promotion of early school nurses in Virginia: Learning from our history (1900 to present) to build a new future. *The Journal of School Nursing, 37*(3), 166-175. https://doi.org/10.1177/1059840519850877

Individuals With Disabilities Education Act, 20 U.S.C. § 1400 (2004a). https://sites.ed.gov/idea/statute-chapter-33/subchapter-i/1400

Individuals With Disabilities Education Act, 20 U.S.C. § 1400 (2004b). *Sec. 300.8 Child with a disability. https://sites.ed.gov/idea/regs/b/a/300.8*

Jabareen, Y. (2009). Building a conceptual framework: philosophy, definitions, and procedure. *International journal of qualitative methods, 8*(4), 49-62.

Jordan, W. J. (2010). Defining Equity: Multiple Perspectives to Analyzing the Performance of Diverse Learners. *Review of Research in Education, 34*(1), 142–178. https://doi.org/10.3102/0091732X09352898

Kaskoun, J., & McCabe, E. (2022). Perceptions of school nurses in addressing student mental health concerns: An integrative review. *The Journal of School Nursing, 38*(1), 35-47. https://doi.org/10.1177/10598405211046223

Kivunja, C. (2018). Distinguishing between theory, theoretical framework, and conceptual framework: A systematic review of lessons from the field. *International Journal of Higher Education, 7*(6), 44-53. https://doi.org/10.5430/ijhe.v7n6p44

Lee, J. H. (2013). School shootings in the U.S. public schools: Analysis through the eyes of an educator. *Review of Higher Education and Self-Learning 6*, 88–120.

Liberman, K.M., Meah, Y.S., Chow, A. et al. (2011). Quality of mental health care at a student-run clinic: Care for the uninsured exceeds that of publicly and privately insured populations. C*ommunity Health 36*, 733–740. https://doi.org/10.1007/s10900-011-9367-5

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.

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

Lyon, A., Charlesworth-Attie, S., Vander Stoep, A., McCauley, E. (2011). Modular psychotherapy for youth with internalizing problems: Implementation with therapists in school-based health centers. *School Psychology Review, 40*(4), 569-581. https://doi.org/10.1080/02796015.2011.12087530

Maelan, E. N., Tjomsland, H. E., Baklien, B., Samdal, O., Thurston, M. (2018). Supporting pupils' mental health through everyday practices: A qualitative study of teachers and head teachers. *Pastoral Care in Education, 36*(1), 16-28. https://doi.org/10.1080/02643944.2017.1422005

Marsh, R. J., & Mathur, S. R. (2020). Mental health in schools: An overview of multitiered systems of support. *Intervention in School and Clinic, 56*(2), 67-73. https://doi.org/10.1177/1053451220914896

McManama O'Brien, K. H., Berzin, S. C., Kelly, M. S., Frey, A. J., Alvarez, M. E., & Shaffer, G. L. (2011). School social work with students with mental health problems: Examining different practice approaches. *Children & Schools, 33*(2), 97-105. https://doi.org/10.1093/cs/33.2.97

Mental Retardation and Community Mental Health Centers Construction Act of 1963, Public Law, 88, 164. (1963). https://www.govinfo.gov/content/pkg/STATUTE-77/pdf/STATUTE-77-Pg282.pdf

Mental Health in Schools Act of 2007, S. 1332, 110 Cong. (2007). https://www.congress.gov/bill/110th-congress/senate-bill/1332?s=1&r=84

Mental Health Services for Students Act of 2020. H. R. bill 1109, 116 Cong. (2020). https://www.congress.gov/bill/116th-congress/house-bill/1109/text

Merriam-Webster, Incorporated. (2021). Magnet school. In Merriam-Webster.com dictionary. Retrieved April 14, 2021, from https://www.merriam-webster.com/dictionary/magnet%20school

Minnich, K. J. (2014). *A phenomenological study of workplace empowerment and self-efficacy of school social workers* (Doctoral dissertation, Walden University).

National Center for Education Statistics. (2020). *Race and ethnicity of public school teachers and their students.* Data point: U.S. Department of Education, NCES 2020-103 September 2020. https://nces.ed.gov/pubs2020/2020103/index.asp

National Center for Healthy Safe Children. (2021). *Safe schools/healthy students*. https://healthysafechildren.org/grantee/safe-schools-healthy-students

National Institute of Mental Health. (2018). *Children and mental health.* https://www.nimh.nih.gov/health/publications/children-and-mental-health/index.shtml

National Institute of Mental Health. (2021). *Mental illness.* https://www.nimh.nih.gov/health/statistics/mental-illness.shtml

Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on medical education*, *8*(2), 90. 10.1007/s40037-019-0509-2

North Carolina Department of Public Instruction. (2022, November 2a). *Role of School Social Worker*. https://www.dpi.nc.gov/educators/specialized-instructional-support/school-social-work/role-school-social-worker#RoleofSchoolSocialWorker

North Carolina Department of Public Instruction. (2022, November 2b). *School Counseling*. https://www.dpi.nc.gov/educators/specialized-instructional-support/school-counseling

North Carolina Department of Public Instruction. (2022, November 2c). *School Health Nurse*. https://www.dpi.nc.gov/educators/specialized-instructional-support/school-health-nurse

Ockerman, M. S., Mason, E. C. M., & Hollenbeck, A. F. (2012). Integrating RTI with school counseling programs: Being a proactive professional school counselor. *Journal of School Counseling, 10*(15), 1–37. https://files.eric.ed.gov/fulltext/EJ978870.pdf

Office of Elementary and Secondary Education. (2023). *Bipartisan Safer Communities Act*. https://oese.ed.gov/bipartisan-safer-communities-act/

Ogbeide, S. A., Landoll, R. R., Nielsen, M. K., & Kanzler, K. E. (2018). To go or not go: Patient preference in seeking specialty mental health versus behavioral consultation within the primary care behavioral health consultation model. *Families, Systems, & Health, 36*(4), 513-517. http://dx.doi.org/10.1037/fsh0000374513

Paolini, A. (2015). School shootings and student mental health: Role of the school counselor in mitigating violence. *Vistas Online 90*, 1-15. https://www.counseling.org/docs/default-source/vistas/school-shootings-and-student-mental-health.pdf?sfvrsn=6

Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111–148, 124 Stat. 119 (2010), Codified as Amended 42 U.S.C. § 18001. https://www.congress.gov/111/plaws/publ148/PLAW-111publ148.pdf

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed). Thousand Oaks, CA: Sage.

Polanin, J. R., Espelage, D. L., Grotpeter, J. K., Spinney, E., Ingram, K. M., Valido, A., El Sheikh, A., Torgal, C., & Robinson, L. (2020). A meta-analysis of longitudinal partial correlations between school violence and mental health, school performance, and criminal or delinquent acts. *Psychological bulletin , 147*(2), 115–133. https://doi.org/10.1037/bul0000314

Polkinghorne, D. E. (1984). *Methodology for the human sciences: Systems of inquiry*. Suny Press.

Powers, J., Edwards, J., Blackman, K., Wegmann, K. (2013). Key elements of a successful multi-system collaboration for school-based mental health: In-depth interviews with district and agency administrators. *Urban Review: Issues and Ideas in Public Education, 45*(5), 651-670. http://dx.doi.org/10.1007/s11256-013-0239-4

Puskar, K. R., & Marie Bernardo, L. (2007). Mental health and academic achievement: Role of school nurses. *Journal for Specialists in Pediatric Nursing, 12*(4), 215-223. https://doi.org/10.1111/j.1744-6155.2007.00117.x

Ravenna, J., & Cleaver, K. (2016). School nurses' experiences of managing young people with mental health problems: A scoping review. *The Journal of School Nursing, 32*(1), 58-70. https://doi.org/10.1177/1059840515620281

Ravitch, S. M., & Carl, N. M. (2019). *Qualitative research: Bridging the conceptual, theoretical, and methodological.* Sage Publications.

Reardon, T., Harvey, K., Baranowska, M., O'Brien, D., Smith, L., & Creswell, C. (2017). What do parents perceive are the barriers and facilitators to accessing psychological treatment for mental health problems in children and adolescents? A systematic review of qualitative and quantitative studies. *European Child & Adolescent Psychiatry, 26*(6), 623-647. https://doi.org/10.1007/s00787-016-0930-6

Repie, M. (2005). A school mental health issues survey from the perspective of regular and special education teachers, school counselors, and school psychologists. *Education and Treatment of Children, 28*(3), 279-298. http://www.jstor.org/stable/42899850

Rogers-Struthers, L. (1917). *The school nurse: A survey of the duties and responsibilities of the nurse in the maintenance of health and physical perfection and the prevention of disease among school children.* New York, NY: G.P. Putnam.

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

Rosenheck, R. (2000). The delivery of mental health services in the 21st century: Bringing the community back in. *Community Mental Health Journal 36*(1), 107–124. https://doi.org/10.1023/A:1001860812441

Schmidt, J. J. (2008). History of school counseling. *Handbook of school counseling*, 3-13.

School-based health alliance. (2021). *Mental health*. http://www.sbh4all.org/school-health-care/health-and-learning/mental-health/

School-Based Health Clinic Establishment Act of 2007, S. 600, 110 Cong. (2007). https://www.congress.gov/bill/110th-congress/senate-bill/600?s=1&r=92

Sedlak, M. W. (1997). The uneasy alliance of mental health services and the schools: An historical perspective. *American Journal of Orthopsychiatry, 67*(3), 349-362. https://doi.org/10.1037/h0080238

Sedlak, M., & Church, R. L. (1982). A history of social services delivered to youth. *Washington, DC: US Department of Education, National Institute of Education.*

Siegel-Hawley, G., & Frankenberg, E. (2011). Magnet School Student Outcomes: What the Research Says. Research Brief No. 6. *National Coalition on School Diversity. https://files.eric.ed.gov/fulltext/ED571619.pdf*

Shelton, A. J., & Owens, E. W. (2021). Mental health services in the United States public high schools. *Journal of School Health, 91*(1), 70-76. https://doi.org/10.1111/josh.12976

Slade, E. (2003). The relationship between school characteristics and the availability of mental health and related health services in middle and high schools in the United States. *The Journal of Behavioral Health Services & Research, 30*(4), 382-392. 10.1007/BF02287426

Smith, B. (2018). Generalizability in qualitative research: Misunderstandings, opportunities and recommendations for the sport and exercise sciences. *Qualitative Research in Sport, Exercise and Health*, *10*(1), 137-149. https://doi.org/10.1080/2159676X.2017.1393221

Smith, H. L. (2012). The historical development of community and clinical mental health counseling in the United States. *Turkish Psychological Counseling and Guidance Journal, 4*(37), 1-10.

Smith, J., & Noble, H. (2014). Bias in research. *Evidence-based nursing, 17*(4), 100-101. https://10.1136/eb-2014-101946

Stagman, S., & Cooper, J. L. (2010). Children's mental health: What every policymaker should know. Retrieved from http://www.nccp.org/publications/pub_929.html

Stake, R.E. (1995). *The art of case study research*. Sage.

Stake, R. E. (1978). The case study method in social inquiry. *Educational Researcher*, *7*(2), 5-8.

Stephan, S. H., Weist, M., Kataoka, S., Adelsheim, S., & Mills, C. (2007). Transformation of children's mental health services: The role of school mental health. *Psychiatric Services, 58*(10), 1330-1338. 10.1176/ps.2007.58.10.1330

Stevenson, B. A. (2010). Evolving roles for school nurses: Addressing mental health and psychiatric concerns of students. *NASN School Nurse, 25*(1), 30-33. https://doi.org/10.1177/1942602X09353915

Strauss, A. & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage Publications.

Substance Abuse and Mental Health Services Administration. (2020). *Behavioral health barometer: North Carolina, volume 6: Indicators as measured through the 2019 national survey on drug use and health and the national survey of substance abuse treatment services.* https://www.samhsa.gov/data/sites/default/files/reports/rpt32850/NorthCarolina-BH-Barometer_Volume6.pdf

Substance Abuse and Mental Health Services Administration. (2015). *The comprehensive community mental health services for children with serious emotional disturbances program: Report to Congress.* https://www.samhsa.gov/sites/default/files/programs_campaigns/nitt-ta/2015-report-to-congress.pdf

Swick, D., & Powers, J. D. (2018). Increasing access to care by delivering mental health services in schools: The school-based support program. *School Community Journal, 28*(1), 129-144. https://files.eric.ed.gov/fulltext/EJ1184769.pdf

Torcasso, G., & Hilt, L. M. (2017). Suicide prevention among high school students: Evaluation of a nonrandomized trial of a multi-stage suicide screening program. *Child & Youth Care Forum, 46*(1), 35–49. http://DOI 10.1007/s10566-016-9366-x

The Department of Health and Human Services. (2002). *Interim Report of the President's New Freedom Commission on Mental Health.* https://govinfo.library.unt.edu/mentalhealthcommission/reports/Interim_Report.htm

The Healthy Schools Act of 2007, H.R. 2870, 110 Cong. 2007. https://trackbill.com/bill/us-congress-house-bill-2870-healthy-schools-act-of-2007/335074/

Tyack, D. (1992). Health and social services in public schools: Historical perspectives. *The Future of Children, (2)*1, 19-31. https://doi.org/10.2307/1602459

U.S. Department of Education (2014). *Grants for the integration of schools and mental health systems. https://www2.ed.gov/programs/mentalhealth/index.html*

U.S. Department of Education (2011). *Government Performance and Results Act (GPRA) https://www2.ed.gov/programs/mentalhealth/performance.html*

U.S. Department of Education (2022). *School based mental health services (SBMH) grant program.* https://oese.ed.gov/files/2022/10/SBMH-Brochure-1.pdf

U.S. Department of Health and Human Services. (June, 2006). *Your rights under Section 504 of The Rehabilitation Act.* Fact sheet. https://www.hhs.gov/sites/default/files/ocr/civilrights/resources/factsheets/504.pdf

U.S. Department of Health and Human Services. (2020). *National Vital Statistics Reports: State suicide rates among adolescents and young adults Aged 10–24: United States, 2000–2018.* https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr-69-11-508.pdf.

U.S. Department of Health and Human Services Office of Civil Rights (2020). *FAQs on telehealth and HIPAA during the COVID-19 nationwide public health emergency.* https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf

Vanderlind, R. (2017). Effects of mental health on student learning. *Learning Assistance Review 22*(2), 39-58. https://files.eric.ed.gov/fulltext/EJ1154566.pdf

Venville, A., Mealings, M., Ennals, P., Oates, J., Fossey, E., Douglas, J., & Bigby, C. (2016). Supporting students with invisible disabilities: A scoping review of postsecondary education for students with mental illness or an acquired brain injury. *International Journal of Disability, Development* and Education, 63(6), 571–592. http://dx.doi.org/10.1080/1034912X.2016.1153050

Vidourek, R. A., & Burbage, M. (2019). Positive mental health and mental health stigma: A qualitative study assessing student attitudes. *Mental Health & Prevention, 13*, 1-6. https://doi.org/10.1016/j.mhp.2018.11.006

Vossekuil, B., Fein, R. A., Reddy, M., Borum, R., & Modzeleski, W. (2002). The final report and findings of the Safe School Initiative. Washington, DC: US Secret Service and Department of Education. https://www2.ed.gov/admins/lead/safety/preventingattacksreport.pdf

Wahl, O. F. (2012). Stigma as a barrier to recovery from mental illness. *Trends in Cognitive Sciences, 16*(1), 9-10. https://doi.org/10.1016/j.tics.2011.11.002

Walley, C., Grothaus, T., & Craigen, L. (2009). Confusion, crisis, and opportunity: Professional school counselors' role in responding to student mental health issues. *Journal of School Counseling, 7*(36), n36.

Walter, H., Kaye, A., Dennery, K., DeMaso, D. (2019). Three-year outcomes of a school-hospital partnership providing multi-tiered mental health services in urban schools. *Journal of School Health, 89*(8), 643-652. https://doi.org/10.1111/josh.12792

Wang, J., Herman, J. L., & Dockterman, D. (2018). A research synthesis of magnet school effect on student outcomes: Beyond descriptive studies. *Journal of School Choice, 12*(2), 157-180. https://doi.org/10.1080/15582159.2018.1440100

White, H., LaFleur, J., Houle, K., Hyry-Dermith, P., & Blake, S. M. (2017). Evaluation of a school-based transition program designed to facilitate school reentry following a mental health crisis or psychiatric hospitalization. *Psychology in the Schools, 54*(8), 868–882. https://doi.org/10.1002/pits.22036

Wolfe, L. (2013). The profession of school nursing. In J. Selekman (Ed.), *School nursing a comprehensive text* (2nd ed., pp. 25–47). Philadelphia, PA: FA Davis.

Wolf, R. T., Puggaard, L. B., Pedersen, M. M. A., Pagsberg, A. K., Silverman, W. K., Correll, C. U., Plessen, K. J., Neumer, S-P., Gyrd-Hansen, D., Thastum, M., Bilenberg, N., Thomsen, P. H., Jeppesen, P. (2021). Systematic identification and stratification of help-seeking school-aged youth with mental health problems: A novel approach to stage-based stepped-care. European Child & Adolescent Psychiatry 1-13 https://doi.org/10.1007/s00787-021-01718-5

Zins, J. E., & Elias, M. J. (2007). Social and emotional learning: Promoting the development of all students. Journal of Educational and Psychological consultation, 17(2-3), 233-255. https://doi.org/10.1080/10474410701413152

Ziomek-Daigle, J., Goodman-Scott, E., Cavin, J., & Donohue, P. (2016). Integrating a multi-tiered system of supports with comprehensive school counseling programs. *The Professional Counselor, 6*(3). doi:10.15241/jzd.6.3.220

## Appendix A - Recruitment Form

Recruitment Email Script - J. Allen Dissertation

*Hello -*

*My name is Josh Allen, and I am currently working on my doctorate through UNC-Charlotte, and a part of this process requires me to conduct a formal study as part of my dissertation. As a principal at a magnet high school, I'm interested in school support staff who work in magnet high schools and their experiences with students with mental health needs.*

*As the school counselor, school social worker, or school nurse at your school, I'm wondering if you'd consider participating in this study?*

*If you're willing to participate, please know that all participants' names and identifying information will, of course, be kept confidential. Participation in this study will involve 1 approximate 45-60 minute interview.*

*Please click here to access a Google Form recruitment survey.*

*Thank you for your consideration,*

*Josh Allen*
*Ed.D. Student at the University of North Carolina at Charlotte*

*Working under the supervision of:*

*Dr. Rebecca Shore*
*Associate Professor & Faculty Advisor*
*The University of North Carolina at Charlotte*
*Cato College of Education*
*9201 University Blvd*
*Charlotte, NC 28223*
*704-687-8722*

**Appendix B - Interview Protocol, Semi-structured Interview**

The following research questions will guide this research study:

1.What are the experiences of school support staff (school counselors, school social workers, and school nurses) who work in small magnet high schools in working with students with mental health needs?

-What does the phrase “mental health needs” mean/look like in your school?

-How often do you encounter a student with mental health needs?

-What steps do you take when you encounter students with mental health needs? Are these prescribed steps? If so, who prescribed them?

-What school-based supports exist for students with mental health needs?

-What community-based supports exist for students with mental health needs?

2. What are the perceptions of school support staff (school counselors, school social workers, and school nurses) of student access to and participation in school-based and community-based mental health services?

-Describe student access to school-based and community-based mental health services.

-What barriers exist in accessing either service?

-In your experience, when a student accesses one of these services, how often do they continue to? Why do you think this is so?

3. From the perspective of school support staff (school counselors, school social workers, and school nurses) who work in small magnet high schools, what factors lead to students' mental health needs?

-In your experience, what school-based factors in your specialized magnet school (academic, extra-curricular, social) lead to student mental health needs? Please explain.

-In your experience, what external factors related to your specialized magnet school (external expectations/pressure, long-range planning) lead to student mental health needs? Please explain.

4. From the perspective of school support staff (school counselors, school social workers, and school nurses) who work in small magnet high schools, how is academic performance impacted by students' mental health needs?

-When students struggle with mental health needs, how is their academic life impacted?

5.What challenges do school support staff (school counselors, school social workers, and school nurses) have with other school staff when working to support students with mental health needs?

-What in-school challenges do you face when working with students with mental health needs?

-What out-of-school challenges do you face when working with students with mental health needs?