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LIVED EXPERIENCES OF SCHOOL COUNSELORS WORKING IN CONJOINT ROLES IN A MULTISYSTEM FRAMEWORK TO ADDRESS THE MENTAL HEALTH NEEDS OF STUDENTS

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LIVED EXPERIENCES OF SCHOOL COUNSELORS WORKING IN CONJOINT ROLES IN A MULTISYSTEM FRAMEWORK TO ADDRESS THE MENTAL HEALTH NEEDS OF STUDENTS

A

DISSERTATION

Presented to the Faculty of the Graduate School of

St. Mary's University in Partial Fulfillment

of the Requirements

for the Degree of

DOCTOR OF PHILOSOPHY

In

Counselor Education and Supervision

by

Angela Cano Sampson, M.Ed., M.S.

San Antonio, Texas

May 2023

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Abstract

LIVED EXPERIENCES OF SCHOOL COUNSELORS WORKING IN CONJOINT ROLES IN A MULTISYSTEM FRAMEWORK TO ADDRESS THE MENTAL HEALTH NEEDS OF STUDENTS

Angela Cano Sampson

St. Mary's University, 2023

Dissertation Advisor: Romulo Montilla, Ph.D.

The purpose of this phenomenological qualitative study was to explore the lived experiences of school counselors working in conjoint roles as social–emotional leaders and mental health professionals (MHPs) to address the mental health needs of students through multisystem collaboratives (MSCs) and school-based systems of mental health care (SBSMHC).

The role of the school counselor has expanded into becoming a social–emotional leader and school MHP advocating for comprehensive social–emotional learning and the "school-linked" movement that coalesced their exclusive professional proficiency with both school-based and community resources working to enhance initiatives for student psychosocial development in ways that would increase student assets and resiliency, reduce risk factors, and improve school to community mental health accessibility with the goal of cultivating healthy and productive citizens and workers of tomorrow.

MSCs and SBSMHC have changed the landscape in school counseling and psychosocial educational programming in schools, which suggests a renewed emphasis on an enhanced, strategic, collaborative approach between school and community mental health service agencies to expand student and parent mental health services and to integrate a comprehensive full-service

school that provides students holistic solutions to address the psychosocial learning barriers that students face daily.

Over the past several decades, school counselors have struggled with role confusion and their experiences as school counselors who work in conjoint roles as social–emotional leaders and MHPs to address the mental health needs of students through MSCs and SBSMHC. They have also struggled with demonstrating student accountability in the areas of responding to the need for mental health services that promote social–emotional wellness and development for all students.

Moreover, during this revolution school counselors should rework the social–emotional and mental health framework in schools into a multisystem structure that is collaborative, comprehensive, tiered, and designed to address the mental health needs of all students.

Keywords: conjoint roles, social–emotional leaders, school counselors as mental health professionals, mental health, mental health needs of students, multisystem collaboratives, and school-based systems of mental health care (SBSMHC).

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List of Acronyms

AAP – Academy of Pediatrics

ACA – American Counseling Association

ACOG – Alamo Area Council of Governments

ANOVA – analysis of variance

AP – advance placement

APA – American Psychological Association

ASCA – American School Counselor Association

CACREP – Council for Accreditation of Counseling and Related Programs

CDC – Centers for Disease Control and Prevention

DSM-5 – *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM–5*)

FERPA – Family Educational Rights and Privacy Act

IDD – Intellectual and developmental disabilities

K–12 – Kindergarten–Grade 12

LPC – licensed professional counselor

LPC-A – licensed professional counselor associate

LSSSCA – Lone Star State School Counselor Association

MAXQDA – German sociologist Max Weber (maximum) qualitative data analysis

MCOT – Mobile Crisis Outreach Team

MHP – mental health professional

MSC – multisystem collaborative

MST – multisystemic therapy

MTSS – multitiered system of supports

PALS – parents and peers as leaders in schools

SBSMHC – school-based systems of mental health care

SEL – social–emotional learning

STAN – Student Teacher Assistance Network, now Student Wellbeing and Mental Wellness

TCHATT – Texas Child Health Access Through Telemedicine

TSCA – Texas School Counselor Association

USDHHS – U.S. Department of Health and Human Services

USDOE – U.S. Department of Education

USDOJ – U.S. Department of Justice

Chapter 1

Introduction

Approximately 1 in 3 secondary students has experienced poor mental health (most of the time or always) and 21.1% during the past 30 days (Jones et al., 2022). Children 5–12 years old are expected to have an emotional, behavioral, or developmental condition at some point during these identity determinative years (Merikangas et al., 2010; Swick & Powers, 2018). Approximately 36% of students experience feelings of hopelessness and sadness, an increase of 10% from 2009 (Bitsko et al., 2022). Furthermore, Bitsko et al. (2022) said that attention-deficit and hyperactivity disorder and anxiety are most prevalent in students Ages 3–17 and among children Ages 12–17 years, one fifth (20.9%) had experienced a major depressive episode. However, most alarming is the increase in suicides among students between Ages 10 and 19 to an astonishing 7/100,000 in 2018 and 2019.

With these distressing statistics regarding youth in America, it should be clear that early prevention and intervention are critical during this stage of life and that schools are the best setting in which this intervention can occur (Beames et al., 2020; Bristol et al., 2022; Leschied et al., 2018).

Providing school-based, comprehensive, integrative, counseling services prevention and intervention programs within school settings has the potential to decrease at-risk and problem behaviors and to enhance student mental health well-being. Furthermore, delivering school-based, comprehensive, integrative, counseling services prevention and intervention programs within school settings offers a better chance of reaching those students who would otherwise not receive any mental health support. School counselors who work in conjoint roles and in collaboration with community mental health professionals (MHPs) hold the potential to provide effective, school-based, comprehensive mental health services to address students' academic,

behavioral, emotional, and social needs. However, the implementation of these school-based, comprehensive, integrative, counseling service prevention and intervention programs remains an ongoing challenge for school counselors in schools (Adelman & Taylor, 2006; American Academy of Pediatrics [AAP] Committee on School Health, 2004; American School Counselor Association [ASCA], 2012; Mayer & Cobb, 2000).

Therefore, the purpose of this phenomenological qualitative study was to explore the lived experiences of school counselors working in conjoint roles as social–emotional learning (SEL) leaders and MHPs as they address the mental health needs of students within school-based systems of mental health care (SBSMHC).

In this study, the researcher (a) illuminates school counselors' involvement in their roles as social–emotional leaders and MHPs who work within a proactive agenda for shaping the future of mental health in schools, (b) highlights occurrences in which school counselors work in multidisciplinary collaboratives within a proactive agenda for shaping the future of mental health in schools, and (c) informs about new directions and the ways of thinking in which school counselors engage as they build on emerging SBSMHC to address mental health in schools (Gysbers & Henderson, 2006; Hernandez & Hodges, 2003; Messina et al., 2015; Stroul, 2002; Suldo et al., 2011; Taras, 2004).

More recently, given the emergence of data regarding the high prevalence of unmet mental health needs among Kindergarten–Grade 12 (K–12) students, the role and function of school counselors has been broadened so that they work more in a collaborative capacity as SEL leaders and MHPs in the delivery of mental health services and programs for students (ASCA, 2018, 2019b; DeKruyf et al., 2013; Ockerman et al., 2012).

Moreover, over the past decade, school counselors, who work within their conjoint roles, have struggled to deliver, implement, promote, and advocate for a mental health, school and

community collaborative, integrated, tiered-level, school-wide support framework that has the prospective to meet the vast mental health needs of K–12 students and to increase overall positive educational, behavioral, and social outcomes for students (Adelman & Taylor, 2008; ASCA, 2017b).

The authors of the recent literature in school counseling have embraced the movement related to SBSMHC so that they address all students, using a three-tiered approach: (a) a preventative setting, (b) early intervention for those with a diagnosis, and (c) treatment and care for the more severe students (Kang-Yi et al., 2013; Lockhart & Keys, 1998; Paternite, 2005; School Mental Health Alliance, 2005; Weist et al., 2005). Additionally, SBSMHC offers mental health wraparound services and programs and fully involves not only school stakeholders, but also community MHPs, families, and students in the planning and selection of mental health interventions, the coordination of the services of multiple providers, and the use of culturally relevant processes to support students' overall mental health wellness (Kang-Yi et al., 2013; Lockhart & Keys, 1998; Paternite, 2005; School Mental Health Alliance, 2005; Weist et al., 2005).

Adelman and Taylor's (2004) findings suggested a paradigm shift in balance from academic accountability towards a focus on student mental health well-being and they might offer inspiration for policymakers to ensure that mental health services are readily available for all students who need them. This paradigm shift can also encourage the increase in funding to hire more school counselors and MHPs in schools and to support higher education counselor preparation programs in their efforts to train and educate adequately a new generation of school counseling professionals. Furthermore, supporting school counselors in their conjoint roles as they address students' mental health needs within SBSMHC will (a) build mental health literacy within a supportive multitiered school environment tailored to students' individual mental health

needs, (b) encourage the school and community multidisciplinary student support teams to review and plan evaluations and intervention strategies for students experiencing mental health problems, and (c) encourage the development of school to community relationships to assist students with external mental health stressors, while relieving school counselors from burnout caused by having to shoulder all the mental health responsibilities instead of being able to share the weight of overall student mental health wellness by distributing the load amongst competent MHPs (AAP Committee on School Health, 2004; Adelman & Taylor, 2006; ASCA, 2019b; Collins, 2014; Gysbers & Henderson, 2006; Hernandez & Hodges, 2001; Messina et al., 2015; Stroul, 2002; Suldo et al., 2011; Taras, 2004).

Summary of the Literature

Worldwide, a mental health crisis is present in schools (Meadows & Ramirez, 2018; O'Dea et al., 2017). With more than 50% of adolescents struggling with a mental health disorder before Age 18, an increased awareness exists in schools such that MHPs and school communities have acknowledged the presence of psychological disorders and at-risk behaviors (i.e., those associated with poor academic, performance, early termination of schooling, elevated suicide, risk, and comorbidities; e.g., substance misuse and self-harm) that are exceedingly prevalent among school-aged youth with relatively few of them receiving psychological interventions. Furthermore, and most alarming nationwide, is the fact that suicide has tripled over the past few decades, making it the leading cause of death among 10–24-year-olds (Avenevoli et al., 2008; AAP Committee on School Health, 2004; Flett & Hewitt, 2013; Kruisselbrink, 2013; Leach & Butterworth, 2017; Merikangas et al., 2010).

To address this crisis, DeKruyf et al. (2013) insinuated a challenge for school counselors (a) to embrace their conjoint roles, (b) to enhance their commitment to being leaders in social–emotional development and mental health, and (c) to shift the focus to a more whole school,

SEL, prevention- intervention-treatment-and-care approach that is more comprehensive, integrative, multitiered, and aimed to address the mental health needs of all students. Therefore, the ASCA (2019b) National Model® provided a framework for school counselors to integrate systemic change, while working within their roles as leaders, advocates, and multidisciplinary collaborators (AAP Committee on School Health, 2004; Barnett et al., 1999; Van Velsor, 2009).

An argument can be made that SBSMHC services can positively affect mental health issues later on in adulthood (Atkins et al., 2010; Marsh, 2016; Marsh & Mathur, 2020; Mental Health America, 2015), yet support for all students, including those with disabilities and a diagnosis, continue to be left out of the loop of mental health support, treatment, and care, despite the evidence of researchers who have suggested that students with disabilities who do not receive services early for mental health issues have the highest rates of problematic outcomes and the lowest levels of positive school-related outcomes (e.g., increased school connectedness, better decision-making and problem-solving skills, lower rates of suicide ideations and attempts; Cumming et al., 2018; McGorry & Purcell, 2009).

Therefore, SBSMHC has grown as a comprehensive, integrative, and multitiered strategy to address mental health concerns by removing barriers to learning by organizing potential preventative and intervention services in mental health so that they are accessible, while improving coordination and delivery of social–emotional education and mental health strategies for students while they are in school. The AAP Committee on School Health (2004) postulated, "More than 75% of pediatricians support the provision of psychological and counseling services in schools, which include assessments, interventions, and referrals" (p. 1840; Barnett et al., 1999). The ASCA (2019b) stance on the school counselor and multitiered system of supports (MTSS) advised that school counselors should capture all opportunities to have a long-term influence on students' academic success and social–emotional and behavioral development to

improve overall mental health wellness. Furthermore, school counselors are expected to impart this influence by integrating a MTSS framework such as SBSMHC within a school counseling program (ASCA, 2019b; Ziomek-Daigle et al., 2016).

However, arriving with a SBSMHC that is a comprehensive, integrative, and multitiered approach that is focused on SEL, prevention, intervention, and treatment to facilitate mental health wellness is challenging, to say the least, and schools (in particular school counselors) struggle with the long-term commitment and conjoint role responsibilities involved in discovering fundamental ways with which to strategize an all-inclusive plan to combine school-based mental health (SBMH) and school counseling programs requisites, while also obtaining a united buy-in from school and community stakeholders to work in collaboration to promote the integration of SEL programming throughout the school culture and offer equal access to SEL opportunities for all students.

An added obstacle for school counselors is the large caseloads of students (ASCA, 2019b) through the delivery component that the ASCA (2019b) National Model® described. According to the ASCA (2019b), delivery components include (a) school counseling guidance core curriculum, (b) individual student planning, (c) responsive services, and (d) indirect student services referrals, consultation, and collaboration. Across schools in America, the average student-to-school-counselor ratio is 464 to 1—a far cry from the ASCA recommendation of 250 to 1 ratio of students to school counselors who are also expected to work with students directly and indirectly 80% of their school day (ASCA, 2012; Lapan et al. 2012).

Table 1 shows the standards and the explanations of appropriate activities in which school counselors may engage, according to the ASCA (2019b), versus inappropriate activities in which school counselors should not engage.

Table 1

Inappropriate Noncounseling and Appropriate Counseling Activities

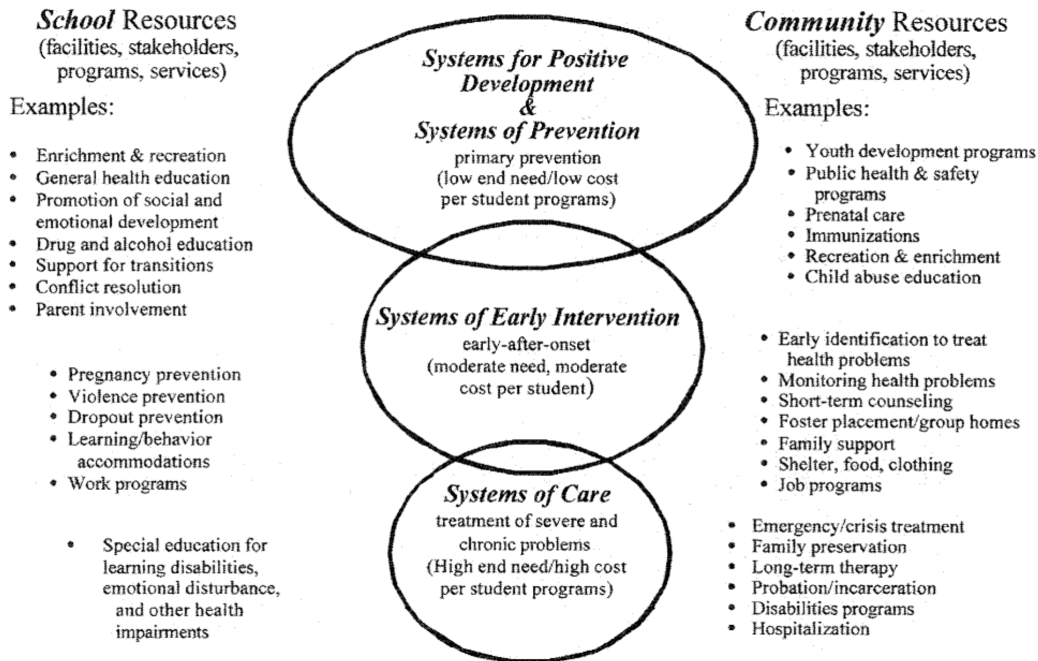
Inappropriate (noncounseling) activities	Appropriate (counseling) activities
Registering and scheduling all new students	Designing individual student academic programs
Administering cognitive, aptitude, and achievement tests	Interpreting cognitive, aptitude, and achievement tests
Signing excuses for students who are tardy or absent	Counseling students with excessive tardiness or absenteeism
Performing disciplinary actions	Counseling students with disciplinary problems
Sending home students who are not appropriately dressed	Counseling students about appropriate dress
Teaching classes when teachers are absent	Collaborating with teachers to present guidance curriculum lessons
Computing grade point averages	Analyzing grade point averages in relationship to achievement
Maintaining student records	Interpreting student records
Supervising study halls	Providing teachers with suggestions for better study hall management
Clerical recordkeeping	Ensuring that student records are maintained in accordance with state and federal regulations
Assisting with duties in the principal's office	Assisting the school principal with identifying student issues, needs, and problems
	Collaborating with teachers to present proactive, prevention-based, guidance curriculum lessons

Note. From "The ASCA National Model®: A Framework for School Counseling Programs," by the American School Counselor Association, 2003, *Professional School Counseling, 6*(3), p. 168.

Figure 1 shows that school counselors have a duty to address the students' social, emotional, and behavioral issues through short-term counseling in small-group and individual settings. In addition, Figure 1 illustrates school counselors as members of the leadership team who act as systems change agents to improve the learning opportunities for all students, highlighting their explicit duties to address the students' social, emotional, and behavioral issues through short-term and long-term counseling and multisystem collaborations with school and community stakeholders.

Figure 1

School-Based Systems of Mental Health Care



Note. A comprehensive, multifaceted, and integrated approach to addressing barriers to learning and promoting healthy development. Written by H. S. Adelman and L. Taylor circulated through the Center for Mental Health in Schools at the University of California at Los Angeles.

Furthermore, school counselors should counsel using established evidence-based theories, techniques, and interventions to help students manage emotions and apply interpersonal skills (e.g., reality therapy, cognitive–behavioral therapy, Adlerian, solution-focused brief counseling, and person-centered counseling), all of which are used to promote academic, career and social–emotional development. However, school counselors continue to experience large student caseloads and a variety of quasi-administrative, noncounseling duties—outside of serving as SEL leaders, MHPs and multidisciplinary collaborators—that hinder them from conducting necessary therapeutic counseling with those who have a diagnosis or need to work in large groups; therefore, delivery of prevention and intervention counseling services is limited or nonexistent in many cases. Unfortunately, school counselors spend most of their time in a school

day relegated to ancillary duties, and their role as social–emotional leaders and MHPs is frequently considered subordinate to the academic content and accountability valued in contemporary schools (Dahir & Stone, 2009; Dollarhide & Lemberger, 2006), regardless of the ASCA's (2019b) standards and evidence that illuminate the value of school counseling services in schools for all students (see Figure 2; Moyer, 2011; Carrell & Hoekstra, 2014; Lapan et al., 1997).

Figure 2

The Role of the School Counselor

AMERICAN SCHOOL COUNSELOR ASSOCIATION

The Role of the School Counselor

Who are School Counselors?

School counselors are certified/licensed educators who improve student success for ALL students by implementing a comprehensive school counseling program.

EMPLOYED AT ALL LEVELS

Elementary

Middle

High School

Also employed in district supervisory positions; and school counselor education positions

SCHOOL COUNSELOR QUALIFICATIONS

LEADERSHIP TEAM MEMBERS

School counselors work to maximize student success, promoting access and equity for all students. As vital members of the school leadership team, school counselors create a school culture of success for all.

School counselors help all students:
- apply academic achievement strategies
- manage emotions and apply interpersonal skills
- plan for postsecondary options (higher education, military, work force)

Appropriate duties include providing:
- individual student academic planning and goal setting
- school counseling classroom lessons based on student success standards
- short-term counseling to students
- referrals for long-term support
- collaboration with families/teachers/ administrators/ community for student success
- advocacy for students at individual education plan meetings and other student-focused meetings
- data analysis to identify student issues, needs and challenges
- acting as a systems change agent to improve equity and access, achievement and opportunities for all students

Note. From *The Role of the School Counselor*, by the American School Counselor Association, n.d.-c.

Missed opportunities and the underuse of school counselors are frequent occurrences and they might be a function of misunderstanding or misappropriation of school counseling roles, practices, or outcomes. School counselors are overlooked as leaders of social–emotional and mental health. Bowers et al. (2017) suggested,

> [Educational leaders need] to address this issue, school counselors can adopt a leadership posture that is consistent with the nature of the profession and the needs of schools and learners, which in turn might translate into greater quantity and improved quality of services delivered. (p. 1; Beesley, 2004; Clark & Amatea, 2004; Dollarhide et al., 2007)

Schools offer unparalleled access to students as a point of engagement for addressing their educational, emotional, and behavioral needs and for advocating partnerships between schools and community resources to address the mental health needs of youth. Paternite (2005) emphasized, "Schools cannot, and should not, be held responsible for meeting every need of every student" (p. 659). Primarily school counselors are the most challenged to find creative ways to work within the scope of the ASCA's professional foundation, direct and indirect student services, and planning and assessment standards in the design, implementation, and assessment of a school counseling program to adopt new thinking that focuses on enhancing mental health care for students. SBSMHC programs and services, involving effective, collaborative strategies to promote the mental health and school success of youth, offer significant potential to address substantially the mandates of the Elementary and Secondary Education Act of 2002, the No Child Left Behind Act of 2001, and the recently reauthorized Individuals with Disabilities Education Improvement Act of 2004 to accomplish this feat (ASCA, 2019b; Paternite, 2005; School Mental Health Alliance, 2005; Weist et al., 2005).

Downs et al. (2002) found that counselors at schools with higher student-counselor ratios were overwhelmed with providing services to students and routinely neglected their own professional development and opportunities to collaborate with outside mental health entities.

School counselors are called upon to establish the best approach to train and develop school personnel in new ways of thinking (a) that support collaboration with all school and community stakeholders (e.g., teachers, administrators, parents, students, mental health counselors, psychologists, and psychiatrists), (b) that go beyond identification and assessing needs, and (c) that include a comprehensive, integrative and multitiered approach that focuses on SEL, prevention, intervention, treatment, and care in the design and implementation to meet the goal of mental health wellness for all students. According to Fabiano and Evans (2019, as cited in King-White, 2019), a multitiered support system consists of three levels of intervention that are designed to provide mental health support to incorporate school counselors who provide professional development to faculty and staff and offer trauma-informed care and mental health awareness and strategy training, thus, addressing the entire student body according to their mental health needs (Serpell et al., 2013).

As part of the ASCA (2019a) *School Counselor Professional Standards and Competencies* (specifically *Mindsets and Behaviors for Student Success* [ASCA, 2014]), school counselors believe that effective school counseling is a collaborative process that involves school counselors, students, families, teachers, administrators, other school staff and education stakeholders (p. 2). Together with this role, school counselors have support of direct collaboration and coordination with community entities, which is yet another vital way that school counselors can aid students with mental health issues and address barriers to learning (ASCA, 2019; Hodges et al., 2001; Trusty et al., 2008). Using school and community, multidisciplinary and familiar collaboration, school counselors can access a vast array of support

for student achievement and development that cannot be achieved by an individual or school alone (ASCA, 2019b). Moreover, in its *Ethical Standards for School Counselors*, the ASCA (2016) stipulated that school counselors have a responsibility (a) to collaborate with appropriate officials; (b) to remove barriers that might impede the effectiveness of the school's undertaking; (c) to remove the learning barriers caused by students' mental health issues; (d) to apply school counseling efforts towards the aim of providing counseling to students in a brief context; (e) to support students and families or guardians in obtaining outside services if the student needs long-term clinical counseling; and (f) to consider the involvement of support networks, wraparound services, and educational teams needed to best serve students (see also Brown et al., 2019).

With school counselors lack of receiving mental health counseling, targeted professional development, and training, they are at a loss as to how best to intertwine seamlessly a school counseling program and a SBSMHC model in a school. Without robust, targeted training in counseling and SBSMHC, counselor's competency in delivering therapeutic counseling with fidelity is unmet and the dilemma of implementing mental health services in a comprehensive framework platform for all students is untapped as a viable resource to combat the mental health crises that occur in schools today (Downs et al., 2002; Paternite, 2005; Pincus et al., 2020). In its final report, the *New Freedom Commission on Mental Health*, the U.S. Department of Health and Human Services (USDHHS; 2003) emphasized the importance of partnering with schools in mental health care as follows:

> The mission of public schools is to educate all students. However, children with serious emotional disturbances have the highest rates of school failure. Fifty percent of these students drop out of high school, compared to 30% of all students with disabilities. While schools are primarily concerned with education, mental health is essential to learning as well as to social and emotional development. Because of this important interplay between

> emotional health and school success, schools must be partners in the mental health care of our children. (p. 58)

Furthermore, school counselors are expected to establish the best approach to train and develop school personnel in new ways of thinking that support collaboration with all school and community stakeholders (e.g., teachers, administrators, parents, students, mental health counselors, psychologist psychiatrist) in ways that go beyond identifying and assessing, which needs to include a comprehensive, integrative, and multitiered approach that is focused on SEL, prevention, intervention, treatment, and care in the design and implementation to meet the goal of long-lasting mental health wellness for all students. As Elias et al. (2000) advised, choosing a "small craft is a sensible way to prepare for a maiden voyage" (p. 269; AAP Committee on School Health, 2004; Barnett et al., 1999; Porter et al., 2000; Van Velsor, 2009).

Conceptual Underpinning for the Study

Two important types of inputs support this study: (a) foundational elements (conceptual underpinnings), school counselors' conjoint roles as the first, social–emotional leaders who address the mental health need of students in multisystem collaboratives (MSCs) and SBSMHC and (b) the school counselors' role as MHPs who address the mental health needs of students in MSCs and SBSMHC. The researcher determined that these two types of inputs were necessary to delineate the various roles and functions of school counselors who work within a collaborative system of a mental health care multisystem framework. The Collaborative for Academic, Social, and Emotional Learning (2022) stated,

> Social and emotional learning (SEL) is paramount to a student's education and human development. SEL is also viewed as a form of intervention that affords students a process to acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel, and show empathy for

others, establish, and maintain supportive relationships, and make responsible and caring decisions.

Mayer and Cobb (2000) described SEL as being rooted in ideas and practices like humanistic counseling that reflect the fundamental, theoretical, humanistic bases in counseling, thus, substantiating the suitability of school counselors to be a school's SEL leaders and mental health campus experts, using their unique skills to focus on targeting students' internal resources and strengths in development to support their optimal levels of mental health functioning (Bowers & Lemberger, 2016; Myrick, 1997).

In this study, the school counselors' emphasis on SEL practices are highlighted as part of their leadership and intrinsic counselor dispositions and behaviors used in addressing the mental health needs of students in MSCs and SBSMHC. School counselors adopt a leadership posture and portray themselves as experts in SEL who serve as the campus SEL consultants, the "go to" people who move beyond counseling skills and techniques to the leadership consultant function, using their "social–emotional insights and behaviors to create an ethos that affects each participant in the total school environment. Furthermore, for students, school counselors with an SEL focus can generate a culture of solidarity and encouragement" (Bowers et al., 2017, p. 1; Norrish et al., 2013).

Dollarhide (2003) and Mason and McMahon (2009) explained that school counselors are positioned best to achieve a leadership presence, using their unique knowledge, skills, and abilities as they assume the SEL leadership and mental health expert roles within a MSC and system of mental health care framework in a school system. Hansen et al. (2014) posited,

> For the school counselor to achieve SEL-based school climate change and work within a multisystem capacity successfully, they must enhance and embrace specific dispositional skill sets within their leadership style and make use of democratic dispositions, markers

of social and emotional intelligence, and consideration of humanistic counseling praxis. (p. 4)

The ASCA (2016, 2022) stated,

> School counselors have unique qualifications and skills to address PreK–12 students' academic, career and social/emotional development needs and are the advocates, leaders, collaborators and consulted who create a systematic change to provide optimal learning environments for all students. (p. 1)

To emphasize further the redefined roles of school counselors, Bryan and Henry (2012) ascertained that, when school counselors invest in school–family–community partnerships, the residual effect from this multisystemic collaboration is the enhancement of student achievement and accomplishment of the academic, social–emotional well-being, and college preparedness for all students (ASCA, 2016, 2022; Hann-Morrison, 2011).

Bemak (2000) discussed an overall paradigm shift in public education that affects the core principles, practices, training, and values in which school counselor responsibilities and functions are currently redefined to align with the contemporary shift in trends in public education. This new alignment with national and state educational objectives expands the mission of schools and is focused not only on student academic achievement, but also on embracing an overall change in school culture, placing school counselors as campus professional groups in schools with a social–emotional and mental health leadership role in MSCs and systems of mental health care to create safe schools conducive to learning for all students (Weist et al., 2001).

The restructuring of the national and state education objectives, that now extend beyond merely meeting the academic needs of students into the overall mental health wellbeing of students, is motivated by the heightened psychological issues that have arisen in modern day

schools in the United States. Amid the global development of the coronavirus disease 2019 outbreak, these heightened psychosocial issues have proven as a global public health burden, resulting in schools and students being among the most in need of mental health intervention and support and the least likely to receive it (Gibson et al., 2022; Torales et al., 2020). Students are experiencing heightened levels of psychological distress and increased depression and anxiety, giving rise to negative academic consequences and new or exacerbated learning barriers to students' overall academic success (American College Health Association, 2019; Gibson et al., 2022; Wang et al., 2020). In this context and in the spirit of "it takes a village to raise a child," MSC partnerships between schools and community agencies working within a systems of mental health care have the potential of benefiting all stakeholders, for schools will receive increased mental health support to address the mental health needs of students, and be able to invite additional qualified staff, gaining added financial support, while community agencies gain access to students who, in many cases, would not receive services through community mental health outreach services, ultimately supporting schools, students, and their families with their struggles in mental health (Greenberg et al., 2003; Weist et al., 2006).

To build more comprehensive and responsive, school-to-community, mental health intervention, treatment, and support for students to address mental health issues, many schools and communities are moving in the direction of (or have already adopted) MSCs with MHPs to support mental health models designed as a comprehensive model to address the mental health needs of students and to establish a pipeline of school to community mental health support for students (Mellin et al., 2010; Vaillancourt et al., 2016).

The American Psychological Association (APA) Task Force on Evidence-Based Practice for Children and Adolescents (2008) advocated and the authors of the extant literature on MSCs and systems of mental health care in schools proposed (a) supporting school counselors who play

a leadership role as SEL and mental health experts on campus, engage in an approach that integrates mental health services into schools, and adopt a more formalized partnerships between school districts and community agencies, which then benefit vulnerable students and families within a community who otherwise might lack access to mental health services and all partner organizations that use public health models that integrate all spheres of a child's environment (Stiffman et al., 2010); (b) integrating physical health services into schools via school-based health centers (Davis & Montford, 2005); and (c) employing the system of care framework to guide the coordination of school and community mental health resources (Stroul, 2002). Moreover, Kazak et al. (2010) endorsed a meta-systems framework as a necessity to understand and address the complexities of student's mental health needs and care and to "formulate strategies that foster engagement and collaboration of multiple systems to improve treatment delivery" (p. 86).

Therefore, in this study, the researcher explored the experiences of school counselors as the primary actors in assuming the newly redefined roles of social–emotional leader and campus MHPs, working with MSCs as part of system for mental health care (a) to investigate the experiences that they might have when working directly with MHPs from community agencies on school campuses with students and their families, (b) to provide the expertise and resources that they need to promote better the mental health of all students, and (c) to improve academic outcomes (Weist et al., 2006). Epstein (1987, 2001) theorized that MSCs and systems of mental health care are intersecting spheres and asserted that students learn more and function optimally mental-health-wise when parents, educators, and others in the community recognize their shared goals and responsibilities for student learning and work together, rather than alone (Armstrong-Piner, 2008; Epstein, 1987, 2001).

Statement of the Problem

Mahoney et al. (2021) have indicated that the increased need for mental health literacy, prevention, and intervention support among students is necessary and should take place within the students' natural environment because mental, social, and emotional health outcomes are clearly connected to student academic success. Furthermore, school counselors are being called upon to lead this charge in their conjoint roles as social–emotional leaders and MHPs within a school-based, comprehensive, multitiered, integrative framework for prevention and intervention. USDHHS, the U.S. Department of Education (USDOE), and the U.S. Department of Justice (USDOJ; 2000) jointly posited,

> Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by those very institutions which were explicitly created to take care of them, further stating that, it is time that we as a nation took seriously the task of preventing mental health problems and treating mental health illnesses in youth. (p. 1; see also Carlson & Kees, 2013; Durlak et al., 2011; Franklin et al., 2012).

Problem 1: Mental Health Increase and Deficit Intervention and Treatment

The initial problem was two-fold. First, a response to the vital need for mental health services in schools is absent, for approximately 20% of students in schools have a diagnosable mental disorder, and 75% of those students do not receive treatment or receive inadequate treatment (Lean & Colucci, 2010). Second, Foster et al. (2005) reported that, nationwide, almost 60% of school districts have formal linkages with community agencies to provide mental health services to students, yet school-to-community multidisciplinary collaboratives among mental health personnel continue to be disregarded or regarded as supplemental services and as peripheral to the mission and function of the school (Messina et al., 2015).

Problem 2: Role Confusion

Lieberman (2004) postulated,

> The appropriate and effective utilization of school counselors appears to be unclear, not only to students, but to practicing counselors, school leaders, and the larger educational community further, confusion and lack of clarify regarding the role and function of counselors in schools has been highly visible and problematic in the education field for years. (p. 2)

Quantitative and qualitative research that has been conducted in the areas of school counselor roles, multidisciplinary collaboration, and SBSMHC have addressed the issues of school counselor role confusion and the importance of demonstrating accountability so that counselors can clarify and validate their roles as relevant stakeholders and systemic change agents in the school setting (Paolini & Topdemir, 2013). Carlson and Kees (2013) conducted a quantitative analysis to investigate the self-reported comfort level of school counselors in addressing the mental health needs of their students and school counselor perceptions regarding working relationships with school-based therapists, while Brown et al. (2006) surveyed school counselors and administrators, who were employed in middle and high school settings, regarding their thoughts about school districts working collaboratively with nonschool MHPs to respond to the mental health needs of students. Adelman and Taylor (2002a), Taras (2004), and Weist et al. (2014), who studied systems of mental health care, discussed various school mental health approaches and service systems of school districts with the focus on implementation, research, training practice, and policy of mental health system of care and barriers to learning. The results of their studies showed that a dearth of authors have explored the ways in which school counselors work in conjoint roles as SEL leaders and MHPs, specifically as they address the mental health needs of students within SBSMHC setting.

In keeping with the ASCA (2017) position on school counselors and social–emotional development, school counselors promote and strive to enhance students' SEL development, while affecting student growth in three domains: academic, career, and social–emotional development. In doing so, school counselors should understand that these domains are not addressed in silos but are interwoven such that each affects the other and all equally have a strong influence in the students' overall learning and potential (Schenck et al., 2010; Van Velsor, 2009).

When school counselors work in their conjoint roles as social–emotional leaders and mental health professions to help students overcome learning barriers (ASCA, 2019b), the school counselors recognize and respond to the need for mental health services that promote social–emotional wellness and development for all students. They also serve as advocates and change agents for the mental health needs of all students, specifically by offering instruction that (a) enhances awareness of mental health; (b) appraises and advises on academic, career, and social–emotional development; (c) intervenes with short-term counseling; and (d) refers to community resources for long-term support with mental health services that are comprehensive, multifaceted, and multitiered (Adelman & Taylor, 2008; ASCA, 2017).

One constant has been that school counselors serve in a capacity that contributes to the SEL of all students, yet services that involve aspects of prevention and intervention and treatment of care that is tiered and tailored to address the mental health needs of all students (from whole school to those who require coordination of treatment and care for the more severe mental health issues) remains unaccomplished. Most often, school stakeholders are confused with the role of the school counselor (see Figure 2) as social–emotional leaders and MHPs and so they fail to make the connection between the intimate relationship between social and emotional competence and over all student and school success. However, through further education and

advocacy of the school counselor's true role as SEL and mental health leaders and advocates in their work in preventative SEL programming and intervention collaboration with stakeholders and leadership united, one hopes that schools can begin to build "the needed bridge between counseling and education" (ASCA, 2005, p. 2; Van Velsor, 2009).

Problem 3: Formal linkage discrepancy in School to Community Mental Health Resources

School counselors in their conjoint roles face a multitude of barriers, including (a) scarcity in school to community partnerships, (b) distraction of duty to the commitment to a full continuum of mental health support, and (c) lofty assignments to address the needs of all students' social emotion issues, all of which impede their efforts to arrange form multisystem mental health collaboratives and SBSMHC. According to Paternite (2005), in the past 2 decades in United States, SBMH programs and services have grown progressively, in part because of increased recognition of their advantages and heightened federal support. Furthermore, Paternite (2005) stated,

> Key elements for success of SBMH programs and services are discussed, as underscored recently by the report of the New Freedom Commission on Mental Health (2003) and other important initiatives. These elements include (a) school–family–community agency partnerships, (b) commitment to a full continuum of mental health education, mental health promotion, assessment, problem prevention, early intervention, and treatment, and (c) services for all youth, including those in general and special education. (p. 657; see also Hogan, 2003)

Adelman and Taylor (2002a) suggested that there is no indication that the mental health needs of students will decrease; therefore, as schools reflect society, the crisis in mental health is real when sources of mental health continue to be downsized, changed, or altogether eliminated, while students continue to bring their problems to the schools. To contend with this crisis, school

counselors are expected to embrace the added roles of social–emotional leaders as the developers and implementers of a MTSS, which is like a SBSMHC.

School counselors who work in their conjoint roles are ideal for promoting student's mental health wellness systematically, and a SBSMHC provides a framework in which to do so. Where a SBSMHC serves as the data-informed school counseling framework, school counselors can serve in roles as supporters for indirect services and interveners for direct student services through the delivery component of the ASCA (2019b) National Model® (DeKruyf et al., 2013; Ockerman et al., 2012).

Moreover, ASCA (2021) encouraged school counselors to "align their work with MTSS through the implementation of the school counseling program designed to affect student development in the academic (achievement), the career (career exploration and development) and the social–emotional (behavior) domains" (p. 52). The challenges in implementing a SBSMHC are varied; first, school counselors, SBMH professionals, community MHPs, and families must collaborate to address the mental health issues with fidelity. The encounters that pose this dilemma include: (a) school counselors and MHPs not having ample time to collaborate and coordinate, (b) the duplication of services, and (c) issues involving the absence of a well-defined system to adhere to confidentially laws in the processes of implementation and delivery of mental health services and programming. Secondly, the AAP Committee on School Health (2004), stated that mental health services

> must be integrated within the school environment so that school personnel view the mental health services as an integral part of the educational system. Integration necessitates gaining the support of the school administration and staff, obtaining confidential space, working with school schedules to minimize missed class time, and avoiding turf issues. (p. 1843)

Problem 4: Paucity in Multisystem Mental Health Training

Further complications come from trying to build capacity in mental health literacy, training, and professional development for counselors and school personnel to enhance the counselor's knowledge and skillset in their confidence and abilities to provide evidence-based, effective, mental health counseling. In addition, schools should embrace a mental health wellness culture that confronts a tailored approach to meeting the mental health needs of all students so that the approach would be more integrated and comprehensive, which calls for the involvement of all stakeholders.

Larson and Daniels (1998) called for revisions in school counselor preparation programs and school counseling professional development, education, and training to enhance the counselor knowledge and ability to provide effectively mental health counseling. Council for Accreditation of Counseling and Related Programs (CACREP; 2009, 2016) stipulated in its standards that school counselors should have an awareness of students' personal, social, and emotional development because challenges in these areas can hinder the learning process. Therefore, to build capacity in mental health literacy in schools and to address adequately the challenges regarding provisions of mental health services within the current nature of job expectations, schools are called on to provide well thought out, robust, innovative training to expand administrators' understanding regarding the critical role that school counselors play in providing (a) mental health services with SBSMHC, (b) professional advocacy that is driven by school counselors in the field, and (c) meritorious cross-disciplinary partnerships that can enhance the possibility of greater mental health outcomes for the youth in schools and can ultimately effect positive change (ASCA, 2019b; AAP Committee on School Health, 2004; Larson & Daniels, 1998; Lockhart & Keys, 1998; Pumariega & Vance, 1999; Sink, 2016).

DeKruyf et al. (2013) revealed that the experiences in which school counselors work in conjoint roles as SEL leaders and MHPs (specifically as they address the mental health needs of students within SBSMHC setting) might encourage legislators and other stakeholders to support the improvement and coordination of mental health programs and school-wide health services to plan for quality preventative and treatment mental health interventions for students. Providing data regarding the school counselors' firsthand accounts of their perceptions, beliefs, and attitudes about the school counselor role and about collaboration with multidisciplinary MHPs in the delivery, promotion, and implementation of SBSMHC can be used to shape a more clear, comprehensive, credible, and valued role for school counselors in the future.

Therefore, the findings of this researcher's study will illuminate the prerequisite for mental health training for all school counselors and school personnel alike so that they can recognize stressors that students experience and that might lead to mental health problems and early signs of mental illness and so that they can refer these students to trained professionals within the school and community setting as evidence of a multidisciplinary collaborative between school and community-based professionals and agencies for student evaluation, treatment, care, and support. The school counselors first-hand perspective acquired from this study will inspire a less ambiguous perception of school counselors' day-to-day practices as social–emotional leaders and MHPs who work within a proactive agenda for shaping the future of mental health in schools and it will offer credence to creating the space in administration and decision-making parties to recognize that large caseloads and quasi-administrative duties are counterproductive and should be excluded to allow school counselors to fulfill the mission of improving mental health wellness for all students (Forman, 2015; Moran & Bodenhorn, 2015).

School counselors have additional challenges that involve (a) finding funding sources to implement mental health, multidisciplinary collaboratives between school and community-based

professionals, agencies, and organizations, and (b) enlisting staunch policy making petitioners who can advocate for the necessity of inviting mental health resources to support schools in structuring their SBSMHC to address the mental health needs for all students.

Problem 5: Funding Sources for Multisystem in Mental Health Care

School counselors encounter additional challenges that involve (a) finding funding sources for the implementation mental health multidisciplinary collaboratives between school and community-based professionals, agencies, and organizations and (b) enlisting staunch policy making petitioners who can advocate for the necessity of inviting mental health resources to support schools in structuring SBSMHC to address the mental health needs for all students.

Researchers have indicated that a reasonable inference can be made from the available data that school-community collaborations can be successful and cost-effective over the long-run; however, findings regarding how schools establish these multidisciplinary collaboration remains challenging (Forman, 2015; Moran & Bodenhorn, 2015). Therefore, for school administrators and educational policy makers, the implications of this study can offer funding, personnel, and policy provisions for a multidisciplinary collaborative between school and community-based professionals and agencies for bridging resources student evaluation, treatment, care, and support and the implications will provide qualitative evidence that highlights occurrences in which school counselors work in multidisciplinary collaboratives within a proactive agenda to shape the future of mental health in schools and in real-time testimonials from school counselors. Moreover, the results of this study can serve to inform about new directions and ways of thinking about how school counselors engage as they build on emerging SBSMHC to address mental health in schools, which will also substantiate the comprehensive mental health training for school counselors needed for them to be well equipped in delivering

preventive resources, measures, and interventions to address the overall needs of students (Lockhart & Keys, 1998; Roberts et al., 2007; Walley et al., 2009).

Comprehensively, the results from this study can also support mental health training for all school personnel (a) to recognize stressors that students experience and that might lead to mental health problems and early signs of mental illness, and (b) to refer these students to trained professionals within the school or community setting (DeKruyf et al., 2013; Forman, 2015; Pincus et al., 2020; Wolpert et al., 2013).

This researcher has not encountered any studies regarding the exploration of ways in which school counselors work in conjoint roles as SEL leaders and MHPs, specifically, as they address the mental health needs of students within a SBSMHC setting.

Research Questions

The research questions for this study were used to explore the narratives of school counselors who address the mental health needs of students through their conjoint roles as SEL leaders and MHPs, specifically, within MSCs and SBSMHC settings.

The SBSMHC model chosen for this study was Adelman and Taylor's (2002a) model: A Comprehensive, Multifaceted, and Integrated Approach to Addressing Barriers to Learning and Promoting Healthy Development. In this model, Adelman and Taylor demonstrated approaches in which schools and communities are strategically designing and planning to meet the challenge of addressing persistent mental health barriers to student learning and overall mental health wellness.

The three-component model for school reform (see Figure 1; Adelman & Taylor, 2000; AAP Committee on School Health, 2004) addressed the mental health needs of students with a focus on socioemotional interventions to promote mental health wellness, using an all-encompassing comprehensive, integrated model to address prevention strategies, school

environment, screening, referral, special education, and family and community issues and to deliver direct mental health services within SBSMHC framework in the school environment.

With the consideration of the ASCA (2019b) National Model®, school counselors are charged with demonstrating standards in the design, implementation, and assessment of a school counseling program, specifically, professional foundation, direct and indirect student services, and planning and assessment (p. 2). School counselors are to work to create systemic change through the implementation of a school counseling program and to serve as the systems change agent to create an environment that promotes and supports student success. The development and implementation of a plan to address personal and institutional resistance to change in school reform in mental health that better supports student success is easily adaptable. Such a plan is best met using an integrated structure of the elements of the three-tiered comprehensive framework to benefit school counselors as they execute their core functions in counseling (i.e., individual student planning. responsive services, and a school counseling guidance curriculum and systems support; AAP Committee on School Health, 2004; Adelman & Taylor, 2002a; ASCA, 2019b; Center for Mental Health in Schools at University of California at Los Angeles [UCLA], 1999, 2000).

Therefore, Research Questions 1 and 2 of this study were used to explore the essence of the school counselors' lived experiences in their conjoint roles as SEL leaders and MHPs, specifically, as they address the mental health needs of students within MSCs and SBSMHC settings. Therefore, the research participants were limited to school counselors who identified as having worked in Texas and who are certified, secondary public-school counselors who had received district or educational professional development or training in at least one of the following areas: SEL, social–emotional consultation, mental health, or MSCs, and SBSMHC professional development or training. The following research questions guided this study:

1. What are the experiences of school counselors working within conjoint roles as social–emotional leaders and mental health professionals within multisystem collaboratives and school-based systems of mental health care to address the mental health needs of students?
2. What contexts or situations have typically influenced or affected the experiences of school counselors while working with students who experience mental health issues within these domains: multisystem collaboratives and school-based systems of mental health care ?

Purpose of the Study

This study was conducted for the purpose of exploring the lived experiences of school counselors working in conjoint roles as SEL leaders and MHPs as they address the mental health needs of students within MSCs and SBSMHC. In addition, the researcher sought to gain insight into the essence, oppositions, supporters, inconsistencies, regularities, complexities, involvedness, contradictions, validations, and overall experiences of public school counselors' who work in their conjoint roles within MSCs and SBSMHC for students. Research Questions 1 and 2 were used to investigate, using a phenomenological approach as an avenue to explore the essence behind a school counselor's perspective, while capturing their described reality and meaningfulness of their school experiences in addressing students' mental health issues.

A qualitative phenomenological design was used for this study because this approach was well suited to support human inquiry with a focus on the individual's lived experiences within the world (Moustakas, 1994; Neubauer et al., 2019; Sheperis et al., 2017). Phenomenology is a form of inquiry by which the researcher seeks to understand human experience (Moustakas, 1994) to explore phenomena and how they are perceived and experienced by individuals in the phenomenological event (Moustakas, 1994, Qutoshi, 2018). According to Sheperis et al. (2017)

phenomenology can be defined as an approach to research that is used to describe the essence of a phenomenon by exploring it from the perspective of those who have experienced it. Therefore, the research questions were framed to ascertain a better understanding from the meanings that the participants ascribe to the phenomenon of school counselors who work in conjoint roles as social–emotional leaders and MHPs and their lived experiences in addressing student mental health through MSCs and SBSMHC settings (Creswell, 2013; Moustakas, 1994; Sheperis et al., 2017; Teherani et al., 2015).

The phenomenological research was intended to answer the question similarly posed by Johnson and Christensen (2000):

> What is the meaning structure and essence of the lived experience of school counselors who work in conjoint roles as SEL leaders and MHPs as they address the mental health needs of students within MSCs and SBSMHC phenomenon by an individual or by many individuals? (p. 363)

Thus, this phenomenological study pertained to questions about everyday, lived experiences of school counselors (Sheperis et al., 2017, p. 216).

According to Moustakas (1994), phenomenological studies are focused on (a) understanding the essence of the experience, (b) the wholeness, (c) the appearance of things, (d) a return to things just as they are given, (e) being removed from everyday routines and biases, (f) capturing encounters from many sides, (g) uncovering angles perspectives from what we are told, and (h) noting the participants' words to be to be true in nature in the natural world of everyday living to arrive ultimately with the essence of a phenomenon experience (p. 58–59; Creswell & Poth, 2018, p. 104).

In this study, the researcher (a) illuminates school counselors involvement in their roles as social–emotional leaders and mental health experts working within a modern proactive agenda

to shape the future of mental health in schools, (b) highlights occurrences in which school counselors' work in multidisciplinary collaboratives within a proactive agenda for shaping the future of mental health in schools, and (c) informs about new directions and ways of thinking school counselors engage in as they build on emerging SBSMHC to address mental health in schools.

In keeping with the ASCA (2012) National Model®, school counselors are viewed as "a crucial educational function that is integral to academic achievement and overall student success" (p. xi) with the objective of helping students overcome barriers to learning. However, more recently, and given the emergence of data regarding the high prevalence of unmet mental health needs among K–12 students, the role of school counselors has broadened in function such that school counselors now work more in a collaborative capacity as SEL leaders and MHPs in the delivery of mental health services and programs for students.

Moreover, over the past decade, school counselors who work within their conjoint roles have struggled to deliver, implement, promote, and advocate for a mental health, school and community collaborative that would be an integrated, tier-leveled, school-wide support framework that would have the prospective to meet the vast mental health needs of K–12 students and to increase overall positive educational, behavioral, and social outcomes for students.

The AAP Committee on School Health (2004) has embraced the movement related to SBSMHC, addressing all students using a three-tiered approach with (a) a preventative setting, (b) early intervention for those with a diagnosis, and (c) treatment and care for the students with a more severe diagnosis. Additionally, SBSMHC offers mental health wraparound services and programs, and it fully involves not only school stakeholders, but also community mental health professions, families, and students in planning and selecting mental health interventions,

coordinating the services of multiple providers, and using culturally relevant processes to support student overall mental health wellness.

Adelman and Taylor's (2004) findings suggested a paradigm shift in balance from academic accountability toward a focus on student mental health and well-being, and it might offer inspiration for policymakers to ensure that mental health services are readily available for all students who need them. This paradigm shift can also encourage the increase in funding to hire more school counselors and MHPs in schools and to support higher education counselor preparation programs in their efforts to train and educate adequately a new generation of counseling professionals. Furthermore, supporting school counselors in their conjoint roles as they address students mental health needs within SBSMHC (a) will build mental health literacy within a supportive multitiered school environment tailored to students' individual mental health needs; (b) will encourage school and community, multidisciplinary, student support teams to review and plan evaluations and intervention strategies for students who experience mental health problems; and (c) will encourage the development of school to community relationships to assist students with external stressors, while relieving school counselors from burnout, for responsibilities to handle overall student mental health wellness would be more widely disseminated amongst competent MHPs (Adelman & Taylor, 2006; AAP Committee on School Health, 2004; ASCA, 2019b; Collins, 2014; Gysbers & Henderson, 2006; Hernandez & Hodges 2005; Messina et al., 2015; Stroul, 2002; Suldo et al., 2011; Taras, 2004).

Rationale for the Study

The researcher's intention in this qualitative study was four-fold: (a) to illuminate and validate the conjoint roles of school counselors as social–emotional leaders and MHPs in schools by addressing mental health concerns, (b) to cultivate continued research that promotes the interconnected continuum of school and community MSCs in addressing mental health concerns,

(c) to proliferate attention to and the significance of integrating SBSMHC fully in schools with students and families into the fabric of their community and culture to address the mental health needs of students, and (d) to contribute qualitative evidential research to the existing literature base that acknowledges the mental health crisis in schools today.

The researcher was motivated to conduct this study because of the prior research examining knowledge about school counselors' experiences in conjoint roles as social–emotional leaders and MHPs who work during a time of systemic reform in education as schools change the way that they address mental health and psychosocial concerns by using a SBSMHC approach. Furthermore, the researcher designed this study to provide a voice for school counselors to describe their experiences as social–emotional leaders and MHPs relative to a SBSMHC model that is used for delivery, implementation, and intervention of services (Amatea & Clark, 2005; Bowers et al., 2017; Pumariega & Vance, 1999).

Several researchers have examined what schools should be doing to address the mental health of students. Weare and Markham (2005) considered the growing evidence on what schools need to do to promote mental health effectively. In addition, Lister-Sharp et al. (1999), Weare (2000), and Stewart-Brown (2005, as cited in Weare & Markham, 2005) suggested, "The school is potentially one of the most important and effective agencies for promoting health, including mental health" (p. 118). These authors highlighted the use of a whole school approach to focus specifically on the social and physical contents within which positive mental health is created in communities and school settings. Although these authors promoted a whole-school approach, they yet lacked agreement regarding what type of whole-school approach is most beneficial.

In their research, Lister-Sharp et al. (1999), Stewart-Brown (2005, as cited in Weare & Markham, 2005), Weare (2000), and Wells et al. (2003) all suggested that a whole-school

approach that is holistic and that recognizes the physical, social, mental, emotional, and environmental dimensions, while it considers the other important aspects of schools (e.g., management, ethos, relationship, communication, policies, physical environment, relations, parent relationships with communities, and pedagogic practices) is an example of a more complete whole-school approach. Therefore, their research serves as a platform for the importance of a whole-school approach when attempting to address comprehensively mental health in schools.

In their findings, Lister-Sharp et al. (1999), Stewart-Brown (2005, as cited in Weare & Markham, 2005), and Weare (2000) concluded that, by adopting a universal approach that would encompass evidence-based programming and targeted interventions with students and their families, schools could support and navigate the barriers that students and their families face when addressing mental problems.

DeKruyf et al. (2013) examined the role of school counselors in meeting students' mental health needs. Examining issues of professional identity, DeKruyf et al. (2013) suggested that professional school counselors have a conjoint role of both educational leaders and MHPs regarding working with students with an array of personal and social factors that affect their achievement (see also Amatea & Clark, 2005). DeKruyf et al. (2013) bridged connections between past and present interpretations of the professional school counselor's identity, speaking to the milestones that have led educators to present day professional, school counselor, identity formation. Emphasized in this historical view is the growth whereby the school counselors' identity was first viewed as a direct response to the sweeping social changes and educational reforms that the Industrial Revolution brought forward, and then as vocational guidance counselors in schools where they address the gaps in workplace readiness with students, to now

as school counselors taking on a preventative, program-based, student approach in schools (Gysbers & Henderson, 1988, 2001, 2012; Lambie et al., 2004; Rogers, 1942).

Today's "whole child approach" calls for professional school counselors' main responsibilities to be focused on student outcomes within the academic, career, and personal and social domains (Schwallie-Giddis et al., 2003, as cited in DeKruyf et al., 2013, p. 273). Thus, Schwallie-Giddis et al. (2003) provided the rationale for a conjoint professional school counselor identity that supports the school counselor's role as inclusive and aligned with campus-based and outside MHPs. Furthermore, Schwallie-Giddis et al. (2003) illustrated the need for outside entities to view school counselors as significant members of the mental health community because they are skilled in addressing the vast amount of student mental health needs that are unaddressed, unidentified, undiagnosed, and left untreated. Schwallie-Giddis et al. (2003) left room for further discussion regarding the perceived hurdles from administration regarding the effectiveness and credibility of school counselors as social–emotional leaders and mental health experts.

Brown et al. (2006) investigated collaborative relationships of school counselors and nonschool MHPs who work together to improve the mental health needs of students. Brown et al.'s intent in the survey study was to examine school counselors and administrators who were employed in middle school and high school settings. The participants were surveyed regarding their thoughts about school districts working collaboratively with nonschool MHPs to respond to the mental health needs of students. Brown et al. studied 53 school counselors and administrators employed at the secondary level. In addition, Brown et al. intended to understand what school counselors and their hiring principals and vice principals regard as the roles and responsibilities of school counselors and the scope of school counselor training.

Brown et al. (2006) concluded that, from an administrator's perspective, schools are held more responsible for mental health and the counselors do not have the time for training. The counselor and administrator perspectives agreed that the schools contracting or hiring of MHPs is rare and that, when a less qualified MHP might be employed, the counselor's workload increased and the probability of damaging students more than helping them was more likely. Brown et al. discussed the need for more dialogue regarding (a) the school counselor role definition and clarification across multidisciplinary levels, and (b) an increase in opportunity for dialogue, referrals, and triage procedures, and "turf war" dialogue. Brown et al. provided implications for further study in the realm of school counselors' mental health practices with students within a public-school setting.

The results of these studies show that more qualitative research is needed to look specifically at school counselors' work in conjoint roles as SEL leaders and MHPs as they address the mental health needs of students within SBSMHC (Amatea & Clark, 2005; Bowers et al., 2017; Pumariega & Vance, 1999).

Researchers indicated that 20% of students need mental health services, yet only 1 in 5 of these students receives adequate mental health supports and continues to have an unmet mental health need, which, in turn, can be a significant obstacle to student academic, career and social–emotional development and even compromise school safety (Centers for Disease Control and Prevention [CDC], 2013; Erford, 2019; Kataoka et al., 2002; Mellin, 2009).

Griffin and Farris (2010) and Bowers et al. (2017) contended that school counselors are most qualified and best positioned in schools to address mental health needs of students. Additionally, school counselors must be knowledgeable, skillful, and accountable in addressing mental health challenges. School counselors must be the expert qualified (a) to assess mental health in a school; (b) to deliver preventive measures and interventions strategies, and (c) to

fulfill treatment and care in an individual, group, or collaborative counseling setting to address the overall needs of all students (Mellin, 2009; AAP Committee on School Health. 2004).

In its stance on the school counselor and social–emotional development, the ASCA (2017, 2019a) indicated that school counselors are responsible for implementing programs that strive to have an impact on student growth in three domain areas: academic, career, and social–emotional development. In addition, the ASCA's (2017) position is that school counselors recognize and respond to the need for mental health services that promote social–emotional wellness and development for all students. Moreover, school counselors are primary stakeholders and serve as mental health advocates in the development and implementation of a MTSS (e.g., SBSMHC) to meet the mental health needs of all students by offering prevention and intervention instruction, referral support, treatment, and care to affect student development in the academic domain (achievement), the career domain (career exploration and development) and the social–emotional domain (ASCA, 2004, 2017).

The U.S. Congress' intention in enacting the No Child Left Behind Act of 2001 reauthorization of elementary and secondary education was to charge schools with being more accountable for student learning and, specifically, with safeguarding at-risk youth and ensuring that they are not "left behind" academically (Dollarhide & Lemberger, 2006).

The new national educational reform change brought on by the No Child Left Behind Act of 2001 has stimulated systemic effects whereby the ASCA (2005) National Model® has been revised to reflect the new accountability standards highlighting accountability, specifically in the areas of school counselor professional duties and competencies. The extensions of these legislative, systemic effects are reflected in the outlined ASCA (2019) frame work of outlining (a) *Ethical Standards for School Counselors* (ASCA, 2022); (b) *School Counselor Professional Standards and Competencies* (ASCA, 2019a), (c) the delineation of school counselors *Mindsets*

and Behaviors for Student Success (ASCA, 2014) that school counselors must meet the rigorous demands of the school counseling profession (ASCA, 2014), and (d) legislation directives for accountability for students in pre-K–12.

Stipulations to school counselors' training are also affected in systemic realms with standards that require school counselors to demonstrate adequate preparation in (a) working with students with mental health needs and (b) acquiring the professional knowledge and skills necessary to promote the academic, career, and personal and social development of all pre-K–12 students through data-informed school counseling programs (CACREP, 2016; Walley & Grothaus, 2013).

Specific to mental health, school counselors' training mandates that school counselor trainees should be (a) skillful and knowledgeable of challenges that hinder the learning process; (b) able to identify and assess characteristics, risk factors, and warning signs of students at risk for mental health and behavioral disorders; and (c) well versed in common medications that affect learning, behavior, and mood in students (CACREP, 2016; Walley & Grothaus, 2013).

CACREP (2016) stipulated how school counselors should be keen in contextual dimensions to serve in the roles of (a) leaders, advocates, and systems change agents in pre-K–12 schools; (b) consultants with families, pre-K–12 and postsecondary school personnel, and community agencies; and (c) school leaders on multidisciplinary teams to meet the academic, social emotion, and mental health needs of students (DeKruyf et al., 2013; Mellin, 2009)

To further the preparation of students for real-world circumstances and to help counselors adhere to legislation accountability expectations for working with at risk youth, the emergence of tiered approaches that prevent and effectively intervene in students' academic, emotional, and behavioral issues and include systemic effects for accountability, the ASCA (2019a) incited revisions that are now included in the *ASCA School Counselor Professional Standards and*

Competencies. The *ASCA School Counselor Professional Standards and Competencies* (ASCA, 2019a) included the *Mindsets and Behaviors for Student Success* (ASCA, 2014) in K–12, which in turn included (a) life-readiness standards for every student; (b) describing the knowledge, skills, and attitudes that students need to achieve academic success; (c) college and career readiness; and (d) social–emotional development (Adelman & Taylor, 2002b; DeKruyf et al., 2013; Mellin, 2009; Messina et al., 2015).

SBSMHC offers a multitiered, widely used, evidence-based framework implemented in K–12 schools to address the academic and mental health needs of all students, using databased, problem solving to integrate academic and behavioral instruction and intervention at tiered intensities to improve the learning and social–emotional functioning of all students (Sink, 2016, as cited in ASCA, 2021, p. 52; Adelman & Taylor, 2002b).

For school counselors who work as social–emotional leaders and MHPs, this intervention mechanism can aid in harnessing student learning accountability, while meeting the needs of at-risk students who experience psychosocial, mental health, learning barriers that stunt their full potential. According to Ehrin et al. (2006), guided by student-centered data, a multitiered team approach (a) allows for the engagement of in cyclical, databased, problem solving; (b) makes informed decisions about general, compensatory, and special education; and (c) assists in the creation of a well-integrated and seamless system of instruction and intervention, thus, contributing to the effectiveness and accountability aspects of school counselors and their role as leaders who facilitate comprehensive, school counseling programs and demonstrate their relevance to school initiatives and the centrality of the school's mission (ASCA, 2019, 2021; Stone & Dahir, 2004; Dollarhide et al., 2007; Messina et al., 2015).

According to Studer et al. (2006), school counseling programs are not exempt from the current demand for accountability in student learning and safeguards of at-risk students in the

overall educational system in the United States. However, Studer et al. indicated that school counselors are remiss in producing evidence to show their effectiveness in schools; therefore, the author further suggested the need for an organizational approach to do so (p. 385; U.S. Congress, 2001; Ziomek-Daigle et al., 2016).

This study can help to make connections between the overall mission of schools, legislative school counselor accountability expectations, and various mental health agendas whose promoters appoint conjoint roles for school counselors and propose school-based models for mental health care to integrate the full range of student learning supports that are specifically designed to address barriers to learning for all students (Amatea & Clark, 2005; DeKruyf et al., 2013). Moreover, the implications of this researcher's study are that school counselors and school administrators should rethink the conjoint roles of school counselors and how best to redistribute and deliver existing mental health resources and services as part of the regular school day, confirming that school counselors are in an optimal position to promote students' mental wellness systematically. The aim for this reframing is ultimately to make SEL and mental health equally as important as the more traditional educational learning that takes places in schools and, in doing so, to take advantage of the natural opportunities to implement SBSMHC in schools as an organized approach for countering psychosocial and mental health problems and promoting personal and social growth (DeKruyf et al., 2013; Mellin, 2009; Paolini & Topdemir, 2013; Weist et al., 2014).

With SBSMHC providing a framework for data driven practices, program effectiveness, and accountability, this research can illuminate school counselors' experiences in providing a continuum of care and an integration of mental health services, while creating a global school environment conducive to mental health wellness by using a comprehensive and multifaceted

approach with children and youth (DeKruyf et al., 2013; Mellin, 2009; Paolini & Topdemir, 2013; Weist et al., 2014).

Conclusions from this study could instigate further examination of the multidisciplinary collaboration between school-employed providers and SBMH providers and how these collaborations can improve the opportunity to strengthen and grow the quality and quantity of mental health services that students need (Adelman & Taylor, 2006, 2008; Leschied et al., 2000; Weist et al., 2014).

Schools are primarily in the educational business and not in a mental health business; therefore, the need for school counselors' roles as social–emotional leaders and MHPs has intensified such that now the emerging view related to mental health in schools requires schools not only to expand their current mental health, but also to enhance these services towards a more strategic collaboration within a more developed comprehensive approach, which is of greater importance. According to Adelman and Taylor (2006), for school reform to be effective, schools and communities must do much more; schools and school counselors (as social–emotional leaders and MHPs) will need to work together to become

> integral parts of their communities[,] thus, creating an atmosphere that fosters smooth transitions, positive informal encounters, and social interactions; facilitates social support; provides opportunities for ready access to information and for learning how to function effectively in the school culture; and encourages involvement in decision making. (p. 121)

Moreover, this collaboration should occur within an interconnected continuum of systems for meeting the needs of all students to bring this vision to a reality (Adelman & Taylor, 2002b; DeKruyf et al., 2013; Mellin, 2009; Weist et al., 2014).

Although Mellin (2009) and Van Velsor (2009) discussed the necessity for clarification of school counselors' roles and opportunity to collaborate with outside mental health entities, while working within SBSMHC, there remains a dearth of research on understanding the link between optimal socioemotional functioning and learning and achievement.

Furthermore, current researchers' voices continue to be overshadowed by efforts toward education reform that focus on school counselors' day-to-day experiences in conjoint roles as social–emotional leaders and MHPs who work during a time of systemic reform in education as schools change the way that they address mental health and psychosocial concerns by using a SBSMHC approach, thus, warranting a need to increase understanding of how school counselors successfully address mental health concerns and explore the lived experiences of school counselors who incorporate mental health interventions in their everyday practices (Amatea & Clark, 2005; Bowers et al., 2017; Mellin, 2009; Paolini & Topdemir, 2013; Pumariega & Vance, 1999).

According to Walley et al. (2009) research is warranted that looks at how student success is linked to mental health service delivery in schools. Therefore, this researcher's study augments the current research in the area of school counselors and mental health practices, for much of the current research is limited or absent in studies that are specifically related to counselors' day-to-day work as social–emotional leaders and MHPs who work in collaboration with multidisciplinary teams to address student mental health challenges in a SBSMHC framework, for currently, no researchers have explored these specific counselors' experiences, which supports the justification for this study (Lemberger et al., 2018; Van Velsor, 2009; Walley et al., 2009; Weist et al., 2014).

Limitations of the Study

This study was conducted for the purpose of exploring the lived experiences of school counselors working in conjoint roles as SEL leaders and MHPs as they address the mental health needs of students within MSCs and SBSMHC.

The purpose of phenomenological research is to answer the question posed by Johnson and Christensen (2004):

> What is the meaning structure and essence of the lived experience of school counselors who work in conjoint roles as SEL leaders and MHPs as they address the mental health needs of students within MSCs and SBSMHC phenomenon, by an individual or by many individuals? (p. 363).

Therefore, this phenomenological study pertains to questions about everyday, lived experiences of school counselors (Sheperis et al., 2017, p. 216).

According to Moustakas (1994), phenomenological studies focus on (a) understanding the essence of the experience, (b) the wholeness, (c) the appearance of things, (d) a return to things just as they are given, (e) being removed from everyday routines and biases, (f) capturing encounters from many sides, (g) uncovering angles perspectives from what one is told, and (h) noting the participants' words to be to be true in nature in the natural world of everyday living to arrive ultimately with the essence of a phenomenon experience (Creswell & Poth, 2018, p. 104; Moustakas, 1994, p. 58–59).

Creswell and Poth (2018) summarized the innate challenges with phenomenological design. Limitation 1 was that the researcher had to select carefully the participants who had direct experience with the phenomenon (i.e., lived experiences of school counselors working in conjoint roles as social–emotional leaders and MHPs to address the mental health needs of students within MSCs and SBSMHC).

Limitation 2 was that the researcher had to struggle with bracketing experiences and deciding how and to what extent these assumptions should be introduced into the study. Therefore, the researcher highlighted these specific challenges as they were related to this study.

Other anticipated limitations within this study were multifaceted. Limitation 3 was that the researcher used a purposive sampling of the population for this study. According to Patton (2002), purposeful sampling is a technique that is widely used in qualitative research for the identification and selection of information-rich cases for the most effective use of limited resources (Palinkas et al., 2015).

Limitation 4 was that, so that the researcher could stay true to attaining as the selected population sample (specifically CACREP masters graduates who were Texas, certified, secondary public school counselors with at least 3 years of experience working in the conjoint role as a school counselor and who were engaged and trained in MSCs and SBSMHC in addressing the mental health needs of students and who are especially knowledgeable about or have experience with the phenomenon of interest), the sample was limited to participants with these characteristics (Creswell & Plano Clark, 2011).

The knowledge and experience that Bernard (2002) and Spradley (1979, as cited in Palinkas et al., 2015) emphasized are the importance of availability and willingness to participate and the ability to communicate experiences and opinions in an articulate, expressive, and reflective manner. Following this advice, this researcher's phenomenological study offers the opportunity for school counselors to convey responses about everyday, lived, human experiences as school counselors working in conjoint roles and actively engaged and trained in MSCs and SBSMHC to address the mental health needs of students (Bernard, 2002; Sheperis et al., 2017; Spradley, 1979, as cited by Palinkas et al., 2015, p. 534).

Limitation 5 was that constraints lay in expectedness regarding whether school counselor participants would be willing to share freely their lived experiences in the specific areas of this study.

By using purposive sampling, the prominence can then be placed on saturation of semistructured interview data in obtaining school counselors comprehensive understanding by continuing to sample until no new substantive information is acquired (McConnell-Henry et al., 2009; Miles & Huberman, 1994; Palinkas et al., 2015; Speziale et al., 2011; Van der Zalm & Bergum, 2000).

Limitation 6 was the liability of the researcher in being able to capture the essence of the phenomenon, using the collected sample of interviewees to arrive with a truly inclusive description of the lived experiences of school counselors working in conjoint roles and actively engaged and trained in MSCs and SBSMHC to address in this study the mental health needs of students.

Again, purposive sampling was used to explore the two research questions of the study to capture the lived experiences of those who also experienced the phenomenon. The participants were asked two research questions:

1. What are the experiences of school counselors working within conjoint roles as social–emotional leaders and mental health professionals within multisystem collaboratives and school-based systems of mental health care to address the mental health needs of students?
2. What contexts or situations have typically influenced or affected the experiences of school counselors while working with students who experience mental health issues within these domains: multisystem collaboratives and school-based systems of mental health care ?

The contexts considered in these two research questions are conjoint roles, MSCs, and SBSMHC in schools.

The unforeseen Limitation 7 was the researcher's aptitude in completing a comprehensive extraction of textural and structural descriptions of the essential elements from school counselors' experiences in working with students with mental health issues to finalize the essence of the phenomenon (Moustakas, 1994; Polkinghorne, 1989) with reliability.

The researcher sought to recruit participants for this study by first obtaining approval from the St. Mary's University Institutional Review Board (IRB). Then, for the recruitment sampling structure, the researcher used listservs (electronic mailing list software applications that could be used to recruit members as study participants) from one national American School Counselor Association (ASCA) and two, state counselor organizations—the Texas School Counselor Association (TSCA) and the Lone Star State School Counselor Association (LSSSCA). The study participants sought were previous or current active members who were Texas certified, secondary public-school counselors who are actively employed in a school counseling position in a middle school or a high school. The researcher also requested that all three associations post a copy of the Study Recruitment Email Letter (Appendix A) on ASCA Scene, for ASCA's online community connects with other school counselors to share ideas and networking in discussion board forums. Members are automatically added to the Open Forum community and are invited to join other communities that are specific to grade level or interest. *ASCA Aspects*, the monthly newsletter, keeps members on top of new ASCA programs and resources, new research, tools, and developments in the school counseling field. A formal request was also made to the ASCA, TSCA and LSSSCA research representatives to post the Study Recruitment Email Letter to the Professional Development page of their organizations' website under the Research tab (ASCA, n.d.-b).

Limitation 8 was that this study might not be well received by these school counseling entities and that the invitational response to participate in the study might be unanswered, leaving the researcher to search in other organizations within the school counseling industry for additional school counselor organizations and study participants.

DeKruyf et al. (2013) examined the role of school counselors in meeting students' mental health needs, examining issues of professional identity. DeKruyf et al. highlighted school counselors' significant role in helping students overcome psychosocial barriers to learning. Moreover, DeKruyf et al. suggested that professional school counselors have a conjoint role of both educational leaders and MHPs regarding working with students with an array of personal–social factors that affect their achievement (see also Amatea & Clark, 2005). Therefore, Limitation 9 was that the school counselor study participants might have had a deficit in (a) workplace readiness and (b) school counseling experience in the realm of bridging connections between past and present interpretations of the professional school counselor's identity, speaking to the milestones that have led educators to present-day, professional school counselor identity formation as social–emotional leaders and mental health professions who serve as change agents in mental health reform in schools.

Furthermore, Limitation 10 was that a scarcity might have existed in the conveyance of lived experiences in adopting the "whole-child approach" with every student, calling for professional school counselors' main responsibilities to be focused on student outcomes within academic, career, and personal and social domains (Schwallie-Giddis et al., 2003, as cited in DeKruyf et al., 2013, p. 273). Therefore, school counselor participants in this study might not have been accustomed in their years of experience to be more responsive and involved in laying the groundwork to help their schools get organized, conduct, and sustain MSCs of school,

family, and community partnerships to increase student success (Adelman, 2002a; Christenson & Sheridan, 2001; Epstein, 1992).

Adelman and Taylor (2004) identified studies whose authors suggested that a paradigm shift had occurred in how schools address the mental health needs of students, with much of the literature leaning towards using school counselors as the pioneers leading this shift. In a policy statement, the AAP Committee on School Health (2004) postulated that several barriers that pediatricians have identified, if addressed, would result in a paradigm shift in how the medical community and the school and mental health community work collectively to address the mental health needs of students. These barriers are that (a) families might be unsuccessful in addressing the mental health needs of their youth if their health insurance does not offer full coverage for the services; and (b) families might experience other barriers, including lack of transportation, financial constraints, child MHP shortages, and stigmas related to mental health problems. These barriers might explain why “40% to 60% of families who begin therapy terminate prematurely and why most people attend only 1 to 2 sessions before terminating services” (AAP Committee on School Health, 2004, p. 1839). In this study, the researcher authenticated that early prevention and intervention are critical during this stage of life, and that schools are the best setting for this to occur (Beames et al., 2020; Leschied et al., 2018). Moreover, providing school-based, comprehensive, integrative counseling services and prevention and intervention programs within school settings has the potential to decrease at-risk problem behaviors and to enhance student mental health well-being. Therefore, Limitation 11 to this study was that school counselor study participants might not have been well informed and practiced around school-based system of mental health care and might have been “green” to the SBSMHS framework and unaccustomed to initiating, implementing, and promoting SBSMHS in schools to address the mental health needs of all students.

Summary

In this study, the researcher intended to extract information from Texas, certified, secondary public school counselors regarding their lived experiences in providing mental health services while working within a conjoint role as a social–emotional leader and MHP in collaboration with multisystem, using a SBSMHC approach with a goal of using the findings of this research to help reduce academic, psychological, and mental health learning barriers that hinder students from reaching their full potential in life.

Throughout the research process, the researcher assumed the position of validation of the significance of the school counselors' experiences and made genuine, unbiased attempts to understand the school counselors' perspectives and to illustrate this understanding regarding any given concept that the school counselors described regarding the attitudes, beliefs, and practices in promoting students' mental wellness (Creswell & Poth, 2018).

A more in-depth account of the study results is discussed further in Chapter 4 in which the researcher provides participant response examples along with themes that emerged from the data to substantiate the phenomenon of school counselors working in conjoint roles in multisystem and SBSMHC models to address the mental health needs of all students.

Definition of Terms

The following terms are described to enhance the theoretical framework for this study. These definitions described are provided to illuminate how they were used for the purpose of this study.

Conjoint Roles

In this study, conjoint roles are defined as the bringing together of school counseling into a "professional identity that empowers school counselors to combine the roles of social–emotional educational leaders and MHPs to better serve students with mental health needs"

DeKruyf et al., 2013, p. 273). Although the authors in the research suggested that school counselors serve multifaceted roles, for this study, the emphasis was on social–emotional leaders and MHPs who support the mental health needs of students (ASCA, 2017b; Curry & DeVoss, 2009; Janson et al., 2009; Shillingford & Lambie, 2010).

Social–Emotional Leaders

In this study, social–emotional leaders are defined as school counselors who have the knowledge, skills, and potential to "empower individual students and ameliorate entire systems such that each might reinforce the other" (Bowers et al., 2017. p. 2). According to Van Velsor (2009), school counselors as social–emotional leaders extend the counselors reach beyond mere counseling techniques and into practicing ways in which campus personnel can activity infuse and reinforce SEL resourcefulness in their association with students and across general school and classroom activities for an entire campus, while also supporting campus personnel in their own management and regulation of psychosocial stressors thus, creating a school climate conducive to learning.

School Counselors as Mental Health Professionals

In this study, school counselors as MHPs are defined as a multifaceted role for school counselors to address specifically student mental health as described best by DeKruyf et al. (2013), who proposed the following reasons for the definition:

1. Addressing the large number of students who have unmet mental health needs,
2. The unreliability of referrals,
3. The displacement of school counselors by other mental health providers in schools,
4. The potential loss of the uniqueness of the role of the school counselor, and
5. The link between the MHP role and personal–social variables that influence student achievement. (p. 273–274)

Mental Health

In this study, mental health was described from the perspective that Adelman and Taylor (2006) suggested, that is, that mental health is viewed as both of the following:

1. Promoting healthy development as one of the keys to preventing psychosocial and mental health problems.
2. Focusing on comprehensively addressing barriers to development and learning.

A public health perspective is needed in both instances. Therefore, the goals were as follow:

To directly facilitate physical, social, and emotional development.

To minimize psychosocial and mental health problems.

To identify, correct, or at least minimize problems as early after their onset as is feasible.

To provide for coordinated treatment of severe and chronic problems.

To provide services for severe–chronic psychosocial and mental/physical problems. (p. 295)

Mental Health Needs of Students

For this study, mental health needs of students are defined (a) as those needs involving psychosocial problems and disorders, and (b) in terms of strengths and deficits seen as learning barriers to student learning and hindrances to healthy development (Adelman & Taylor, 2004, p. 3).

Multisystem Collaboratives

In this study, multisystem collaborations are defined as communications and interactions that occur between school personnel, school districts, and community mental health personnel and agencies that support a SBSMHC model (Powers et al., 2013, p. 667).

School-Based Systems of Mental Health Care

In this study, SBSMHC are categorized as components of a school or district's mental health program that is a three-tiered model of services and needs as outlined by the AAP Committee on School Health (2004) as follows:

> The first tier is an array of preventive mental health programs and services. Activities in this tier need to be ubiquitous so that they target all children in all school settings. Preventive programs are those that focus on decreasing risk factors and building resilience, including providing a positive, friendly, and open social environment at school and ensuring that each student has access to community and family supports that are associated with healthy emotional development.
>
> The second tier consists of targeted mental health services that are designed to assist students who have 1 or more identified mental health needs but who function well enough to engage successfully in many social, academic, and other daily activities.
>
> The third tier of health services targets the smallest population of students and addresses the needs of children with severe mental health diagnoses and symptoms. These students require the services of a multidisciplinary team of professionals usually including special education services, individual and family therapy, pharmacotherapy, and school and social agency coordination. (p. 1840–1841)

Organization of Remaining Chapters

In Chapters 2 and 3, the researcher (a) provides a theoretical framework for the study, (b) offers a review of the literature, including a historical background and global perspective outlook in conjoint roles as social–emotional leaders and MHPs who address the mental health needs of students through MSCs and SBSMHC, and (c) provides an analysis of the theoretical

opinions of the two research questions of this study from a qualitative phenomenological position.

In Chapter 3, the researcher uses a phenomenological methodological framework that is grounded in a social constructivist epistemological stance. Therefore, the methodology, research method, research process, and axiology are explained as the formal parts of this study, indicating the researcher's approach to the study and the methods and techniques that the researcher used.

Chapter 2

Literature Review

In the review of the literature in this chapter, the researcher discusses research that is related to the study of school counselors' experiences in supporting students with mental health needs through their involvement in their roles as social–emotional leaders and MHPs who work within MSCs and SBSMHC.

To address the larger, ongoing dialogue in the literature, the researcher identifies the mental health global problem of students and its impact on society. The social, emotional, developmental, cultural, and socioeconomic issues will be discussed to bring attention to the disparities in addressing mental health needs and services for school-aged students. The researcher also includes a review of the literature that highlights the current roles and practices of school counselors as social–emotional leaders and MHPs in addressing the mental health needs of students and the efforts on behalf of school counselors in implementation of Texas House Bill 18 (Texas Legislature, 2019a,b), the legislative action that prompted districts to enact SEL curricula, mental health training, mental health MSCs, thus, encouraging the movement to adopt a SBSMHC in schools across the state of Texas. Also, woven within the review, the researcher includes literature in which the authors point out the influence on the learning and overall success of students in school and in life when mental health needs are holistically addressed.

Next, the researcher highlights the school counselor's role in context of conjoint roles as a social–emotional leader and MHP. The researcher also includes sources that highlight multisystem collaboration between school counselors and community MHPs, building alliances with outside community mental health resources, and the vision for improving accessibility and referral networks of mental health services for students as part of SBSMHC.

Finally, the researcher provides an in-depth inquiry into SBSMHC, its framework and how it relates to supporting school counselors in meeting the high demands of addressing mental health issues and in carrying out the implementation of Texas House Bill 18 (Texas Legislature, 2019a,b) with their students. The researcher also includes the challenges that school counselors experience with implementation of SBSMHC.

In this literature exploration, the researcher provides information that adds to the on-going dialogue establishing the importance of knowing the lived experiences of school counselors in attending to students' mental health needs working within conjoint roles as social–emotional leaders and MHPs who work within a MSC and SBSMHC model in schools.

Researchers have described the troubling, tragic, impactful, mental health, or addictive disorders in the lives of students and families as a public health crisis that affects every school in the Nation (USDHHS/USDOE/USDOJ, 2000).

The emerging mental health trend in youth today is a growing concern in schools, for within the last decade, more than one out of five students have experienced a serious mental health disorder and one in 10 students have a serious disruptive emotional disturbance disorder specifically, 31%, of students have a mood disorder, 21%, an adjustment disorders, and almost 40% of students with mental health diagnoses are considered seriously emotionally disturbed (Pottick, 2002). Additionally, according to Pastor et al. (2015), ADHD "is the most common neurobehavioral disorder diagnosed in U.S. children" for one out of every 10 male students between Ages of 3-17 is diagnosed with ADHD. These mental health occurrences act as learning barriers to a student's full academic potential, and they significantly impair functioning at school, at home, and in the community (Mellin, 2009; Merikangas et al., 2010; USDHHS/USDOE/USDOJ, 2000).

According to Stencel (2009), the proportion of pediatric patients in which psychological problems are seen in primary care has increased from 7% to 19% over the past 20 years. Furthermore, mental health disorders that emerge during childhood are likely to persist into adulthood, seriously compromising quality of life and human potential (USDHHS/USDOE/USDOJ, 2000). The AAP Committee on School Health (2004) provided the following warning:

> School violence, high dropout rates, bullying, high suicide and homicide rates, and increased levels of high-risk behaviors are reported commonly across the United States. The human and economic toll of inadequately addressing these mental health problems is significant. Untreated mental health disorders lead to higher rates of juvenile incarcerations, school dropouts, family dysfunction, drug abuse, and unemployment. (p. 1839)

And more recently, reporting for the CDC, Bitsko et al. (2022) described federal surveillance efforts that included measures of children's mental health and mental disorders, identifying gaps in children's mental health surveillance, including the need for the following:

> 1) standard case definitions of mental disorders to improve comparability and reliability of estimates across surveillance systems;
>
> 2) surveillance of mental disorders among preschool-age children; and 3) surveillance of anxiety disorders (overall and by specific type), bipolar disorder, and other mental disorders that occur less commonly in children. Since then, available information about children's mental health has increased.

In the Centers for Disease Control and Prevention's *Youth Risk Behavior Survey 2019*, Jones et al. (2020) found that substance abuse was common among American high school students during 2019. Jones et al. (2020) stated,

> Among current substance use measures, the highest prevalence estimates were for alcohol (29.2%) and marijuana use (21.7%). Current binge drinking was reported by 13.7% of high school students, and 7.2% reported current prescription opioid misuse. Among lifetime use measures, marijuana use was reported by 36.8% of high school students, followed by misuse of prescription opioids (14.3%) and use of synthetic marijuana (7.3%), cocaine (3.9%), methamphetamine (2.1%), or heroin (1.8%). Lifetime injection drug use was reported by 1.6% of high school students. (p. 45)

More distressing, suicide is the second leading cause of death among high-school-aged youths of Ages 14–18 years after unintentional injuries. Ivey-Stephenson et al. (2020) summarized the data on suicidal ideation (i.e., seriously considered suicide) and behaviors (i.e., made a suicide plan, attempted suicide, and made a suicide attempt requiring medical treatment). Reporting for the CDC, Ivey-Stephenson et al. (2020) stated,

> Suicide accounted for approximately 33.9% or approximately one of every three injury-related deaths among this age group (2). During 2009–2018, suicide rates among youths aged 14–18 years increased by 61.7% from 6.0 to 9.7 per 100,000 population (2). Although suicide is a major public health problem, many more youths make suicide attempts and struggle with suicidal ideation. For example, during 2018, according to data from a nationally representative sample of emergency departments (EDs), approximately 95,000 youths aged 14–18 years visited EDs for self-harm injuries. (p. 47; see also CDC, 2021)

Additionally, nearly 90% of adolescents who committed suicide had a mental health issue at the time of their death and were reported as never receiving treatment (Gould et al., 2003; Groholt et al., 2006; Shaffer & Craft, 1999)

In much of the United States, school-aged youth live in poverty, are concentrated in urban and inner-city, low-income communities, and are frequently exposed to community violence affects. An estimated 80% of school-aged youth (USDOJ, 2003) in violent home situations have shown evidence of a decline in academic performance, resulting in high rates of depression and disruptive behavior (Schwartz & Gorman, 2003). School-aged youths' disruptive behavior in high-poverty communities is also related to family difficulties, frequent housing moves, and lack of after-school and other recreational activities (Douglas-Hall & Koball, 2004; Halpern, 1999; Hoglund & Leadbeater, 2004; Snyder & Sickmund, 1999).

The subsequent development of a low, socioeconomic status (SES) school-aged youth living in impoverished conditions is of concern because these conditions contribute to the subsequent development of psychopathology through several pathways that are differentially related to aspects of childhood SES. Some indicators that are noted in the research suggest a negative impact for students of SES in their development and a high probability of them developing psychopathology. These indicators are low parental educational attainment, inadequate parental occupational status, financial hardships, frequent housing moves, and lack of after school and other recreational activities. Moreover, low-SES, school-aged, students are at a persistent disadvantage in their development because they have one or all these indicators active throughout their development, leading to a high likelihood of mental health issues (Braveman et al., 2005; Galobardes et al., 2006; Halpern, 1999; Hoglund & Leadbeater, 2004; Krieger et al., 1997; Lynch & Kaplan, 2000; Snyder & Sickmund, 1999).

Researchers recounted that, even after the publication of *Unclaimed Children: The Failure of Public Responsibility to Children and Adolescents in Need of Mental Health Services* (Knitzer, 1982), that brought national attention to the crisis of children's mental health services in the United States, a significant disparity continues to exist between the mental health needs of

children and the program supports and services that are accessible to meet those needs (Knitzer, 1982; USDHHS, 2003; Tolan et al., 2001; USDHHS/USDOE/USDOJ, 2000).

Further complicating matters, collaborative discussions regarding the treatment for students in schools with mental health problems involve MSCs and multiple systems of a school-based, three-tiered approach: (a) a preventative, (b) early intervention for those with a diagnosis, and (c) treatment and care for students for the most severe. Thus, mental health wraparound services and programs while at school remain in an indeterminate state, and researchers (who have examined the impact of SBMH programs and services, MSCs, and student academic outcomes, and the use of mental health programs and services) suggest that, despite the positive effect of SBMH programs to enhance the ability of schools and their surrounding communities to address mental health and psychosocial barriers to student learning and to promote healthy development of students, a lack of consensus continues regarding the precise role of the school counselor regarding improving mental health outcomes for students by enhancing policies, programs, counseling, collaborative practices, and adoption of effective approaches to mental health in schools (Center for Mental Health in Schools at UCLA. 1999; Foreman, 2015; Kang-Yi et al., 2013; Lockhart & Keys, 1998; Paternite, 2005; Walley et al., 2009).

Schools Addressing Student Mental Health

Costly societal consequences in legal, correctional, educational, and psychological expenses have been the residual effect of “turning a blind eye” to the need for early mental health intervention of youth while in schools. According to Sughrue (2019), many children in Texas experience mental health issues and one-fifth of youths Ages 13–18 live with a mental health condition, without intervention. Texas students can face serious negative consequences, for 70% of youth in state and local juvenile justice systems have a mental health condition, more than one third of students with a mental health condition at Age 14 and older drop out of school,

and about 1 in every 8 Texas high school students reported attempting suicide in the past year, which is twice the national average (Sughrue, 2019).

The disadvantages that we face by not addressing mental health in students have developed into increased incidences of violence, crime, poverty, and substance abuse, making community and school environments volatile places in which to live. Schools of today continue to disregard their unique position of being the main resource within the community that allows convenient, free, and impactful accessibility of mental health services for students and their families. The lack of attention and intentional action to incorporate SBMH programs in students' day-to-day school life continues to be a missed opportunity to promote positive mental health for all students and their families (Adelman & Taylor, 2000, 2002b, 2006; Atkins et al., 2000).

Weare and Markham (2005) discussed the growing evidence-based research on what schools need to do to promote mental health effectively. Moreover, "the school is potentially one of the most important and effective agencies for promoting overall health, including mental health" (Lister-Sharp et al., 1999, as cited in Weare & Markham, 2005, p. 118). In addition, schools are viewed as the potential hub for integrated work between different agencies. Thus, schools are grappling with several barriers to mental health services for children and adolescents, including lack of insurance, mental health stigma, shortage of pediatric MHPs, and lack of transportation. These services should be provided so that students can be afforded the opportunity to work through the continuum of mental health care outside of schools. In addressing the mental health of school staff and creating a mentally healthy school climate, the Center for Mental Health in Schools at UCLA (2004) postulated:

> Every school needs to commit to fostering staff and student resilience and creating an atmosphere that encourages mutual support, caring, and sense of community. Staff and students must feel good about themselves if they are to cope with challenges proactively

> and effectively. The ideal is to create an atmosphere that fosters smooth transitions, positive informal encounters, and social interactions; facilitates social support; provides opportunities for ready access to information and for learning how to function effectively in the school culture; and encourages involvement in decision making. (p. 3)

Yet, given the barriers and shortages of mental health resources in low-income, inner-city communities that schools encounter, school communities are witnessing an increased awareness that schools are the de facto for mental health services and the most economical providers for most children and families in these communities. An emerging view in student mental health is that of a holistic, public health position whereby "there is no health without mental health" (Stiffman et al., 2010, p. 121).

In all, researchers indicate that this promotion and heightened awareness will result in an increase in access and reduction in stigma for students and their families in seeking support for mental health issues in schools.

Javed et al. (2021) contended:

> Addressing stigma requires comprehensive and inclusive mental health policies and legislations; sustainable and culturally adapted awareness programs; capacity building of mental health workforce through task-shifting and interprofessional approaches; and improved access to mental health services by integration with primary healthcare and utilizing existing pathways of care. (p. 57; AAP Committee on School Health, 2004; Adelman & Taylor, 1991; Javed et al., 2021; Stiffman et al., 2010)

Specifically in Texas, the passing of Texas House Bill 18 (Texas Legislature, 2019a,b), that required all schools to begin considerations for the mental health of public school students, established a requirement that all campuses across the state institute policies, procedures, and programming to address the mental health training of school employees and to establish a

curriculum with the main objective of overall mental health wellness for all students, and to hire the mental health personnel to accomplish these goals.

Moreover, with this legislation, schools are encouraged to integrate multisystem schools to community collaborative activities to support improved accessibility for mental health resources for students and their families. Texas House Bill 18 (Texas Legislature, 2019a,b) has provided a standard for schools and school counselors to facilitate implementation efforts to integrate mental health prevention and intervention instruction and services built into their education and counseling programs at a much more comprehensive level of service delivery (Texas Legislature Online, 2019).

In the literature, researchers described the antecedental issues that have encouraged such legislation, while examining efforts to harness the challenges involved in schools and with school counselors as they address student mental health needs during a school day (Atkins et al., 2010; Baker et al., 2006; Boyd & Shouse, 1997; Foster et al., 2005; Cappella et al., 2008; Gottfredson & Gottfredson, 2002; Ringeisen et al., 2003; Weinstein, 2002).

As an instance of where schools addressing student mental health, Atkins et al. (2000) examined the application of an ecological model for two, SBSMHC programs: (a) multisystemic therapy (MST), and parents and peers as leaders in schools (PALS) focusing on aggression and academic engagement in urban low-income students. Outcomes of a two-fold study on PALS revealed that when PALS interventions were employed with students in the school-setting, a reduction of victimization occurred, at-risk students assumed mentoring roles successfully, and students became academically engaged.

Atkins et al. (2000) explored using an ecological model that pertained to maximizing the school's ability to promote mental health services throughout the school day for students and to expand upon mental health services for students and their families.

Atkins et al. (2000) emphasized how schools are the best place for mental health service delivery because students and their families are captive audiences and that, by embedding SEL in the day to academic activities of students, educational leaders can minimize the stigma surrounding mental health psychoeducation.

Moreover, Atkins et al. (2000) emphasized how schools are the highest influential entity on children and are more widely available to offer mental health services in communities and explained the importance of assuming a preventative stance with coordinating mental health services to prevent the occurrence of more serious mental health issues that require more intensive costly interventions in the youth of today. Additionally, studies of this nature insinuate that parental involvement is imperative to the success of an implemented mental health service program in schools (Adelman & Taylor, 2000, 2004; ASCA, 2021; Marsh, 2016; Marsh & Mathur, 2020; Mental Health America, 2015; Stiffman et al., 2010).

Schools continue to be seen as one of the few existing resources that are consistently available within urban and inner-city communities; therefore, they offer a unique opportunity to promote positive mental health for students (Holtzman, 1992). Thus, over the years, tiered, school-based prevention and intervention models and practices have become vital for reducing the incidence of mental health problems that interfere with learning and social development in school-aged students, and they support the vision of addressing mental health using a continuum of services. Most individuals who receive any mental health services receive them in school because schools serve as the hub and primary access or entry point for mental health services for school-aged youth through prevention, assessment, intervention, and referral processes. Pressures for schools to arrive with a strategy to address the mental health needs of school-aged youth have increased in the past decade. Concurrently, community mental health services for school-aged youth have been decreasing and have become underfunded, leaving schools with

continued inadequate tools and resources to address the mental health needs of students (Alegria et al., 2012; Dwyer, 2004; Lockhart & Keys, 1998; Marsh, 2016; Marsh & Mathur, 2020; Perfect & Morris, 2011; Rones & Hoagwood, 2000; Teich et al., 2007; USDHHS, 1999).

School Counselors' Conjoint Roles: Social–Emotional Leaders and Mental Health Professionals

Many children and adolescents experience mental health problems in the United States. The Policy Leadership Cadre for Mental Health in Schools (2001) stated, "One in five children and adolescents experiences the signs and symptoms of a *DSM-5* [*Diagnostic and Statistical Manual-5th ed.*] disorder during a year, with about 5% of all children experiencing extreme functional impairment" (p. 279). Repie (2005) conducted a study investigating the perceptions of teachers, school counselors, and school psychologists on presenting mental health problems of students, available community mental health services, family-based and community-based barriers to services, and the provision of mental health services in schools and found that, as students in the United States typically spend 6 to 8 hours a day at school 5 times a week for 9 months out of a year and, in that time, school counselors have easy access to students with mental illness on a regular basis in the Nation's school systems. Moreover, school counselors work in their conjoint roles as social–emotional leaders and MHPs; therefore, making mental health services readily available allows for appropriate levels of intervention at the appropriate time delivered in a more consistent manner by qualified professions, positively affecting students and their families. Without available help and immediate intervention to address the mental health needs of students, there is little hope for a positive outcome (Baker, 2013, Policy

Leadership Cadre for Mental Health in Schools, 2001; Repie, 2005; Studer, 2014). Former Surgeon General David Satcher stated,

> Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by those very institutions which were explicitly created to take care of them. It is time that we as a Nation took seriously the task of preventing mental health problems and treating mental illnesses in youth. (USDHHS/USDOE/USDOJ, 2000, p. 5)

Altogether, the school counseling profession is in its inception of a paradigmatic shift with school counselors having, at one time, an elusive and fluid role in schools, which means that clarity and consensus are often lacking amongst school leaders, faculty, and community stakeholders regarding what should be the true roles and responsibilities of school counselors. Therefore, currently, a more specifically described role is needed in which school counselors work as leaders in SEL and serve as the primary mental health professions for students (DeKruyf et al., 2013; Culbreth et al., 2005).

DeKruyf et al. (2013) suggested that the reasons and significance of focusing on the school counselor's role should include the role of social–emotional leader and MHP as follows: (a) the large number of students who have unmet mental health needs, (b) the unreliability of referrals, (c) the displacement of school counselors by other mental health providers in schools, (d) the potential loss of the uniqueness of the role of the school counselor, and (e) the link between the MHP role and personal–social variables that influence student achievement (p. 273–274).

Furthermore, school counselors are well positioned as social–emotional leaders and mental health experts as the first line of defense in identifying and addressing student social–emotional needs within the school setting and making strides to end the suffering. Moreover,

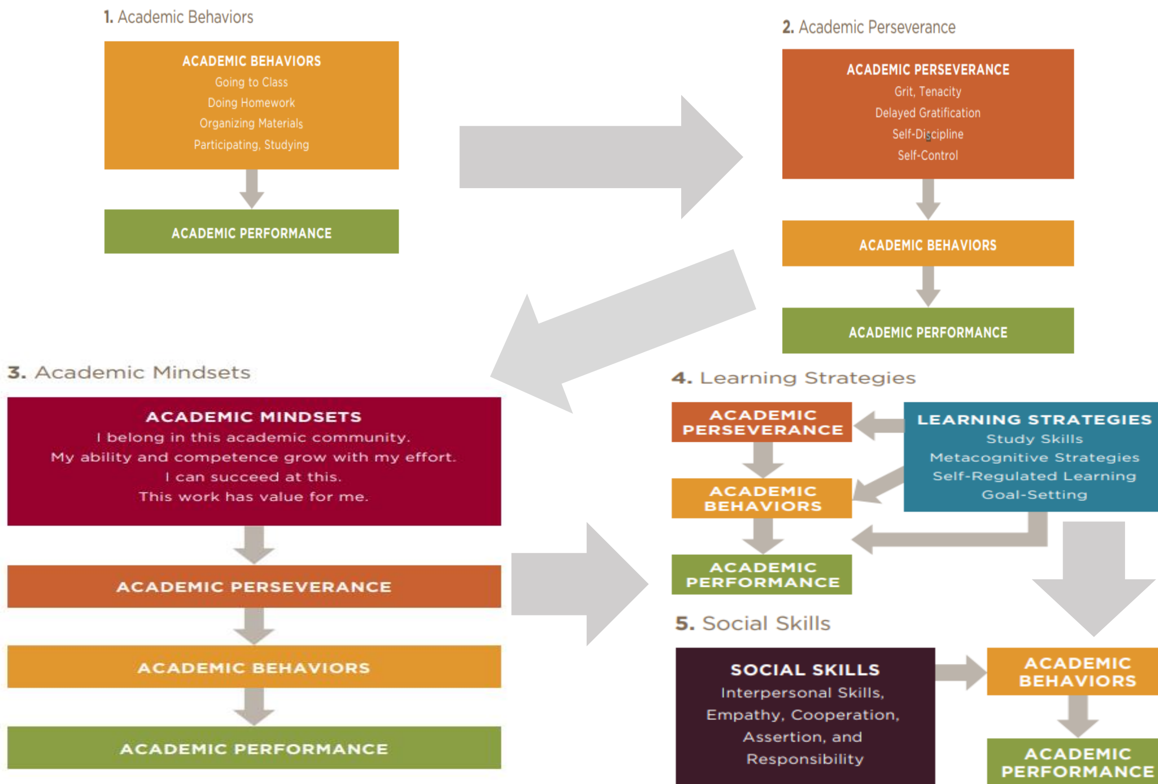
school counselors have unique training in the specific disciplines that involve mental health more than does anyone on campus and can help students with social–emotional issues that might become learning barriers to academic success (DeKruyf et al., 2013; Mellin, 2009; Paolini & Topdemir, 2013).

ASCA (2014) drew upon SEL related outcome studies using a review of research and college- and career-readiness articles that a variety of organizations had initiated and that had named strategies that made an impact on student achievement, academic performance, social-emotional and mental health wellness (Farrington et al., 2012). As a result, ASCA (2014) created and established the foundation for the *Mindsets and Behaviors for Student Success* framework of 35 mindset and behavior standards that identified and prioritized the specific attitudes, knowledge, and skills that students should be able to demonstrate in a school counseling program.

For school counselors, as social–emotional leaders, this organized framework was used to pinpoint specific strategies to teach and counsel on noncognitive factors, including: persistence, resilience, grit, goal setting, help-seeking, cooperation, conscientiousness, self-efficacy, self-regulation, self-control, self-discipline, motivation, mindsets, effort, work habits, organization, homework completion, and learning strategies and study skills (ASCA, 2014, p. 1).

Figure 3

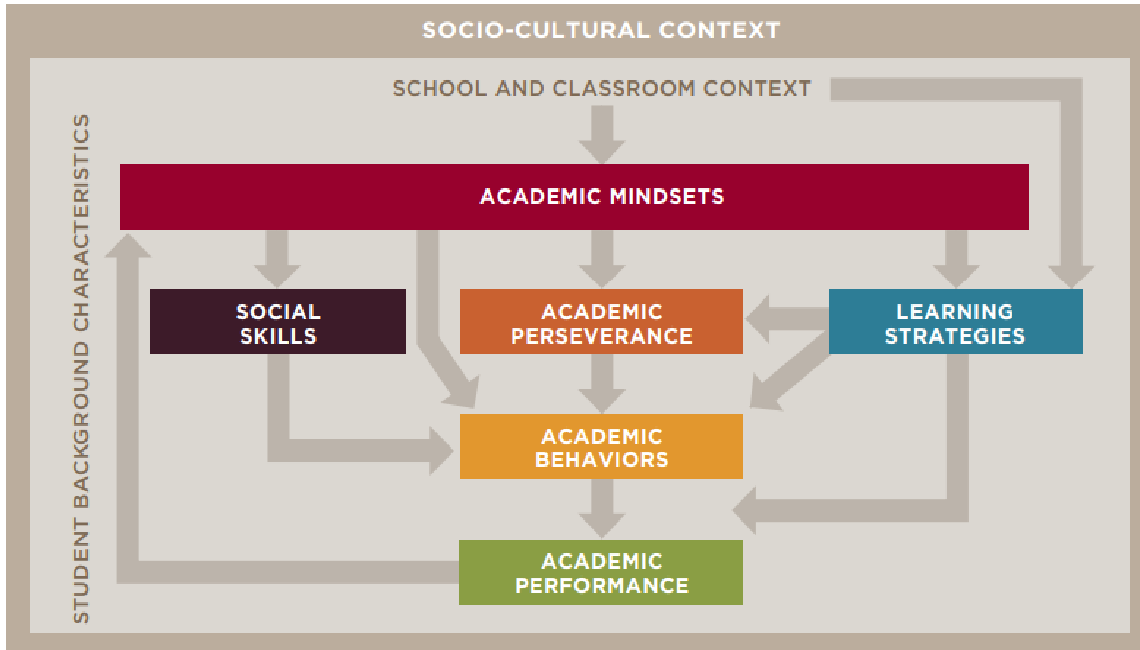
Five Categories of Noncognitive Factors



Note. From *Teaching adolescents to become learners. The role of noncognitive factors in shaping school performance: A critical literature review*, by C. A. Farrington, M., Roderick, E. Allensworth, J. Nagaoka, T. S. Keyes, D. W. Johnson, & N. O. Beechum, 2012, University of Chicago Consortium on Chicago School Research.

Figure 4

A Hypothesized Model of How Five Cognitive Factors Affect Academic Performance Within a Classroom and School and Larger Socio-Cultural Context



Note. From *Teaching adolescents to become learners: The Role of noncognitive factors in shaping school performance: A critical literature review*. C. A. Farrington, M. Roderick, E. Allensworth, J. Nagaoka, T. S. Keyes, D. W. Johnson, & N. O. Beechum, 2012, Consortium on Chicago School Research.

Furthermore, in a critical literature review, Farrington et al. (2012) suggested that school counselors who work in the role of social–emotional leaders and MHPs should first promote school counselors as being perceived and used as social–emotional leaders, for they demonstrate in schools and classroom the teaching and counseling of noncognitive, SEL objectives to the school community, emphasizing through their actions that interpersonal, instructional, and environmental factors that affect students' social behavior and academic performance, are critical for positive social–emotional functioning, and a host of longer term life outcomes (Durlak et al., 2011).

Secondly, school counselors as social–emotional leaders can use the ASCA (2014) *Mindsets and Behaviors for Student Success* as standards (a) to assess student academic and social–emotional growth and development, (b) to guide the development of social–emotional and mental health strategies and multisystem activities, and (c) to create a program that helps students achieve their highest potential academically while also supporting the enhancement of students' ability to manage properly the social–emotional demands of their lives (ASCA 2019a).

The school counselor is the primary social–emotional leader and mental health counselor who (a) has direct influence on student's mental health and academic outcomes by modeling peer and adult norms in their day-to-day practices, (b) conveys high expectations and support for student academic success, (c) adopts a caring school counselor–student position to foster positive nurturing relationships that promote a sense of belonging and community, (d) is committed to creating a culture of helping relationships in schools, (e) constructs a space in schools that is safe, and (f) encourages and reinforces positive behavior (Blum & Libbey, 2004; Farrington et al., 2012; Hamre & Pianta, 2006; Hawkins et al., 2004; Jennings & Greenberg, 2009).

School counselors, in their leadership roles as social–emotional leaders and MHPs on campus within the context of a school counseling program, multisystem collaborations, and SBSMHC, are the point people in the development of social–emotional curriculum and are the most qualified to teach students how to manage their emotions and how to exercise interpersonal skills to navigate the world. As social–emotional leaders and MHPs, school counselors are trained to facilitate small and large group counseling forums, while providing appraisal and advisement that is directed at improving students' overall social–emotional well-being, all of which shows that school counselors are the most vital entity in schools to identify and address students' social–emotional and mental health needs. According to Bowers et al. (2017),

> Consistent with SEL as an instructional practice, *social–emotional leadership* consists of a leader's ability to be socially and emotionally adroit and responsive. As defined by Bar-On (2007), social and emotional intelligence pertains to one's ability to 'understand and express themselves, to understand and relate well to others, and to successfully cope with demands of daily life. (p. 2)

Within this context of leadership practices, school counselors serve as the most highly trained and highly prepared, socially, and emotionally intelligent leaders in schools, where they demonstrate knowledge, skills, and abilities of acute awareness that involve emotional experiences that inform cognitive processes to help regulate emotional experiences and guide purposeful decision making (Lemberger et al., 2018; Riggio & Reichard, 2008).

In light of addressing student mental health needs in schools, school counselors who work as social–emotional leaders within a multisystem mode of collaboration in a systems of mental health care framework will be able to use these social and emotional skills to contribute to the development of goals and objectives to inspire, coordinate, and collaborate with mental health stakeholders in an effort to generate and maintain a proactive positive intervention friendly mental health climate in schools, encouraging a more enhanced, well defined, school counselor, professional identity as a social–emotional leader (ASCA. 2014; Dollarhide, 2003; Lemberger et al., 2018; Van Velsor, 2009).

Mills (2009) referenced meta-analysis data that showed the effect of emotional intelligence on educational leadership efficacy from 141 studies, all of which identified emotional intelligence as a critical component of effective leadership capabilities, which further suggested that these results support school counselors as the most qualified in advanced skills and abilities of emotional intelligence, a key disposition for practicing educational leaders and leadership training programs; therefore, within the context of leadership styles, school counselors

are prime professions to embrace a social–emotional leadership style and serve as the social–emotional leader in schools (Bono & Ilies, 2006; Clark & Breman, 2009; Groves 2006; Lemberger et al., 2018; Mills, 2009; Van Velsor, 2009).

In previous years, schools have laid less emphasis on the needs for social–emotional wellness and addressing mental health issues in students. However, currently, the paradigm shift for schools has been that now, more than ever, they embrace the belief that social–emotional wellness is a pathway to better academic outcomes, and they now have accepted the responsibility that student success is not merely hinged on academics, but they also encourage now more than ever increasing student learning outcomes while intervening in students daily personal and social stressors (Adelman & Taylor, 2006; Lemberger et al., 2018; Van Velsor, 2009).

Riggio and Reichard (2008) posited that developments in occupational psychology highlight the need to cultivate social–emotional leaders to address the demand and expectations of SEL, and mental health needs have encouraged an added collateral benefit of reshaping the school counselor's role in schools as social–emotional leaders and refocusing the school culture on the whole person and the school climate, echoing the early recommendation that early progressive educators had proposed.

First, all students' conduct springs ultimately and radically out of native instincts and impulses. Educators must know what these instincts and impulses are and what they are at each stage of the child's development to know what to appeal to and what to build upon. Neglect of this principle might give a mechanical imitation of moral conduct, but the imitation will be ethically dead because it is external and has its center without, not within, the individual. Thus, educators must study the child to get the indications, the symptoms, and the suggestions (Adelman & Taylor, 2006; Dewey, 2018/1897, 1909, p. 27; Dewey, 1897, & Small, 1897;

Gysbers & Henderson, 2006; Klassen & Chiu, 2011; Lemberger-Truelove & Brigman, 2017; Skinner et al., 2016).

ASCA (2019b) said that the school counselors' efforts should be focused on designing and implementing school counseling programs that promote academic, career, and social–emotional success for all students, suggesting that the "school counselors should acknowledge and work within the scope that they may be the only mental health counseling professional available to students and their families" (p. 82).

Although the scope of a school counselors' positions as both a social–emotional leader and mental health counselor in schools consists of employing specialized skills in individual counseling, group counseling, advocacy, collaboration, leadership, classroom guidance, and career counseling to meet the comprehensive needs of students, often, school counselors are tasked with administrative duties and conflicting obligations and messages from counselor educators, school administrators, and other stakeholders that are outside the scope of their position. These requests confuse counselors while they work in schools, pulling them away from essential counseling tasks (e.g., personal, social–emotional development, academic development, and career development) to perform noncounseling activities (e.g., master schedule duties, testing coordinators, detention and classroom coverage, and discipline), confirming the research whose authors suggested that school counselors, who work in the capacity of social–emotional leaders and mental health experts to improve the students' overall functioning, personal and social development, career development, and educational success, continue to encounter the pit fall of role confusion (Chandler et al., 2018; Paolini & Topdemir, 2013).

Role confusion as the "true" school counselor's role in addressing and responding to student mental health concerns remains ambiguous and uncertain although CACREP and ASCA standards are clear regarding the required knowledge skills and abilities for school counselors in

the areas of addressing the mental health needs of students, working in conjoint roles as social–emotional leaders and MHP agents of a MSC within a system of mental health care.

Paolini and Topdemir (2013) discussed the role confusion issues of school counselors who face, in their efforts as relevant stakeholders and systemic change agents of social–emotional development and mental health advocates in schools, postulating that role confusion is not only detrimental to the counseling profession, but is also harmful for students because they too suffer from poorly defined school programs (Herrington & Ross, 2006, as cited in Paolini & Topdemir, 2013). Paolini and Topdemir (2013) added, "Due to multiple demands, unrealistic expectations, and failure to interpret and use data properly, counselors aren't always able to meet the needs of all students" (p. 4).

DeKruyf et al. (2013) and Culbreth et al. (2005) further said that the standards from both CACREP (2016) and the ASCA (2019b) National Model® are used to help to reduce the ambiguity and clarify role confusion.

Both CACREP (2016) and ASCA (2019b) emphasized the requirement that school counselors be prepared and trained to acquire the professional knowledge and skills necessary to promote the academic, career, and personal and social development of all P–12 students by using data-informed school counseling programs specifically. Therefore, school counselors should work in the scope of social–emotional leaders and MHPs who practice techniques of personal and social counseling in school settings, demonstrate skills in mental health assessments, identify and respond to characteristics, risk factors, and warning signs of students at risk for mental health and behavioral disorders, and be able to examine critically the connections between social, familial, emotional, and behavior problems and academic achievement. School counselors are then the designated point people on campus who possess the knowledge about common medications that affect learning, behavior, and mood in children and adolescents and who are

skilled to observe the signs and symptoms of substance abuse in children and adolescents as well as the signs and symptoms of living in a home where substance use occurs (ASCA, 2019b; CACREP, 2016; DeKruyf et al., 2013; Lockhart & Keys, 1998; Mellin, 2009; Paolini & Topdemir, 2013).

Regarding the school counselor's role, ASCA (2017a) declared that school counselors play a role in creating an environment that produces engagement vital to students social–emotional development. Being knowledgeable in the delivery of instruction that enhances awareness of mental health and short-term counseling interventions designed to promote positive mental health and to remove barriers to success lies within the expectation of what the "true" school counselors role is as a social–emotional leader and MHP in schools (ASCA, 2017a; CACREP, 2016; DeKruyf et al., 2013; Herrington & Ross, 2006; Lockhart & Keys, 1998; Mellin, 2009; Paolini & Topdemir, 2013; Studer, 2014).

The ASCA's (2021) mindsets and behaviors and CACREP's (2016) school counselor contextual dimensions and counseling practices identified and prioritized the role and responsibilities of school counselors (a) working as school leaders, advocates, and systems change agents in schools and in MSCs within systems of mental health care, designating school counselors to serve as part of school leadership and multidisciplinary teams, (b) working as a consultant with families, school personnel, and community agencies fostering collaboration and teamwork within schools and advocating for mental health systems and partnerships that allow for continuity between and school, community, and referral sources (ASCA, 2017a, 2021; CACREP, 2016; DeKruyf et al., 2013; Lockhart & Keys, 1998; Mellin, 2009; Paolini & Topdemir, 2013).

ASCA (2014) posited that school counselors use the standards to assess student growth and development, guide the development of strategies and activities and create a program that helps students achieve to their highest potential.

The conundrum remains that, despite the ASCA (2019b) National Model® assigning the role for school counselors to deliver services in four program component areas—guidance curriculum, individual student planning, responsive services and systems support to address the mental health needs of students—other school educators, leaders, and the professional school counselors themselves continue to overlook professional school counselors and not use them in the best manner for their specific skill set and knowledge base as social–emotional leaders, which shows the contrasting roles with actual day-to-day practices of school counselor roles and responsibilities in schools and the ASCA (2017a, 2021) and CACREP (2016) standards, which furthers the role confusion for the school counseling profession (see also DeKruyf et al., 2013; Gibson et al., 2012; Paolini & Topdemir, 2013).

To explain further the challenge of school counselors in addressing the mental health needs of students, Kaffenberger and O'Rorke-Trigiani (2013) discussed meeting student mental health needs by providing direct and indirect services and building alliances in the community. Kaffenberger and O'Rorke-Trigiani (2013) also asserted, "20% of students experience mental health issues that interfere with school performance and most of these students will turn to their school for help first" (p. 323). Moreover, according to ASCA (2012, as cited in Kaffenberger and O'Rorke-Trigiani, 2013), "The primary responsibility of school counselors is to provide direct and indirect services, 80% or more of the time to students" (p. 323).

Kaffenberger and O'Rorke-Trigiani (2013) illustrated three barriers that hinder school counselors in providing mental health services to students. Barrier 1 was the obstacle of increased numbers of students requiring mental health support. Barrier 2 was the access and

successful matriculation from referral to actual assessment and treatment of students who are struggling with a mental health illness to a community mental health service. Barrier 3 was the combination of large student-to-counselor ratios, the multiple responsibilities outside of direct and indirect services placed on school counselor, and the overall lack of awareness of community resources.

Kaffenberger and O'Rorke-Trigiani (2013) further suggested that, for counselors to meet the goal of 80% indirect and direct services for students, administrators must be more encouraging with school counselors to exercise their rightful role and to afford them the latitude to support student social–emotional needs so that barriers to learning can be removed.

In addition, Adelman, and Taylor (2010) discussed the need to build stronger more consistent mental health alliances between schools and mental health communities to ensure a more seamless matriculation of students with mental health needs to receive the support of outside community mental health resources in a timely manner (Kaffenberger, 2011; Kaffenberger & O'Rorke-Trigiani, 2013).

Adelman and Taylor (2010) found the on-going gap of increasing the awareness and defining and advocating for the school counselor role, as support staff, in schools as being required to fulfill the responsibility of providing indirect and direct service to students with mental health needs. Their study serves as evidence of the likely experiences of school counselors' struggles in the school setting to support mental health provisions with students (Kaffenberger, 2011; Kaffenberger & O'Rorke-Trigiani, 2013).

Schools play a vital role in supporting all students' SEL to support students' academic success. Furthermore, with the diminishing access to community mental health resources, schools serve as the main resource in providing mental health services for students and school

counselors are the most qualified to implement necessary, across the board, holistic school mental health services in schools.

Unfortunately, school counselors struggle with being viewed as the main resource and campus expert in providing “mental” health services and some counselors are not confident in their clinical training and their role as mental health experts as they do not have adequate support with on-going clinical training nor school or community-based mental health programs and services to support their work with students who live with certain assessment, diagnosis, and intervention needs. Paisley et al. (2007) suggested that a scarcity exists in understanding the school counselor’s role as MHPs and in ensuring that targeted clinical training in both realms of a school counselors’ conjoint role as social-emotional leaders and MHPs is provided beginning in graduate school and well into their career trajectory to equip adequately school counselors in meeting the mental health needs for all students.

DeKruyf et al. (2013), Paolini and Topdemir (2013), and Lockhart and Keys (1998) described school counselors’ attitudes and exploring the unique encounters from the school counselor viewpoints regarding (a) their level of confidence in their training, (b) their role as mental health experts, and (c) the adequacy of their support with school or community-based mental health programs and services to support their work with students living with a *DSM-5* diagnosis. They discovered that school counselors’ firsthand accounts were deficient of their experiences as serving in the role of MHPs in a school, addressing the mental health needs of students. Therefore, an untapped area of research remains to examine school counselors’ attitudes about (a) the insufficiency of mental health services and programs for students, (b) role confusion for school counselors, (c) the reluctance for schools to collaborate and coordinate with community-based programs, (d) the assumption of full responsibility for the “whole child,” and

(e) the assumption of the active role of creating mental health clinics in schools that are easily accessible for students.

Relevant research yet to be investigated at length is that of funding sources to aid in the establishment of mental health systems of care and mental health clinics in schools employed with highly qualified MHPs and counselors.

Although, the AAP Committee on School Health (2004) endorsed the notion that SBMH clinics and services are growing as a viable strategy for schools to address student mental health concerns by removing barriers to accessing mental health services, while improving coordination of those services by way of school-based clinic and services, challenges in the coordination, implementation, and funding aspects of fulfilling this endeavor in schools remains an on-going dilemma despite the commonsensical benefits afforded in offering the potential for prevention efforts and intervention strategies for school counselors to use in their pursuit to address mental health needs of students. According to Barnett et al. (1999), "More than 75% of pediatricians support the provision of psychological and counseling services in schools, which include assessments, interventions, and referrals and this static has only increase over time with heightened mental health disorders in our youth" (p. 1840).

Additionally, Rones and Hoagwood (2000) examined the efficacy of SBMH centers in schools and the wide proliferation of proponents and opponents for and against mental health centers in schools and suggested that access to children has but little involvement from parents and a scarcity in behavioral changes in students because of mental health centers in schools (e.g., Armbruster & Lichtman 1999; Catron et al. 1998).

Other researchers encountered information that identified school counselors' attitudes while working with students with a *DSM-5* mental health diagnosis, specified the existing attitudes that school counselors have with promoting mental health services and improving

mental health literacy not only for students with a *DSM-5* mental health diagnosis, but also for all students schoolwide (Carlson & Kees, 2013; Flaherty et al., 1998; Lemberger et al., 2010). Additionally, authors explored and discovered the school counselor's confidence levels in working with students with a *DSM-5* diagnosis and the role of school counselors as part of the MST in schools (Carlson & Kees, 2013; Flaherty et al., 1998; Lemberger et al., 2010).

Regarding school counselors' confidence levels with a *DSM-5* diagnosis and with addressing student mental health needs, Carlson and Kees (2013) conducted a descriptive survey study, exploring school counselors comfort level in addressing the mental health needs of students and their perceptions regarding working relationships with SBMH therapists. school counselors' attitudes and collaboration were evaluated in the following areas: skills, student issues, education and training, and collaboration with SBMH therapists. Results indicated high confidence in skill set with common student issues and discomfort with *DSM-5* diagnoses student situations. According to survey results, Carlson and Kees concluded that participants were most confident with working with students with the more common *DSM-5* diagnosis of anxiety disorders, disorders primarily diagnosed in childhood, and cognitive disorders. In contrast, the participants were less confident with *DSM-5* diagnoses of sleep disorders, schizophrenia, and other psychotic disorders (Brown et al., 2006; Carlson & Kees, 2013).

Carlson and Kees (2013) identified gaps in the research involved school counselors' existing attitudes with promoting mental health services to improve mental health literacy not only for students with a *DSM-5* mental health diagnoses, but also for all students, schoolwide. Additionally, Carlson and Kees explored school counselors' confidence levels in working with students with a *DSM-5* diagnosis and the role of school counselors as part of the MST in schools and found a disconnect in two areas, implying a societal dilemma in how best to close the gap between the rise in mental health diagnoses in students and the lack of mental health literacy in

school personnel. Moreover, Carlson and Kees highlighted how the lack of graduate course work and training preparedness might have a significant relationship to the discomfort of *DSM-5* diagnosis counseling that school counselors experience. Thus, further research would need to be conducted to investigate what training and counselor preparation would be needed to ensure that counselors are more confident when working within an MHP capacity as they diagnose students and implement mental health literacy across the campus. Adelman and Taylor (2006) suggested that successful educational outcomes for students that addresses mental health disorders is hinged on whether schools engage in improving schoolwide mental health literacy and embrace targeted training for school counselors working in their conjoint roles of being the social–emotional leaders and mental health experts on campus. When this occurs, schools and school counselors can fulfill the service of being a conduit between home and school in the scope of student mental health awareness, education, and intervention with clinical fidelity (Carlson & Kees, 2013; Frauenholtz et al., 2017; Perfect & Morris, 2011).

School Counselors and Multisystem Collaboratives

An alarming number of students in the United States have their mental health needs unmet, which is a significant social problem. Therefore, the U.S. Surgeon General posited, "Approximately one in five children obtain mental health services either from health care providers, the clergy, social service agencies, or schools in a given year" (Satcher, 2000, p. 97) and has called for new approaches to close the mental health services gap for the vast number of children who suffer to have their mental health needs met by offering preventative evaluation, assessment, counseling, and social–emotional intervention services (Forman-Hoffman et al., 2017; Powers et al., 2011; Satcher, 2000; Walsh et al., 1999)

Forman-Hoffman et al. (2017) asserted that some outcomes for students with mental health problems remain suboptimal because of poor access to quality comprehensive care and

services and the breakdown in collaborative systems that involve both school-based and community mental health providers who adopt, implement, and deliver to the student's quality SEL strategies and mental health interventions with proven effectiveness.

Brown et al. (2006) proclaimed, "We believe that the success of this needed collaboration is contingent upon leaders and supervisors from within the school and community mental health agency who can model effective collaboration and leadership" (p. 233).

Many researchers have discussed the need for school counselors to be more responsive and involved in laying the groundwork in helping their schools get organized, conduct, and sustain MSCs of school, family, and community partnerships to increase student success (Adelman, 2002a; Christenson & Sheridan, 2001; Epstein, 1992).

Weist et al. (2001a), AAP Committee on School Health (2004), and Wolpert et al. (2013) discussed school counselor MSC school-based service delivery models (e.g., consultation and collaboratives between school-based personnel and therapists from outside mental health clinics or universities) as an intervention. In addition, Weist et al. (2001a), AAP Committee on School Health (2004), and Wolpert et al. (2013) proposed school-based health clinics, SBMH centers, and a more comprehensive blended approach that would combine various interventions from all models as a practical solution to transcend barriers to the delivery of a more collaborative approach to mental health services is schools. The theoretical perspective supporting MSC is best described by understanding partnerships viewed as overlapping spheres of positive and productive interactions of home, school, and community to meet the same goal in meeting the mental health needs of students. Epstein (1987, 2001) asserted that this influence of multisystem partnerships showed that students perform better academically when stakeholders (e.g., parents, educators, MHPs, and community members) combine their efforts in meeting the shared goals and responsibilities for students to perform at their most optimal levels of learning. Moreover,

for this to happen, school counselors must work together with parent and community stakeholder in a collaborative framework in building quality of plans, activities, implementations through interpersonal relationships and connections, teamwork and shared responsibilities programs, rather than working in silos and alone, which would result in more organized effective partnerships and benefit students in assisting them in reaching their optimal learning potential while in school (Mautone et al., 2009; Epstein, 1987, 2001; Epstein & Sanders, 2006).

ASCA (2009b) called for and supported new directions for school counselors to serve on leadership as social–emotional leaders and MHPs who work on collaborative partnerships and enhancing their roles in developing partnerships with families and communities for student success. Epstein and Van Voorhis (2010) confirmed that school counselors in their conjoint roles are "vital members of the education team" (p. 5) and should be actively involved in the organization, implementation, and sustainability of mental health programs as part of a multidisciplinary committee of school, family, and community partnerships to improve student academic success (Adelman, 2002a). Collaboration, one of the four premises of the ASCA (2019b) National Model® is an important way that school counselors can assist students with mental health issues and address barriers to learning (ASCA, 2019b; Hodges et al., 2001; Moran & Bodenhorn, 2015; Trusty et al., 2008). According to the ASCA (2012b), "Through school, family, and community collaboration, school counselors can access a vast array of support for student achievement and development that cannot be achieved by an individual, or school, alone" (p. 6). In fact, in its *Ethical Standards for School Counselors*, the ASCA (2016) indicated that, to serve the students more effectively, school counselors should collaborate with various entities in the community.

The ASCA (2016) asserted that an integral part of school counseling programs and the role of school counselors involve an essential and unique role in multisystem collaborations

whereby appointing school counselors as the promoters, facilitators, and advocates for collaboration with parents/guardians and community stakeholders when address the mental health needs of students. Thus, school counselors as social–emotional leaders and MHPs who work collaboratively between the education and community environments will no longer merely deliver school-based counseling services or guidance lessons to individual students, but also now work as collaborators with other educators and outside MHPs to enhance systems of mental health programs that involve parents and outside stakeholders in their student's learning and development (ASCA 2016; Bowers et al., 2017; Farrington et al., 2012).

In addition, with Texas House Bill 18 (Texas Legislature Online, 2019c) now serving as a strong influence on mental health reform in schools, school counselors are now expected to collaborate with school and community based MHPs to increase student achievement through programs that are designed to affect positive mental health for all students. Specifically, the language of Texas House Bill 18 (Texas Legislature, 2019a,b) encourages school districts to begin partnering with community mental health resources for support on implementation of the mental health curriculum and training and to deploy their school counselors to lead the endeavor (ASCA, 2015; Porter et al., 2000).

Several authors and legislative advocates of mental health recommend approaches that integrate mental health services into schools with school counselors assuming a new function in strengthening school social–emotional and mental health programs inviting family and mental health community involvement (Adelman & Taylor, 1999; Bowers et al., 2017; Corrigan, 2004; Epstein & Van Voorhis, 2010; Walsh et al., 1999; Weist, 1997). Moreover, they recommended that school counselors spearhead these approaches in their roles as social–emotional leaders and mental health counselors, acting as liaisons creating partnerships to ensure the coordination of school-based and community mental health services and programs that work as a conduit to

bridge communication, coordination, and referral to MHPs in the community to enhance the continuum of mental health services for students and their families (Adelman & Taylor 1999; Bowers et al., 2017; Corrigan, 2004; Epstein & Van Voorhis, 2010; Walsh et al., 1999; Weist, 1997).

School counselors who facilitate collaboratives between schools and communities and work within an integrative mental health service model in schools lessen many of the barriers that students and their families face in their quest to obtain quality and consistent mental health care and treatment, for schools are then a familiar place, are less intimidating, and are more easily accessible than seeking support in a traditional community service settings (Atkins et al. 2003; Roberts-Dobie & Donatelle, 2007; Stephan et al., 2007).

Porter et al. (2000) asserted that collaboration among school MHPs is a necessity, not a luxury, and made a connection between youth violence as an epidemic that affects students and school personnel alike, and noted how students who experience fear, anxiety, and the threats of violence in schools are at risk of developing a mental health disorder at some point in their life, estimating that 20% of all children and adolescents have a diagnosable, developmental, behavioral, or emotional problem that increases their risk of becoming victims or perpetrators of violence in adulthood. Furthermore, Porter et al. suggested that these same individuals, who are at risk children born into poverty and of minority descent, are deprived of appropriate mental health services to address their mental health care needs. Moreover, Porter et al. pointed out that funding priorities have swayed recently to expand the resources available to at-risk students as more recently the social pressures on school social workers and school counselors have ensued and both have assumed a more passive and egalitarian approach towards addressing the values and behaviors of students. Porter et al. discussed school-based service delivery models (e.g., consultation between school-based personnel and therapists from outside mental health

clinics or universities) as an intervention. Porter et al. also discussed the continuous need for designing a tailored multidisciplinary collaborative service model to provide adequate mental health services for school communities as the main challenge for students, families, and school personnel. Moreover, to address this challenge, using multifaceted interventions tailored to the needs of schools and their students would foster the opportunity to help children develop into caring, responsible, competent adults.

Furthermore, Epstein and Van Voorhis (2010) suggested that school counselors not take on alone the challenges of addressing student mental health needs but rise to the challenge of strengthening school to community partnerships to address the mental health needs of students. Thus, they encouraged school counselors to play an integral part in designing a tailored multidisciplinary collaborative service model to provide adequate mental health services for school communities. Epstein and Van Voorhis (2010) explained, “Most dramatically, studies indicate that school, family, and community partnerships must be understood as an official component of school organization to promote student learning—rather than as an accidental set of activities for a small number of parents” (p. 1). Moreover, to address further this challenge, school counselors, in conjunction with community mental health partners, can systematically incorporate multifaceted interventions tailored to the mental health needs of schools and their students, ultimately benefiting the societal trajectory of students who are already partaking in at risk behaviors and are mentally compromised with a disorder; thus, they would foster opportunities to help students develop into caring, responsible, emotionally regulated, competent adults (Epstein, 2001; Epstein & Sheldon, 2002).

Writing on school counselors in MSCs, Wolpert et al. (2013) emphasized that school counselors’ collaboration with mental health helping professionals was the key and that, by incorporating a multidisciplinary collaborative mental health service delivery model, would

provide better use of resources and decrease communication fragmentation between the school community, school personnel, and MHPs.

A challenge that Kratochwill (2007) noted, regarding school counselors' collaboration with MHPs within a MSC framework, was that school counselors frequently struggle with competing responsibilities that prevent them from serving students with mental health needs. Although school counselors have the specialized education, training, and skills in child development and social–emotional and mental health counseling, they are deterred from this emphasis to work within these roles in a MSC and are ineffectively used to address testing, attendance, or course scheduling, which often prohibits them from providing mental health interventions altogether (Kratochwill, 2007).

An additional barrier to overcome to accomplish this expectation consists of school counseling programs and school counselors being viewed as supplementary programs and auxiliary personnel, instead of central players to mental health awareness, literacy, wellness, and student achievement. Additionally, school counselors in their conjoint roles, have not been used to their fullest extent nor supported by administration and districts in the Nation as educational leaders and MHPs. Moreover, school counselors have not been supported in the use of collaborative models with the counselor as a student advocate and campus mental health expert. In this approach, school counselors cannot fulfill their collaborative responsibility to execute indirect services (e.g., making mental health referrals, consulting, and collaborating with other mental professionals) to serve and provide mental health services to students (Kaffenberger & O'Rorke-Trigiani, 2013). Additionally, school counselors who use the collaborative approach to address student's mental health needs invite multisystem service delivery, whereby students have increased access to resources and reduce cost in acquiring mental health services. School counselors who use a collaborative model work as liaisons who bridge school-to-community

mental health services to meet the mental health needs of students, transcend barriers to the delivery of collaborative mental health services (Flaherty et al., 1998; Kaffenberger & O'Rorke-Trigiani, 2013). Providing mental health services in schools using a MSC approach can alleviate many of the barriers that often prohibit families from obtaining quality and consistent treatment, for schools are more familiar, less threatening, and more acceptable locations than other traditional community service settings (Armbruster & Lichtman, 1999; Atkins et al., 2003; Stephan et al., 2007).

Frauenholtz et al. (2017) highlighted in their study the notion that "it takes a village to raise a child," using the quantitative descriptions of focus groups to examine the association of school staff knowledge, emphasizing the school counselor's role of student mental health and the capacity to apply the knowledge to identify and intervene with students and positively influence student social, emotional, and academic success. Frauenholtz et al.'s results indicated that the staffs' limited mental health knowledge hindered the early identification and intervention in student mental health and hampered school-to-community collaborations when implementing mental health interventions with students.

Frauenholtz et al. (2017) emphasized MSCs among school and community mental health resources to meet the needs of student mental health issues and directed attention to using collaborative efforts and the sharing of resources to increase the mental health knowledge and training in schools to eliminate the learning barriers in students. Frauenholtz et al. noted a distinction between social work research and mental health research, whereby social work research confirms a benefit in collaboration between school personnel and community personnel, while mental health research in the same area indicates a dearth of perspective involving this same collaboration. Frauenholtz et al. was deliberate in extending the research in the areas of school counselors working within a multisystem framework and offered yet another discipline

perspective in the absence of this research. Furthermore, Frauenholtz et al. highlighted the societal impact the lack of mental health knowledge and delayed swift intervention with students, which would entail whether teachers, who are the most accessible and influential with students, are not trained and educated in mental health identification, intervention, and working within a MSC model.

Frauenholtz et al. (2017) invited further discussion in providing stakeholders with what might be prohibiting collaboration to occur between the mental health supportive entities: (a) adequate school and clinical mental health counselors training and (b) administrators not giving priority to students with mental health needs. Frauenholtz et al. also emphasized the multisystem shared roles of the school social worker who is charged with bridging this collaboration between school counselors and clinical mental health counselors to advocate for mental health literacy in schools, noting that in other regions, school counselors assume this same role and share aims in the need to collaborate to educate school personnel on mental health literacy and use this education to support student success within a MSC setting. Frauenholtz et al. suggested that MHPs in schools and communities should unite to form coalitions that lead the cause of improving mental health literacy in schools and advocating for the importance of early identification and intervention for students (Epstein & Sanders, 2006; Power et al., 2005; Stroul, 2002).

Epstein et al. (2010) postulated that establishing MSCs between school and communities' mental health resources for school counselors is easier said than done, further suggesting that schools in this dilemma can take two paths: "(a) protect school counselors' positions in traditional tasks and add no new responsibilities, or (b) redirect school counselors' tasks to include time for leadership activities in partnership programs in conjunction with reduced traditional tasks" (p. 1). Unfortunately, accomplishing the establishment of building MSCs

between school and communities for the exchange of mental resources for school counselors is riddled with obstacles, including limited budgets, time, physical space, and personnel resources needed to operate new services (Splett & Maras, 2011). In addition, multisystem collaborations planning, and implementation is a fairly new mindset for the educational and school counseling community to use as an approach to how schools can holistically meet the needs of mental health students. With this newness, comes lack of focused, formalized, school counselor training regarding the collaborative activities that support students' mental health issues, impeding school staff from effectively recognizing the whole child benefits of working with a MSC to meet the mental health needs of students, while substituting the clear connection between student social–emotional mental health and academic achievement (DeSocio & Hootman, 2004; Powers et al., 2011).

School Counselors and School-Based Systems of Mental Health Care

According to Williams and Scott (2018), "10 percent of all children and adolescents in the United States, about 7 million total, are estimated to have serious emotional disorder (SED)" (p. 1). Therefore, health policy researchers have continued to complain about the poor state of children's mental health in the United States for more than 20 years (Briggs-Gowan, 2000; Duchnowski & Friedman, 1990; Hoagwood & Erwin, 1997; Knitzer, 1982; USDHHS/USDOE/USDOJ, 2000).

An increase of 40% of students are in a state of educational vulnerability and decline and are at high risk of failing to achieve academically and function at their optimal mental health potential. Most of them are not being identified and served for their mental health needs in schools, child welfare, juvenile justice systems, and mental healthcare systems; therefore, the results are grim with most of these students becoming a burden to society in their later years

(Adelman & Taylor, 2000). In fact, the National Advisory Mental Health Council Workgroup on Child and Adolescent Mental Health Intervention and Deployment (2001) stated,

> If the system does not appropriately screen and treat them early, these childhood disorders may persist and lead to a downward spiral of school failure, poor employment opportunities, and poverty in adulthood. No other illnesses damage so many children so seriously. (p. 1248)

Stroul and Friedman (1986) further illustrated the failure of social services systems to meet the needs of emotionally disturbed children and adolescents (p. 239). Moreover, the

> the social services that may be needed by severely emotionally disturbed youngsters and their families. Social services are provided to support the functioning of family units in a variety of ways and are often referred to as “family support services.” The families of severely emotionally disturbed children may need various types of support to remain whole. Families often face multiple problems along with the stress of coping with an emotionally disturbed child. When a family unit cannot remain intact, social services involve the provision of services and arrangements to substitute for the family. (p. 61)

These finding continue to be true in today’s research as the gap for mental health provisions for diagnosable mentally ill children has shown growth and inconsistencies in both community and school realms (Greenberg et al., 1999; Robbins et al., 2002).

Rones and Hoagwood (2000) substantiated this gap in their comprehensive review of published studies (randomized, quasi-experimental, or baseline research design, control group, standardized outcome measures, and baseline postintervention outcome) between 1985 and 1999 regarding SBMH services for students. Throughout this study, Rones and Hoagwood highlighted how schools play an increasingly important role in providing mental health services to children with various diagnosis yet most school-based programs to date have no evidence to support their

impact on students' overall mental health well-being. Furthermore, Rones and Hoagwood alluded to further research needed to address the paucity of programs that focus on special education students those classified as seriously emotionally disturbed, what are the active ingredients that make a SBSMHC program and the rightful steps for program implementation and dissemination have yet to be identified. And lastly, Rones and Hoagwood further addressed the lack of evidence base quantitative or qualitative research that describes the factors in replicability that specifically identify transferability to different schools, school systems, and populations to avert barriers and risk factors for successful implementation of SBSMHC to address the mental health needs for all students.

Overcoming obstacles and risks to the provisions for effective SBSMHC services that are more appropriate for emotionally and behaviorally challenged students would include significant changes within the mental health service systems. Examples of how children are passed form agency to agency, never having a single agency accept responsibility for their treatment and coordination of care, are exemplified in the literature, resulting with children being left with gaps in their care or no care at all. Also indicated are challenges in the coordination required between schools, physicians, MHPs, and social agencies not only to establish an MSC, but also to remedy instances of duplication of services. The AAP Committee on School Health (2004) highlighted how mental health services for students should be integrated within the school environment as part of a student's school day, interweaving school counselors and community mental health service professionals as an integral part of the educational system. AAP Committee on School Health (2004) also suggested, "Integration necessitates gaining the support of the school administration and staff, obtaining confidential space, working with school schedules to minimize missed class time, and avoiding turf issues" (p. 1843; Adelman & Taylor, 2002a; Robbins et al., 2002; Weist et al., 2000).

Studies around SBSMHC illuminated inconsistencies between schools, the medical community, mental health agencies and community-based services. In a policy statement, AAP Committee on School Health (2004) postulated several barriers that pediatricians identified that, if addressed, would result in a paradigm shift in how the medical community and the school and mental health community work collectively to address the mental health needs of students. These barriers consist of families unsuccessfully addressing the mental health needs of their youths if their health insurance did not offer full coverage of the services. In addition, the AAP Committee on School Health (2004) also reported transportation, financial constraints, child MHP shortages, and stigmas that are related to mental health problems as barriers that help to explain why "40% to 60% of families who begin therapy terminate prematurely and why most people attend only 1 to 2 sessions before terminating services" (p. 1839). Moreover, in addressing families, parents are a fundamental component in mental health treatment for students and with this, resourceful strategies should be devised to invite parental participation in their student's treatment as part of school-based intervention services and not merely for parental consent for services. Lastly, the paucity of training in medical school and primary care residency programs often leaves pediatricians professionally unprepared to address the comprehensive mental health needs of youth of today (Gutkin, 2012; Policy Leadership Cadre for Mental Health in Schools, 2001; Robbins et al., 2002).

With the awareness of these barriers and efforts to address them, Gutkin (2012) recommend that the medical home model, which does not require a pediatrician to provide all mental health services for children, be revisited and reconstructed to now include school counselors as essential players, leading the way with building multidisciplinary student support teams in MSCs with other agencies (e.g., mental health agencies or mental health services provided in schools) working within a SBSMHC model of service for students (AAP Committee

on School Health, 2004; Policy Leadership Cadre for Mental Health in Schools, 2001; Robbins et al., 2002). Furthermore, Gutkin (2012) encouraged an outright paradigm shift away from traditional medical model conceptualizations to a modified version and more toward ecological understandings of human functioning as the need could not be more evident.

According to Weist et al. (2006), "SBMH programs are becoming increasing prominent" (p. 45). Furthermore, the notion for schools to work within a SBMHC MSCs framework, whereby multiple disciplines and resources plan and coordinate mental health services to work towards a collective mutual goal, is becoming increasingly prevalent in the practices of schools across the country to meet the mental health needs of all students (Weist et al., 2006)

Authors who have studied SBSMHC convey that school counselors have a legislative, duty-bound, leadership role to advocate for an improved system of care of children and adolescents (Culbreth et al., 2005; DeKruyf et al., 2013). Moreover, school counselors who work as mental health professions, providing mental health services, are challenged to use their knowledge and competencies as counselors with development and ecological orientations (a) to bring their work to the forefront, (b) to advocate for a SBSMHC, (c) to invest time in building MSCs that are more individualized, and (d) to enact a community-based continuum of services resembling SBSMHC for those children and adolescents who are in need of mental health support (Kratochwill, 2007; Lemberger et al., 2018; Riggio & Reichard, 2008). Furthermore, the knowledge that Adelman and Taylor (2002b) provided, regarding interventions used for a mental health system of care for students, supported the further study of the present research into perspectives of these intervention in schools (Atkins et al., 2003; Collins, 2014; NAMHC, 2001; Pumariega & Vance, 1999).

A call for a "transformation" of the children's mental health system includes the reform of the overall system including schools, courts, and primary and specialty care) within which children develop (USDHHS, 2003).

School administrators are encouraged to use positive models of mental health to emphasize well-being and competence, not merely illness—this emphasis will help to overcome the problems of stigma and denial and will promote the idea of mental health as "everyone's business" (Weare & Markham, 2005). A vast increase has occurred in mental health problems that students must face in today's schools; therefore, a national and local call has gone out through Every Student Succeeds Act of 2015 and Texas House Bill 18 (Texas Legislature, 2019a,b) to address mental health in the K–12 school settings. Both Every Student Succeeds Act and Texas House Bill 18 are mandates for schools to take action to address mental health components to support all students.

Given the mandates, schools are encouraged to implement SBMHC programs and services that are responsive to real time happenings regarding students and family needs specific to mental and behavioral health needs (King-White, 2019; Strobach, 2016; Vaillancourt et al., 2016).

Walsh and Galassi (2002) asserted that a child's academic achievement weighs heavily on the social and emotional issues that children face today. Throughout the literature on SBSMHC, the "new morbidities" that have arisen are posed as challenges that emphasize the greatest obstacles for the success of contemporary educational reform efforts in public schools. Writing on SBSMHC, Dryfoos (1994) and Lockhart and Keys (1998) offered some explanation that children who endure any of these new morbidities of poverty, violence, trauma, pregnancy, drugs and alcohol, and mental health illness are severely challenged academically and socially. Commonalities in the literature specifically address that coordinated, comprehensive services to

children in public schools and novel collaborative partnerships with community agencies and resources might be deemed as a remedy to combat these “new morbidities.” The prominence is to allow for this coordination of services and collaboration to occur while they are in school and during out-of-school time and across all professional boundaries to intervene quickly and to address the student’s strengths and deficits early on. According to Flaherty et al. (1998) the

> goals of expanded school mental health (ESMH) programs include improving school attendance, and achievement, and optimizing the health, mental health, and overall quality of life and to achieve these goals requires going outside of the box, and the school building, enlisting professionals in mental health care agencies as well as parents in support. (p. 45)

Furthermore, Talley and Short (1995, as cited in Walsh & Galassi, 2002), who studied SBSHMC asserted:

> While school-based and community-based models are the traditional delivery systems of psychological services, we believe that emerging school-linked and community-linked models offer expanded practice opportunities. With schools removing boundaries that historically have separated them from the community, and as community providers learned the culture, structure, and needs of schools, openings will increase for collaborative, comprehensive services that are delivered based on the needs of the individual and the systems in which those individual functions. (p. 676)

Walsh and Glassi (2002) suggested that the need base in schools for mental health systems of care and service is strong evidence-based research that will identify the various perspectives and solutions offered regarding the mental health system of care in schools. Walsh and Galassi (2002) postulated, “If we are to successfully intersect the complicated in school and out of school lives of children we must focus on the development of the whole child” (p. 679).

USDHHS (2003) documented the position of schools as a go-to and universal natural setting for youth and families, recognizing schools as a strategic factor in the transformation of child and adolescent mental health services (Stephan et al., 2007). For mental health transformation of students and their families to occur, a sense of student "connectedness" is needed for schools so that they will have a positive impact on academic achievement and mental health wellness, and will decrease risky behaviors (Resnick et al., 1997). Furthermore, SBMHC services offer the potential for prevention efforts and intervention strategies. More than 75% of pediatricians support the provision of psychological and counseling services in schools, which includes assessments, interventions, and referrals (Barnett et al., 1999). In addition to school-based and community-based models that are used as the more recent traditional delivery systems of psychological services, Keys and Bemak (1997) and Talley and Short (1996) believed that an emphasis on emerging school-linked and community-linked models would offer an additive expanded practice opportunity for schools. Assuming this stance of schools removing boundaries that historically have separated them from the community, community providers now learn of the culture, structure, and needs of schools. Thus, avenues are opened to increase for collaborative, comprehensive services that are delivered according to the mental health needs of the student and the systems in which the student and their family's function (Talley & Short, 1995).

The emphasis is placed on multisystemic collaboration within a SBSMHC model that encourages putting into place a comprehensive system of policies and practices that emphasize access to an interconnected continuous system for meeting the mental needs of all students, using a tiered approach. Figure 1 illustrates the continuum encompassing three overlapping systems: (a) systems for positive development and systems of prevention, (b) systems of early intervention (to address problems as soon after onset as feasible), and (c) systems of care (for those with

chronic and severe problems; Adelman & Taylor, 2002a, p. 262; AAP Committee on School Health, 2004, p. 1841).

King-White (2018) posited that student's ability to learn is significantly affected by their mental health. King-White suggested that, to address the barriers of traumatic events and regular life stressors that act as blocks to student successes, schools should make an investment in intervention and prevention services that can help to address student overall development, enhancing their resilience and overall ability to succeed emotionally and academically. Moreover, King-White focused on the development of comprehensive, tiered, mental health models in schools and guidance from the ASCA (2019b) National Model®.

King-White (2018) postulated that there should be four components in effectively addressing the mental health needs and academic achievement of students, creating (a) mental health programming from data-driven decisions and multisystem and multidisciplinary collaboration teams to address mental health concerns, (b) a comprehensive, tiered system of mental health support, (c) a comprehensive evaluation to ensure implementation with fidelity, and (d) a solid avenue of communication between all school and community stakeholders, for the ingredients to a successful school-based system of mental health are models in schools. King-White concluded that the need to develop effective mental health models in schools will continue to increase, for what transpires in schools is a direct reflection of what occurs in society. Their work serves as supporting literature regarding the necessity for implementation of the five strategies for an effective school-based system for mental health are models in schools. The article speaks to the importance of implementing a comprehensive tiered model to remedy the barriers that affect students' academic achievement and inspire collaboration among school personnel, school communities, and mental health entities to rise to the challenge (Baker 2013; Ballard et al., 2014; Carlson & Kees 2013; King-White 2018).

Historical Background

In response to the increase in mental health needs for all students and the call for systemic solutions to address the learning barriers and healthy development obstacles that students encounter, new approaches are warranted, specifically, a contemporary focus on the establishing an unambiguous role for school counselors as conjoint leaders in SEL and mental health. Furthermore, as part of this innovative role adoption of addressing the mental health needs of students, schools are being encouraged to share the responsibility by intersecting with a MSCs and embracing a comprehensive, multitiered model of practice through school-based systems for mental health care to address the many external and internal barriers to students in their learning and development (Adelman & Taylor, 2004; DeKruyf et al., 2013; O'Reilly et al., 2018).

Throughout history to present day, the school counselor's professional identity continues to be indefinable and changeable in construct with school counselors often encountering role confusion and professional isolation in the areas of widespread collaboration and school-based planning for systems of mental health care (Bain, 2012; DeKruyf et al., 2013; Epstein, & Van Voorhis, 2010). Lambie and Williamson (2004) explained,

> Role ambiguity is present in school counseling to the extent that even professional school counselors have different perceptions of their roles in the school environment. Role ambiguity exists when (a) an individual lacks information about his or her work role, (b) there is a lack of clarity about work objectives associated with the role, or (c) there is a lack of clarity about peer expectations of the scope and responsibility of the job. (p. 124)

The historical origins of school counseling began in the 1900s with Frank Parsons who emerged as the founder of guidance counseling, focusing on growth and prevention during the

rapid increase in industrialization, and later inspired the expansion of school counseling as a whole through periodic shifts from school counselors as guidance counselors to school counselors as professional school counselors to now school counselors with conjoint roles as social–emotional leaders and MHPs. The periodical shifts continue to be a challenging effort of configuration and advocacy on behalf of all school counselor stakeholders in meeting the mental health needs of students in schools (ASCA, 2014; Atkins et al., 2010; Gladding, 2000; Lambie & Williamson, 2004)

School counselors being appointed as social–emotional leaders and MHPs continues to be a challenging effort of configuration and advocacy in meeting the mental health needs of students in schools. As historical events are defined by their history, so also school counseling is defined by the current reality of the phenomenon of school counselors working in conjoint roles as social–emotional leaders and MHPs who work within MSCs and SBSMHC that are socially constructed and defined by the social events that have affected the mental health of society as a whole and have imposed a strain on accessibility to mental health care and social–emotional support to address the mental health needs of students and their families (DeKruyf et al., 2013; Freedman & Combs, 1996).

In the past decade, the advent of the ASCA (2019b) National Model® has defined the specific role of school counselors through their organizational position statements. Aspects of this study, correlate with ASCA in that the intentionality of both are data driven and are aimed at eradicating role confusion for school counselors as principal players in the identification, intervention, and treatment of learning and developmental barriers of students. Moreover, the authors submitted that school counselors are solely responsibility for the SEL and mental health well-being of students, and the charge has been assigned for school counselors to frame the bridge between school and community resources in MSCs and to play an active role in the

orchestration of a SBSMHC program that addresses the needs of mental health for all students and their families (Adelman & Taylor, 2015; ASCA, 2019b; Bryan & Henry, 2012).

In keeping with the position of the ASCA (2019b) National Model®, ASCA (2019b) specified,

> School counselors [should] be committed to supporting students' social–emotional needs. As advocates for students, school counselors promote a positive environment that enhances students' ability to properly manage the social–emotional demands of their lives. School counselors use appropriate appraisal methods to promote a school environment designed to propel students toward positive mindsets and behaviors supporting social–emotional development through direct (e.g., classroom curriculum, group counseling and individual counseling) and indirect (e.g., collaborating or consulting with staff, families, or communities) services. (p. 81)

Regarding the historical evolvement of school counselors who work as MHPs to address the mental health needs of students and their families by way of MSCs and SBSMHC, ASCA (2012b, p. xi); implied that school counselors serve a vital educational function that is integral to academic achievement and the totality of student success with the objective of helping students overcome barriers to learning (see also Costanza, 2014; Mundy, 2019).

ASCA (2020) explained, as part of the function to meet the unmet mental health needs that pose barriers to learning and development,

> School counselors' training and position are deemed at the most uniquely qualified to provide "short-term counseling and crisis intervention focused on mental health or situational concerns such as grief or difficult transitions, provide referrals to school and community resources that treat mental health issues (suicidal ideation, violence, abuse

and depression) with the intent of removing barriers to learning and helping the student return to the classroom, educate teachers, administrators, families, and community stakeholders about the mental health concerns of students, including recognition of the role environmental factors have in causing or exacerbating mental health issues, and provide resources and information. (p. 82)

As part of the national campaign in the 1980s inspiring the removal of the term "guidance" from the professional title of counselors. Gysbers and Henderson (2001) explained how this identification shift validated the belief among all school stakeholders that school counselors should serve in a more supportive role in overall school reform and systemic change in public education. The catalyst of this movement and the recent social events were the coronavirus 2019 (COVID-19) pandemic that redefined the functionality of the school counselor as shared leadership, solidifying a more original, clearly stated, relevant, and purposeful title for school counselors who yet struggle with school counselors experiencing role overload from being assigned administrative or noncounseling duties outside the realm of what they perceived to be their responsibilities and not be given the needed time and space to take on the entire scope of conjoint roles during the pandemic. (Benigno, 2017; Blake, 2020; Gibson et al., 2022; Gysbers, 2001; Gysbers & Henderson, 2006; Schellenberg, 2008).

The residual effects of the national campaign and societal events have now also initiated an organizational change in school counseling and educational programming that specifically addresses the SEL and mental health needs of students as part of their academic plan (Gysbers, 2001). Lambie and Williamson (2004) further suggested that the new organizational model should encompass and be focused on wellness, prevention, and community collaboration. Moreover, the historical events that catapulted school counselors to spearhead specifically MSCs and to align their school counseling program with a SBSMHC that would promote schoolwide

success for all students, using a MSCs and SBSMHC-tiered approach, providing direct and indirect student support for academic, behavioral, and social needs (Cook et al., 2015; Harlacher et al., 2014).

Ziomek-Daigle et al. (2016) described the contemporary framework for this organizational model as providing services in tiers as follows:

> Tier I – Interventions in the form of classroom instruction and schoolwide programming and initiatives.
>
> Tier II – Interventions including small-group and individual counseling, consultation and collaboration with school personnel, families, and community stakeholders.
>
> Tier III – Indirect student support services through consultation, collaboration, and facilitation of referrals. (p. 224–226)

First, several authors have illuminated the historic adoption of a comprehensive, three-tiered, organization model of SBSMHC that would lend itself to multisystem collaboration within a medical model framework used to mediate student mental health, internalized problems (similar to physicians who diagnose pathologies) representative of a students limited mental health literacy and social–emotional competence to respond and make decisions appropriate to various environmental stimuli (AAP Committee on School Health, 2004; Herman et al., 2004; Powers et al., 2013; Pumariega & Vance, 1999; Sheridan & Gutkin, 2000).

Second, Herman et al. (2004) and Adelman and Taylor (2012) expounded on how school counselors and student stakeholders would collectively look to identify, intervene, treat, and affect the students' change through individual and group-level mental health practices that would be intended to promote coping skills and social–emotional competence and improve the mental health literacy of all students. House and Hayes (2002) described this modern direction for school counselors, defending them as ideally positioned in schools to serve as conductors and

transmitters of mental health literacy and social–emotional skill information to promote schoolwide success for all students.

Global Perspective

The researcher identified many controversies and challenges presented in the literature, involving changing the narrative and reforming the platform of addressing the mental health challenges of students to the current study premise of theorizing school counselors as social–emotional leaders and MHPs, specifically, within MSC and SBSMHC setting to address such challenges. Although the momentum to reform how schools address student mental health is innovative and comprehensive, arguments have occurred regarding how to ascertain the data and formulate the theoretical opinion involved in this study.

First, the researcher's aim in this study was to explore subjectively how school counselors experience conjoint roles as social–emotional leaders and MHPs and what school counselors experience as they addressed students' mental health through MSCs and SBSMHC settings, for they are the key to understanding several individuals' common or shared experiences of this phenomenon (Creswell, 2018; Sheperis et al., 2017). The researcher sought to gain a deeper understanding of the roles that school counselors undertake as they work to help students in their mental health struggles within a MSC and SBSMHC setting.

In the process of exploring this topic, the researcher anticipated a vast array of multiple realities from the school counselor's data in which the participants would describe their unique experiences in these areas, for this array typically occurs when a researcher examines a new phenomenon when the current study is new and the current literature is scarce on the topics being studied (Babbie, 2016). Therefore, the researcher used a qualitative, phenomenological approach to embrace the philosophical underpinning that supports the theorization of the meaning of the moorings of human experience. Together with this approach, the researcher adopted the belief in

Husserl’s (b.1859–d.1938; 1887–1973/1999) definition of the pure phenomenological experience as entering into the research process with a perspective free position, free from hypothesis or preconceptions whereby the researcher accepts descriptions rather than explanations and interpretations adopts a social constructivist, epistemological assumption that describes how reality is internal to the knower and what appears in their consciousness.

For this study, the social construction of reality of school counselors highlighted the inevitably social, or communal, context of human meaning making involved in fulfilling the conjoint roles experiences and working in MSCs and SBSMHC to meet the mental health needs of students. According to McAuliffe and Eriksen (2011), “All meaning is saturated in culture, history, place, and time. Humans are ineluctably shaped by the social forces of language and interaction. There is no ‘pure’ thought that is not socially mediated” (p. 4)

Furthermore, in this study, the researcher separated the self from the world, including one’s own physical being, to reach the state of the transcendental, bias-free, whereby the researcher could gain an understanding of the phenomena by descriptive means only (Sheperis et al., 2017).

Second, the researcher used a phenomenological methodology in accord with Berrios and Lucca (2006) who investigated with a qualitative research methodology, using a content analysis of articles published between 1997 and 2002. In this study, the authors of articles in four professional journals in the fields of (a) counseling and values, (b) counseling and development, (c) professional school counseling, and the (d) counseling psychologist revealed that an increase in qualitative research finding is necessary, for only one-sixth of all counseling articles published are qualitative, which made qualitative research by counselor researchers more visible in counseling studies.

This researcher believes that all counselor researchers should embrace and play a significant role in qualitative research, for thus they would contribute an increase in qualitative research to raise the awareness of the relevance for future counselor researchers, always considering the following assumptions that Hill and Gronsky (1984) advanced:

> (a) recognize that instead of one truth, there are multiple realities; (b) human beings should be studied in a holistic rather than in a fragmented way; and (c) systemic or circular models are more useful than linear models of causality. (p. 149–150)

Contrary to this opinion, favoring systemic or circular models of counseling research, Sink and Stroh (2006) promoted the usefulness of linear models, noting that quantitative indices should be included in counseling research studies and suggesting that, for readers to contextualize and interpret better the researcher's findings and conclusions regarding school counseling programs, interventions and services, indices associated with quantitative research designs (e.g., ANOVA [analysis of variance]), using the protocols of the design (e.g., samples sizes, effect size, computations, statistical report driven data) are the best research designs to produce higher quality research. Moreover, ASCA (2005a) National Model® further recommended exploratory and surveying research in school counseling programs, interventions, and activities similar to those that the researcher explored in this study—the lived experiences of school counselors working in conjoint roles as social–emotional leaders and MHPs to address the mental health needs of students through MSCs and SBSMHC—and that are more supported with quantitative accountability data that can show the efficacy of the school counseling hypothesis being assessed (Astramovich et al., 2005; Baker & Gerler, 2004; Gysbers & Henderson, 2006; Myrick, 2003; Schmidt, 2002).

DeKruyf et al. (2013) examined the role of school counselors in meeting students' mental health needs. Examining issues of professional identity, DeKruyf et al. highlighted bridging the

connections between past and present interpretations of the professional school counselor's identity, speaking to the milestones that have led researchers to present-day professional school counselors' identity formation. Moreover, DeKruyf et al. contended that the school counseling profession is in its inception of a paradigmatic shift with school counselors having at one time, an elusive and fluid role in schools and often having a lack of clarity and consensus amongst school leaders, faculty, and community stakeholders regarding what should be the true roles and responsibilities of school counselors to a redeveloped shift to a more specifically described role wherein school counselors work as leaders in SEL and serve as the primary MHPs for students (Culbreth et al., 2005; DeKruyf et al., 2013).

DeKruyf et al. (2013) emphasized in this historical view the growth whereby the school counselors' identity was first viewed as a direct response to (a) the sweeping social changes and educational reform brought up by the Industrial Revolution to (b) school counselors as vocational guidance counselors in schools who address the gaps in workplace readiness with students to (c) school counselors working more recently in conjoint roles as social–emotional leaders and MHPs who take on a preventative, program-based student approach in schools (Studer, 2014).

These diverging stages suggested issues of leadership and leadership skills in school counselors. School counselors satisfying the part of leaders of SEL and of mental health suggest that school counselors already possess the leadership and management skills required to fulfill such responsibilities (Bowers et al., 2018). Wingfield et al. (2010) explained that, in fact, school counselors do not possess these leadership skills and for them to be effective leaders, this endeavor requires a long-range vision concentrated on school counselors honing in on important leadership skills by way of targeted MHP development that trains to promote student achievement, empower stakeholders, and improve the mental health literacy school culture.

These efforts should originate from the advocacy of both counselors and administrators alike. Furthermore, Lapan (2005) recommended that more studies whose authors “take the time to more closely examine the actual interactions among school counselors, students, teachers, and parents” (p. iii) are needed to examine the ebb and flow of school counselors who work within this conjoint leadership role as social–emotional leaders and MHPs in schools (DeKruyf et al., 2013; Gysbers & Henderson, 2006).

Many researchers have discussed the need for school counselors to be more responsive and involved in laying the groundwork in helping their schools get organized, conduct, and sustain MSCs and SBSMHC of school, family, and community partnerships to increase student success (Adelman, 2002a; Christenson & Sheridan, 2001; Epstein, 1992).

With SBSMHC providing a framework for data driven practices, program effectiveness, and accountability, this current study can illuminate school counselors’ experiences in providing a continuum of care, integration of mental health services, while creating a global school environment conducive to mental health wellness using a comprehensive and multifaceted approach with children and youth (DeKruyf et al., 2013; Mellin, 2009; Paolini & Topdemir, 2013; Weist et al., 2014).

The theoretical perspective supporting MSC is best described by understanding partnerships viewed as overlapping spheres of positive and productive interactions of home, school, and community to meet the same goal in meeting the mental health needs of students. Epstein (1987, 2001) asserted that this influence of multisystem partnerships allows students to perform better academically when stakeholder entities (e.g., parents, educators, MHPs, and community members) combine their efforts in meeting the shared goals and responsibilities for students to perform at their most optimal levels of learning. Moreover, for this to happen school counselors must work together with parent and community stakeholder in a collaborative

framework in building quality of plans, activities, implementations through interpersonal relationships and connections, teamwork, and shared responsibilities programs, rather than working in silos and alone, so that the result would be more organized effective partnerships that would benefit students by assisting them in reaching their optimal learning potential while in school (Epstein, 1987, 2001; Epstein & Sanders, 2006; Mautone et al., 2009).

The controversy involved in school counselors working in MSCs and SBSMHC to address the mental health needs of students is formidable. Keys and Lockhart (1999) illuminated the challenges of a multisystemic approach to addressing the mental health needs of students, lie both in systems theory and social ecology. In this way, systems theory is used to develop the understanding of the individual "beyond the individual's psychological development to a view that positions the individual within the context of relationships and interactions with others" (Keys & Lockhart, 1999, p. 102). Worden (1999) implied that school counselors are only part of the system, an agent of change, and that, with the interconnectedness, interdependence, and interrelatedness involved in all the moving parts of the system, this change can cause a ripple effect that would lead to other changes. However, Keys and Lockhart (1999) described "a social–ecological perspective applies systems principles primarily to interactions among different levels of a system and across different systems" (p. 102).

The issues that arise in this scenario are that as a ripple effect can reverberate microcosmic and macrocosmic changes within these systems, with change also comes resistance to the change. The resistance to the change involved with MSCs and SBSMHC to address the mental health needs of students can appear in many ways: (a) resistance to established roles, relationships, and patterns of behavior that the system might wish to maintain, (b) the balance of power that leans more on system as a whole (this is the way things have always been done) than for the change agent (school counselor) working to create the change the system. In this

perspective, the system unavoidably has tendency to maintain the status quo (homeostasis), which might be more powerful than the originally intended ripple effect. Therefore, the following two research questions guided this study:

1. What are the experiences of school counselors working within conjoint roles as social–emotional leaders and mental health professionals within multisystem collaboratives and school-based systems of mental health care to address the mental health needs of students?
2. What contexts or situations have typically influenced or affected the experiences of school counselors while working with students who experience mental health issues within these domains: multisystem collaboratives and school-based systems of mental health care?

In this study, the researcher contended with these latent phenomena that underscored the overall importance of engaging in MSCs and SBSMHC to address the mental health needs of student systems to effect lasting change (Adelman, 2002b; Keys & Lockhart, 1999; Paolini & Topdemir, 2013).

Summary

The authors in the literature spoke of adopting a new vision whereby school counselors would play a key role in school reform as school counselors who would work as leaders and advocates by formulating a new identity as social–emotional leaders and MHPs who would encourage a MSC within systems of mental health care to eradicate educational and mental health systemic barriers that impede the academic success of all students (House & Hays, 2002).

In conclusion for this chapter, the researcher echoes the words of Hanna and Shank (1995) who, in their reflection on qualitative and quantitative counseling research inquiry, stated, “Once research can proceed without being mired in theoretical or conceptual diversions,

counselors can then concentrate on the crucial issues of discovering and developing more effective principles, techniques, relationships, and procedures" (p. 57). In addition, school counseling researchers should understand the value of qualitative measures of practical significance as they relate to making applicable systemic changes in schools that promote school reform that place counseling, collaboration, leadership, advocacy, and the effective use of both qualitative and quantitative data, front and center so that school counselors can minimize barriers in student learning (Berrios & Lucca, 2006; House & Hays, 2002; Kilgus et al., 2015; Sink & Stroh, 2006).

Chapter 3

Methodology and Axiology

Introduction

In this chapter, the researcher initiates the investigation of school counselors who work in conjoint roles as social–emotional leaders and MHPs within MSCs and SBSMHCs to address the mental health needs of students. Adelman and Taylor (2004) revealed that students present with various mental health concerns that school counselors are responsible to address. Therefore, school counselors who work in conjoint roles as social–emotional leaders and mental health professions advocate for comprehensive SEL and the "school-linked" movement that coalesced their exclusive professional proficiency with both school-based and community resources work to enhance initiatives for student psychosocial development in ways that would increase student assets and resiliency, and reduce risk factors, while improving school to community mental health accessibility with the goal of cultivating the healthy and productive citizens and workers of tomorrow (Adelman, & Taylor, 2004).

The authors cited in Chapters 1 and 2 mentioned that students of today are faced with a multitude of mental health and social–emotional barriers in their school settings, and school counselors have had to broaden their function, working more in a collaborative, comprehensive, systemic capacity as SEL leaders and MHPs in the delivery of mental health services and programs for students. However, researchers have yet to address how school counselors who work in the conjoint role specialties in multisystem, multilevel platforms to attend to these needs in their service delivery. Moreover, researchers remain "in the dark" regarding the "lived experiences" of school counselors and their functionalities as social–emotional leaders and MHPs and the occupation of their involvement and practices as they work to address the mental health needs of students within MSCs and SBSMHC, while weathering the barriers of (a) role

confusion, (b) unmarkable data-driven efficacy in accountability in student mental health, (c) high student caseloads, (d) inadequate *DSM-5* and integration, and (e) implementation in systemic change training, particularly in MSCs and SBSMHC and quasi-administrative duty diversions.

To overcome the demands of their roles and responsibilities, school counselors must be the change agents and use (a) available trainings; (b) school and community resources; and (c) collaborative strategies and evidence-based, data driven, multisystem, multileveled interventions (a) to maximize their efforts, (b) to promote their leadership capabilities, (c) to capitalize on their time, and (d) to formulate new approaches to serve the mental health needs of every student (Adelman & Taylor, 2012; Dimmitt et al., 2007; Hatch, 2014; Goodman-Scott, 2013).

Therefore, the purpose of this study was to explore the lived experiences of school counselors who work in conjoint roles as social–emotional leaders and MHPs to address the mental health needs of students within MSCs and SBSMHC given the paucity of research in exclusive to this area.

Purpose of the Study

Again, this study was conducted for the purpose of exploring the lived experiences of school counselors who work in conjoint roles as SEL leaders and MHPs as they address the mental health needs of students within MSCs and SBSMHC. Moreover, this researcher delved into the essence, oppositions, supporters, inconsistencies, regularities, complexities, involvedness, contradictions, validations, and overall experiences of public-school counselors' who work in their conjoint roles within MSCs and SBSMHC for students.

The researcher used the two research questions to explore the phenomenon (i.e., school counselors working in conjoint roles as social–emotional leaders and MHPs and their lived

experiences with addressing student mental health through MSCs and SBSMHC settings), which was investigated using a phenomenological approach as an avenue to explore the essence behind a school counselor's perspective, while capturing their reality and meaningfulness of their school experiences in addressing students' mental health issues.

A qualitative phenomenological design was used for this study because this approach is well suited to support human inquiry with its focus on the individual's lived experiences within the world (Moustakas, 1994; Neubauer et al., 2019; Sheperis et al., 2017). Phenomenology is a form of inquiry in which the researcher seeks to understand human experience (Moustakas, 1994) by exploring the phenomenon and how it is perceived and experienced by individuals in the phenomenological event (Lester, 1999). According to Sheperis (2017) phenomenology can be defined as an approach to research in which the researcher seeks to describe the essence of a phenomenon by exploring it from the perspective of those who have experienced it. Therefore, the two research questions were framed to ascertain a better understanding from the meanings that the participants ascribed to the phenomenon of school counselors who work in conjoint roles as social–emotional leaders and MHPs and their lived experiences with addressing student mental health through MSCs and SBSMHC settings (Creswell, 2014; Moustakas, 1994; Sheperis et al., 2017; Teherani et al., 2015).

The phenomenological research was used to answer the question:

> What is the meaning structure and essence of the lived experience of school counselors who work in conjoint roles as SEL leaders and MHPs as they address the mental health needs of students within MSCs and SBSMHC phenomenon, by an individual or by many individuals? (Johnson & Christensen, 2004, p. 363)

Thus, this phenomenological study will pertain to questions about everyday, lived experiences of school counselors (Sheperis et al., 2017, p. 216).

According to Moustakas (1994), phenomenological studies are focused on (a) understanding the essence of the experience; (b) the wholeness; (c) the appearance of things; (d) a return of things just as they are given; (e) being removed from everyday routines and biases; (f) capturing encounters from many sides; (g) uncovering angles perspectives from what we are told; and (h) noting the participants' words to be to be true in nature, in the natural world of everyday living, to ultimately arrive with the essence of a phenomenon experience (Moustakas, 1994, p. 58–59; Creswell & Poth, 2018, p. 104).

In this study, the researcher (a) illuminated school counselors involvement in their roles as social–emotional leaders and mental health experts who work within a proactive agenda for shaping the future of mental health in schools, (b) highlighted occurrences in which school counselors work in multidisciplinary collaboratives within a proactive agenda for shaping the future of mental health in schools, and (c) informed about new directions and ways of thinking school counselors engage in as they build on emerging SBSMHC to address mental health in schools.

Moreover, over the past decade, school counselors who work within their conjoint roles have struggled to deliver, implement, promote, and advocate for a mental health, school, and community collaborative, integrated, tiered-level school-wide support framework that has the prospective to meet the vast mental health needs of K–12 students and to increase overall positive educational, behavioral, and social outcomes for students.

Authors in school counseling embraced the movement related to the SBSMHC, addressing all students who use a three-tiered approach: (a) a preventative setting, (b) early intervention for those with a diagnosis, and (c) treatment and care for the more severe students. Additionally, SBSMHC offers mental health wraparound services and programs and fully involves not only school stakeholders, but also community mental health professions, families,

and students in (a) the planning and selection of mental health interventions, (b) the coordination of the services of multiple providers, and (c) the use of culturally relevant processes to support student overall mental health wellness.

The findings from this study could help the researcher to gauge the occurrence of a paradigm shift in balance from academic accountability towards a focus on student mental health well-being from the school counselor participant perspective. The outcomes of the study might also offer inspiration for policymakers to ensure that mental health services are readily available for all students who need them. Results from this study might in turn encourage the increase in funding to hire more school counselors and MHPs in schools and support higher education counselor preparation programs in their efforts to train and educate adequately a new generation of counseling professionals. Furthermore, outcomes of this study can support school counselors in their conjoint roles as they address students' mental health needs within SBSMHC to (a) build mental health literacy within a supportive multitiered school environment that would be tailored to students' individual mental health needs; (b) encourage school and community, multidisciplinary, student-support teams that would review and plan evaluations and intervention strategies for students who experience mental health problems; and (c) encourage the development of school to community relationships that would assist students with external stressors, while relieving school counselors from burnout, for responsibilities to handle overall student mental health wellness would be more widely disseminated amongst competent MHPs (AAP Committee on School Health, 2004; Adelman & Taylor, 2006; ASCA, 2019b; Collins, 2014; Gysbers & Henderson, 2006; Hodges & Hernandez, 2001; Messina et al., 2015; Stroul, 2002; Suldo et al., 2011; Taras, 2004).

Research Questions

The following the two research questions guided this study:

1. What are the experiences of school counselors working within conjoint roles as social–emotional leaders and mental health professionals within multisystem collaboratives and school-based systems of mental health care to address the mental health needs of students?
2. What contexts or situations have typically influenced or affected the experiences of school counselors while working with students who experience mental health issues within these domains: multisystem collaboratives and school-based systems of mental health care?

Social Constructivist Epistemology

Epistemologically, the researcher assumed that the exclusive nature of this qualitative phenomenological study would be to describe the depth and meaning of the participants' lived experiences (Hays & Wood, 2011) and assumed that the homogeneously known meaning of the phenomenon in the school counselor culture would be socially constructed; thus, the researcher's method of gaining knowledge was through an "iterative construction of meaning and experience" of the interaction between researcher and participants (Hays & Singh, 2012, p. 128). Furthermore, the researcher, as the phenomenologist in this study, sought to understand the school counselor's individual and collective internal experience of the phenomenon of interest: exploring the lived experiences of school counselors who work in conjoint roles as social–emotional leaders and mental health professions to address the mental health needs of students through MSCs and SBSMHC.

The researcher used a social constructivist lens to explore how school counselors, as study participants, intentionally and consciously think about and describe their experiences

(Wertz, 2005), valuing subjective experience of school counselors and the connection between self and world regarding fulfilling the conjoint roles and working with MSCs and systems of mental health care to address the vast array of mental health needs for students (Hays & Singh, 2012).

Drawing from a social constructivist paradigm, the researcher used Guba and Lincoln's (1994) definition of explaining how the fundamental belief or perspective about reality and truth (worldview) is what guides the researcher. A paradigm that represents the lens through which the researcher views the world and the "range of possible relationships to that world and its parts" (Guba & Lincoln, 1994, p. 107).

Guba and Lincoln (1994) submitted that the truth and valid knowledge of a phenomena derive from the discussions and relationship among the stakeholders, school counselors in this study and a particular community, school counselors working within a MSC and SBSMHC setting. Likewise, with its origins of phenomenology focusing on the subjective experience of the individual, this researcher seeks to use qualitative research in its phenomenological appreciation that focuses on school counselor's experiences that seeks to understand the essence or structure of that experience, thus, the researcher maintains the notion of the refusal of the dichotomy between subject and object; that is, "this theme flows naturally from the intentionality of consciousness. The reality of an object is only perceived within the meaning of the experience of the individual" (Creswell & Poth, 2018, p. 76).

Correspondingly, the proponents of the social constructivist paradigm postulate that individuals construct reality from their own experiences and how they view the world (Merriam & Grenier, 2019). The researcher's primary interest in this exploration was to grasp the school counselor participants' experiences of a particular phenomenon; thus, the researcher used a social constructivist paradigm (Merriam & Grenier, 2019). The proponents of the social

constructivist paradigm postulate that individuals construct reality from their own experiences and how they view the world and maintain a position whereby individuals understand the world in the same context that they understand themselves and others. Consequently, the paradigmatic implication is that reality is not distinct from knowledge of reality and that, by using this social constructivist lens, the researcher could understand the phenomenon from the perspective of the school counselor participants.

Assuming a social constructivist epistemological stance and relying on the descriptive representational methods chosen for this study (Rossman & Rallis, 2012), the researcher properly affiliated a qualitative phenomenological probe for this study. The researcher analyzed the data in this study using a social constructivist epistemological perspective gaining a "more informed and sophisticated understanding of the social world can be created" through exploratory dialectical processes between researcher and school counselor participants (Cohen & Crabtree, 2006, p. 3).

Within the qualitative, phenomenological methodology and social constructivist approach, reality is shaped through the school counselor narratives, holding true to the phenomenological elements of this study that included (a) suspending judgement, independent of any prior views of the researchers, and focusing on experiences from the point of view of the participants; (b) gaining descriptive access to school counselor experiences through interviews to the life–world situations as they speak to working in conjoint roles as social–emotional leaders and mental health professions to address the mental health needs of students working within MSCs and SBSMHC settings; and (c) analyzing the meanings of situations inside and outside schools and the psychological processes that gave rise to them. Therefore, the ideal for this study was aimed at exploring the conjoint roles of school counselors as they work within MSCs and SBSMHC to address the vast array of mental health needs for students (Wertz, 2005).

Research Design

The purpose of this study was to gain insight into the essence, oppositions, supporters, inconsistencies, regularities, complexities, involvedness, contradictions, validations, and overall experiences of public-school counselors' who work in their conjoint roles within MSCs and SBSMHC for students.

The two research questions were used to explore the phenomenon (i.e., school counselors who work in conjoint roles as social–emotional leaders and MHPs and their lived experiences with addressing student mental health through MSCs and SBSMHC settings), which was investigated using a phenomenological approach as an avenue to explore the essence behind a school counselor's perspective, while capturing their reality and meaningfulness of their school experiences in addressing students' mental health issues.

A qualitative phenomenological design was used for this study because this approach is well suited to support human inquiry, for its focus is on the individual's lived experiences within the world (Moustakas, 1994; Neubauer et al., 2019; Sheperis et al., 2017). Phenomenology is a form of inquiry in which the researcher seeks to understand human experience (Moustakas, 1994) to explore phenomena and how it is perceived and experienced by individuals in phenomenological events (Lester, 1999). According to Sheperis et al. (2017) phenomenology can be defined as an approach to research in which the researcher seeks to describe the essence of a phenomenon by exploring it from the perspective of those who have experienced it. Therefore, the two research questions were framed to ascertain a better understanding from the meanings participants ascribe to the phenomenon of school counselors who work in conjoint roles as social–emotional leaders and MHPs and their lived experiences to address students' mental health through MSCs and SBSMHC settings (Creswell, 2013; Moustakas, 1994; Sheperis et al., 2017; Teherani et al., 2015).

Rationale for the Research Design

A qualitative phenomenological approach, a design of inquiry, is a powerful research strategy that counselors can use to explore challenging problems in school counseling and mental health. In doing so, the researcher aimed to explore subjectively how school counselors experience conjoint roles as social–emotional leaders and MHPs and what school counselors experience as they addressed students' mental health through MSCs and SBSMHC settings, for it is the key to understanding several individuals' common or shared experiences of this phenomenon (Creswell, 2013; Sheperis et al., 2017). The researcher seeks to satisfy researchers' curiosity and to gain a deeper understanding in the roles that school counselors undertake as they work to help students in their mental health struggles within a MSC and SBSMHC setting. While exploring this topic, the researcher anticipated a vast array of multiple realities from the school counselors' data that would describe their unique experiences in these areas, which would typically occur when a new phenomenon might occur, whereby the study itself becomes new and current literature is scarce or is not current on the topics being studied (Babbie, 2016).

Moustakas' (1994) phenomenology is focused less on the interpretation of the researcher and more on a description of the experiences of the participants (Creswell, 2013). Phenomenological research requires the researcher to embrace the philosophical underpinning that supports the theorization of the meaning of the moorings of human experience believing in Edmund Husserl's (1887–1973/1999) definition of a pure phenomenological experience as entering into the research process with a perspective free position, free from hypothesis or preconceptions whereby the researcher accepts descriptions rather than explanations and adopts epistemological assumptions that describe how reality is internal to the knower and what appears in their conscious. Furthermore, the researcher's intention is to separate oneself from the world including one's own physical being to reach the state of the transcendental, bias-free, whereby

the researcher gains an understanding of the phenomena by descriptive means only (Sheperis et al., 2017). Patton (2002) described phenomenology as a means or method of

> Exploring how human beings make sense of experience and transform experience into consciousness, both individually and as shared meaning. This methodologically carefully, and thoroughly capturing and describing, how people experience a specific phenomenon—how they perceive it, describe it, feel about it, judge it, remember it, makes sense of it, and talk about it with others. (p. 104)

Given the dearth of researchers who have addressed school counselors' lived experiences in conjoint roles as social–emotional leaders and MHPs and their lived experiences with addressing student mental health through MSCs and SBSMHC settings, the study participants were given a voice to share their stories of experience around this topic to gain greater understanding. To do this, the researcher asked two research questions:

1. What are the experiences of school counselors working within conjoint roles as social–emotional leaders and mental health professionals within multisystem collaboratives and school-based systems of mental health care to address the mental health needs of students?
2. What contexts or situations have typically influenced or affected the experiences of school counselors while working with students who experience mental health issues within these domains: multisystem collaboratives and school-based systems of mental health care?

These questions combined with additional open-ended questions from the study Interview Protocol (Appendix B) streamlined the data collection from study participants to focus attention on gathering data that would later lead to textual and structural description of the commonalities

in experiences arriving with emerging themes and an understanding of the essence of the phenomenon (Creswell, 2013; Moustakas, 1994).

The two research questions were such that a phenomenological study could answer them:

1. What are the experiences of school counselors working within conjoint roles as social–emotional leaders and mental health professionals within multisystem collaboratives and school based systems of mental health care to address the mental health needs of students?
2. What contexts or situations have typically influenced or affected the experiences of school counselors while working with students who experience mental health issues within these domains: multisystem collaboratives and school-based systems of mental health care?

A phenomenological approach heightens the understanding of the phenomenon, which is typical of what this kind of research can afford for the researcher and the public. Additionally, it offers significant importance to the theories, practices, policy, and procedural change, school counselors face in working in conjoint roles in MSC and SBSMHC settings. The responses to these questions provided the researcher an opportunity to learn from the experiences of school counselors to achieve a succinct description of the phenomenon of the lived experiences that surround school counselors who are intimately involved with the phenomenon of school counselors' lived experiences in conjoint roles as social–emotional leaders and MHPs in addressing student mental health through MSCs and SBSMHC settings. They also provided phenomenological evidence to promote school reform in the areas of mental health policy, school to community collaborative processes, and positively influence social action that can inform mental health organizational change (Creswell, 2013; Miller & Salkind, 2002; Neubauer et al., 2019; Sheperis et al., 2017).

Qualitative Strategies of Trustworthiness

According to Amankwaa (2016), what is principal in a qualitative phenomenological study is the evidence of the rigor and soundness of all research, which ensures that the participants' voices are captured in a holistic and reliable manner that reflects the individual's worldview as it is conveyed (Morrow et al., 2001; Sheperis et al., 2017).

Moreover, qualitative researchers suggested establishing a trustworthiness protocol that shares a process for which to accomplish the "truth value" and rigor in the study. Thus, Lincoln and Guba (1985) posited that researchers should seek trustworthiness in terms of trust, value, applicability, consistency, and neutrality as opposed to reliability and validity (see also Amankwaa, 2016).

With the researcher as the instrument, the context, subjectivity, and an emic view of school counselor culture was sought out in this study to arrive with a perspective focus regarding the inner workings and cultural distinctions that are meaningful to school counselors, as members of a particular society of MHPs working within conjoint roles, in MSCMHC to address the mental health needs of students. It was the desire of the researcher to immerse into this specific culture and to arrive with an emic perspective. The researcher accomplished this by adopting a trustworthiness protocol. Lincoln and Guba (1985) suggested establishing a framework of trustworthiness, including,

1. Credibility, confidence in the "truth" of the finding.
2. Transferability, showing that the findings have applicability in other contexts.
3. Dependability, showing that the findings are consistent and could be repeated.
4. Confirmability, a degree of neutrality or the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation, or interest.

Qualitative Credibility

For purposes of this study and to establish credibility, believability, and assurance that the conclusions make sense in this study, the researcher used member checking to establish the validity, asking participants to review their descriptions of the experience (Johnson & Christensen, 2004).

> Member checking is an ongoing consultation with participants of the investigation to offer a direct test of the goodness of fit of findings as they emerge. This serves as a "direct test of findings with human sources from which they have come." (Lincoln & Guba, 1985, p. 300)

Actionable credibility activities consisted of member checks that were communicated to the participants after significant activities and within 2–3 weeks of the interview. The researcher sent the participants a copy of their interview via secured email so that they could review it, read it, and edit it for accuracy. The participants were then asked the question, "Does the interview transcript reflect your words during the interview?" The researcher also ensured that these checks were recorded and were stored in a secured computer file so that the information could be used later in the data analysis phase of the study. Lincoln and Guba (1985) posited that this is the most crucial technique for establishing credibility of the participants' account of the experience (Sheperis et al., 2017).

Peer debriefing was used as an additional strategy to check the validity of the findings (Lincoln & Guba, 1985; Schwandt et al., 2007).

> Peer Debriefing is a validity activity that engages the researcher and a person who is methodologically and analytically adept, but not embedded in the research topic or process as much as the primary researcher. This person (or persons) assists by questioning methodological practices, analytical techniques or frames, and overall clarity

of the research endeavor, contributing to the resonance of the research. (Rose & Johnson 2020, p. 443)

In this study, the peer debriefer was a university colleague who has no immediate interest in the research, but who reviewed and ask questions about the study so that the account would resonate with people other than myself and serve as a sounding board for the researcher (Creswell, 2013).

The actionable activities involved in the peer debriefing process consisted of requesting a peer, who was well versed in the qualitative research process, to work with the researcher throughout the research process. The committee members were available to meet after significant phases of the research process (i.e., data collection, interviews, and data analysis).

During visits with the peer debriefer, the emotions, actions, insights, and ideas were discussed for approximately 30 minutes to an hour. The outcome of the meetings was noted in a journal and stored in a secure file so that the researcher could use this information within data analysis phase of the study (Creswell, 2014; Lincoln & Guba, 1985; Schwandt et al., 2007; Sheperis et al., 2017).

Triangulation was also used to establish confirmability in this research. The researcher used data source triangulation, which involved a collection of data from different people, in this study of Texas certified, secondary, public-school counselors to gain multiple perspectives and validation of data (Carter et al., 2014; Schwandt et al., 2007; Sheperis et al., 2017). According to Patton (1999), triangulation refers to the use of multiple methods or data sources in qualitative research to develop a comprehensive understanding of phenomena and Jick (1979) posited using different methods could “uncover some unique variance which otherwise may have been neglected by a single method. (p. 1337)

The researcher engaged in triangulation by way of continuous discussion that would illuminate a deeper, more meaningful perspective that was aligned with the participants' perceptions of their reality throughout the research process with colleagues invested and familiar with the topic (Creswell & Poth, 2018; Marshall & Rossman, 2006).

Transferability

Mauthner and Doucet (2003) encouraged qualitative researchers to use a process of reflexivity. The researcher used reflexivity journaling to capture rich descriptions of the contexts in which the interviews and observations took place. The researcher annotated place, details about the process as it unfolded through each interaction with participants of the study, all the while, collecting and reporting the data in a journal to substantiate a complete account of the research process. Reflexivity journaling afforded an understanding of self, as a former school counselor, in relation to the research and provided the researcher an avenue for accounting for "one's research choices, effects of researchers' values and emotions on choices of research topics, power relations with research participants, and the influence of researcher standpoints on data collection and analysis" (Malacrida, 2007, p. 1329).

The researcher uses reflexivity journaling to capture rich descriptions of the contexts in which the interviews and observations took place. The researcher annotated place, details about the process as it unfolded through each interaction with participants of the study, all the while, collecting and reporting the data in a journal and memo to substantiate a complete account of the research process. The reflexivity journaling consisted of noting such details as the participants' profiles, venue for interview, atmosphere, climate, participants present, attitudes of the participants involved, reactions observed that might not be captured on audio recording, bonds established between participants, and feelings of the investigator. Journaling and memoing also took place (a) after each significant activity, specifically, after each interview if more than one,

(b) weekly during analysis, (c) after peer debriefing visits, and (d) at theme production, and journals and memo were kept in computer files so that the researcher could use them in the data analysis phase (Lincoln & Guba 1985; Malacrida, 2007; Schwandt et al., 2007). With thick, detailed, comprehensive information about the phenomenon of study, consumers of research can decide whether the results of this study can be useful in other settings (Merriam, 1995).

Dependability and Confirmability

According to Lincoln and Guba (1985) and Miles and Huberman (1994), dependability involves an evaluation process whereby accuracy in the findings and conclusions are supported by the data, stand the test of time, and remain consistent across researchers.

In this study, the researcher used the research study dissertation committee members as the auditing entity all of whom had ample comprehension of the research process, spoke the same language as the researcher, examined the narrative accounts, and reviewed the research documents for authenticity, questioning for clarity and providing constructive feedback on processes in an honest fashion (Creswell & Miller, 2000; Lincoln & Guba, 1985; Schwandt et al., 2007).

To continue to ensure dependability and confirmability in the study, reflexivity journaling will continue. Journaling took place after interviews, after peer-review sessions, and after a major event during the study (Lincoln & Guba, 1985; Schwandt et al., 2007). In addition, an audit trail was established for this study, which included making a list of documents to share through the research process with review dates for the study and annotations research experiences in a reflexivity journal that was used to investigate the researchers personal and professional motives and reasons for conducting the study, any theoretical sensitivity, and exploration of researchers initial thoughts, feelings, and behaviors that might interfere in the research process. (Creswell, 1998; Sheperis et al., 2017).

> An external audit requiring both the establishment of an audit trail and the carrying out of an audit by a competent external, disinterested auditor (the process is described in detail in Lincoln & Guba, 1985). That part of the audit that examines the process results in a dependability judgment, while that part concerned with the product (data and reconstructions) results in a confirmability judgment. (Schwandt et al., 2007, p. 19)

Merchant (1997) suggested that reflexivity journals and audit trails be used throughout the research process to afford peer debriefers an avenue to explore how the researchers' biases might have interfered or influenced the research process and the research findings.

It was the researcher's intention to encourage feedback from peer debriefers as they would review the reflexivity journals and audit trails and to be open to one's own insights and contributions as the researcher would collects and analyzes the data to regulate interferences in the research study and to support the truthfulness in dependability and confirmability of this study.

Role of the Researcher

A researcher plays a critical role in phenomenological research because they serve as the primary instrument for data collection and analysis in this design (Merchant, 1997; Miles & Huberman, 1994; Sheperis et al., 2017). I am a 54-year-old, Hispanic woman who has more than 20 years of counseling on multiple levels of which 15 years were in middle school and alternative settings, 4 years as a licensed professional counselor in community settings, and 2 years in school counselor education in higher education. As a professional school counselor, licensed professional counselor, and counselor educator, I have experience working within the conjoint roles of a social–emotional leader and MHP in schools. I have also been a part of the advocacy, implementation, and promotion of MSCs and school-based systems for mental health care to meet the mental health needs of students in my tenure.

In my years of working in schools, in the community, and in higher education, I can recall the struggles I encountered with the limited time that I had to meet the vast array of social–emotional and mental health issues that posed as learning barriers to success for many of my students. First, I can also attest to the bureaucracy involved with arriving with valid, practical programs, interventions, and treatment to address students' learning barriers working in the capacity of a school counselor. This researcher closely identifies with the challenges of the obstacles of increased numbers of students who require mental health support.

Second, I successfully matriculated from making referrals to counselors to actual assessment and treatment of students who struggle with a mental health illness to working in a community mental health service. I have experienced many barriers in making connections with mental health professors outside of school to support the continuum of mental health services and care for my students and their families.

Third, I experienced the combination of large student-to-counselor ratios, the multiple responsibilities outside of direct and indirect services placed on school counselor, the overall lack SEL and mental health training, and the deficiency in awareness of accessibility to the mental health community resources and interventions readily available to help treat students (Adelman & Taylor, 2010; Kaffenberger, 2011; Kaffenberger & O'Rorke-Trigiani, 2013).

Although I had a sense of exasperation with my attempts to fulfill my school counseling responsibilities while working in this conjoint role, I choose to direct my energy to cultivating a path with school counseling stakeholders at the state, central office, and K–12 and higher education campus levels that commenced the critical conversation and action that would embrace school counselors working in this new conjoint role and, even more importantly, adopting a conviction towards inviting MSCs and SBSMHC in schools to address the mental health needs in students.

In this quest, I found many people to be positively responsive to the initiative and a few persistently committed to remaining resistant to the benefits of adopting this contemporary comprehensive approach to student mental health. Often, the roller coaster journey led me to "burn out" in K–12 education, and at the same time reinvigorated me to direct my newfound energy to helping shape the professional school counselor identities of the new school counselors (coming behind me) through school counseling preparation programs in higher education.

Sheperis et al. (2017) asserted that it is best practice in phenomenological study for the researcher to be sure to embrace the following characteristic: openness to self-disclosure of biased values and beliefs as a primary step in bracketing their perceptions (p. 217). Additionally, Merchant (1997) suggested that good counselors and phenomenological researchers adopt the following seven characteristics:

1. Awareness of one's own world view.
2. Ability to enter the client's or research participants' worldview.
3. Acknowledgement of polydimensionality, the contextual and nonlinear nature of human experiences.
4. Use of narratives and stories.
5. Tolerance of ambiguity.
6. Focus on process and content.
7. Empowerment as a goal. (pp. 12–14)

I intend to instill the trustworthiness of this phenomenological study; to identify my biases, values, and judgments; and to practice bracketing out these partialities and predispositions early on so that these same biases, values, and judgments do not interfere in the research process (Hays & Singh, 2012).

I plan to instill transparency and credibility by using trustworthiness strategies (e.g., peer debriefing, member checks, triangulation, audit trails, and reflectivity) to assist with the regulation of these prejudices and partialities so that the participants' voices are heard and their meaning behind their described testimonials are recorded with authenticity to the "essence" of their individual experiences.

My presentation of these experiences will provide readers keen insight regarding how I arrived with the collective "worldviews" of the participants and came to an in depth understanding about the mental health day to day practices of school counselors and the influences of their social–emotional and mental health roles with students. Finally, I hope to provide qualitative evidence for the counselor community helping others to grasp how my professional experience and awareness included the way I view the school counselor's role identity and mental health collaborative and systemic practices in the realms of meeting the mental health needs of students in schools.

Strengths of the Research Design

The strength of this study resides in the congruence between counseling and phenomenological design in that the researcher has adopted a phenomenological design that assesses detailed information from the school counselor study participants' experiences as a natural aspect of their professional practice in schools like the way that counselors discover this same information from clients (Hays & Wood, 2011). Moreover, this phenomenological study has a strong philosophical underpinning and is an ideal approach to understanding a school counselor's common experiences of a phenomenon: lived experiences of school counselors who work in conjoint roles as social–emotional leaders and MHPs to address the mental health needs of students within MSCs and SBSMHC.

By using a phenomenological approach, meaning was at the core of this design as this design was best suited for acquiring and collecting data that explicates the essences of human experience which was the researcher's intention in this study (Moerer-Urdahl & Creswell, 2004; Moustakas, 1994).

The researcher relied on school counselor reflections because they strengthen the transcendental phenological approach and provide a systemic approach for the researcher to analyze data about the lived experiences (Moustakas, 1994). Thus, Moerer-Urdahl and Creswell (2004), explained this approach as erasing the dualism between "objectivity and subjectivity by allowing researchers to develop an objective 'essence' through aggregating subjective experiences of a number of individuals" (p. 21).

Another strength in using a phenomenological research design was that the participants would reap the benefit as school counselors in having an opportunity to be heard as they would voice their concerns, thoughts, and feelings about their lived experiences of working in conjoint roles in MSCs and SBSMHC to meet the mental health needs of all students. Using this design allowed the participants to share their perceptions and feedback, while valuing their experiences and respect for their expertise in school counseling (Merchant & Dupuy, 1996; Sheperis et al., 2017).

The researcher found it beneficial to use a phenomenological design to identify the phenomenon (a) to understand the phenomenon from the descriptions of other school counselors who could answer the questions of the how and what regarding the lived experiences of school counselors who work in conjoint roles as social–emotional leaders and MHPs to address the mental health needs of students within MSCs and SBSMHC and (b) to provide a concrete framework for the researcher to ask relatable questions about the phenomenon, while recording answers that shape meaning in each school counselor's experiences.

With these new insights and increases in knowledge of the studied phenomenon, which already demonstrated a dearth in the research, the researcher used a phenomenological design to capture the "essence" of those who experienced the phenomenon, which would prove to be an advantage not only to the counseling field, but now also to the general public because it would offer a conventional wisdom in the deep issues surrounding school counselors who work in conjoint roles as social–emotional leaders and MHPs who address the mental health needs of students within MSCs and SBSMHC (Lester, 1999; Sheperis et al., 2017).

Assumptions and Limitations of the Research Design

Some elements in this study served as a framing and explanation. The researcher introduced an initial belief that school counselors should embrace the conjoint role of social–emotional leader and MHP and participate in the implementation, intervention, and treatment using multisystem of collaboration and mental health care, but the researcher had no proof that this was a valid belief among other school counselors.

The researcher assumed that the study participant school counselors would concur with the researcher's belief and would respond to the interview questions honestly and factually according to their lived experiences. Therefore, the researcher assumed (a) that the participants would provide valid, descriptive, rich responses to the interview questions; (b) that, in their responses, they would meet the participant criteria; (c) that their responses would be robust in the areas of conjoint roles and multisystem work in collaborate and SBSMHC in meeting the needs of students. To ensure that study participant school counselors would feel comfortable with conveying their truths, the researcher reassured the participants that their testimonials would be held with the strictest of confidence and that pseudonyms would be used to guarantee further their anonymity throughout the study. The researcher hoped that, through this study, these

assumptions could be justified with the qualitative evidence that would be collected and in the findings of this study.

Research design phenomenological principles, processes, and methods committed the researcher to descriptions of experiences and to studying several individuals who had shared the phenomenon using disciplinary origins that stemmed from philosophy, psychology, and education (Sheperis et al., 2017). Therefore, the two research questions in this phenomenological study were relatable to the focus of only understanding the essence of the experience (Creswell, 2013; Creswell & Poth, 2018; Moustakas, 1994). Conversely, the proponents of human science research and its applications postulate that, when studying complex topics, issues in any of the human sciences, education, or behavioral science, a phenomenological approach is preferred given its methodological processes by which the researcher seeks to capture descriptions of experiences through first-person accounts in informal and formal conversations and interviews that are focused on the wholeness of experience, rather than solely on its objects or parts, while also using data to increase understanding of human behavior and as evidence for scientific investigation (Creswell & Poth, 2018; Moustakas, 1994). Other limitations to this study might include issues related to the researcher's bias, participant selection, data collection, and interpretation.

Integrity and Trustworthiness of the Researcher

In phenomenology research, the researcher plays a critical role in the research as they serve as the primary instruments for data collection and analysis (Merchant, 1997; Miles & Huberman, 1994.

Epoché or bracketing is the first step in "phenomenological reduction," the process of data analysis in which the researcher sets aside, as far as it is humanly possible, all preconceived experiences to understand best the experiences of the participants in the study (Moustakas, 1994,

p. 22). Thus, as a former school counselor for over 20 years, the researcher should retain an awareness of one's own world view and biases in the areas of conjoint roles as SEL leaders and MHPs as they address the mental health needs of students within MSCs and SBSMHC. Furthermore, this researcher should be able to enter the research participants' worldview of these topics, while acknowledging the polydimensional, contextual nature of the human experience as the researcher collects and analyzes data (Bowers et al., 2017; Creswell & Poth, 2018; Merchant, 1997; Van Velsor, 2009).

The limitations of this study were determined by the researcher being able to consider and be mindful of responses to these questions:

1. How will I refrain from using my own experience to best understand participants' experiences with systems of mental health care in schools?
2. What emotions do I expect to encounter when interviewing participants regarding their experiences with systems of mental health care in schools?
3. What process will I use to "check myself" throughout the research journey as I am conducting my interviews?

Throughout the research process, limitations exist in whether the researcher could be fully transparent and able to remove the self from imposing any biases, as encouraged in this research design. The researcher might have been overly open to self-disclosure of biases, values, and beliefs; thus, the researcher might indirectly have pressured the participants to "over identify" with the researcher (Christenson & Sheridan, 2001), in which case, the participants might have felt pressured to perform, please, and go along with providing responses that they might have believed that the researcher wanted to hear. As the researcher, it would then have been important to facilitate this transparency by bracketing with integrity, listening, and self-questioning regarding whether the researcher was being tolerant and focusing on the content and

the process and engaging in on-going self-questioning, asking whether the researcher's self-disclosure was appropriate so as not to taint the participant's experience. Therefore, a limitation of this study in researcher integrity and trustworthiness was possible, depending on the potential shortfalls in capabilities in practicing epoché or bracketing consistently, while skillfully making use of reflective journaling processes to prevent researcher biases from interfering with the data analysis of the study (Ashworth, 1999; Creswell & Poth, 2018; Sheperis et al., 2017).

Given that the researcher presented with more than 20 years in public schools, the researcher holds first-hand experience in the gaps in mental health system of care in schools. Through the researchers experience as a secondary school counselor, the researcher has witnessed first-hand the struggles of students who were mentally ill or were presenting symptoms of mental illness in the public school settings.

It is important for the researcher to be intentional in trustworthiness throughout the research process. The researcher assumed that the researcher would maintain objectivity, by using trustworthiness strategies of bracketing, peer debriefing, member checks, triangulation, and an extensive audit trail. In doing so, the researcher would record in a journal thoughts and biases about the research, including the personal bias of the researcher that might weigh against jeopardizing the participants' perspective, for these personal biases would have stemmed from (a) working as a professional school counselor perspective, (b) understanding the need for specific training in various mental health therapeutic counseling, and (c) being subjected to role confusions regarding the school counselors' roles and responsibilities as social–emotional leaders and MHPs who work with mentally ill students while in schools (Creswell & Poth, 2018; Sheperis et al., 2017). Moreover, the researcher's experience is that school counselors are currently bogged down with graduation advising and quasi-administrative responsibilities that inhibit them from being able to serve adolescent students fully and adequately with their

emotional, social, psychological well-being with this awareness; therefore, to ensure further trustworthiness, it would be important that the researcher journal certain findings that might be consistent with the participants' thoughts and feelings rather than the researcher's own view point (Ashworth, 1999; Carrell & Hoekstra, 2014; Creswell, 2014; Creswell & Poth, 2018; Moyer, 2011; Lapan et al., 1997; Sheperis et al., 2017).

The initial awareness of these biases from the researcher directed the researcher's practice not to include the researcher's own bias in the data, for it would deflect an accurate picture of the data that would be collected during the study and would discourage the collection of authentic feedback from the participants. Therefore, a limitation to this study was the inadequacies of the researcher that might have arisen by not taking extra steps of triangulation, member checking, and reflective journaling so that the researcher could uphold a self-awareness and listen to member feedback to increase the validity in the qualitative methodology, for qualitative research does not involve the level of objectivity as much as does quantitative research. To prevent these inadequacies form occurring, the researcher used member checks whereby participants were given the opportunity to verify that the transcript report was a true representation of their feelings and views on their own lived experiences as school counselors who work in conjoint roles as SEL leaders and MHPs as they address the mental health needs of students within MSCs and SBSMHC (Creswell, 2014; Creswell & Poth, 2018; Sheperis et al., 2017).

Participant Selection

According to Christensen (2005, as cited in Sheperis et al. 2017), "Participants, who often are called coresearcher, are selected because they have experienced the phenomenon being studies and are willing to share their thoughts and feeling about it" (p. 218). For this study, the research participants were selected using purposive mixed variation (heterogenous) sampling,

which is the practice by which research participants are selected because of some characteristics that they share. In this study, the participants were limited to Texas certified, secondary public-school counselors with 3–5 years or more experience as a Texas certified, secondary public-school counselor who had received district or educational professional development or training in at least one of the following areas: SEL, social–emotional consultation, mental health, or SBSMHC professional development or training (Sheperis et al., 2017). Limitations to the participant selection of this study were the restriction of only inviting secondary school counselors to share their own lived experiences as school counselors who work in conjoint roles as SEL leaders and MHPs as they address the mental health needs of students within MSCs and SBSMHC, leaving elementary counselor perspectives, self-report, and opportunities to share information regarding their lived experiences as school counselors who work in conjoint roles as SEL leaders and MHPs as they address the mental health needs of students within MSCs and SBSMHC out of the study, which would have made the results of this study less relevant to school counselors who work with students at the elementary school level.

Additionally, according to Bridgeland and Bruce (2011), gender among school counselors demonstrates that women outnumber men by a considerable margin with more than three-quarters (77%) of school counselors being women. Specifically, at the secondary level, Women are represented particularly well with 80% of school counselors being women in middle school and 76% in high school. Data indicated that the higher proportions of women as school counselors was consistent in every state with only Massachusetts having the highest proportion of male school counselors at 36% and Virginia having the lowest at 14%. Moreover, race and ethnicity data suggest an overall diverse group representation of race and ethnicity in school counselors nationally with 10% of counselors considering themselves to be Hispanic or Latino (including Spanish and other Spanish origin), 4% to be of Mexican origin, 1% to be Puerto

Rican, and 5% to be from other Hispanic origins. Survey data denoted the three of four counselors identified as "White," a group defined in the survey as including people of Portuguese, Brazilian, Persian, and Middle Eastern descent, and 8% of all counselors identify as Black or African American.

Reports of this data suggest that findings from this study might allude to an unbalanced gender representation between women and men, and the results might also prove to be less transferrable to male school counselors than to female school counselors. Given the likelihood that more women would partake in this study than would men, the same curtailed representation and limited relatability would apply to diverse race and ethnicity of school counselors (Bridgeland & Bruce, 201). For this study, the participants were Texas certified, secondary public school counselors and, given this delineated aspect of geographic location being in Texas, the conclusions of this study might not be applicable to other geographical locations.

Data Collection

Although this phenomenological study involved the typical method of data collection for phenomenological research (i.e., semi structured individual interview with participants having experience with the phenomenon, and being a school counselors who works in conjoint roles as SEL leaders and MHPs as they address the mental health needs of students within MSCs and SBSMHC), limitations in the choice to use semi structured interviews for data collection could result as the interviews providing indirect information filtered through the views of interviewee and not all interviewees are equally articulate and perceptive. The formality involved in interviewing a participant could also create a bias in the participants' responses, for they might be nervous and not want to be as candid as they would like to be in their responses to the interview questions. Therefore, the interview process might instigate an undesirable unforeseen influence in the relationship between the participants and the researcher (e.g., "phenomenology

is interactive and relies on the relationship between the researcher and the participants; Creswell, 2014; Merchant & Dupuy, 1997, as cited in Sheperis et al., 2017, p. 216).

Given the COVID-19 pandemic circumstance and the recruitment efforts from the national and state counselor associations, the way the data was collected was a limitation in this study. It would be unreasonable and costly for the researcher to drive to each geographical location to conduct in person interviews, for the geographical location of the participants was spread out over the state of Texas.

Additionally, the COVID-19 pandemic circumstance that might have jeopardized the health and safety of both the participants and the researcher was strongly considered and provided good cause to conduct a virtual interview instead. Therefore, semistructured interviews were conducted via Zoom Video Communications [Zoom], an online audio and Web conferencing platform. Furthermore, conducting interviews using a virtual format might have led to drawbacks pertaining to the inability to control the interviewing settings, for the environment might not have been conducive to completing an interview, thus, it might have interfered with the interviewing process or caused a distraction during the interview that might have influenced the results (Creswell, 2014; Creswell & Poth, 2018; Sheperis et al., 2017).

Also, the lack of ability to conduct in person interviews might have resulted in a limitation in the study, for establishing rapport with the participants might have been more challenging during virtual semistructured interviews because observation of nonverbal cues and body language are more difficult to detect in a virtual setting, suggesting a missed opportunity for the researcher to make a strong connection with the participants. This limitation is significant because the researcher's mission in this phenomenological study was to "keenly observe the interactions and dialogue between person and world" (Sheperis et al., 2017, p. 216).

As part of the data collection process, member checking inquiries were conducted using follow up emails and Zoom sessions to ensure that accuracy of the qualitative findings were reported on the final report and specific descriptions of the themes are relayed back to the participants for their feedback in terms of accuracy (Creswell, 2014). Overall, the use of emails and Zoom might present a limitation in the study involving the achievability of a rich, thick, elucidation of the descriptions that accurately conveyed the findings that were wholesome in capturing the many participants' perspectives about specific themes to ensure that the results were realistic and rich, adding to the validity of the findings (Creswell, 2014).

Data Analysis

Miles and Huberman (1994) explained that phenomenologists extract participants' experiences in data analysis through several steps: bracketing, data review, phenomenological reduction, extraction, identification of themes and data displays whereby researcher continually review data emergence and vigilance over the researchers' own presuppositions. Creswell (1998) and Newsom et al. (2008) also posited that the processes in data collection and analysis alike are recursive in nature (Sheperis et al., 2017, p. 222).

Limitations of this phenomenological study might have existed in the difficulty in data analysis and interpretation phase of the research process. For example, the data analysis steps of bracketing and data review required the researcher (a) to explore how the researcher's own perceptions of working as a secondary school counselor SEL leader and MHP to address the mental health needs of students within MSCs and SBSMHC might have influenced the researcher's data analysis engagement in the steps of bracketing the researcher's biases and (b) to attend to the aspect of research subjectivity more closely at the start, during, and after the investigation of the phenomenon (Sheperis et al., 2017, p. 223). Moreover, in the data review portion of the analysis, it would be important for the researcher to listen carefully to the

transcriptions and to grasp the participants' expressions and meanings unbiasedly and with the broadest of context as they conveyed their lived experiences working in the capacities of secondary school counselors in conjoint roles as SEL leaders and MHPs to address the mental health needs of students within MSCs and SBSMHC, for not doing so would have jeopardized the researcher's objectivity, and might have imposed undue influence on the findings. Therefore, the limitations would have occurred if the researcher did not continuously review the researcher's reflective journals to prevent the researcher's biases from interfering with the data analysis (Ashworth, 1999, p. 22; Merriam & Associates, 2002; Reisetter et al., 2004).

Phenomenological reduction, the extraction of meaning units, identification of themes, and data displays pose aggregation and coding limitations to this study; therefore, the researcher might have failed to narrow the data to 5–7 themes that are dense and rich, coding and organizing the data using a NVivo (QSR International Pty Ltd., 2020) qualitative software as in this study, while also determining which data should be the focus and which data should be omitted or shortened, all with fidelity to ensure qualitative validity is important because, with this, the "qualitative researchers aim is to design and incorporate methodological 'trustworthiness' strategies, acknowledging biases in sampling and ongoing critical reflection of methods to ensure sufficient depth and relevance of data collection and analysis" (Creswell, 2013; Guest et al., 2012, p. 195; Morse et al., 2002, p. 2; Sandelowski, 1986, p. 4–5).

Qualitative methodology can be problematic given the length of time and resources needed to complete a study of this nature. Other limitations lay in the contrasting data procedures in that a phenomenological methodology uses primarily interviews. Polkinghorne (1989, as cited by Creswell & Poth, 2018) recommended "5–25 participants who have experiences the phenomenon." This contrasts with the 20 to 60 participant interviews of a grounded theory study

that has more robust data with which to analyze (Creswell, 2014; Newsom et al., 2008; Sheperis et al., 2017).

A potential drawback was that phenomenological research is a design that generates a large mass of information; thus, the analysis of a large volume of information can be overwhelming for the researcher. Along with this, troublesome encounters might also have resulted from employing the phenomenological strategies to arrive satisfactorily with the most revealing significant statement, meaning units, and textual and structural descriptions to describe the "essence" of the phenomenon (Creswell, 2014; Creswell & Poth, 2018). In contrast, this analysis of data did not include culture sharing of a group of school counselors or MHPs, nor was it used to analyze the themes about a group of school counselors or MHPs, as with an ethnographic study. This phenomenological study did not include data analysis with the purpose of using the data to "restory" the lived experience of school counselors who work in conjoint roles as SEL leaders and MHPs as they address the mental health needs of students within MSCs and SBSMHC, delving into themes in this regard, nor did the researcher use a chronology to organize the data as in narrative research (Creswell, 2014; Creswell & Poth, 2018).

With the considerations of the various forms of qualitative research, the intention of this phenomenological study was specifically to explore and understand the meaning school counselors ascribe to a social and human problem, especially working in conjoint roles as SEL leaders and MHPs as they address the mental health needs of students within MSCs and SBSMHC. Merchant (1997) postulated that phenomenology is the most useful of qualitative methodology in the field of counseling and further explained that both counselors and qualitative researchers share a skillset in being attuned and aware of cues given by the participant during an interview and both also seek to empower the individual who is offering information through the

research process, which substantiates the reason that phenomenology was chosen for this study (Creswell, 2014; Merchant 1997; Sheperis et al., 2017).

Berríos and Lucca (2006) concurred with the claim of many other authors (e.g., Goldman, 1989; Hanna & Shank, 1995; Hoshmand, 1989; Howard, 1986; Kleist & Gompertz, 1997; Loesch & Vacc, 1997; McLeod, 2001; Nugent, 2000; Peterson & Nisenholz, 1999) regarding the little attention that has been given to qualitative research in the field of school guidance and counseling (p. 175).

To coincide with Gladding (2000, as cited in Berríos & Lucca, 2006) and Merchant (1997, as cited in Berríos & Lucca, 2006), these qualitative study limitations share in the enumerated series of reasons that explain this lack of attention, and they are best summarized as follows:

(a) The lack of emphasis on the importance of research in counselors' training programs,

(b) The lack of time and resources,

(c) The difficulty in working with confidentiality and other ethical issues,

(d) the strong influence of quantitative methods that still exist,

(e) The lack of knowledge about research methods in qualitative inquiry,

(f) the absence of clear goals and objectives in the programs in which they work,

(g) The lack of knowledge regarding the importance of research in effective treatment planning,

(h) The fear of finding results contrary to what was expected,

(i) The censorship by superiors or companions,

(j) The lack of financial support, and

(k) The limited aptitudes and abilities for carrying out research. (Berríos & Lucca, 2006, p. 182)

As a result, qualitative findings in the phenomenology tradition are less likely to make an impression on policymakers for these reasons in contrast to quantitative results, for many legislative bodies view the conclusions to qualitative methodology as not credible or relatable; therefore, they believe that they cannot sufficiently contribute to generating theories and substantiating statistics to influence policymaking as does quantitative data. Therefore, having a large sample size was significant in influencing policymakers for recognition and change in school counseling and SBSMHC in schools and in this respect, thus, in this study, the researcher ensured a generous sample size until saturation was reached (Berríos & Lucca, 2006; McLeod, 2001; Nugent, 2000; Peterson & Nisenholz, 1999).

As mentioned earlier, qualitative findings from a phenomenological study are typically overlooked in legislative communities and often are viewed as less credible, dependable, and transferable to all school counselors and schools. Frequently, school-based school counseling leadership and stakeholders look to program evaluations instead of qualitative methodology to fulfill the government policymakers' need to be adequately satisfied to influence policy and program change (Carey et al., 2017).

The results of a study might be able to sway governments to enact laws and policies and to create institutions and agencies to promote its legitimate interests, and conclusions should provide validated qualitative information so that they will know what to do and whether the actions they take to promote school-based counseling working in conjoint roles as SEL leaders and MHPs as they address the mental health needs of students within MSCs and SBSMHC are achieving their intended efforts in school reform. In the end, evaluation of the study results will contribute more evidence-based data to support effective decision making on behalf of school counselors who work in conjoint roles in school-based counseling programs to meet the mental health needs of all students (Carey et al., 2017).

Despite these limitations, as conveyed by Hill and Gronsky (1984, as cited in Berrios & Lucca, 2017), this phenomenological study will offer counselors, leaders in schools, and systems of mental health care stakeholders and legislative entities an opportunity to

> (a) recognize that instead of one truth, there are multiple realities; (b) human beings should be studied in a holistic rather than in a fragmented way; and (c) systemic or circular models are more useful than linear models of causality. (p. 182)

All of these opportunities can be ascertained from a school counselors' first-hand perspective, for they are the experts in their own lives and have lived through the phenomenon as a particular experience of working in conjoint roles as SEL leaders and MHPs as they address the mental health needs of students within MSCs and SBSMHC, all of which can be accomplished by gathering qualitative data from school counselors who are more accustomed to working in these conjoint role capacities as they address the mental health needs of students within MSCs and SBSMHC than can those who develop policy (Creswell, 2018; Moustakas, 1994; Patton, 2002; Sheperis et al., 2017).

Ethical Considerations

The researcher in this study acquired approval from the St. Mary's University IRB for permission to conduct the study. This study involved human subjects (i.e., school counselors); therefore, the St. Mary's University IRB (n.d.), in approving of this study, had the responsibility to ensure that psychological, social, physical, legal, ethical, or moral harm to the subjects is avoided or minimized.

In addition, informed consent from participants was acquired; thus, the researcher adhered to the ACA (2014) *Code of Ethics*. The rights of research participants were discussed in detail, informing the participants in this study of the right to decline requests to become research participants. The participants who agreed to participate in the study were offered a clear accurate

explanation of the purpose and procedures of the study in a language that was suited to them. The Informed Consent form (Appendix C) provided a detailed, rich description of the research purposes and methods (Creswell, 2018). Participants were also provided a description of any attendant discomforts, risks, and potential power differentials between researchers and participants and any benefits or changes in participants or organizations that might reasonably be expected to be reviewed. The researcher offered ample availability to answer any inquiries concerning the procedures and described any limitations on confidentiality. The researcher also described the format and potential target audiences for the dissemination of research findings; permissions for the researcher to publish the interview content in a finished research report and impending publications were also included in the Informed Consent form. The participants were reassured of accessibility to their interview transcripts as part of the data analysis and peer membership portion of the study and were provided the final research report at the end of the study prior to final publication of the dissertation. The participants were informed that they were free to withdraw their consent and discontinue participation in the study at any time without penalty (ACA, 2014; Hays & Singh, 2012).

The study participants were school counselors who were adults; therefore, the criterion for vulnerable populations was not applicable. To protect further the research participants as required by the St. Mary's University IRB, the researcher used pseudonyms for the participants. The researcher, as a doctoral student at St. Mary's University, a Catholic Marianist University, is committed to the conduct of research that is consistent with the highest ethical standards of our disciplines and adheres to all federal and state regulations governing research activities and conducted all research with respect to the participants, beneficence, justice, and the research community at large. The researcher was aware of their level of multicultural competences while conducting this research study with diverse populations of school counselors. The counseling

research competences (Wester & Boarders, 2014, as cited in Sheperis et al., 2017) indicated that researchers needed to "demonstrate cultural competence throughout the research process" (p. 27). The researcher was aware and cautious regarding not imposing a Western or Eurocentric focus (Robinson-Wood, 2016) on the participants or the study and worked with participants of diverse backgrounds with competencies in

Counselor awareness of own cultural values and biases,

Counselor awareness of client world view, and

Counselor use of appropriate interventions and strategies.

Limitations involved in this qualitative research implied that the researcher might have neglected to follow a set of attitudes, beliefs, knowledge, and skills that would bring emphasis to the researcher's own awareness, cultural values and beliefs, and position on racism, stereotypes, and oppressions towards marginal groups. This researcher was committed to avoid the negligence in these competency areas by avoiding imposing harm to the participants and obscuring the researcher findings by misinterpreting the experiential contributions of diverse participants in this study (Arredondo et al., 1996; Ford et al., 2008; Robinson-Wood, 2016, 2008; Sheperis et al., 2017; Wester & Boarders, 2014).

Distribution of Results

At the end of the research process, reporting the findings in this doctoral dissertation and in professional presentations, the researcher was cautious and reported honestly, avoiding falsification of authorship, evidence, data, findings, and conclusions (Creswell & Poth, 2018). In the results reporting segment of the research process, the researcher used pseudonyms so that individuals could not be identified, which avoided disclosing information that could potentially harm the participants. In all this, the researcher adopted a language that communicated clear, straightforward information about the purpose and process of the research, ensuring that the

language was appropriate for the intended audience of the study (APA, 2010; Creswell, 2014; Creswell & Poth, 2018; Denzin & Lincoln, 2008; Mertens, 2014; Ravitch & Carl, 2019).

In the publishing segment of the study, to ensure the sharing of results, the researcher provided copies to the participants and any research stakeholder via email after the dissertation was in the final manuscript and professionally published. The researcher also considered publishing the results of this study in other languages to report the findings to diverse audiences in their native languages, which would support the counselors with viable qualitative evidence about school counselors who work in conjoint roles in meeting the needs of mental health issues with students within a multisystem and SBSMHC model (APA, 2010; Creswell, 2014; Mertens, 2014; Ravitch & Carl 2019).

Research Method

Data collection began after first receiving approval from the St. Mary's University IRB and, second, receiving permission to invite participants from ASCA, TSCA, and LSSSCA to take part in the study. Lastly, with these permissions, authorization was granted to allow the distribution of the Study Recruitment Email Letter to previous and active members of the three organizations and provided consent to allow the posting of the Study Recruitment Email Letter on the organizations online forums to gain access to practicing school counselors who met suitability for the study.

Once consents were given, the requests to ASCA, TSCA, and LSSSCA were made soon after. In keeping with the requirements for conducting research within these three counseling organizations—ASCA, TSCA, and LSSSCA—an additional five documents were included in the original request and in this order: (a) St. Mary's University IRB approval; (b) the Informed Consent form; (c) the demographics form; (d) the sample of interview protocol, and (e) the researcher's curriculum vitae.

The researcher ensured that the Study Recruitment Email Letter explained (a) the purpose of the study, (b) the measures to ensure participant safety, (c) the reporting of results information, (d) the time commitment of participants who join the study, and (e) the shared characteristics that the researcher seeks in participants for the study. The researcher selected only those school counselors who disclosed on the Demographic Questionnaire (Appendix D) that they met the specific characteristics that could attest to the phenomenon being studied.

The phenomenological study presented the possibility for school counselors to reveal intimate details about themselves and their positions; therefore, special measures were taken to ensure that the participants were protected and that they remained anonymous throughout the study (Sheperis et al., 2017). As part of these measures to ensure safety and anonymity, the researcher provided all the potential participants with the Informed Consent form.

The Informed Consent form (a) described the research process, (b) informed potential participants of their rights, (c) warned of them of the potential risks related to participating in the study, (d) informed potential participants of potential discomfort that they might experience by discussing what they have been through in meeting the mental health needs of students and what fulfilling their counselor roles was like, (e) their right to confidentiality and the limits associated with confidentiality in this phenomenological study, (f) assurances of a pseudonym for anonymity, and (g) emphasis on their right to leave the study at any time without question or penalty (Johnston & Christensen, 2000; Sheperis et al., 2017).

According to qualitative researchers, the typical method of data collection for phenomenological research involves semistructured interviews; therefore, data collection methods for this study consisted of semistructured Zoom interviews with study participants who had experienced the phenomenon in question (Creswell 1998; Newsom et al., 2008). In 2020,

Zoom became one of the leading video conferencing software applications. Zoom encryption was available for participants during the semistructured interview to protect the content of our interview before, during, and after by encrypting the session's video, audio, and screen sharing. Zoom uses a 256-bit advanced encryption standard, using a one-time key for a specific session, which ensures that all study participants are secure. In addition to the encryption, the researcher employed additional privacy protecting features: (a) created waiting rooms for study participants, (b) required a host (the researcher) to be present before meeting starts, (c) locked a meeting, used audio signatures, (d) enabled and disabled a participant to record, (e) used a passcode to protect the interview meeting, and (f) only allowed individuals with a given email domain to join (Zoom, 2020).

The semistructured interview was videotaped, audiotaped, and transcribed verbatim using Zoom and lasted approximately 60–120 minutes. In following the human subjects committee and the ACA's (2014) ethical guidelines, the transcripts for his study will be stored and secured for a minimum of 5 years (see also Sheperis et al., 2017).

Newsom et al. (2008) posited that interviewers need to use their active listening, open ended questioning and prompting skills to elicit information that contains rich descriptions and concrete details. In doing so, the researcher (a) captured a written record of the interviews via transcripts; (b) read each interview directly after it was transcribed to verify for accuracy in transcription; and (c) identified topics that conveyed their experiences with conjoint roles, MSCs, and systems of mental health care in addressing students with mental health needs. The data collection and analysis occur simultaneously in phenomenological research; therefore, each interview might have facilitated the development, emergence, and verification of categories, themes, and descriptions of participants (Sheperis et al., 2017, p. 221).

Part of the data collection included demographic questions. The researcher emailed the Demographic Questionnaire via a google link to the participants before an interview was scheduled to ensure that the characteristics of the participants were in synchrony with the study prerequisites.

To determine participant suitability with the study prerequisites the Demographic Questionnaire served the purpose of assessing for school counselor's use of mental health prevention strategies and interventions to address students' mental health needs, appraise of mental health campus interventions, evaluate for current mental health service delivery practices, and gauge for collaborative practices using systems of mental health care. In addition, the Demographic Questionnaire was used to ask questions that would confirm the following information: (a) the counselor's education, CACREP master's graduation; (b) Texas certification; (c) 3 or more years of secondary school counselor career experience as a Texas certified, secondary public school counselor; (d) professional development and training in SEL, mental health, MSC, and system of mental health care; and (e) basic campus demographics (i.e., school population characteristics of students, faculty, mental health staff, and administrators). Additional questions on the Demographic Questionnaire included district information regarding social–emotional department, mental health department, school characteristics (e.g., school counselor–student ratio and student graduation rates).

Overall, the Interview Protocol was constructed to ensure that the school counselor sample could best inform the researcher about the two research questions under examination and distinctly share school counselors' experiences, thoughts, feelings, attitudes, and behaviors regarding working in conjoint roles as social–emotional leaders and MHPs within a MSC and SBSMHC (Creswell & Poth 2018).

The design of the semistructured interviews included broad, open-ended questions constructed to answer the how or what about a particular phenomenon (Lincoln & Guba, 1985; Marshall & Rossman, 2006; Sheperis et al., 2017). As a qualitative phenomenological emerging design, the two research questions were structured to give the participants the opportunity to explore the narratives of school counselors, prompting them to reflect on their predispositions, behaviors, and beliefs regarding their conjoint roles as SEL leaders and MHPs specifically, within MSC and SBSMHC as they work with students with mental health needs, which allowed the study to take shape as the information was gathered, rather than constricting where the information might lead (Lincoln & Guba, 1985; Marshall & Rossman, 2006; Sheperis et al., 2017). The following two research questions were aimed to capture the narratives and reflections, and they guided the study:

1. What are the experiences of school counselors working within conjoint roles as social–emotional leaders and mental health professionals within multisystem collaboratives and school-based systems of mental health care to address the mental health needs of students?
2. What contexts or situations have typically influenced or affected the experiences of school counselors while working with students who experience mental health issues within these domains: multisystem collaboratives and school-based systems of mental health care?

To create Research Question 1 and 2 and Interview Protocol questions and sub-questions for the study and semistructured interview, the researcher explored the literature surrounding lived experiences of school counselors who work within the conjoint roles of social–emotional leaders and mental health counselors who are involved in addressing the mental health needs of students and lived experiences of school counselors who address the mental health needs of students as

they operate within a MSC and SBSMHC. The research question examples extracted the following information from the participants: (a) graduate counseling academic preparation completed, (b) school counselor roles and responsibilities and duties, (c) student mental health issues in schools, (d) trends, barriers, systems, and processes currently in place for school counselors' mental health service delivery, (e) collaboratives currently used to support school counselors' mental health service delivery in schools, (f) current mental health interventions in schools, and (g) knowledge base and practices for addressing mental health issues with students working with a system of mental health care structure.

The researcher invited the dissertation committee to review these questions for appropriateness prior to conducting the study. According to Creswell (2013), the open-ended nature of the study research questions provides school counselor participants with a broad base for which to approach the phenomenon and incorporates the language of the design of this study with its focus on exploration: Lived experiences of school counselors working in conjoint roles in a multisystem framework to address the mental health needs of students. Subquestions were written and asked in the semistructured interview to support Research Questions 1 and 2 (Miles & Huberman, 1984).

Research Process

This phenomenological research process distills the core principles of a phenomenological research design that Moustakas (1994) inspired and, by means of this specific study, illustrated the phenomenological methodology. Thereafter, the data-gathering and the data-storage methods are explained. Semistructured in-depth phenomenological interviews were used. As part of the research process commentary about the validity and truthfulness measures used in data analysis are threaded with the explanations, as well as axiology actions, ethical

commitments on behalf of the researcher, a synopsis of the results, and summary of the findings of the study later in Chapters 4 and Chapter 5.

Participants

A researcher's epistemology according to Gasper (1999, as cited in McIlveen & Schultheiss, 2012) is literally the theory of knowledge, which serves to decide how the social phenomena will be studied. The researcher epistemological position regarding the study can be formulated as follow: (a) data is collected within the perspectives of people that are involved with conjoint roles working within MSCs and SBSMHC to meet the mental health needs of students, either in a social-emotional mental health leadership capacity or a cocoordinating function in multisystem framework, and (b) because of this, the researcher engaged with school counselor participants who were Texas certified, secondary public school counselors with at least 3 years of experience working in the conjoint role as a school counselor and were engaged and trained in MSCs and SBSMHC to address the mental health needs of students who were identified as the selected population sample that would be especially knowledgeable about or have experience.

Participant Sampling

The researcher used purposive sampling, as the strategy in this phenomenological study to solicit participants to explore the lived experiences of school counselors who work in conjoint roles as social–emotional leaders and MHPs to address the mental health needs of students within MSCs and SBSMHC (Creswell, 1998; Sheperis et al., 2017). According to Patton (2002), purposeful sampling is a technique that is widely used in qualitative research for the identification and selection of information-rich cases for the most effective use of limited resources (see also Palinkas et al., 2015).

In keeping with the descriptive, phenomenological, methodological approach of this study, considerations of descriptive phenomenology were the participant requirement to explore, analyze, and describe the research phenomenon to maintain its richness, breadth, and depth and to gain a near-real picture of it (Matua & Van Der Wal, 2015). In this study, CACREP master's degree graduates who were Texas certified, secondary public school counselors with at least 3 years of experience working in the conjoint role as a school counselor and were engaged and trained in MSCs and SBSMHC to address the mental health needs of students were identified as the selected population sample that would be especially knowledgeable about or have experience with the phenomenon of interest (Creswell & Plano Clark, 2011). In addition to knowledge and experience, Bernard (2002) and Spradley (1979, as cited in Palinkas et al., 2015) emphasized the importance of availability and willingness to participate, and the ability to communicate experiences and opinions in an articulate, expressive, and reflective manner. In this way, this phenomenological study offered the opportunities for school counselors to convey responses about everyday, lived, human experiences as school counselors in conjoint role activity who are engaged and trained in MSCs and SBSMHC to address, in this study, the mental health needs of students (Bernard 2002; Sheperis et al., 2017; Spradley 1979, as cited in Palinkas et al., 2015, p. 534). Furthermore, by using purposive sampling, the prominence could then be placed on saturation of semistructured interview data in obtaining school counselors' comprehensive understanding by continuing to sample until no new substantive information was acquired (McConnell-Henry et al., 2009; Miles & Huberman, 1994; Palinkas et al., 2015; Speziale et al., 2011; Van der Zalm & Bergum, 2000).

Specifically, to satisfy consistent participant representation of the population, the participants for this study had at least 3 years of experience in the field of school counseling for this study and were graduates of a master's level CACREP counselor preparation program. The

participants’ characteristics included being a Texas certified, secondary public school counselor who was familiar with their school counselor role in a secondary public school as well as having a general understanding of some of the limitations of their role within the context of conjoint roles as social–emotional leaders and MHPs in schools and the educational system. Moreover, the participants had experience and training with incorporating mental health interventions in their service delivery through working within a MSC and SBSMHC setting.

Purposive sampling was used to explore the two research questions of the study to capture lived experiences of those who also experienced the phenomenon; therefore, the participants were asked two research questions:

1. What are the experiences of school counselors working within conjoint roles as social–emotional leaders and mental health professionals within multisystem collaboratives and school-based systems of mental health care to address the mental health needs of students?
2. What contexts or situations have typically influenced or affected the experiences of school counselors while working with students who experience mental health issues within these domains: multisystem collaboratives and school-based systems of mental health care?

Contexts to be considered in these two research questions were as follows: conjoint roles, MSCs, and SBSMHC in schools. After interviewing was completed an extraction of textural and structural descriptions and composite themes of the essential elements from school counselors’ experiences working with students with mental health issues was finalized to arrive with the essence of the phenomenon (Moustakas, 1994; Polkinghorne, 1989).

The researcher requested the school counselor participants to complete electronically the Demographic Questionnaire via a google link that was emailed and that included questions to

review regarding the school counselor participants' suitability for the study. In keeping with the phenomenological study expectation of capturing an in-depth understanding of the phenomenon, the researcher anticipated a sample of approximately 10–12 school counselor participants to support an adequate representation of the school counselors' experiences (Creswell, 2013; Hays & Singh, 2012; Polkinghorne, 1989).

Participant Recruitment

The researcher recruited participants for this study first by obtaining approval from the St. Mary's University IRB. After which, for the recruitment sampling structure, the researcher used a listserv through each of the following organizations to recruit participants from one national and two state counselor organizations: the ASCA and the TSCA and the LSSSCA. The participants had to be (a) previous or current active members; (b) Texas certified, secondary public-school counselors; and (c) actively employed in a secondary school counseling position in either a middle school or a high school.

A request was made to all three associations to post a copy of the Study Recruitment Email Letter on ASCA Scene, ASCA's Open Forum online community that connects school counselors with other school counselors to share ideas, network, and more. Members are automatically added to the Open Forum community and are invited to join other communities specific to grade level or interest (ASCA, n.d.-a). In addition, the *ASCA Aspects*, the organization's monthly newsletters, keeps members on top of new ASCA programs, and resources, as well as new research, tools, and developments in the school counseling field. A formal request was also made to the ASCA and TSCA research representatives to post the Study Recruitment Email Letter to the ASCA and TSCA organization's "Professional Development" page of their website under the tab "Research" (ASCA, n.d.-b). ASCA is the largest school

counseling organization in the United States; it represents more than 18,000 school counselors (S. Wicks, personal communication, February 2, 2016).

The researcher also invited TSCA and LSSSCA members to increase the likelihood of finding participants that met the study criteria. TSCA has the largest and one of the oldest divisions of the Texas Counseling Association, serving a membership of more than 2,000 counselors (TSCA, 2021).

LSSSCA is a new school counseling association with its inception in 2021, and the organization was included because its membership consists specifically of Texas certified, secondary public school counselors and its vision and mission for the organization fits with the purpose of this study, for its vision to "expand the image and influence of school counselors in the state of Texas and its mission, empower school counselors with the knowledge and skills to promote professionalism and ethical practices by providing leadership, advocacy, and professional development" (LSSSCA, 2021).

An email correspondence and hard copy of the Study Recruitment Email Letter as well as the St. Mary's University IRB approval letter was sent to all three school counseling associations' research representatives, requesting access to the listserv lists and databases of counselors who fit the criteria of being (a) previous or current active members in one of these organizations; (b) Texas, certified, secondary school counselors; and (c) actively employed in a school counseling position in a middle school or a high school.

Qualitative Data Analysis

As part of this analysis, prior to data collection, the approval of the St. Mary's University IRB was sought and obtained. The researcher conducted eight virtual Zoom interviews, each of which was recorded lasting approximately 60-90 minutes. To ensure confidentiality of testimonial and to protect the participants' identities, pseudonyms were used for those who

participate in the study. From the virtual Zoom recording, transcripts from the interviews were analyzed for codes and themes; Moustakas (1994) described the specific procedures for the analysis.

For this phenomenology study, the researcher drew upon the data analysis procedures of Van Kaam (1967) and Colaizzi (1978) as illustrated by Moustakas' (1994) systematic steps for transcendental phenomenological analysis approach for this study because it was the most appropriate for this study because the researcher was searching for an understanding of the meaning of these school counselor participants' experiences and by doing so the researcher engaged in (a) identifying a phenomenon to study; (b) practicing bracketing epoché; (c) collecting data via semistructured interviews from the participants who had experienced the phenomenon; (d) analyzing the transcripts of the collected data from the interviews; (e) reducing the information (horizontalization) into significant statements or quotes and establish themes; (f) developing textural and structural description of what the participants experienced and how they experienced it in respect to conditions, situations and contexts; and (g) combining the descriptions to arrive with the overall essence of the experience (Creswell & Poth, 2018; Moustakas, 1994).

The two research questions in this study addressed key questions that Moustakas (1994) recommended and that phenomenologists ask:

1. What are the experiences of school counselors working within conjoint roles as social–emotional leaders and mental health professionals within multisystem collaboratives and school-based systems of mental health care to address the mental health needs of students?
2. What contexts or situations have typically influenced or affected the experiences of school counselors while working with students who experience mental health issues

within these domains: multisystem collaboratives and school-based systems of mental health care ?

Additionally, the systemic procedures and detailed data analysis steps as outlined by Moustakas (1994) were ideal for this novice qualitative researcher.

The transcendental phenomenological analysis approach provided the researcher with a methodical procedure that coincided with the social constructivist, epistemological stance that supports a balance in both the objective and subjective approaches to analyzing knowledge, while offering the researcher a detailed guideline of rigorous data analysis steps to follow (Moustakas 1994; Moerer-Urdahl & Creswell, 2004).

The preliminary steps included identifying the phenomenon: school counselors who work in conjoint roles as social–emotional leaders and MHPs to address the mental health needs of students within MSCs and SBSMHC, and bracketing out the researcher's experiences as a former school counselor who had worked in urban and inner-city schools for more than 20 years was essential to regulate bias, for this study necessitated the identification of personal values, assumptions, and biases from the beginning. With bracketing, potential negative and bias effects of preconceptions that might exist and taint the research process could be mitigated. Epoché or bracketing is a preliminary step in phenomenological reduction, the process of data analysis in which the researcher sets aside, as far as it is humanly possible, all preconceived experiences to understand best the experiences of the participants in the study (Moustakas, 1994).

Moustakas (1994) embraced the common features of human science research (e.g., the value of qualitative research), a focus on the wholeness of experience and a search for essences of experiences and viewing experience and behavior as an integrated and inseparable relationship of subject–object. The transcendental phenomenological analysis process is called transcendental

because the researcher sees the phenomenon “freshly, as for the first time” and is open to its totality (Moustakas, 1994, p. 34).

To start the analysis process, the researcher practiced phenomenological reduction, the researcher first asked, “How will the researcher refrain from using their own experience to understand best participants’ experiences with SBSMHC in schools?” Second, the researcher asked, “What emotions will the researcher expect to encounter when interviewing participants regarding their experiences with SBSMHC in Schools?” Third, the researcher asked, “What process did the researcher use to ‘self-check’ throughout the researcher’s journey as the interviews are being conducted?” These considerations were accounted for to ensure that the researcher adhered to phenomenological reduction with trustworthiness (Moustakas, 1994).

Data analysis was acquired by Zoom audio and video recordings from the participants in the semistructured interviews. NVivo (QSR International Pty Ltd., 2020) was used to document input, code, note personal attributes, reflections, conduct searching functions, and create theme maps in one secured single database.

With the disaggregated transcript data organized using NVivo, horizontalization took place, in which reducing the interview information to specific significant statements that were identified in the verbatim transcripts that provided information about the experiences of the participants, identifying a range in participants’ perspectives about the phenomenon (Moustakas, 1994). In this way, phenomenology is a social constructivist approach to qualitative research that is based on the essence of the participants’ lived experience, and it is during this process that the premise behind this notion is that multiple realities exist of an experience or a particular phenomenon (Creswell & Poth, 2018; Hays &Wood, 2011; Lincoln & Guba, 1985).

Using NVivo, the researcher constructed a record of “significant statements,” sentences, or quotes that provide an understanding of how the participants experience the phenomenon of

school counselors who work in conjoint roles as social–emotional leaders and MHPs to address the mental health needs of students within MSCs and SBSMHC as reflected in entire sentences and quotes taken from the subjective extrapolation from the Zoom interview transcripts (Moerer-Urdahl & Creswell, 2004). As the researcher gathered the interview data, textual and structural descriptions of experiences were organized to arrive later with consideration of developed themes understanding of the common experience of participants regarding what they experienced and how they experienced the phenomenon using various forms of data triangulation (e.g., interview transcriptions and researcher observations; Creswell, 2013; Sheperis et al., 2017).

Moustakas (1994) explained how using horizontalization would support the cluster of meanings from significant statements into emerged themes to later report on the final "essence" of school counselor experiences with SBSMHC, arriving to a final composite description. In this phase of data analysis, the researcher was interested in an in-depth discovery, understanding, and description of the lived experience of a phenomenon (Patton, 2002). The researcher desired to "understand the individual and collective human experience and how we actively and consciously think about the experience" because this gives the phenomena greater meaning (Hays & Wood, 2011, p. 291).

From the thematic analysis, the researcher then provided a description of "what" was experienced in textural descriptions, and "how" it was experienced in structural descriptions. Textural descriptions were considered, and additional meanings were sought from different perspectives, roles, and functions (Moerer-Urdahl & Creswell, 2004; Moustakas, 1994). Again, NVivo (QSR International Pty Ltd., 2020) was used for this process of the analysis resulting in the creation of images that reflect theme maps and highlighted textural and structural descriptions.

Ultimately, in following Moustakas' (1994) steps of analysis, the textual and structural descriptions of the experiences were then synthesized into a composite description of the phenomenon through the research process to which Moustakas referred (p. 100). This description became the essential, invariant structure of ultimate "essence" which captured the meaning ascribed to the experience (Moerer-Urdahl & Creswell, 2004; Moustakas, 1994).

Furthermore, the results of the analysis and NVivo (QSR International Pty Ltd, 2020) 2019) thematic maps afforded the visual presentation of the understanding of the essence of school counselors who work in conjoint roles as social–emotional leaders and MHPs to address the mental health needs of students within MSCs and SBSMHC in a summarized, illustrated, and written form (Creswell & Poth, 2018; Moerer-Urdahl & Creswell, 2004; Moustakas, 1994).

Axiology

The researcher in this study has more than 25 years of counseling experience, a Master of Education and a Master of Science in clinical mental health and has completed doctoral research course work and comprehensive exams to demonstrate qualification to conduct this research study. Researchers in the counselor education and supervision as part of the researcher dissertation committee oversaw the research study.

The researcher in this study abided by both the St. Mary's University IRB requirements to ensure respect, beneficence, and justice of this studies participants, and the ACA's (2014) *Code of Ethics*, specifically, Section G.1.b. that states that the researcher will be "responsible for understanding and adhering to state, federal, agency, or institutional policies or applicable guidelines regarding confidentiality" in research practices of this study. Additionally, in accordance with ACA (2014) Section G.2. Rights of Research Participants and Section G.2.a. Informed Consent in Research Individuals, the researcher also adhered to the following nine requirements:

1. accurately explains the purpose and procedures to be followed;
2. identifies any procedures that are experimental or relatively untried;
3. describes any attendant discomforts, risks, and potential power differentials between researchers and participants.
4. describes any benefits or changes in individuals or organizations that might reasonably be expected;
5. discloses appropriate alternative procedures that would be advantageous for participants;
6. offers to answer any inquiries concerning the procedures.
7. describes any limitations on confidentiality.
8. describes the format and potential target audiences for the dissemination of research findings; and
9. instructs participants that they are free to withdraw their consent and discontinue participation in the project at any time, without penalty. (p. 16)

The researcher asked all study participant school counselors to sign the Informed Consent form before engaging in the interview process to ensure that the participants understood their role and to ensure that they had a clear understanding of their rights to withdraw from the study at any time for any reason without penalty or question. Noted in the Informed Consent form was a comprehensive description of the research purpose and the methods to be used in the study (Creswell, 2018).

The purpose of the study was explained thus: The purpose of this study will be to understand better school counselors' experiences as they support students with mental health issues within a multisystem conjoint role framework. This study is guided by two research

questions to explore the phenomenon: Lived experiences of school counselors working in conjoint roles in a multisystem framework to address the mental health needs of students.

The researcher asked the participants two research questions:

1. What are the experiences of school counselors working within conjoint roles as social–emotional leaders and mental health professionals within multisystem collaboratives and school-based systems of mental health care to address the mental health needs of students?
2. What contexts or situations have typically influenced or affected the experiences of school counselors while working with students who experience mental health issues within these domains: multisystem collaboratives and school-based systems of mental health care?

The contexts to be considered in these two research questions were as follows: conjoint roles, MSCs, and SBSMHC in schools. The researcher also provided the study participants with an explanation of risks, benefits, and limits of confidentiality as part of participation in the study.

The Informed Consent form also provided the study participants' information regarding their expected commitment of time in the study, which was approximately being 60–80 minutes as part of the interview in which the participants would discuss working in conjoint roles as social–emotional leaders and mental health professions in MSC and school-based system of mental health care to address the mental health of students. The researcher explained that all interviews would be conducted virtually using Zoom and that the researcher would share with the participants tips for a favorable interview environment to ensure the completion of a quality interview. The participants had the opportunity to select the date, time, and location that was convenient for them (Hays & Singh, 2012). At this time, the researcher did not foresee using any alternative procedures to collect data for this research study; however, a revised the Informed

Consent form would be provided to all participants should the procedures change throughout the research process.

The Informed Consent form indicated the participants right to have access to the interview transcripts and the final research report as requested and, prior to publication, the participants had the opportunity to confirm the legitimacy of the verbatim transcripts as part of the member-checking process of the research study. The Informed Consent form also served as an authorization for the researcher to publish the content and the finished research report in scholar journal databases. The Informed Consent form also ascertained permission from participants that allowed the researcher to publish subsequent scholarly publication after the completion the of the researcher's graduation.

The participant criteria were Texas, certified, school counselors who specifically self-identified and satisfied the following, five, study participant criteria for this study:

1. You are currently employed as a secondary public-school counselor with 3 years or more experience.
2. You are a Texas, certified, secondary public school counselor.
3. You are a Texas, certified, secondary public school counselor who has received district or educational professional development or training in at least one of the following areas: SEL, social–emotional consultation, Mental Health, MSCs or SBSMHC in meeting the mental health needs of students.
4. You are a previous or active member in a school counselor professional association (e.g., ASCA, TSCA, or LSSSCA).
5. For the time and effort of all study participants, estimated as 10–12 participants, a $10 Starbucks gift card was provided as compensation for their contribution to the study and was sent via email to each participant for use.

The study participants were adults who could provide their own consent for participation; therefore, the participants were not considered a vulnerable population. Thus, the researcher was not required to seek St. Mary's University IRB protection of human subjects for each school where the school counselor currently practices. However, before commencement of this investigation, the researcher obtained permission to conduct this study to meet the Doctor of Philosophy in counselor education and supervision degree requirements at St. Mary's University and sought out the St. Mary's University IRB to ensure that the research study met state and federal regulations in protecting the right of human subjects who agree to participate in research studies and ensured adherence with ethical commitments throughout the research process (Hays & Singh, 2012). To authenticate obedience to conducting research with ethical fidelity, the researcher also abided by the guidelines of the ACA to assist further with ensuring respect, beneficence, and justice for the participants and the research community at large.

Regarding distribution of results, the researcher vowed to distribute and present the findings of this investigation with the education and counselor professional communities in various ways. Some examples are that the findings will first be reported as part of the researcher doctoral dissertation; second, the researcher will report the findings in professional presentations; and lastly, the researcher will use the data collected in this research study to produce various manuscripts and articles for professional publication. In all matters, regarding the distribution of results, the researcher agreed to provide a copy of the summary of results of the original study via email after the dissertation proceedings were completed. The participants were made aware that the interviews, transcripts, and all data would be discarded and destroyed after 5 years.

As required by the St. Mary's University IRB, the researcher demonstrated respect of the study participants' rights and ensured confidentiality in the use and accuracy of data after it was collected. The researcher provided reassurances to all the study participants and all the

participants were assigned a pseudonym to protect their identity throughout the entire study, including the interview process, the findings, and the results portions of the final written document. The participants' signatures on the Informed Consent form also served as authorization for the researcher to publish the content and finished research report in scholarly journal databases.

The researcher hopes that the outcome of this study will provide the participants and the counseling field benefits by providing added insight into the current practices of school counselors who work within conjoint roles as social–emotional leaders and MHPs in schools and will offer some awareness of the real-life experiences of school counselors across the state who are currently working within MSCs and SBSMHC to address the mental health needs of students. For the study participants, the outcomes of this study will amplify the advocacy and systemic contribution heard in the voices for school counselors at the macrolevel, conveying opinions about the current state of our profession in realms of school counselors' "true roles" in schools and the failures, successes, and limitations that school counselors experience in the day-to-day work with students as they work within a multisystem platform to meet the mental health needs of students today.

Summary

The researcher is established as ethically bound to engage in the research study responsibly and to follow all ethical guidelines of the counseling profession and the guidelines of St. Mary's University IRB.

In Chapters 4 and 5, the researcher provides a summary of the results of the study and speaks of the strengths, limitations, and implications of the study. The researcher also provides in Chapter 5 recommendations for further study.

Chapter 4

Results

Introduction

The intention of the researcher in this study was to extract experience from a heterogenous sampling, which consisted of participants who are Texas certified, secondary public school counselors with 3–5 years or more of experience as a Texas certified, secondary public school counselors who have received district or educational professional development or training in at least one of the following areas: SEL, social–emotional consultation, mental health, or SBSMHC professional development or training (Sheperis et al., 2017). Using a qualitative phenomenological research approach, the researchers aim was to expand on human inquiry with the focus on the individual's lived experiences within the world of school counseling meeting the mental health needs of students while gaining a more heightened understanding of the phenomena and how school counselors perceive and experience the phenomenological event (Moustakas, 1994, Qutoshi, 2018). According to Sheperis et al. (2017) phenomenology can be defined as an approach to research that is used to describe the essence of a phenomenon by exploring it from the perspective of those who have experienced it, which, in this case, was from the perspective of secondary, Texas certified, school counselors currently in the field. In this chapter, the researcher provides described examples, excerpts, and instances of the participants' responses and illustrates the emerging themes that evolve in the data acquired from the semistructured interviews.

The results from this study are derived directly from the narratives of eight, Texas certified, secondary school counselors who agreed to participate in the study. Semistructured interviews were used in this study and provided real time accounts of their lived experiences in addressing the mental health needs of students working in conjoint roles, MSCs and SBSMHC.

In this chapter, the researcher details the methods used in analyzing the data to arrive with descriptions and themes of the essence of each participant's experience. The data will consist of the Demographic Questionnaire with responses from the 30-question Interview Protocol conducted during a Zoom interview with each participant, all of which will be presented as results.

Purpose of the Study

The purpose of this study was to understand better school counselors' experiences as they support students with mental health issues within a multisystem, conjoint role framework. This study is driven by two investigative questions to explore the phenomenon: *Lived Experiences of School Counselors Working in Conjoint Roles in a Multisystem Framework to Address the Mental Health Needs of Students.*

Specifically, the researcher used two research questions:

1. What are the experiences of school counselors working within conjoint roles as social–emotional leaders and mental health professionals within multisystem collaboratives and school-based systems of mental health care to address the mental health needs of students?
2. What contexts or situations have typically influenced or affected the experiences of school counselors while working with students who experience mental health issues within these domains: multisystem collaboratives and school-based systems of mental health care?

The contexts to be considered in these two research questions were conjoint roles, MSCs, and SBSMHC in schools.

The researcher drew upon the data analysis procedures of Van Kaam (1967) and Colaizzi (1978) as illustrated by Moustakas' (1994) systematic steps for transcendental phenomenological

analysis approach for this study in the search for understanding of the meaning of these school counselor participants' experiences of the phenomenon. The researcher (a) practiced bracketing epoché throughout the entire research process; (b) collected data via semistructured interviews; (c) analyzed participant transcripts of collected data from the interview, reducing information into significant statements or quotes and establish themes, developing textural and structural description of what the participants experienced and how they experienced it in respect to conditions, situations and contexts; and (d) combined the descriptions to arrive with the overall essence of the experience (Creswell & Poth, 2018; Moustakas, 1994).

In the analysis portion of this study of school counselors' perceptions regarding this phenomenon, themes were revealed that (a) gauge the real time involvement in their roles as social–emotional leaders and mental health experts working within schools to address the mental health needs of students, (b) highlighted various occurrences in which school counselors' work in multidisciplinary collaboratives in their efforts to meet the immediate mental health needs of students, and (c) offered perspectives and testimonials that informed this study as to possible new directions and ways of thinking about the school counselor role in schools and their work within multisystem of care and SBSMHC to address mental health in schools.

Data Analysis

Data collection for the study included eight Zoom interviews and the Demographic Questionnaire that each participant completed. As part of member checking, each participant was provided an emailed copy of the interview transcript and was asked to approve it as is or to add or delete any parts of the transcripts as they saw fit. All the participants approved their transcripts and chose not to make any deletions or additions to the transcripts of their interviews. Interview lengths ranged from 1–1.5 hours. A Starbucks gift card was sent via email for their participation in the study.

As part of the member checking process, the transcendental analysis portion of data took place after ensuring accuracy and approval of the written transcripts. Using a qualitative phenomenological design in this study allowed the participants to contribute as experts in the field of school counseling regarding their insights and experiences of their school counseling roles and MSCs and SBSMHC experiences in addressing the mental health needs of students in secondary schools.

This transcendental analysis approach also helped the participants and the researcher to coconstruct a vivid account of the school counselors' perceptions that were related to this phenomenon. The researcher used a qualitative, phenomenological approach that embraced the philosophical underpinning that supports the theorization of the meaning of the moorings of human experience. These choices, along with practicing epoché throughout the analysis process, resulted in being able to establish themes that offered a purer phenomenological experience and a perspective-free position, free from hypothesis or preconceptions, whereby the researcher accepts descriptions rather than explanations and interpretations. This research approach to analyze the data solidified the social constructivist, epistemological assumption that describes how reality is internal to the knower and what appears in their consciousness and highlights the social construction of reality of school counselors illuminating the inevitably social, or communal, context of human meaning making involved in fulfilling the conjoint roles experiences and working in MSCs and SBSMHC to meet the mental health needs of students (Husserl's (b.1859–d.1938; 1887–1973/1999, Moustakas 1994). According to McAuliffe and Eriksen (2011), "All meaning is saturated in culture, history, place, and time. Humans are ineluctably shaped by the social forces of language and interaction. There is no 'pure' thought that is not socially mediated" (p. 4).

The researcher used the procedures that Moustakas (1994) illustrated, which consisted of identifying a phenomenon to study, bracketing out one's experiences, and collecting data from several persons who have experienced the phenomenon. The researcher then analyzed the data by reducing the information to significant statements or quotes, combined the statements into themes, and wrote a textual description of the experiences of the persons, a structural description of their experiences (the conditions, situations, or context in which they experienced the phenomenon), and a combined statement of textural and structural descriptions to convey the essence of the experience.

Miles and Huberman (1994) explained that phenomenologists extract participants' experiences in data analysis through several steps: bracketing, reviewing data, phenomenological reduction, extraction, identifying themes, and displaying data whereby the researcher continually reviews data emergence and vigilance over the researchers' own presuppositions. Creswell (1998) and Newsom et al. (2008) also posited that the processes in data collection and analysis are both recursive in nature (Sheperis et al., 2017, p. 222).

Significance of Codes and Data Analysis Strategy

School counselor participant semistructured interviews, along with member checking, coding, horizontalization charts are created using NVivo, PowerPoint and Microsoft word design tools to assist with the theme emergence process. Two hundred and twenty hours of pages of transcribed participant data resulted from eight 1-hour to 1.5-hour semistructured interviews.

With NVivo, PowerPoint, and Microsoft Word design tools, first, the researcher used an initial data analysis strategy of first organizing the participant data to establish the Study Code Book (Appendix E). Second, the researcher conducted another round of data analysis coding in which the data were divided into categories and names were attached to them with descriptions by respondent file and reference for each code, which allowed the researcher to query searches to

find similarly stated concepts across the participants. Third, the researcher used NVivo, by which the Study Code Book data was separated by Research Questions 1 and 2:

1. What are the experiences of school counselors working within conjoint roles as social–emotional leaders and mental health professionals within multisystem collaboratives and school-based systems of mental health care to address the mental health needs of students?
2. What contexts or situations have typically influenced or affected the experiences of school counselors while working with students who experience mental health issues within these domains: multisystem collaboratives and school-based systems of mental health care?

The contexts to be considered in these two research questions were as follows: conjoint roles, MSCs, and SBSMHC in schools.

Fourth, the researcher then used the two research questions as an outline to organize and analyze the study results. Fifth, in this last portion of the coding phase of the data analysis, the researcher included a strategy of coding that captured the significant statements from the responses from the interview questions by participants and arrive with themes and subthemes specifically addressing each of the two research questions. The Study Code Book served as an initial data storage holding space so that emerging themes could be more apparent in the thematic Data Analysis Summary (Appendix F) in which the researcher expanded on the emerging themes as they pertained to each research question. The forming of the six final themes began to take shape through the data analysis coding process of merging categories to form final themes that are identified in Table 2.

Table 2

Themes

No.	Research Question	Theme Description
1	RQ1. Experiences conjoint roles social–emotional leader and Mental Health Professional	Theme 1. Acting as a MHP means focusing on immediate needs
2	RQ1. Experiences conjoint roles social–emotional leader and Mental Health Professional	Theme 2. Acting as social–emotional leader means acting in a support role
3	RQ1. Experiences conjoint roles social–emotional leader and Mental Health Professional	Theme 3. Perception of conjoint roles shapes intervention and perceptions of success
4	RQ2. Contexts influencing experiences in domains MSC and SBSMHC	Theme 4. Amount of training in SEL mental health MSCs and SBSMHC influences experiences
5	RQ2. Contexts influencing experiences in domains MSC and SBSMHC	Theme 5. Challenges and constraints show gaps in capacity to meet student needs
6	RQ2. Contexts influencing experiences in domains MSC and SBSMHC	Theme 6. Degree of resources and collaborative supports affect ability to serve students

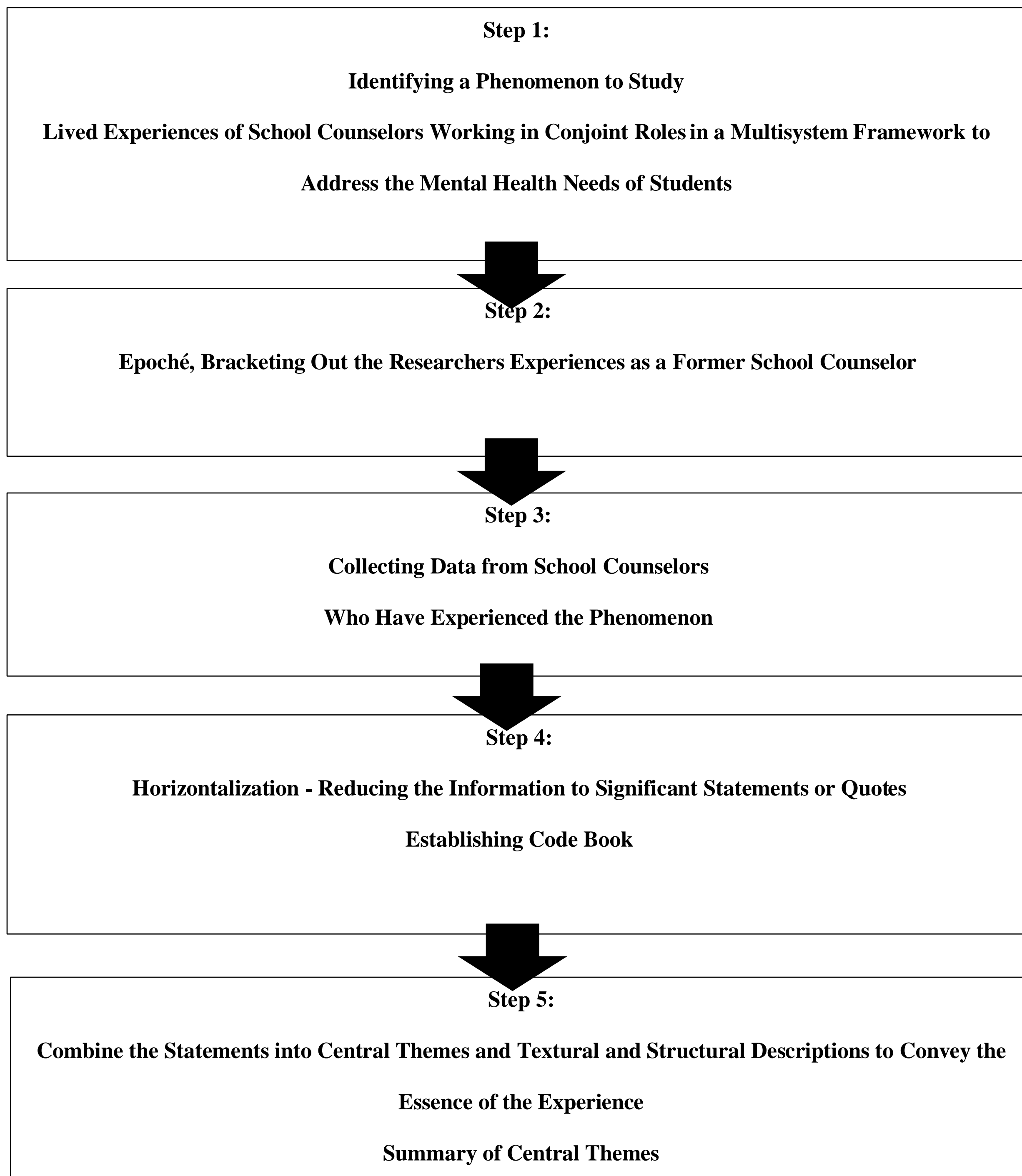
Note. RQ – research question; MSC = multisystem collaborative; SBSMHC = school-based system of mental health care.

Steps Used for Analysis

As seen in Figure 5, the steps used for analysis in this phenomenology study are described according to the data analysis procedures of Van Kaam (1967) and Colaizzi (1978) as illustrated by Moustakas' (1994) systematic steps for transcendental phenomenological analysis approach for this study. The researcher chose this approach because it was the most appropriate for this study, for the researcher was searching for an understanding of the meaning of these school counselor participant experiences.

Figure 5

Moustakas' Phenomenological Analysis and Coding Process



Step 1: Identifying A Phenomenon to Study

The researcher first identified the phenomenon of study as the exploration of the lived experiences of school counselors working in conjoint roles as social–emotional leaders and MHP to address the mental health needs of students through MSCs and SBSMHC.

Step 2: Bracketing Out One's Experiences

Epoché or bracketing is the first step in "phenomenological reduction," the process of data analysis in which the researcher sets aside, as far as it is humanly possible, all preconceived experiences to understand best the experiences of the participants in the study (Moustakas, 1994, p. 22).The researcher engaged in setting aside personal biases, used narrative and stories from the participants to have an awareness of one's own world view, possessed an ability to enter the client's or research participant's worldview, tolerated ambiguity and inherited a polydimensional position, and focused on the contextual and nonlinear nature of human experiences with school counselor empowerment as a goal (Merchant, 1996, pp. 12–14).

In this study, the researcher used reflective journaling throughout to bracket the more than 20 years of secondary school counseling experiences and ensured to the best ability not to extend any assumptions to the study. The researcher highlighted these specific challenges as they came to the forefront to instill the trustworthiness of this phenomenological study. The researcher processed with colleagues who had no vested interest in the study to identify biases, values, and judgments, and to practice bracketing out partialities and predispositions early on so that these same biases, values, and judgments would not interfere in the research process (Hays & Singh, 2012).

Epoché, as the first step in "phenomenological reduction," was used to set aside, as far as it is humanly possible, all preconceived experiences to understand best the experiences of the participants in the study (Moustakas, 1994, p. 22). Thus, as a former school counselor for more

than 20 years, this researcher to the best ability retained an awareness of the researcher's own world view and biases in the areas of conjoint roles as SEL leaders and MHPs as they address the mental health needs of students within MSC and SBSMHC.

Furthermore, this researcher was able to enter the research participants' worldview of these topics, while acknowledging the polydimensional, contextual nature of the human experience as the data were collected and analyzed (Bowers et al., 2017; Creswell & Poth, 2018; Merchant, 1997; Van Velsor, 2009). The researcher-maintained objectivity as much as possible, using the trustworthiness strategies of bracketing, peer debriefing, member checks, triangulation, and audit trail.

Step 3: Collecting Data from Several Persons Who Have Experienced the Phenomenon

The researcher played a critical role in this phenomenological research because the researcher served as the primary instrument for data collection and analysis in this design (Merchant, 1996; Miles & Huberman, 1994; Sheperis et al., 2017). According to qualitative researchers, the typical method of data collection is semistructured interviews. In this study, the researcher used semistructured Zoom interviews with study participants who had experienced the phenomenon under exploration (Creswell, 1998; Newsom et al., 2008).

After receiving approval from the St. Mary's University IRB to proceed with the study, the researcher distributed the Study Recruitment Email Letter for the recruitment sampling structure and used listservs through each of the following organizations that the professional development and research departments provided from one national and two, state counselor organizations: the ASCA and the TSCA and the LSSSCA.

The Informed Consent form was provided to interested potential participants and was reviewed later during the semistructured interview process of the study. The researcher provided all, final, eight participants in the sample who volunteered to partake in the study the

comprehensive Informed Consent form that (a) described the research process, (b) informed potential participants of their rights, (c) warned of them of the potential risks related to participating in the study, (d) informed potential participants of potential discomfort that they might experience by discussing what they have been through in meeting the mental health needs of students and what fulfilling their counselor roles was like, (e) their right to confidentiality and the limits associated with confidentiality in this phenomenological study, (f) assurances of a pseudonym for anonymity, and (g) an emphasis on their right to leave the study at any time without question or penalty (Johnson & Christensen, 2000; Sheperis et al., 2017).

The data collection in this study included demographic questions. The researcher emailed the Demographic Questionnaire to the final, eight, school counselor participants in the sample via a google link to them before an interview was scheduled to ensure that the characteristics of the participants would be in synchrony with the study prerequisites. All the participants completed the Demographic Questionnaire. The researcher determined that, although the sample size for this study was small, the researcher realized that "there is a point of diminishing return to a qualitative sample—as the study goes on more data does not necessarily lead to more information" in this way the researcher felt confident that data and coding sufficed to part of a sufficient practical analysis framework (Ritchie et al., 2003). Qualitative validity is important because, with this, the "qualitative researchers aim is to design and incorporate methodological 'trustworthiness' strategies, acknowledging biases in sampling and ongoing critical reflection of methods to ensure sufficient depth and relevance of data collection and analysis" (Creswell, 2013; Guest et al., 2012, p. 195; Morse et al., 2002, p. 2; Sandelowski, 1986, pp. 4–5).

The researcher used open-ended questions from the study Interview Protocol that streamlined the data collection from study participants to focus attention on gathering data that would later lead to textual and structural description of the commonalities in experiences,

arriving with emerging themes and an understanding of the essence of the phenomenon (Creswell, 2013; Moustakas, 1994).

The researcher used the semistructured Interview Protocol that was constructed to ensure that the eight school counselors in the sample could best inform the researcher about the two research questions under examination:

The two research questions in this study were used to address key questions that Moustakas (1994) recommended and that phenomenologists ask:

1. What were the experiences of the school counselors working in conjoint roles as social–emotional leaders and mental health professionals to address the mental health needs of students within multisystem collaboratives and school-based systems of mental health care?
2. What contexts or situations have typically influenced or affected the experiences of school counselors while working with students who experience mental health issues within these domains: multisystem collaboratives and school-based systems of mental health care?

And by using the interview question protocol as discussion prompts, the participants distinctly shared their school counselor experiences, thoughts, feelings, attitudes, and behaviors regarding working in conjoint roles as social–emotional leaders and MHPs within a MSC and SBSMHC (Creswell & Poth 2018).

As part of the data collection process, member checking inquiries were conducted using follow up emails and Zoom sessions to ensure that the accuracy of the qualitative findings, as reported by school counselor participants, was valid (Creswell, 2014). Moreover, as part of member checking, each participant was provided an emailed copy of the interview transcript in

its final version, and the researcher asked them to approve it as it was or to add or delete any parts of the transcripts as they saw fit.

After the semistructured interviews were completed, all the participants approved their transcripts and chose not to make any deletions or additions to the transcripts of their interviews. Interview lengths ranged from 1–1.5 hours, and a Starbucks gift card was sent via email for their participation in the data collection portion of the study.

Step 4: Phenomenological Reduction and Horizontalization

Phenomenological reduction is the process in which a researcher engages to find themes from transcripts (Moustakas, 1994). In this process, the researcher reviewed the data from the semistructured interview transcripts and began to formulate the preliminary subthemes that led later to central themes and the phenomenon's essence (Patton, 2015).

Horizontalization was part of phenomenological reduction in that it allowed the researcher to reduce the information into significant statements or quotes and to establish subthemes. The researcher used NVivo data visualization and organization tools in this way to put horizontalization into play and to reduce the interview information by using queries to cluster specific, significant, meaning statements that were identified in the verbatim transcripts that provided information about the experiences of the participants, so that the researcher could identify a range in the participants' perspectives about the phenomenon and could eventually form subthemes (Hays & Wood, 2011; Moustakas, 1994).

During this phase and to remain true to the phenomenon, the researcher made sure to bracket any presuppositions. The researcher repeatedly read the participants' transcripts more than five times in the analysis writing of this study to explore for text units of meaning and critical statements to understand the experience through the lens of the participants. During this time, the researcher attempted to elicit the essence of meaning of text units within the holistic

context (Hycner, 1999). The researcher conducted a filtering ("cleaning the data") as she identified irrelevant or repetitive statements, while highlighting and categorizing the relevant and constant statements (Yüksel et al., 2015).

After the queries and filtering were completed and the data was "cleaned," a cluster of subthemes was established that consisted of statements that were highlighted and underlined throughout the reduction and horizontalization process. These statements were also referenced as units of significance that were identified as significant in describing the lived experiences of school counselors working in conjoint roles in MSC and SBSHC. These units formed meaning clusters that the researcher eventually developed into the Study Code Book of the subthemes and central thematic content that were captured from the participants essence (Eddles-Hirsch, 2010; Hays &Wood, 2011; Moustakas, 1994; Sadala & Adorno, 2001).

Throughout this phase, the researcher relied on self-judgement to code and organize the data. Hycner (1999) remarked that this phase calls for great judgement and skill on the part of the researcher. Colaizzi (1973) remarked about the researcher's artistic "judgement here: Particularly in this step is the phenomenological researcher engaged in something which cannot be precisely delineated, for here he is involved in that ineffable thing known as creative insight" (as cited in Hycner, 1999, pp. 150–151).

To instill a validity, using NVivo data visualization and organization tools, the researcher repeatedly reviewed, queried, filtered, underlined, highlighted organized and deleted units of meaning (units of significance), for both Holloway (1997) and Hycner (1999) emphasized the importance of the researcher going back to the recorded interview (the gestalt) and forth to the list of nonredundant units of meaning to derive clusters of appropriate meaning. Often there is overlap in the clusters, which can be expected, considering the nature of human phenomena. By

interrogating the meaning of the various clusters, central themes were determined, "which expresses the essence of these clusters" (Hycner, 1999, p. 153).

Step 5: Establishing Central Themes Synthesis of Meaning to Convey the Essence

In this step the researcher combined the statements into six main themes which included textual description of the experiences of the participants, including the structural description of their experiences (the conditions, situations, or context in which they experienced the phenomenon; Hays & Wood, 2011; Moustakas, 1994). The researcher combined statements of textural and structural descriptions to formulate a composite textural and structural summary to convey the essence of the experience.

During this phase, the researcher confirmed six unique common themes from the data (Figure 5) of all eight participants and formulated a composite summary that included the commonalities of most of the participant interview data and the individual narratives (Hays & Wood, 2011; Hycner, 1999; Moustakas, 1994).

The researcher wrote a composite summary that reflected on the context and highlighted the horizons from which the themes emerged (Hycner, 1999; Moustakas, 1994).

According to Sadala and Adorno (2001), the researcher, at this point "transforms participants everyday expressions into expressions appropriate to the scientific discourse supporting the research" (p. 289). However, Coffey and Atkinson (1996, as cited in Groenewald, 2004, p. 139) emphasized that "good research is not generated by rigorous data alone . . . [but] "going beyond the data to develop ideas" (p. 51).

Participant Demographics

All eight participants completed an initial demographic questionnaire. The researcher emailed the Demographic Questionnaire via a google link to the participants before the interview was initiated to ensure that the characteristics of the participants would be in synchrony with the

study prerequisites. The questionnaire served to determine participant contextual suitability, for, with the study prerequisites, the Demographic Questionnaire served the purpose of (a) assessing school counselor's use of mental health prevention strategies and interventions to address students' mental health needs; (b) appraising the mental health campus interventions; (c) evaluating the current mental health service delivery practices; and (d) gauging the collaborative practices, using systems of mental health care. In addition, the Demographic Questionnaire was used to ask questions that confirmed (a) the counselor's education, and CACREP master's graduation; (b) Texas certification; (c) 3 or more years of secondary school counselor career experience as a Texas certified, secondary, public school counselor; (d) professional development and training in SEL, mental health, MSC, and system of mental health care; and (e) basic campus demographics (i.e., school population characteristics of students, faculty, mental health staff, and administrators). Additional questions on the Demographic Questionnaire included district information regarding social–emotional department, mental health department, school characteristics (e.g., school counselor–student ratio).

Table 3 illustrates the demographic and contextual information of all eight school counselor participants and illuminates the key attributes relative to the phenomenon. All eight participants met the general criteria for participation in the study including (a) having been a counselor for 3 or more years, (b) having an advanced degree in school counseling or a counseling related field, and (c) self-identifying as holding job responsibilities and receiving training in the areas of SEL, mental health, MSCs, and SBSMHC.

A total of eight counselors participated; five (50%) were women and three (30%) were men. Six (60%) of the participants identified as White, and two identified as Hispanic. The

participants in this study were spread across Texas, concentrating mainly in San Antonio (60%), Houston (10%) and Dallas (10%).

Table 3

Demographic Information of Texas School Counselor Participants Including the Professional Identity Contextual Summary

ID	Gender	Ethnicity	Years in counseling	Licensed professional counselor	Graduate of CACREP university	Trainings received	Job responsibilities	Degrees and credentials	Affiliated counseling association	Locality	FRPL Title I	School level grades	Ratio case load
P1	Male	Hispanic	16–20	No	No	SEL MH	MH SBSMHC	MED school counseling	TSCA	Urban	Yes	10th	1:400
P2	Female	White	1–5	No	No	SEL MH MSC SBSMHC	SEL MH SBSMHC	MA school counseling	ASCA, TCA, LSSSCA	Suburban	No	11th / 12th	1:385
P3	Male	White	1–5	No	Yes	SEL SBSMHC	SEL MH MSC SBSMHC	MED school counseling	TSCA, TCA	Suburban	No	9th / 10th	1:350
P4	Female	White	16–20	No	Yes	SEL MH MSC	MSC	MA school counseling	TCS STCA	Suburban	No	9th–12th	1:312
P5	Female	White	11–15	No	Yes	SEL MH MSC SBSMHC	SEL MH MSC SBSMHC	MA school counseling	TCS TSCA	Rural	Yes	6th–8th	1:980
P6	Female	White	6–10	No	No	MH MSC	SEL MSC	MA school counseling	N/A	Urban	No	6th–8th	1:200
P7	Female	White	1–5	No LPC-A	No	MH MSC SBSMHC	N/A	MS clinical mental health	TCA TSCA	Urban	No	12th	1:270

ID	Gender	Ethnicity	Years in counseling	Licensed professional counselor	Graduate of CACREP university	Trainings received	Job responsibilities	Degrees and credentials	Affiliated counseling association	Locality	FRPL Title I	School level grades	Ratio case load
P8	Male	Hispanic	16–20	No	Yes	SEL MH MSC SBSMHC	SEL MH	MED school counseling	STSCA	Suburban	No	9th–12th	1:365

Note. FRPL = free and reduced-price lunch; LPC-A = licensed professional counselor associate; SEL = social–emotional learning; MHP = mental health professional; MSC = multisystem collaboratives; SBSMHC school-based systems of mental health care. From U.S. Department of Education, National Center for Education Statistics, Common Core of Data, 2023. Data for Nevada school counselors was not available. 2020–21 data is used here.

Six (60%) participants stated they had been trained in SEL; the same (60%) said they had training in mental health and (60%) MSCs, while five (50%) shared that they had received training in SBSMHC.

Five (50%) of the participants indicated that their current job responsibilities entailed working in the role of SEL leader and five (50%) were counselors who stipulated that they worked as MHPs on campus in their roles as school counselors. Three (30%) of participants noted that their current responsibilities as school counselors included working in MSCs as part of their positions while four (40%) specified that they had to fulfill the responsibilities of working in SBSMHC as part of their work with students. The participants, as part of the criteria for this study, were all secondary school counselors, six of whom (60%) worked in high schools and two of whom (20%) worked at the middle school level. Two (20%) of participants worked in a Title I campus (A campus that provides supplemental funding to state and local educational agencies to acquire additional education resources at schools serving high concentrations of students from low-income homes; Texas Education Agency, 2022, while six (60%) did not work at a designed Title I campus. In the participant sampling, there were zero licensed professional counselors (LPCs) and one counselor who was working on becoming licensed as a professional counselor at the time of the study.

Individual Narratives

This section consists of relevant demographic and interview content narrative for each participant. The narratives were constructed from the prescribed questions asked of each participant during their interview. Guided by the social constructivist paradigm, the researcher believes that each participant constructs reality according to their own social or communal context of human meaning making involved in fulfilling the conjoint roles experienced, while working in MSCs and SBSMHC to meet the mental health needs of students. Therefore, the

individual narratives are provided to illuminate and to give voice to each school counselor participant as the researcher desired to understand how school counselors attend to the mental health needs of students working in conjoint roles of social–emotional leader, mental health professions in MSCs, and SBSMHC from the viewpoint of each individual participant.

P1 – Mateo

Mateo is a Hispanic, male, school counselor. Mateo has been a school counselor for more than 16 years, earning a Master of Education degree in school counseling. Mateo is currently employed as a school counselor in an urban middle school in the Houston, Texas area and recently moved from an Austin, Texas area high school. On both campuses, 100% of the students received free and reduced-price lunch and both schools were classified as a Title I school in the state of Texas. Mateo indicated that he had received training in SEL and mental health and explained that his job role as a school counselor included the responsibilities of addressing the mental health needs of students and working in SBSMHC.

Mateo defined mental health as “basically what keeps you going.” Mateo mentioned a motto that he has in his office that says, “Don't forget your why.” Mateo expressed how mental health can be explained as “that little voice inside of you that reminds you [of] your reason for being, what you want to do, what you want to accomplish, what you need to do in order to achieve those accomplishments.” For this reason, he equated mental health as the motivation “that keeps you going, that keeps you grounded, that keeps you searching, and, hopefully, in such a way, that you a benefit other people and support other people along the way as well.” In this all-encompassing way, Mateo discussed his work as a MHP as he addresses the mental health needs of his students.

Mateo explained his definition of his role as a SEL as the professional responsible for

> bringing those students back to center, reassuring those students that, even though things may not look very good, that they can get better, and that I'm there to support them, and that I will do my best to find other people or other resources to help . . . and get back on track to be academically successful, and hopefully, even beyond academics . . . in other social areas.

When asked about his training experiences related to SEL, mental health, MSCs and SBSMHC, Mateo shared that he participated in training mostly for suicide and crisis situations that the district provided for all school counselors. Mateo further explained that a protocol is established to work with students who have a suicidal outcry.

When asked about his experience collaborating with some of the outside MHPs or the organizations when addressing the mental health needs of students, he responded that his experience consisted of working with local in-patient clinics and CIS-trained counseling professionals who provide counseling, assessment, and resources for students) to assist students with receiving a continuum of care for their mental health issues. Mateo added that he often addressed mental health issues with students as a campus 504 coordinator, whereby he would use the Response to Intervention (RTI) and 504 guidelines to establish a proposal for how the school would plan to remove barriers for a child with a disability which often included students who were struggling with mental health issues. In his role as a school counselor and his work as a 504 coordinator, he collaborated with a multidisciplinary team that consisted of teachers, counselors, LPCs, licensed school psychologists, outside counseling clinicians, administrators, and parents for him to establish a 504 plan for students.

When asked, “How, if at all, does your work in the conjoint role of social–emotional leader and MHP influence the practices of addressing the mental health needs of students?”

Mateo explained that he wished that he was influencing that aspect of support for students sharing,

> I hope one day to be in a position to influence that a little bit better . . . the fact that, a lot of times, we’re put more in a reactive situation. I’m not sure it allows us to really influence how to work with students in those situations. So that’s certainly . . . another thing that will be nice to see change in due time. But to be honest, at least as of right now, I'm not sure that what I'm doing is influencing as much as I would like. Hopefully, that will change one day.

Mateo is always seeking to make more of an impact as a social–emotional leader and mental health professional who works in multisystem of mental health care and collaborates with other MHPs. He shared how he is always asking,

> Okay, have we tried this? Or what are some of the things that we should consider? Because so far, in all the years that I’ve been a school counselor, I haven’t seen that much of that, and hopefully that will change.

Mateo expressed that he would benefit from more training in the areas of social–emotional learning, mental health, MSCs, and SBSMHC so that there is more of a “setting where there’s an exchange of ideas” on meeting the needs of mental health students, also adding the desire to

> develop strategies to be more proactive, preventing or as much as possible, preventing the crisis from happening in the first place, rather than waiting until they happen and then you must deal with them. So hopefully that’s an area [where] schools and other mental health professionals can collaborate to improve upon.

Mateo was asked, “What are some of the stories you can share related to addressing the mental health needs of students, while working in MSCs or working in SBSMHC? And can you

provide an example or an intervention or a plan that you use in supporting a student or students in mental health care?"

In response, Mateo told a story of when he worked in Austin as a school counselor, stating,

> I worked with a crisis counselor from MCOT (Mobile Crisis Outreach Team) to work with a young man because he admitted to me and to another counselor [that] he had a history of suicidal ideation and that he was feeling that way again. So, we immediately called MCOT; we immediately tried to reach out to the parents. The sad thing about him is that his parents were separated, and his mom was actually living in Mexico. So, he had spent a few months in Mexico because he was not getting along with the dad, but he came back to Austin. And apparently those issues were kind of coming back to the forefront and he was starting to feel suicidal. So, happy with the collaboration with MCOT . . . They really help us out in that case. So, of course, for the rest of the year, he was one of those students that we had to keep a close eye on. And I actually had to talk to mom several times to follow up with what was going on.

Mateo believes that some of the challenges that he has faced as a school counselor in addressing the mental health needs of students while working as a social–emotional leader and MHP are "being able to do a better job of connecting with the outside organizations and having a more fluid communication with them." He added,

> on occasions when parents have not been available, then you have to rely on your school police officers to get involved in a situation and it can be, a very uncomfortable situation, whenever parents or guardians are not as responsible as you would like them to be.

Additionally, Mateo felt that school counselors would benefit from continued professional development to “reviewing the protocols on suicide. I don't think you can get enough of that.” Another suggestion was

> allowing school counselors to visit clinics and interact with them to see what they do, what are some of the services they provide, but to see it . . . or at least as much as you can. Maybe do an onsite visit in the clinic or the agency so that you, as a counselor, get an idea of what those organizations do, what those agencies are facing and what they can do to support, what they can use from you as a school counselor to support them. So hopefully the districts and the clinics can come to the kind of agreement that they would allow the school counselors to visit the clinics. And the other way will be good to have some of the MHPs come to the schools so that they can kind of see firsthand what goes on in the schools and get some ideas of how they can support. So, basically, having that two-way communication, [if] something like that could be done so that the agencies, the clinics, and the schools can enrich each other and start that process of collaboration. So, if that could be made part of a training program [for] professional development programs, that [would] be absolutely great!

P2 – Juliet

Juliet is a White female participant with a Master of Arts degree in school counseling. Prior to her current job, Juliet was a teacher for many years. She currently works in a suburban high school that is not classified as a Title I school in her district. Juliet has been a school counselor for 1–5 years. In her current role, she is the high school counselor for Grades 11–12. Juliet indicated that she has received training in SEL, mental health, MSCs, and SBSMHC. In her current position as school counselor, Juliet shared that her responsibilities were mostly SEL,

mental health, and SBSMHC. She defined mental health and her intervention work with students as follows:

> I see mental health like with physical health; there's preventative, there's wellness care, and then there's reactive care. So, I see mental health in the same way, where there are things that we should be doing on a daily basis to maintain our mental health. I see it as something [where] there can be situations that impact our mental health, and we have to then react and treat, and learn how to deal with situations that pop up. And then, of course, they're the aspects of our mental health where things become more clinical or long term, and so we have to treat it or manage it and look at it like a lifelong management. And I think I look at it a lot that way, too, because I feel like that's the easiest way for [students]s. And sometimes parents, who are dealing with reacting or addressing mental health for the first time, maybe [it would be helpful] for them to see a parallel. So that's how I sort of see mental health: as just your physical health. There are things that we need to be doing every day to take care of it. It's not something that takes care of itself. It's something we are personally responsible for. But [just like] there are doctors for our physical health and treatments for our physical health, there are supports out in the community as well that can help us if we feel like we can't address or manage our mental health on our own.

When asked "How do you intervene as a social–emotional leader and mental health professional with students who are struggling with mental health issues individually and school wide?" Juliet explained:

> If a student comes in with an outcry of say self-harm or suicidal ideation, usually, what I do [is] refer [the student] to our STAN counselors [Student Teacher Assistance Network, now Student Wellbeing and Mental Wellness Counselors]. We're lucky to have them.

I’m usually not necessarily partner with [them], but I will bring her in at some point so that she is aware of that as well. So, it’s another counselor on campus that has her own interventions and support that she provides in the future or now if the student is staying with us, but we both usually will be addressing things along the way, but we bring in parents. And the intervention, at that level, is about the parent’s awareness, and about the parent hearing their student say it because they may not have said it out loud for a number of reasons. But also trying to create that safe space for the student to do that because, a lot of times, they're terrified to do that. And that... you're almost intervening for the parents, too, because then, of course, the parents end up upset, usually because of their guilt, of their sometimes anger, sadness. And so, involving the parent is very important. And then, from there, helping the parent and the student decide on the best next step because the best next step needs to be some sort of evaluation from a professional. And so, we have a slew of community resources that we can . . . And again, fortunately, because we’re in a big city, so there are several options. So, we try to kind of educate them a little bit about what the next steps are and then follow up with them from there, finding out how it went. Are they staying? Are they coming back? Did you get a diagnosis? And then if say there’s a diagnosis, [and] they come back, we will offer immediately or suggest—especially depending on what it is, but almost always, if there's some sort of diagnosis, probably anxiety, depression—offering 504 services, if that’s something that they might want and discussing, again, that with them “What does that mean? What is this?” And in 504 services, of course, then involve teachers. We also have referrals, like I said, with TCHATT [Texas Child Health Access Through Telemedicine], operated by the Texas Child Mental Health Care Consortium, provides telemedicine or telehealth programs to school districts to help identify and assess the behavioral health

needs of students and provide access to mental health services. TCHATT is funded by the Texas Legislature and there is no cost to schools who participate or families who access services) if the student is needing counseling and maybe can't secure it for themselves and they don't have insurance or can't afford counseling, this is a free service that we can provide. We used to have CIS, as a partner, they would provide . . . [a] licensed professional counselor, social worker, and they both would provide counseling and services short term in the school setting for free. So that was nice for the student who, again, between parent or student just couldn't secure counseling for themselves any other way.

Juliet shared about her role as a social–emotional leader as part of SBSMHC as she addresses mental health issues with students,

> I had a student in my office just this week, who thought he was trying his very best, was trying to overcome his focus issues, and he said, "I finally went to my first therapy session," and I thought, "Oh my gosh, I haven't even talked to this child before about his struggles and now he's at therapy!" And I thought, "Well, great. I'm glad his parents were so supportive and on top of this," but I was just curious. And I said, "What prompted you to even seek out a therapist?" And he said, "Well, I was just, I got to the point where it was, everything was just so hard. I was just struggling so much." And then he said, "You guys (school counselors) were popping into the classrooms . . ." And we have these little signs that have a QR code and [that say] need to see a counselor? To us, it's a task we know is something we want to get out there. But we're like, oh my gosh, you got to find the time to go to 900 classrooms [exaggeration] and not drive the teacher crazy. But this is where we [are] literally just popping [in] like, "Hey, guys," boom, taping it to the door. And he (student) says "I saw you guys go around with the need to

see a counselor question. I thought 'Yeah, I do'." And so that's . . . that prompted him to then talk to his parents, I guess about, "I kind of think I need to see someone [about it]."

Juliet explained her work to address the mental health needs of students in a larger scope, through SBSMHC and shared:

> We have in the district SEL specialists. And this is at a teacher level. And they just come into your classroom, model lessons for you and model lessons for the school. They could come to a staff meeting. So, the district . . . at the district level, they have specialist[s] just for that. And they're very helpful, very willing to come in. They want to justify why they're there. And so, I think they're underused. And maybe again, that's something that counselors could maybe help with [School Counselors as SEL leaders and consultants]. So, we do have that for [the] general population [addressing Tier I of SBSMHC], as well as . . . if you're teaching the teacher how to incorporate social skills, you're helping so many more. We have us [school counselors] with our guidance lessons [Tier 1 SBSMHC]. And the STAN counselor often will present every once in a while, too.

Juliet believes that SBSMHC [Tier I] that meets the whole school population of students' mental health needs is best explained in the school counselors' work in guidance lessons, campuswide.

> Our district requires [that] topics be covered whole school. Those are healthy coping, healthy choices, which touches on substance abuse, healthy relationships, dating violence, bullying. As a department we collaborate and spread out and figure out how we get to every grade level. And we deliver right now a whole period lesson. Sometimes, we are better at making those more engaging. So, we are trying to figure out, "Can we spend less time, but be more impactful and it be more engaging?" But, either way, those are the topics we have to cover, and we try to hit every [student] as much as we can by going

through classrooms as a department. I'm assigned about six classrooms for 11th- and 12th-grade English and a few others. And so, I go into the same teacher, so I kind of . . . You get a little bit of a rapport built because you're in with the same teacher rapport with those [students].

Overall, Juliet shared that she feels comfortable addressing students' mental health concerns that interfere with academic success, for she has a supportive team to arrive with interventions and solutions for these concerns. Juliet explained how she feels comfortable with dealing with

family dynamics in a way—and that's not to say [that] they're not huge issues, but I just, fortunately, both personally and professionally, [have] seen so much evolution of people, when you think, "Oh, I can't deal with my mom. I can't deal with my dad." I've seen enough of what communication can do and what a little bit of awareness can do and time.

Juliet reported depression as the most difficult mental health issue to deal with in schools adding,

And those who have clinical depression, even the ones who are being well supported, it can still turn in an instant. And that's just, it's just awful. And I think that's my biggest fear is [that] I [might] miss it, or I don't fully address it, or something happens, and I blame myself. And even anxiety, . . . we know, can very easily lead to depression.

Juliet explained the challenges that might hinder her work in the conjoint roles of social–emotional leader and MHP and MSCs to meet the mental health needs of student in her current role as a school counselor. Juliet explained tracking graduation requirements, noncounseling duties, testing, and attending Admission, Review and Dismissal – Individual Educational Planning committee meetings (ARDs).

> The number one challenge is [that] we track credits for graduation. That is extremely clerical, extremely administrative, extremely detail-oriented, and I take those things very seriously. And then, once you screw up, you take even more time to make sure it's right. So that's the number one challenge, [it] is [that] I spend a lot of time making sure [students] are in the right places, checking on grades, which is linked to your mental health. But it's more tied to "I need him to graduate." We have to go to ARDS. We help with testing. That being our primary role really takes away from our primary role.

P3 – Benjamin

Benjamin is a White male participant who has a Master of Education degree in school counseling and who graduated from a CACREP accredited school. Benjamin has been a school counselor for 1–5 years. Benjamin was a teacher for more than 5 years at a Title I campus. Currently, he is a school counselor at a suburban high school that is not classified as Title I campus by the state of Texas. Benjamin shared that he received training in SEL and SBSMHC and that his current job responsibilities were in the areas of social–emotional leader, mental health, MSCs, and SBSMHC. When asked how he defines mental health, Benjamin gave a global definition of mental health,

> All [of my work has been] as a general counselor with a caseload varied for counseling, varied maybe 250 to 350 between those two, but the majority of my experiences will probably be like if students have teachers recommending students to be checked on in their home life, and how maybe it's all affecting the academic performance.

He further explained that at his campus mental health interventions consisted of "a lot of crisis intervention . . . We have the STAN counselor [Tier III SBSMHC], who will mostly handle long-term, social–emotional issues or difficulties in students. I handle more of the short term."

When asked about how he sees his role as a social–emotional leader, Benjamin explained, “We have our guidance counseling. We have the STAN counselor who’s more in depth and has more training with interventions [that are] related to SEL.”

Benjamin discussed his thoughts about how he perceived the conjoint roles in intervention with students’ mental health needs and the success or lack of success he has seen. He deliberated on the challenges:

> Like reluctance, parents don’t believe that their student maybe has a mental health concern, and then those parents not acting or addressing it, and the student’s just falling back into the sphere, and over and over you’re seeing that student with no improvement.

Speaking about mental health, he expressed, “Not very in-depth training on mental health. I mean, I wouldn’t be able to tell the difference between severe depression and regular depression.”

When we discussed mental health MSCs and SBSMHC, Benjamin highlighted current training that he has received sharing and explaining the intervention activity and challenges that he encounters when intervening with students’ mental health and working with MSC as

> I really don’t think there’s much collaboration besides referring students to Laurel Ridge or Clarity. We don’t hear what happened or the interventions that occurred. We just get withdrawal papers when they’re released. The only outside agency is TCHATT. Sometimes, [I] will get interviewed on why I referred them, and so that’s an option. But the other one [that] I will communicate with off and on is Community in Schools. Referring students to an outside agency, where they could get prolonged attention, we don’t really know the interventions that occurred, unless the student or parents share. And with mental health professionals, I think there’s a lack of them and each school that can

> really dive into the different issues students are facing severe, moderate, what, specifically?

Benjamin believes that some of the constraints in the capacity to meet the mental health needs are linked to a divide between outside organizations and the school system in terms of confidentiality, liability and Family Educational Rights and Privacy Act (FERPA; 1974) explaining the gap in discussion about FERPA policies and procedures between the federal and state entities to allow for more freedom in mental health MSCs.

Benjamin addressed the three tiers of SBSMHC Tier I, indicating that his counseling team addressed the whole school through guidance lessons. Benjamín explained the three tiers of SBSMHC as follows:

> On topics such as healthy habits, drug use, what to do when you're in a disagreement with a friend. So, that's kind of the whole school. We do help with in our guidance lessons with academic anxiety, when we talk about transcripts and how to get attendance fixed. And it helps because the teachers are always being asked, "Oh, how can I improve my grades? How can I not fail?" And so, when we come in and teach them these things, it helps the teachers and they're kind of relieved. "Okay, this is what you need to do. Follow what he's saying." And then the students themselves feel kind of relief because they do see, "Oh, yeah, I can fix my attendance, or I can improve my grades. I have to go to tutoring . This is how you do it." I think there's a sharing in general, students being able to share how they feel or their experiences in a safe setting with other students, and then they have connectedness. "Oh, you feel that way? So do I!" kind of mentality.
>
> Individually, I just try to talk to [students] and let them see both viewpoints. A lot of the issues that come across when I talk to student's one-on-one is conflict. I feel like today's day-and-age students don't know how to handle conflict with one another. So, I try to

give them an alternative point of view that they might not necessarily see or agree with but explain it as well.

Benjamin feels strongly that guidance lessons addressed in SBSMHC at his campus should be structured as “less of us [school counselors] talking and more of personal sharing, and stories. And then you use students’ individual examples, instead of recreating one that might not apply to them, and then addressing it.

When asked what suggestions she had for counselor education programs with respect to school counselors being prepared to address students’ mental health needs in the conjoint roles and working in multisystems, he stressed the importance of more real-life simulated experiences or mock sessions of school counselor cases that involve social–emotional issues and mental health disorders that school counselors would encounter so that recently graduated students would have an idea of how to approach a situation and know how to handle it. Regarding individual and group session sharing, he said that the weeks currently spent on these skills is not enough time. In addition, he recommended that school counselor candidates be trained in virtual counseling. In the wake of the pandemic, he recollects how difficult it was to make the shift from face-to-face counseling to virtual counseling for students and he shared his frustration with not being able to be as effective as he would have liked to have been because of unfamiliarity with virtual counseling.

P4 – Natalia

Natalia is a White female participant with a Master of Arts degree in school counseling from a CACREP accredited institution. She has more than 19 years as a school counselor at a non-Title I suburban elementary school. In her current position, she works as a college and career school counselor. Natalia indicated that she has received training in SEL, mental health, and MSCs. When asked to define mental health, she replied:

> Mental health is how you feel, how an individual feels about themselves, and how they perceive themselves, whether it's healthy or unhealthy, or maybe how they mentally are doing, how they understand others. It's more of a feeling or a sensation; maybe it's a good one, maybe it's not so good. But mental health to me is figuring out [a] perspective about self; it would be about how I feel about myself.

Natalia shared that the counseling team is currently attending to mental health needs of students in a broader scope along with how they address the three tiers of SBSMHC on her campus, pointing out,

> We go into classrooms [guidance counseling lessons, discussed in Chapter 2, according to ASCA (2019b)]. Delivery components include school counseling guidance core curriculum, individual student planning, responsive services, and indirect student services referrals, consultation, and collaboration.
>
> We also have our big, large group meetings and auditoriums for each grade level. And so, we do that at least once a year that we provide them with academic support, but also "How can we help you with your social–emotional health?"

Natalia stated,

> We do individual counseling [and] group counseling. That happens on our campus. We do 5-minute meetings as a check in with different students just to check in, not just academically, but also social–emotionally, "How are you?" just to kind of get to know students, maybe starting from freshman to throughout their senior year.
>
> We [counseling team] have sat down right outside of classrooms, and [students] come in and are outside of the classrooms one at a time, and we just kind of do a check with them. And we call it a 5-minute meeting. And that's just not only academics, but also just to do a check in and they get to know us as counselors and what we can do to help them.

> We also have our big, large group meetings and auditoriums for each grade level. And so, we do that at least once a year that we provide them with academic support, but also "How can we help you with your social–emotional health?"

Natalia described her intervening activity working in conjoint roles within MSCs that support students' mental health needs, highlighting the consultative roles she takes in forming connections with local mental health clinics, and multidisciplinary team members as she voiced,

> Depending on again the situation and severity, if a student has mentioned that they are going to harm themselves, then I need to contact a parent and, when the parent comes in, then that's when we would [contact] Laurel Ridge [an inpatient, residential, partial hospitalization and intensive outpatient treatment center designed to meet specific clinical mental health needs of all age individuals]. And those can be hard because not always are their openings at the facilities, but the student needs some care, more care than what I can provide to them [on campus] when it comes to their mental health. So, at that point, I [determine] if and when they can be admitted to that particular [clinic], then I would keep in contact with that representative just to do a status check or [contact] their family member. And typically, their parents are very gracious for communication. And when the student returns, then we still keep in contact with [their doctor]. Maybe they're assigned to a psychiatrist or a psychologist, or [if] parent has reached out to maybe a family practitioner. And many times the parent feels comfortable enough that I can have communications with those individuals regarding that student, just so we kind of keep an eye on them home, at school, and possibly what's happening during their visits with their doctors, in case the student's leaving certain things out of our conversation, and I want to make sure that I understand how I can help that student as best as I can, here on campus.

In Chapter 2, the school counselor is described as the primary social–emotional leader and mental health counselor who (a) has direct influence on a student's mental health and academic outcomes by modeling peer and adult norms in their day-to-day practices, (b) conveys high expectations and support for student academic success, (c) adopts a caring school counselor–student position to foster positive nurturing relationships that promote a sense of belonging and community, (d) is committed to creating a culture of helping relationships in schools, (e) constructs a space in schools that is safe, and (f) encourages and reinforces positive behavior (Blum & Libbey, 2004; Farrington et al., 2012; Hamre & Pianta, 2006; Hawkins et al., 2004; Jennings & Greenberg, 2009).

Natalia illustrated a story about an example of an intervention or a plan that she used when she accessed her MSC. She depicted,

> I guess, a few years back, when Communities in Schools were on our campus every day, having that communication, when students aren't coming to school and the attendance and understanding that there's a reason why they're not coming to school. [Also], when they get to school, they're either sleeping or they're unproductive or they're not socially integrating with those around them, whether it's teachers, other students.
>
> Just having Communities in Schools and being able to address and talk with students. I can think of one [student] and [the] reason why he wasn't able to come to school is because he was watching a younger sibling while mom had to go to work. And [when] mom came home from work, it was the wee hours of the night, and then she couldn't get him up in the morning. Working with Community in Schools and assistance principals to kind of come up with a plan of "How can we help them?" [CIS]. They were able to actually talk with mom, coming from a third party [CIS] other than just the assistant principal, where the parents felt more threatened because it was a family situation. Those

are different, difficult conversations. But Communities in Schools could come in as a third party and talk with the parent and state why "This is so important for your student to be here." So [it] was a good outcome. That was a good outcome because, obviously, the young man didn't want to tell his mom, "No," because she depended on him to help with the younger siblings. So, working with them [CIS], working with the assistant principal, and they were a tremendous support for that parent.

Natalia described working in the role of social–emotional leader and the benefit collaborating with multisystem of support and connecting with families to address social–emotional issues [that] students face that pose learning barriers to their academic success. Natalia explained:

> In collaboration, if I'm working with those other individuals outside of our school program, even within our school program, I've had very good relationships with our nurse, our family specialist, STAN counselors; we all work together because, typically, we're all on that same page of what's best for students.

Natalia continued,

> So, I've always had very good relationships with other individuals, and there again outside of school, if it's someone from Laurel Ridge or someone from Communities in Schools or other professionals, even physicians, that are private practitioners, as long as they have the okay from a parent or the student to discuss what's happened with them or how they're [the student] progressing, I've always had some very good conversations. And sometimes, it's just getting that person even on a speakerphone where I've got the student in there with me, so it doesn't feel invasive. Obviously, I'm not prying for any super-personal information, but I want to know how I can help . . . in conjunction with what they're receiving [services] outside of school.

Overall, Natalia feels comfortable addressing mental health concerns in students that deal with anger.

> Typically, if a [student] comes in and they're very angry, I can kind of help sort [it] out with them. I think I'm very calm, and I'm very flexible, I'm very caring, and I'm on their side. And so, for me, personally, I think, just being able to sit with a student and let them know that it's okay to have those feelings. But we can't let that overcome and not be able to respond and do our daily activities because of certain feelings that we have. So, I think I'm very good, and it's probably a part of practice, and I've done it for so long. And it's just having that interaction with [students] that know that it's okay to have those [feelings]. And I address that. "It's okay to have those feelings." And "Yeah, you're gonna be angry, and you're gonna be [aggravated], and you're gonna be all those feelings because…" Yeah, it's . . . maybe it's a boyfriend–girlfriend breakup. And that . . . "Your feelings are not a light switch, where you turn it on and off, and you're going to have those feelings for a while, but don't allow that to dictate who you are as a person, and what your goals are and what you want to do."

Natalia's SEL, mental health, MSC recommendations regarding professional development and school counselor preparation programs were as follows:

> Since SEL and mental health have become so prominent in society, maybe school counselors need to also be LPCs and just having that extra. Or, if they're going to be school counselors and not go through the LPC certification, at least [districts should] provide maybe some more coursework that deals with the socioemotional [issues].

Natalia continued,

> More resources. I'm thinking tangible things that people can have to be able to share with students or families and, obviously, we need resources but maybe more of that. Maybe,

once a student graduates, then there's a book of some type that says, "Here's our various resources that you can use for sexual assault for trafficking." I mean, that's a huge thing. So, just different resources or things that you could provide to parents.

If you can't get your student into a Laurel Ridge program, then what would be a backup plan? Maybe just those types of tangible things that counselors could provide.

Natalia added,

> Gosh, when [a student] told me that, for the first time in my young profession, that they were going to commit suicide, and my heart stopped and it was like, "Okay, so I know I've learned all this stuff," but it wasn't really told like "What do I need to do next? Who are all the people that I need to be involved?" So, fortunately I had people on my campus and resources and we counselors are very knowledgeable that I could get that information from them. But sometimes those people aren't on campus. Or sometimes, those people are behind closed doors trying to help someone else. So, I think just maybe feeling a little bit more confident as a young professional counselor, just having some of those resources of, "Here's what you can do. Here's where you go to next. This is what can help you." So, if I had some of those things early on . . . But it's years of doing things, right doing things wrong, learning from your mistakes. And that's okay because that's what I tell [students], and I'm not perfect.

Natalia offered in addition,

> There are also resources for counselors that [help] with situations, to ask yourself [reflect], "Did I do something right? Or did I do it wrong? Or did I really mess this [student] up?" Or just to have, maybe, for them [a chance] to decompress. Even, as a tenured school counselor and someone who's been around for a while, when you've had [students] that have committed suicide, going to those funerals are tough. And

questioning yourself. "What… happened? How come I didn't catch that kind of thing?" I felt very responsible because I didn't catch it, and I should have caught it.

P5 – Rebecca

Rebecca is a White female participant with a Master of Arts degree in school counseling form a CACREP accredited university. Rebecca has 11–15 years of experience in school counseling. In her current role, she works as a crisis intervention school counselor in a middle school in a rural Title I school setting where children receive free or reduced-price lunch. In her role as crisis intervention school counselor, she explained, "My role, since I am the crisis intervention counselor, I honestly get to do different things than a regular counselor will, so I've now done both worlds" as she referred to conjoint roles of working as a social–emotional leader and MHP to address the mental health needs of students. Rebecca indicated that she has received training in SEL, mental health, MSCs, and SBSMHC. She expressed that her job responsibilities as a crisis intervention school counselor consist of social–emotional leader, MHP, a member of a MSC, and a member of a SBSMHC.

When asked how she would define mental health, she described a global definition: "I would define mental health as any given mental state that enables you to function normally." As we further discussed, she was asked, "What are your experiences working with mental health needs of students?" Rebecca responded:

> My experiences—and since I've been doing this for 11 years, I guess now—as far as counseling, my experience with mental health needs is picking up anything that came across with trauma. My first experiences were always [students] that faced some form of trauma. And so that began the career in mental health for me because I had to tap into how it was affecting them mentally. And of course, then it turned into academically, what they experienced working with it. And it was just like a running roller coaster, the ups

and the downs and the ups and the downs of what the mental needs were and where the [students] were coming out more and more and more.

We discussed the context of how, if at all, her work in the conjoint roles of social–emotional leader and MHP might influence the practices of addressing the mental health needs of students. In Rebecca's response, she referred to working in conjoint roles, for counselors can often be one in the same and the difference would depend on the concern being addressed. Rebecca indicated:

> I think it intertwines automatically. When you say social–emotional leader and then you say me as a mental health professional, really and truly, it's just a fancier word for what I do or vice versa, in my opinion. I think it's like . . . I don't know that it influences the practice in a negative or positive manner. I really legit feel that it just does this. And I think the only difference is "How is it incorporated in the concern?" Because the SEL part of it . . . We try to get those teachers to incorporate [SEL]. I've got to get those teachers to understand how to apply that to the students. Now, I can't be in every classroom every minute of every day, so I've got to now make sure that they're knowledgeable in social–emotional [learning]. So, when I hear social–emotional leaders, I think that needs to come from their role, and I'm part of the mental health role. I think there's a difference in there, but yet they're trying to kind of tie it together. I don't know if that makes sense.

Rebecca continued to expand on the notion of counselors' consultant in their role as social–emotional leaders, confirming:

> Absolutely, because I'm the one that's giving them the tools, whether it's the trauma informed message that I gave them because I mean, I gave them the . . . examples and all that at the beginning of the year. Now, granted, if they've lost all that because it's now

> January, then I have to be teaching them to re-educate them on "Don't ask this [student] "What did you get for Christmas?" because they probably didn't get anything. Instead, ask them a goal moving forward in the future, "What can we do for this semester?" and "How can I support you? How can I help you to be successful?" So, I think that SEL, social–emotional leader, needs to be them in the classroom with these [student] 24/7, and I am there to guide them. And I take on the mental health aspects. I'm trained in it. Yet it is my opinion.

Rebecca tells a story of a student in need of mental health support and how she intervened and worked in collaboration:

> So, okay . . . So here was a situation scenario. There was one particular student who was in apparently in complete distress, but it didn't necessarily . . . It was happening in the assistant principal area in another zone so much to where the [student] was destructive. He was blurting out emotions in a complete crisis situation. I guess, at that moment, they were trying everything and nothing was working. So, I got the call. I got the buzz. ". . . , can you come in?" I go in, and immediately I could see that that [student] was in a distress in every which direction possible with his mental health because of everything that he was blurting out. And so, I immediately went into how to de-escalate the child, and then de-escalated the child. And you needed to figure out what it was they needed. What mentally did they need at that moment? Once I was able to get that child de-escalated and calm, I could meet the need of that mental health distress to figure out what they wanted and what they needed from me at that moment. And so, with that particular student, he was triggered. He was triggered by trauma, and something had triggered, and the minute that he got bombarded by all these people, the trigger manifested itself into adverse childhood experiences and he went into fight or flight mode. So, my intervention

had to track: What got him there to begin with? Why was he there? Where did it all start? Let’s pinpoint where did it even begin? And how could we have handled that situation differently so that, in the end, it wasn't to this result? And what resources could you have used? And if you have to walk away, you walk away to a safe place, which is here. And okay, so now I know, in his intervention plan, he cannot be bombarded by all these authority figures because he felt attacked by adults based off of past traumas. So, to support him, I kept him as one-on-one as possible. And then I made sure he built a rapport with the police officer because, obviously, when things go into red flags and red zones, and that officer has to step in, if there is now a relationship built, he might feel more safe to use that officer as a resource and as an ally, instead of someone that’s a negative. That can help a child.

Rebecca highlighted her work with this student in the realm of campus MSC, indicating,

Based on that same [student] and making sure, in collaborating, that everyone on campus that comes across the child is knowledgeable. And what they choose to do with that information is obviously their choice, but if we want to make sure that that [student] is able to even work academically, “Here’s what we’re gonna have to do to meet his need. And this is what’s happened; this is what I have found to best work for the child to get him to be able to focus long enough to be successful in the classroom. So, collaborate definitely with any team member that comes across him on a normal basis even if that means a special ed coordinator, even if that means you his particular AP (advance placement) coordinator, all the teachers, fine arts, teachers, and coaches.

Rebecca described her work in MSCs and SBSMHC as influencing the practices of addressing the mental health needs of students. Rebecca shared,

> I think that really all it does is remind me [of] what I need to learn more about or tweak what I'm currently doing. And maybe that's not working, maybe try a different approach and, and collaborate more with my peers [other counselors, mental health professionals] that do what I do. And which I do. We do that monthly. And we figured out . . . We throw out cases, and [ask] "How can I handle this? What can I do differently?" And that kind of thing. It just influences my practice to thrive. I use my police officers beyond belief more so than anybody else. I want to know, "What did you see, what did you hear? What did you witness?" because they're investigators by nature. And so, I feel like they get more firsthand in their knowledge to help me to help them. They hear more, they see more, they get more info because they have to get more info. So, tell me more. The more information that I have is the only way to help that [student]. If I get surface-level information, "You didn't tell me they were sexually abused when they were . . . That would have been helpful." So that I use officers to get more detailed information. I think that just in addressing mental health in general, unless you can dig deeper, you're never going to be able to help that person.

Rebecca suggested that school counselor preparation programs incorporate real work experiences with crisis intervention in particular suicide and self-harm intervention, stating,

> Realistically, we face that and suicides more so than any and for what. Whether it's learning more about joint influences. . . . I want more. I need more real-world connectors. Internships? I get it, but is it in the right areas?

In Rebecca's work with interns on her campus she shared,

> I took on a lot of interns in my program. It wasn't until this last go around that they decided that the intern needed to be with the counselors on the academic side to learn because, let's face it, 504, did you schedule changes and do all that.

> And it never fails, you will always hear them [interns] say, "Well, how come there isn't a course to teach me how to do all that?" How do schedule changes fall under the four components? So, you go into this fantasy world, thinking that you're going to counsel [students] all the time, and that's not realistic. So, when I would get interns, they [would] see what I do. My role is different. They all want to do what I do. Well, they can't all do what I do because, realistically . . . So, I think that it's important. Why? Why is the schedule change important? Where does it fall under system support? Does it fall under responsibility services? Where does it fall? And understand it.

Overall, Rebecca felt comfortable addressing mental health issues, especially trauma. She explained that she receives a vast amount of training in the areas of mental health and MSCs such as inpatient and outpatient treatment facility training with Laurel Ridge and Clarity. She added that she attends professional development in the areas of trauma, grief, psychological first aid, and she had to work as a consultant in SEL with teachers. In certain situations, Rebecca expressed that she is privy to short conversations with outside MHPs regarding discharge paperwork for her students, sharing,

> Clarity is pretty good. The lady, I think, because we work with her so much and she's [taught] us that they know that they can be like, "Hey, this [student] just got discharged. The parent might need some extra resources." So, they'll kind of let me know the broad spectrum of it.

In their collaborative work together, Rebecca stipulated the limits of the sharing of information because of confidentiality and the constraints with having the time for coordination with outside entities.

P6 – Charlotte

Charlotte is a White female participant with a Master of Arts degree in school counseling. Charlotte has 6–10 years of experience in school counseling. In her current role, she works as a middle school counselor in an urban school setting. Charlotte indicated that she has received training in mental health and MSCs. She expressed that her job responsibilities consist of social–emotional leader and MSCs.

Charlotte defined mental health as "Mental health is our . . . the processes, psychological and emotional processes, including behaviors, thoughts, emotions." She further explained working as a mental health professional during interventions as collaborating on referrals with the district's LPCs, stating, "Schoolwide our district does have LPCs and LPC-As that visit with students during the day." Fulfilling the role of MHP, she added:

> Typically, I'll be notified of a problem with the student and I kind of interview them and have a screening with them. And then if I think that they would benefit from the mental, the LPC's services, then I will refer them to the LPCs. Otherwise, I will counsel them for about six short sessions, but if it's beyond that, the LPCs take care of it.

Charlotte explained her conjoint roles as social–emotional leader and as a consult as follows:

> Well, we do a social [emotional learning] . . . We have our district has social and emotional curriculum that we do. And I'm kind of a facilitator for that, I guess is the best way to describe it. Teachers are teaching those social and emotional lessons. But I kind of put them together and help with that. I've kind of added in things to it like restorative circles and those types of things that are things that I've gotten professional development for over the years.

Charlotte added that MSCs to meet the mental health needs of students should be addressed by building relationships or collaboratives with clinics or other community agencies. She explained the actuality of this school counseling activity:

> The school does not endorse any particular one. Here in Tyler, there's UT Tyler [University of Texas-Tyler], and their clinic, and we refer students there, but we don't work together, so to speak.

Charlotte emphasized the campus approach to address the mental health needs of students via SBSMHC, explaining:

> Addressing the whole school, we're trying to teach students, through the SEL program, that . . . how to cope and deal with those feelings as a whole. Now, students that are showing behaviors, problem behaviors, in the classroom are typically brought to the attention by teachers. Obviously, they're the ones that see them day in and day out. So, we address [behavior]. Once they are referred to me then, I do an assessment, I talk with my LPC on campus, and we kind of work together as far as "What do we think this student needs? How is the student best served?" I've always wanted to try small groups. I have never gotten to that point. So, most of it [counseling] is done individually.

Charlotte views supports and collaborative resources for students' mental health issues as challenging because of time and being distracted by having to fulfill the quasi-administrative responsibilities. Charlotte stated:

> Let's see. I'm kind of noticing or realizing that, when it came to mental health in school, I've always felt like I didn't know what to do because the supports weren't there, and the focus wasn't on mental health. Now, with students that I have seen, when I counsel with them, we come up with plans as far as check ins. We talk about what they need to do to regulate themselves. But yeah, now that I'm thinking about it, the focus on mental health,

> it just hasn't been there. And I'm really . . . I'm sorry to say that because it seems like school counselors play a vital role that the administrative tasks seem to take over because of deadlines and you often feel pulled in different directions. And changing from one thing to another, scheduling to someone coming in who is having a mental health issue, and then you're changing directions and your mind's gotta change. But I think, in the school system, the school counselors have always been seen as schedulers and paperwork people. And that has been frustrating for me and one of the reasons why I would like to get out of school counseling is because it is frustrating when you see the need there, but completely feel helpless as to what to do in those situations.

When asked whether her work in MSCs and SBSMHC had influenced her practices when she addressed the mental health needs of students, Charlotte expressed a positive outcome:

> Absolutely, because, yes, as I grow and learn from other people, I grow as a counselor, and so I change. And, although there isn't a whole lot of collaboration, as far as with other mental health organizations or that type of thing, the little bit . . . And my school is very small, so it is different. But I'm always growing and learning and changing what I need to do, and so I think it does influence my work. Yes.

Her recommendations for school counselor preparation program should include:

> A focus on, for school counselors, how that [mental health] affects the learning environment. Like I said, in my school counseling program, I had a lot of counseling classes, but it was not geared towards, or it didn't seem to be geared towards, how to implement that in schools. And so, the implementation of mental health programs within schools and collaboration with special ed more on those emotionally disturbed students or severe mental health issues. There needs to be more collaboration. But think it's one of those things that I don't know if you can prepare someone for that until you get in there

> [school counseling] and do it and figure out a way. And every district and every campus is so different. My experience might not be someone else's experience. But, overall, I would say how mental health and different diagnoses can affect learning would be something that needs to be added.

Charlotte suggested professional development for school counselors should incorporate inviting outside mental health organizations and professionals to work with students. Charlotte provided an example:

> The organization Next Step that has kind of come in and done some work with our students. But I would like professional counselors to come in and do some things with our students, or even in collaborations with treatment centers. And you know, the people that are working outside of the school system to come in, and the school and professionals work together to really target, "Okay, how is this affecting learning and what can we do to help it?"

Charlotte continued to make reference to favorable collaborative approach she would like to see on her campus as they addressed School Based Systems of Mental Health Care Tier I – Systems of Positive Development and Systems of Prevention for primary prevention for low need students and School Based Systems of Mental Health Care Tier II and Tier III – Systems of early intervention for moderate need students and systems of care, treatment of severe chronic mental health issues, high need students. Charlotte added:

> And that speaks a lot to that tier of school-based systems of mental health support to address those three populations of students by not only the school counselors, but also whatever resources are out in the community can be invited in, playing to the different tiers [needs] for students.

P7 – Sophia

Sophia is a White female participant with a Master of Science degree in clinical mental health currently working at a campus that specializes in more severe special needs population in the district. Sophia's experiences range from students who are in pre-K to Age 22, currently, from general education students to currently now working with special education students. Sophia has also worked with students who are in college, who are regular education students, and students who receive disability assistance. She has experience with students on the [autism] spectrum. She explained that most of her experience has been working with people with special needs because "that was my background was as a teacher." Sophia has 1–5 years of experience in school counseling. In her current role, she works in a school that is primarily for Grade 12 students in an urban setting. She is currently an LPC-A working on her licensure to become an LPC in Texas and to work in the community. Sophia indicated that she has received training in mental health, MSCs, and SBSMHC. She expressed that her job responsibilities as a school counselor include MHP and MSCs.

She described mental health as "Mental health is the well-being of someone's mental state. That would encompass being whatever their . . . I guess, having good mental health would be whatever their baseline is for a thriving person." She described her role as social–emotional leader as:

> The role, my role that the district has set for us is that we are not the social–emotional leader. [District] has developed and now they have hired a social–emotional behavior team, and they are addressing the social–emotional aspect for our campuses. So, they're really trying to make sure that we are not that leader, and that we are staying in our counseling, counselor role. So, I would say that I'm not the social–emotional leader.

She shared two stories regarding intervention as a multisystem collaboration within a SBSMHC three-tiered approach with an emphasis on MSC intervention. She shared.

> [A] student has become very manic suddenly. He is [unstable] and I’m not exaggerating. He's literally ripping the sheetrock off his walls in his home. He has become out of control here at school [and] home. The single mom . . . and so, it got to the point where he was so manic at school that we had to emergency detain him. And we collaborated with University Health [Hospital]. We’ve also gotten him on the list for ACOG [Alamo Area Council of Governments] crisis respite. Also, having to collaborate with his neurologist and getting consent forms to speak with those people. Mom is not from here and she seems to be timid to sharing what’s really happening at home. So, working with mom and then the other professionals and medical areas to kind of help advocate for her son’s needs is a huge part of this person’s story, but a lot of our [students’] stories [are like this] because parents simply don’t know where to go. And so, we’re kind of the voice in helping them get the things they need, even things like . . . I just got off the phone with the parents about calling Mental Health Crisis Team, where if someone’s having a mental health crisis, you’re not calling the regular police department. They’re [Mental Health Crisis Team] coming out with behavior specialists and psychiatric nurses and things of that sort. So, we’ve had to do all those things for this family to help mom just survive and not get beat up, literally not get beat up by her son. So, that’s one way that we work [within] multisystem. Another way I’ve worked with another student is . . . she suffered the loss of her grandmother over the summer. Higher functioning student is more open to sharing her feelings. And so, she’s been through my guidance lessons, of course, through coping skills. And it got to the point where she was recommended for individual counseling. We’ve completed counseling. She’s still not doing well, mental-health-wise.

> And so, I've been working with mom on referring her out to another counselor. She's very particular, the student, very particular about who she trusts. So, yeah, working with parents and trying to get them to get counseling resources outside is difficult, too, and working with the funding that they have because a lot of our students have different funding resources.

Sophia provided an example of parent training as critical in addressing the mental health needs of students, using the SBSMHC three-tiered approach with a stated emphasis on prevention and continuity of care she explained:

> Something else that we're doing here on our campus is that we are providing a resource to parents by, I guess, as a training, training parents on how to take what we're teaching their students here at school and applying it to their home life in the area of friendship. That's a huge goal that we have here because we have students with special needs . . . is that they don't know those social cues and skills to make friends, but they want those relationships.

Sophia shared that SBSMHC and meeting the needs of students that occupy the three tiers is an area of needed growth. Sophia stated,

> I would say the training that we have as [district] counselors or as I have is very good base level. When talking with multisystem collaboratives, no, none. I mean, it's been conversations, but I would say . . . I wouldn't call it a training. We've learned things when a student returns to school after they've been admitted inpatient somewhere. You do your best to get that discharge paperwork. If you want to call that training, that's what I've received formally. Mental-health-wise, there's been . . . I feel like it's been kind of drilled into us, "We are not therapists," yet, we are dealing with very therapist real situations. I have a friend who's been a new counselor, and I guess, she's been in . . . for

> 10 months as a counselor, and she is very confused. They're telling us we're not therapists, but yet we're dealing with all these very real therapy-like situations. And I said, "Yeah, I'm confused too." And I think the district is doing their best to mitigate those issues. You know, they're bringing in licensed therapists through our communities and school program. They're aware that the need is there. Training-wise? I mean, we're trying to do groups, but that's just Tier II. That's not really therapy. To me, it's more like psycho-educational in a way. Yeah, I would say that we're not. I mean . . . because speaking with ACOG and all this collaborating with different entities . . . I'm relying on people here at my campus. Like I can't even consult with other counselors in my district because they have never worked with students like my students. So, I'm learning from my license school psychologist, my social worker who's here, my principal . . . I have not been trained.

When asked about suggestions for mental health services for her as a school counselor, Sophia expressed:

> Mental health services in my building. I think my students need people who have worked with people with multiple diagnosis, dual diagnoses. Someone who's an expert in autism, maybe has a background in behavioral therapy, but as a mental health therapist. I feel like that needs to be everywhere, but here? Yes, like a full-time person who addresses those needs if school counselors can't provide therapy that [meets their] needs.

Sophia offered insight about professional development for school counselor candidates with first concentrating on clarifying the roles of school counselors as "not being therapist" and, second, providing training to support counselors in those cases whereby school counselors are placed in a position to conduct therapeutic services to address the mental health needs of students, but are unsupported with training, limited to a specific time frame to service students,

lack administrative backing, and mental health provisions that can assist with meeting the mental health needs of students. Sophia believes:

> Sometimes, it holds me back from doing the work that I know that the students need because the district says, "You're not a therapist" or the district says, "You've reached your max number of sessions. You need to refer out." Sometimes, I know, that's probably not the best for the students. The student's probably a long-term therapy kind of person. But the district says, "You're done." Now you need to cut the ties and refer out." That hinders their progress. I had to deal with that this week.

P8 – Max

Max is a Hispanic male participant with a Master of Education degree in school counseling. He is currently working at a suburban high school campus with students in Grades 9–12. Max's experiences include work in mentoring and training aspiring school counselor candidates. In his earlier years, Max provided specialized counseling for bilingual students with his English as a second language background from teaching experience. Max indicated that he has received training in social–emotional learning, mental health, MSCs, and SBSMHC. He expressed that his job responsibilities as a school counselor include working in the conjoint roles of SEL leader and MHP. Max defined mental health as "having them [students] have a good balance between challenging themselves academically as well as in the extracurricular world and having, just having a good healthy balance of that." Max continued by providing an example of how balance means something different to everyone:

> Some of them have their own definition of [balance], "Hey, this is healthy," because I have a student who has no problem sitting here and telling me, "Yeah, I do homework till 2 in the morning." And that's just normal. And that in their case, and by their definition, there's nothing wrong with that. And I've got others who they're just on the edge because

> they're being pulled in so many different directions. So, the definition [mental health] would be just, "Does that [student] have a good balance?" And that might be different, like I said, from one [student] to the next. So, I kind of let them define it. Not necessarily, by my [criteria] . . . I don't set the criteria for that.

Max discussed the range of mental health issues he encountered in his work as a school counselor working within the mental health spheres of intervention. Max explained:

> They range from . . . I've had a [student] who is so stressed out because they have no AP classes. So, they range from that to the "I can't function daily because my girlfriend broke up with me last year, and I still miss her." And so, in both cases, it's a matter of, "Can we get them to function on a daily basis?" And so, the reasons behind some of their issues can range from academic, [to] personal to family issues and such. But that's kind of what I've seen. I've just seen just varied situations and reasons for the mental health issues.

Max described his approach to serving in the role of social–emotional leader. He shared:

> I think my role is going to not necessarily define for the [students], what a good healthy emotional, social–emotional person looks like, but to kind of paint a picture of different options of what it might look like and have them define by their own lives where they fit in that. And basically, weigh or compare or just kind of do a little research, self-research, for themselves. "Am I where I want to be?" or "Am I happy with the way things are now?" whether it be personal, academic, [or] within their family. So, I think that's my role is to just kind of lay out and sometimes, when they're everywhere with it, it's just really [to] help them organize their thoughts and the different ideas, and then have them kind of take those different thoughts and ideas, and help—try not to dictate, but just kind

of guide—and then, eventually, laying out these plans. Laying out these ideas to form a plan, so that they can eventually get to where they want.

Max discussed further, his role with mental health and social–emotional learning intervention, indicating that he encourages students to take ownership in the direction and decision of their own lives, sharing:

> I use the verbiage a lot, by your definition, because I'm a big believer that these [students] (or anyone) has to at least paint a picture of what they want that particular aspect of their lives to be. And the only way they get to see eventually gain ownership is when they have the biggest voice in that. So, sometimes, as hard as it is, as you know, to not give advice . . . And I try to step back from that when I find myself heading in that direction.

Further sharing an analogy to describe the supportive mental health role he plays when addressing students' mental health issues:

> It's kind of like bumpers in a bowling alley where you don't want anybody to go off the end, and then end up in the gutter, but you don't want to necessarily dictate the role with that direction in which they're going, and so, again, that's where painting or helping them just organize their ideas [and] their options comes into play, and then they eventually make that decision. So, again, they're like bumpers in a bowling alley. Just to avoid the gutter situations where possible.

Max discussed how his campus approaches the three tiers of SBSMHC at his campus. Max responded:

> We do the classroom presentations in the sense of trying to get ahead and be proactive. We've got different topics that we have to cover, and then . . .

Max explained,

> Individually, when we come across a student, spending some time with them, investing that time with them. And certainly, the follow up, the initial meeting, it's just getting to introduce myself. But it's the follow up that's really important. So, I look for the opportunities to do that whenever I can.

When Max discussed MSCs used as part of interventions as lacking at times to address the mental health needs of students, he referred to his experiences at his current high school. Max explained:

> They've [mental health organizations and professionals] come to some district meetings where they will present to us and kind of just share what their services are. And give us some resources. But my direct collaboration with them, tends to really be . . . It's not very often because we bring in my STAN counselor, and she would facilitate if we need to go to one of the facilities [mental health clinics/hospitals/ professionals] here in town. So, again, that's for the sake of efficiency. And she [STAN Counselor] knows them simply because of the numerous times that she has visited with them. So, there's more of a personal/professional connection between her and the folks at those facilities [mental health clinics, hospitals, and professionals].

Max addressed the actions he takes to collaborate with both campus and outside mental health agencies and professionals to assist in meeting the mental health needs of students. For example, Max told a story to illustrate his multisystem activity:

> And when I think collaborative, of course, I'm thinking "Was there a time that we worked with somebody with an outside source, and how close have we worked with something like that?" And I think of a young lady who was staying in a shelter. And I know, she would bus in and sometimes, again, the STAN counselor would sometimes drive [her] to her shelter. And I remember, prior to that, going with the STAN counselor

> to check out the shelter to show this young lady where she would be staying. We worked, again, not hand in hand with them as far as the any kind of counseling process, but it was more working with the young lady to kind of see, "Hey, this is what your living situation is going to be like. This is where you'll be staying. This is under what conditions." I think she had one or two other female roommates, and they would be sharing like that. It was kind of like an apartment, but it was part of that whole organization. And so just kind of explaining that you're trying to help her find a sense of comfort, and what was going to be her new home for at least the next foreseeable months. So, that's kind of the extent to where the most direct [multisystem collaboration] that I can remember just working with someone outside of school.

Max pointed out that the teachers are an important part of MSCs in the realm of social–emotional learning with students, especially after guidance lessons when addressing the whole student population as a Tier I action of SBSMHC. Max believes.

> The teachers are very, very supportive. We've had teachers ask us, "Hey, can you send me the presentation ahead of time? Because I'm going to follow up with the lesson after." They're very open and very welcoming. But especially, like I said, and the situation like that, where they've asked for it ahead of time because they want to prepare or tie their lesson in to our presentation.

When asked about challenges to MSCs with other entities outside of the campus, Max shared his concerns regarding counselor confidence alluding to counselors relying on other MHPs to address mental health issues with students, sharing an example:

> I'll tell you one thing. I find that counselors, sometimes. they underestimate themselves. And I don't know what the reason is. I've seen situations where a [student] will come in, and the counselor will come out in the hallway and say, "Hey, where's the STAN

counselor?" [I ask] "Why?" "Well, because I've got a [student] who's talking about committed suicide. And so, I'm thinking, "So you talk to him." But it's [seems] almost a sense of that's now beyond me [the counselor addressing the issue]. [Example of counselor lack of confidence] And I can't do that. So, let me get someone else.

Max added that unless students are connected to the TCHATT program for mental health support, on campus, there is the challenge of not having space for students to process their mental health issues or speak to their therapist during the school day, sharing,

> We have literally had [students] go out in the parking lot, sign out, will have their parents sign them out, and go out in the parking lot, sit in their car with their phones, and have their counseling session.

Max discussed the hindrance of legal concerns that prevent counselors and schools from establishing a space (office) where students can receive counseling services from their therapist, sharing,

> We can't say, "Oh, yeah, here, here's an office. Go ahead and do that." We don't [have the space for students]. I don't think therapists are allowed to come into the campus and do it [conduct therapy] and have a session with one of the students.

In discussing mental health issues and Max's counseling comfort levels with addressing, various disorders, Max shared his confidence in working with

> any self-esteem issues, [or] a [student] who has failed in school, because we can always take a look at it from a different angle and help them see just the impact that they are capable of making.

Max discussed the least confidence issues he encounters as

> Suicide, suicide because it's . . . there's no in between. If you're not successful, that person is dead. And there's no in between. And so, that's the most difficult. And because,

> if you’ve ever had it, if someone has ever . . . that you’ve worked with has ever killed themselves, coming back from that is . . . there’s so many layers of coming back from both professionally and personally. So, yeah, that that’s got to be the most difficult one.

Max also added,

> Probably, when we get into the real deep stuff that we’re talking, like multiple diagnoses. it’s probably going to call for some kind of medication, and you’re right on that right on the verge of that. That’s probably . . . That’s where now I reach out for resources.

Max was very comfortable with that, adding,

> And I think, sometimes, other counselors choose to not . . . again, I think they just underestimate their ability or—I don't know—their responsibility or whatever it is. But they just underestimate themselves where I think if they would take the time, I think they would do an excellent job, working with these [students] in that sense.

Max’s recommendations for school counselor preparation program were as follows:

> [What] I would like to see is school counseling programs talk about transcripts, breaking down the transcript. Well, I know that they differ from district to district, but there’s a foundation to reading a transcript. And [they should] recognize that that’s what a school counselor is going to do. As much as we would like to move away from it, that’s not going to happen for a very long time. Then I’d like to see the school turn around and do more of what the colleges are doing.

For practicing school counselor professional development, Max suggested that

> [school counselors] are brought up to date on the [theoretical] approaches. How do we practice it? When was the last time the counselors here, counselors anywhere, practice their [theory]? And it’s not so much that it’s important that you know these the names of these theories, but can you describe your theory in your approach? Do you have a theory

> or approach? That's what I'd like to see: some collaboration between universities and the public schools. [An exchange of resources], for example. [Universities] "Let me share with you what we've been teaching," and [current school counselors] "Let me share with you what we're going to expect them to do."

Themes

Theme 1: Acting as a Mental Health Professional Means Focusing on Immediate Needs

School counselor participants discussed their vast array of defined roles and responsibilities in meeting the mental health needs of students as the designated MHP on campus within their respective districts.

A few school counselor participants discussed how they attended to the mental health needs of students in the role of school counselor and expanded on the challenges of requiring additional support and reinforcements to intervene effectively with students who experience anxiety issues or are in a crisis. Max stated:

> Through the parent, [they] will share "Hey, well, you know, his therapist said this and this and this and this." I say, "Okay, great. [Ask myself] "How can I support that here at school?" [or] Sometimes a student will tell me [during a counseling session in school], "Oh, you know what, my therapist said that that's probably a good idea." I say, "Okay, well, good, let's reinforce that here [at school] or how can we reinforce it here?" So, [at this point] I [can't] actually remember a time that I've ever actually spoken to someone's counselor or therapist outside of school, but I've had plenty of conversations . . . indirectly . . . through the parent or the child.

Just as Max spoke to the importance of school counselors who work in collaboration with outside therapists to aid students with their mental health issues, Natalia reiterated how school counselors adopt a leadership posture and portray themselves as experts in SEL who serve as the

campus SEL consultants, the "go to" people who move beyond counseling skills and techniques to the leadership consultant function, using their

> social–emotional insights and behaviors to create an ethos that affects each participant in the total school environment. Furthermore, for students, school counselors with an SEL focus can generate a culture of solidarity and encouragement. (Bowers et al., 2017, p. 1; Norrish et al., 2013)

Natalia shared:

> [Addressing mental health] is a spectrum [from] trying to just maybe calm a student down, if they're angry, if their frustrated, sad, all those emotions, [de-escalating, teaching skills in emotional regulation while also building rapport] to also maybe even celebrations [as] some [students] are very excited about certain things. So that's also a part of [counselors working to address the mental health needs of students]. [Students may be] celebrating and they're excited about [certain aspects of their lives and what to share with someone] And, being a career counselor [in schools], I see that that next level that maybe they want to go in the military and they're very excited about that. So that's part of their mental health, too, as well. They're feeling good about themselves. It's not always a bad feeling for mental health, it's also they can have good [celebratory] feelings about themselves [and want to share]. And so just trying to reiterate that we [school counselors] can help with all those feelings and emotions.

Rebecca defined working as a MHP in schools as her responsibility to ensure that students are educated about their own mental health and provide general guidance explaining:

> [School counselors' responsibilities are] to provide the education. I mean, I'm the one that's educated, right? But it's my job to make sure that they know. But I just think that my role is to make sure that I am well educated in all areas to be able to provide that [sort

of] manual. [Students] will seek out the person that has "written the manual and someone that was educated by it." I feel like [school counselors as] mental health professionals just need to ensure that they're educated, and they're trained and knowledgeable [in mental health].

Max added to this definition and role of providing general mental health guidance as he explained the rationale for the need for school counselors to engage in attending to the mental health needs of students in their roles as school counselors while in school sharing:

> Number 1, [Max's worry] I don't want to do anything contradictory [to what they received in therapy] because, if I'm doing it [intervening on mental health issues while in school], then I'm gonna start questioning myself and assume that there's more advanced training out there [therapist] . . . And Number 2, I want to be supportive. I want the parents to know I'm supportive. I want the child, especially, to know [that] I'm supportive. And I want them to know, again, that [students are encouraged to] develop the [intervention] plan there [with] their therapist. [Within the school day], we [support and intervene].

Max suggested:

> [Students] can develop the [intervention] plan [with them (therapist)] there, and [for school counselors, during the school day, we ask], "How do we implement it here?" And "How can I support the implementation of the [intervention] plan [during an 8-hour school day that] [we – student and school counselor] set up over [here, while in school]?"

School counselors explained how they must often address anxiety issues and crisis issues in their role as MHPs on campus. Mateo confirmed:

> When dealing with [an] anxiety situation . . . the main approach is, as much as you can, to reassure the students that you're there for them, that you're there to support them, to let

them know that your door is open whenever they need to talk to you or share things with you, [you are there to support].

Mateo shared an example, recalling his work with a student, who had come to his office on several occasions when she was feeling anxious and, on one occasion when she was at the height of her anxiety, the electricity went out in the building. Mateo explained that her anxiety increased so much that he was required to contact the parent to pick her up and take her home for the day.

Natalia explained that anxiety is the most prominent mental health disorder that she encounters most regularly in her experience of intervening with students, stating,

> Anxiety and, especially after COVID, [and] the return of [having to be] being in building constantly every day [is a mental health struggle for students]. And we [school counselor] deal greatly with that [anxiety]. And I don't want to blame everything on COVID, because that wasn't it because we had [students] with anxiety prior to that, [but], yes, it's addressed a lot. It addressed a lot, that feeling [of feeling anxious] and we know how severe it is.

Natalia shared that a reluctancy exists in her role and responsibilities in meeting the mental health needs of students as the designed MHP on campus. She explained,

> Mental health needs, so depending on the situation and how severe—severity is the terminology—it may be that I have to get others involved because I may not know . . . Obviously, as a role of a counselor, if anyone states that they're going to hurt themselves or someone else, then I have to get others involved. And so that can be kind of tricky with [students] because the last thing, sometimes, they [administration] want us to do is to contact a parent. And then it's hard because maybe it's that parent that is causing the student to have the feelings that they're having. [At times] possibly, I have to get CPS

[child protective services] involved, and that can be very stressful for both of us, the counselor and the student.

Natalia discussed the dilemma with addressing the mental health needs of students in a crisis situation (e.g., suicide ideation or abuse and confidentiality limitation and building trust with students, explaining:

> Obviously, when I meet with students and I tell them, “What you tell me is private until you tell me that you’re going to hurt yourself or someone else or someone else is hurting you.” And then I have to . . . legally . . . I have to, as a counselor, let someone else know, and so that . . . that can be hard, but in the long run, I think that’s really what is in the best interest of the students because, sometimes, they need to be removed from the home. It’s hard . . . I’ve been through those situations, watching [students] being escorted off campus or I’ve had to help escort them off campus to take them to a facility because they needed to be removed [or transported to receive treatment].

Thus, embracing an overall change in school culture by placing school counselors as campus professionals in schools with a social–emotional and mental health leadership role in MSCs and SBSMHC creates safe schools conducive to learning for all students (Weist et al., 2001).

Mateo further enhanced the issues of building trust, rapport, and creating a safe space for students and highlighted that the role of the counselor as a MHP and social–emotional leader is the same in terms of ensuring that, as counselors, they make solid connections with students as they work to address the mental health needs of students. Mateo stated:

> [School counselors as mental health counselors is] very similar as [working as a] social and emotional leader, especially [for] mental health, in my experience, where you’re really dealing with the harder cases, [with students who] are really struggling and some,

unfortunately, contemplating going as far as ending their lives. So, in [case] in particular, that's when it's really important that you make the connections, both with the student, with their families, and with other healthcare professionals that can support that process of, of making sure that the student feels that everything will turn out okay [and they feel safe and supported]. [Regarding] the social–emotional [aspect] . . . The best way to say [frame] is . . . You [school counselors are] try[ing] to prevent the [student} from going [off] the edge (for lack of a better term), and then in the mental health [aspect] is that you're trying to bring them back from the edge. And [I can report], unfortunately, the students have pretty much reached that dangerous edge, and, as a mental health professional, you're trying to help them not take that step forward when they're [on] the edge.

Like Mateo's points of discussion, Sophia's viewpoint also highlighted how meeting the immediate mental health needs of students lies in creating an emotional safety net for students. Sophia described:

My role . . . What I like to tell people first is my role is to make sure that people are safe. As part of my role as a mental health professional, I help divert mental health crises like today on the phone. I help to provide resources to students, parents, teachers, and other professionals that I work with here to help make sure that people are thriving mentally, mental-health-wise. And if they aren't, I'm there to intervene on some level, whether that be guidance lessons, group counseling, individual therapy, or referring out with other resources.

Ben's contribution shed light on the ambiguity of the school counselor's conjoint roles of MHP and social–emotional leader. Ben defined his school counselor role as

Yes, the "first line of defense" but "more of a counselor for academic," reaffirming that "Yes, I'm there to help students, but I can't solve long-term issues, as . . . I don't have that degree. [The nine students and parents) assume] you're LPC.

Ben added, "Parents see us as this 'save all' and we're really just transcript evaluators and sometimes we talk to the [students]. It's not like we can solve severe depression or trans-identity issues" [as examples].

Sophia explained her approach for determining degree of intervention in her role as MHP is delivered through providing short-term group and guidance counseling, and crisis intervention focusing situational mental health depending on how the student presents.

Juliet spoke to the role of school counselors as MHP as the expert on campus that is qualified to meet the immediate mental health needs of students. Juliet shared:

> And then as far as a mental health professional [goes], I feel that, again, when students or staff, any person comes to us, especially students, we should know how to receive that student or that individual. We should know what to be asking to get to what it is that is the primary need of that student. And then how to offer support and services, starting with, I guess, lowest level of support first, if that if that's appropriate. Obviously, we would know if we need[ed] to skip about 10 steps and get to here today, if it's an outcry, but figuring out how we can give the student the best tools right now for what they need right now.

The common theme of helping students to feel safe and ensuring students know they're supported with their immediate mental health needs by school counselors serving in their roles a MHP was best described by Mateo. Mateo emphasized,

> Letting the students know, "Hey, my door is open. You need me, come see me and I'll give you all the support that you need on my end to help you feel safe, for you to help

you feel secure," because I always emphasize to students, and I know most of us do as well, that the important thing for all of us that work in education (quite frankly, from the principal down to the custodians) is to ensure the safety of the students. And that, of course, definitely includes that the students feel safe, and you let them understand that they are safe. And that's always very important because we know that, as long as the [students] are not feeling safe, that no learning is going to go on, they're not going to be able to be successful academically as long as they have those fears invading them. And it's really very crucial, once those fears set in or even when they start sneaking in to let the students know, "Hey, I'm here for you, I support you, work with you as much as needed to be successful and for you to feel safe and secure here at school."

Theme 2: Acting as Social–Emotional Leader Means Acting in a Support Role

This theme shifts in focus to school counselors as social–emotional leaders on campus, although there continues to be a gap in recognizing school counselors as social–emotional leaders. Paisley et al. (2007) suggested that a scarcity continues to exist in understanding the school counselor's role as MHPs and in ensuring that targeted clinical training in both realms of a school counselors' conjoint role as social–emotional leaders and MHPs is provided beginning in graduate school and well into their career trajectory to equip adequately school counselors in meeting the mental health needs for all students.

This theme addresses the attending actions in which school counselors participate as they meet the mental health needs of students. The participants felt that

1. Collaborations with LPCs were key;
2. Providing space and time for students to process or receive services for mental health issues was needed, especially in the primary content of crisis;

3. Their role as social–emotional leaders was as the point people for student referrals to outside agencies; and
4. Above all, they continue to serve in many regards as the most qualified to offer social–emotional guidance for students.

Ben defined working in the role as social–emotional leader as being

> eyes and ears of the school and more observing, leading by responding to help the [over all] school culture in ways that might benefit [staff and student in social–emotional issues]. As opposed to a teacher who is day to day more of a vocal leader. [School counselors who work as social–emotional leader] look at social–emotional and mental health trends around the campus and the school culture and see what is impacting students and faculty.

Brown et al. (2006) proclaimed, “We believe that the success of this needed collaboration is contingent upon leaders and supervisors from within the school and community mental health agency who can model effective collaboration and leadership” (p. 233). Juliet explained how she provided education for staff:

> What I what I see in that role is not just for the students, but those little pop-ins should be modeling for teachers and helping them see “This is how quick and easy this can be.” And so, I also see our role as social–emotional leaders as providing little mini professional developments to staff as well, that we should be modeling and up in front of staff whenever the staff is gathered. I just think it's important, and I think teachers need . . . Well, everybody. I mean, any of us, if we see something done, we're like, “Oh, yeah” versus being told, “Oh, this is easy. Just do this at the beginning.” It’s always, “Do this at the beginning and do this at the end.” And it’s . . . There’s more. There’s more than that. And it will be very apparent when they see it. But it’s just fair to model for people.

Rebecca added to this idea sharing:

> I'm the one that's giving them the tools, whether it's the trauma informed message that I gave them, because I mean, I gave them the . . . examples and all that at the beginning of the year. Now, granted, if they've lost all that because it's now January, then I have to be teaching them to re-educate them on "Don't ask this [student] 'What did you get for Christmas?' because they probably didn't get anything. Instead, ask them a goal moving forward in the future, 'What can we do for this semester?' and 'How can I support you? How can I help you to be successful?'" So, I think that SEL, social–emotional leader, needs to be them in the classroom with these [students] 24/7, and I am there to guide them.

Charlotte described her role as a consultant to teachers working more as a social–emotional liaison position in supporting teachers in their delivery of social–emotional curriculum with students on her campus. Charlotte explained:

> Well, we do a social . . . We have . . . Our district has social and emotional curriculum that we do. And I'm kind of a facilitator for that, I guess is the best way to describe it. Teachers are teaching those social and emotional lessons. But I kind of put them together and help with that. I've kind of added in things to it like restorative circles and those types of things that are things that I've gotten professional development for over the years.

Contrary to most other participants serving as social–emotional guidance counselor, liaisons and consultants, Sophia shared the opposite, stating:

> The role . . . my role that the district has set for us is that we are not the social–emotional leader. Northside has developed and now they have hired a social–emotional, social–emotional behavior team, and they are addressing the social–emotional aspect for our

campuses. So, they’re really trying to make sure that we are not that leader, and that we are staying in our counseling . . . counselor role. So, I would say that I’m not the social–emotional leader.

ASCA (2009b) called for and supported new directions for school counselors to serve on leadership as social–emotional leaders and MHPs who work on collaborative partnerships and enhancing their roles in developing partnerships with families and communities for student success. Charlotte explained this facet of how she works in the capacity of social–emotional leader, sharing:

> Now students [who] are showing behaviors. As I’ve said before, problem behaviors in the classroom are typically brought to the attention or our attention by teachers. Obviously, they’re the ones that see them day in and day out. So, we address . . . Once they are referred to me then, as I spoke to before, I kind of do an assessment, I talk with my LPC on campus, and we kind of work together as far as “What do we think this student needs? How is the student best serve[d]?”

The catalyst of this movement and the recent social events were the coronavirus 2019 (COVID-19) pandemic that redefined the functionality of the school counselor, solidifying a more original, clearly stated, relevant, and purposeful title for school counselors who yet struggle with school counselors experiencing role overload from being assigned administrative or noncounseling duties outside the realm of what they perceived to be their responsibilities and not being given the needed time and space to take on the entire scope of conjoint roles during the pandemic (Benigno, 2017; Blake, 2020; Gibson et al., 2022; Gysbers, 2001; Gysbers & Henderson, 2006; Schellenberg, 2008).

Max centered on the frustration of not always having enough time to meet the social–emotional needs of students. Max shared a scenario:

I think it's just Number 1, giving them the time. Oftentimes, they come in here and then say, "I've been trying to see you. I've been trying to see you. I've been trying to see you. And, for whatever reason, we've just missed each other." So, when they finally get here, it's giving them that time validating the fact that "Yes, hey, look, I understand." And sometimes, it's something that's as simple, yet valuable, as an apology, "Hey, look, I'm sorry, I missed you on these days." And sometimes, I like to explain to them, again, not necessarily to make an excuse for myself, but to let them know that the reason I wasn't able to see them yesterday was because I was doing X, Y, or Z [sometimes counselor appropriate duties and sometime non counselor related duties]. And so, I like to help them understand sometimes the tasks that that that I'm faced with so that, again, so that they don't feel like they were just blown off because I just didn't feel like it or just because something was more important than . . . I want to make sure that I get to validate their time and their effort, and so I make sure to do that. And let me go back to the question. How do we attend as social–emotional leaders? Just giving them the opportunity [to process their social–emotional situation with me], I try to as much as I can help them understand that the more, they own the situation, the more they own the resolution. And whichever direction it goes either positive or negative, [they own it] and [help them figure it out and define their issues in their own way].

Mateo admitted that, when he steps in to assist in the role as a social–emotional leader,

it usually for [crisis] significant situations, [whereby] unfortunately, it pains me to say that most of our interactions happen when the crisis is already [taking place] there. He shares his hope is that school counselors will find the time and opportunity to work on SEL component so that we can present to the students [in classroom guidance] and make

> that a part of our counseling program to make sure that we have [provided] that support and, hopefully, be more preventative [rather than reactive].

Benjamin attested to how counselors at schools with higher ratios were overwhelmed with providing services to students and routinely neglected their own professional development and opportunities to collaborate with outside mental health entities (Downs et al. (2002) sharing, “I’m not qualified to handle a severe case like that. You need an outside agency.”

Unfortunately, school counselors spend most of their time in a school day relegated to ancillary duties and their role as social–emotional leaders and MHPs are frequently considered subordinated to the academic content and accountability valued in contemporary schools (Dahir & Stone, 2009; Dollarhide & Lemberger, 2006), regardless of ASCA (2019b) standards and evidence that illuminates the value of school counseling services in schools and for all students (Carrell & Hoekstra, 2014; Lapan et al., 1997; Moyer, 2011).

Rebecca mentioned the way that school counselors are primary stakeholders and serve as mental health advocates in the development and implementation of a MTSS (e.g., SBSMHC) to meet the mental health needs of all students by offering prevention and intervention instruction, referral support, treatment, and care to affect student development in the academic domain (achievement), the career domain (career exploration and development) and the social–emotional domain (ASCA, 2004, 2017). Rebecca explained:

> They get referred. I get referrals for them . . . Teachers . . . We have Google Forms . . . Teachers have multiple ways of referring them to me. And then, I will see a student that way a lot. Another resource is my officer, she will let me know, “Hey, this [student] just got arrested for drugs. You might want to check in and figure out what, when, where, why, and how that came about or whether there was sexual abuse or whether there was an action you don’t need . . . something that happened at home.” We also have our . . .

through the police department where they have ChildSafe (advanced trauma focused care center for child victims and child survivors of abuse and neglect and their nonoffending family members). [In these cases], they let me know if something occurred at the house, the home. [The referral will first] go to district and district will send it to me so I could follow up with that student. So, there's different referral processes that they can come to me for [so that I can attend to the social–emotional needs of the student and advocate for their care].

Sophia shared her experience working with primary special needs students, indicating that when a student is transitioning out of school setting as an example of how school counselors spearhead approaches in their roles as social–emotional leaders and mental health counselors, acting as liaisons creating partnerships to ensure the coordination of school-based and community mental health services and programs that work as a conduit to bridge communication, coordination, and referral to MHPs in the community to enhance the continuum of mental health services for students and their families (Adelman & Taylor 1999; Bowers et al., 2017; Corrigan, 2004; Epstein & Van Voorhis, 2010; Walsh et al., 1999; Weist, 1997). Sophia stated,

If I feel that their needs—or even, they might be exiting from or graduating from our program—I'm referring out. So, I make sure that I'm addressing it [mental health needs]. And once I've exhausted my resources, I [then] make sure I have parents or the group home[s] or wherever they [are being placed or living next] follow up with their mental health needs [to ensure a continuum of care].

School counselors as social–emotional leaders can use the ASCA (2014) *Mindsets and Behaviors for Student Success* as standards (a) to assess student academic and social–emotional growth and development, (b) to guide the development of social–emotional and mental health

strategies and multisystem activities, Natalia explained how she works as social–emotional leader who guides students. Natalia expressed:

> Anytime a student would come in and visits with me and I see that, depending on what the situation is, I . . . they see that I am nonthreatening and I'm very caring and I may not have the correct answers that they need or the answers that they want to hear, but I try to address that, "Yes, you may feel angry at certain times, and it's okay to feel angry. We just have to learn how to address that anger. How do we present that to someone else?" Frustrations, disappointments. dealing now with [students] that may not get into the college of their choice. So that throws in a little social–emotional because they feel like they're not worthy, but that's not the case. So, trying to talk them through if this is the worst thing that ever happens in your life, then it's okay. We just got to jump over that hoop, and we'll get through it, and there's always a reason. So, just trying to work with [students] that it's okay to have some of those feelings because not . . . life is not going to be perfect at all times. So, those are just things that I currently can see more [students] right now of especially your senior class . . . Or possibly not getting the SATs [that] you needed or ACT, whatever the case may be that's causing some of those students some angst that I see right now in my current role.

Sophia reiterated this notion of serving in a role as social–emotional guidance leader:

> We're doing a program called Friend Request that I am the teacher of. So, we are teaching students the social skills of how to make friends. My guidance lessons teach personal skills. Today, for example, we did personal boundaries or personal space. Socially, my groups, I am having a friend group this year. Also, online safety—so it kind of addresses the personal–social aspect—emotional concerns constantly teaching coping skills. It's my next guidance, listen, coming. I always have a coping skills group

> consistently every semester. So, my counseling program addresses all of those needs. And then my services, through the program, counseling program, address those needs, as well as some additional things we do like parent trainings.

Theme 3: Perception of Conjoint Roles Shapes Intervention and Perceptions of Success

The school counselors interviewed expressed their experiences intervening address the mental health needs of students as mostly challenging because they felt like intervening with students working within conjoint roles presented difficulties in the areas of (a) conjoint role influences on their day to day counseling practices (b) complexities with balancing meeting student needs with broader objectives, (c) drawing on skills from both roles at the same time, (d) guilt of not making a larger impact on students' mental health well-being and lastly e striving to be proactive for the success of students' overall all wellbeing.

Mateo spoke about the challenges of dealing with difficulty parents and the influences on his day-to-day practice working in the conjoint roles sharing:

> The biggest challenge, of course, on occasions when parents have not been available, and then you have to rely on your school police officers to [assist in getting the mental health care for these students} Because I was involved in a situation that our police officers had to forcibly take a [student] to a clinic. Obviously, that's always a very uncomfortable situation, whenever parents or guardians are not as responsible as you would like them to be. In the case of this young man, where MCOT got involved, I was not very happy with the father's attitude, because he seemed to be kind of dismissive and sharing "Oh, he's just doing that to get attention. He's not really feeling that way." Problem is, as you well know, when parents get into those attitudes, the risk of a tragedy happening increases exponentially. But trying to get the father to understand [the severity] [was] very difficult. The father did not want to listen to that. And that was definitely one of those

> situations that . . . dealing with difficult parents is definitely one of the biggest obstacles, both in the social and emotional or mental health roles that we [encounter as school counselors] here in schools. It has been very frustrating.

Benjamin added to the idea of frustration, stating,

> The reluctance [school counselors] see with parents. [Parents] don't believe that their student maybe has a mental health concern. And then, [the parents reluctance results in] those parents not acting or addressing it. And the student's just falling back into the sphere [of struggling with their mental health issues] . . . over and over and you're seeing that [student] have no improvement.

Natalia expressed the same idea, sharing:

> And possibly not getting parents feedback (if I can say that word very nicely). When a parent denies . . . Maybe a parent's in denial that their child is to that point maybe in their mental health. Sometimes, parents, whether it be they don't want to address it, or they think that their [student] may be not being honest . . . Those are challenges that I face that "I've got your student in here and your student is saying that they want to harm themselves, and I need for you to come to me as soon as possible because I can't release a student back to class." And so, what does the student do? I have to have them sit somewhere when . . . because it's not like I only see one student or . . . As counselors, we have pretty much a revolving door. So having those difficult conversations. And, of course, the last thing. When the student hears a parent say, "No, they don't have a problem," and the student knows that there is a problem and I agree that there's a problem, and the parent doesn't want to admit to that. That's hard. That's very difficult.

Sophia talked about how working in conjoint roles and interviewing with students on "sensitive social–emotional issues" sometimes causes a controversy as she tries to work in this role. She shared:

> We're faced with parents being—[at the district level]—parents being in an uproar about sensitive social–emotional topics like relationships. [Parents] say, "Don't talk to my [student] about this, I don't want them to know about this Don't say this." It's like, we [school counselors] just want to teach them how to be safe, and what's healthy and we're not trying to tell your child who to love. So, we're literally at a standstill on healthy relationships. So, I can't even tell my [students] about like, "This person might be emotionally abusing you." We can't even teach that right now. So, the government, parents are sometimes an obstacle [fulfilling our roles as social–emotional leaders and mental health professionals as we try to intervene].

More than half of the participants shared their student mental health intervention struggles working in the conjoint roles as having the barrier of not having enough time and being consumed with noncounseling related quasi-administrative and clerical duties. In these cases, school counselor participants spoke about graduation requirement checks, attending meetings that are outside of their counseling scope, lunch duty and testing logistical organizers and proctors. Juliet explained:

> I will say, and I understand what my job is. I was reminded of this prior to my interview even, and I almost choked when someone reminded me that when they asked you what your primary role is, you say to graduate students . . . and I was like, "Excuse me What? Really?" I was so clueless. And so, I would say, "The number one challenge is we track credits for graduation." That is extremely clerical, extremely administrative, extremely detail-oriented, and I take those things very seriously. And I have screwed up before,

> which devastated me, like forever. And so that . . . And then once you screw up, you take even more time to make sure it's right. So that's the number one challenge is spending a lot of time making sure [students] are in the right places, checking on grades, which is linked to your mental health, how you feel [?], blah, blah. But it's more tied to I need him to graduate, so I need this credit to be there. To me, that's the number one challenge. I mean, if we help with 504's, if we have to go to ARDS, if we help with testing . . . I mean, I don't want to be a CTC, but I don't mind helping and assisting, but that being our primary role really takes away from I should say, primary job.

Natalia expressed some hope with the new Texas Senate Bill SB 179 80/ 20 law that encourages school districts to support the increase in students' access to the professional school counselors assigned to their campus. SB 179 sets a goal of at least 80% of school counselor time dedicated to the delivery of comprehensive school counseling programs as set forth in Chapter 33 of the Education Code, which allows each district to establish its own standard (Texas Counseling Association, 2021).

Texas State Bill 179 would require school districts to use 80% of a school counselor's work time in counseling-related work. The bill would allow a process by which the school district's trustees may change this requirement if they believe their situation is exceptional. The bill also would require an annual assessment by the school district of their compliance with this policy (Texas Action, 2023). Natalia stated:

> I know [in] school counseling; we have a lot going on our plate[s] besides just visiting with [students]. And, thankfully, this 80/20 law came in [effect] where you have to spend more time with students, not just doing paperwork, but actual [actually requires school counselors to work] with [students].

Although the scope of a school counselors' positions as both a social–emotional leader and mental health counselor in schools consists of employing specialized skills in individual counseling, group counseling, advocacy, collaboration, leadership, classroom guidance, and career counseling to meet the comprehensive needs of students, often, school counselors are tasked with administrative duties and conflicting obligations and messages from counselor educators, school administrators, and other stakeholders that are outside the scope of their position. These requests confuse counselors while they work in schools, pulling them away from essential counseling tasks (e.g., personal, social–emotional development, academic development, and career development) to perform noncounseling activities (e.g., master schedule duties, testing coordinators, detention and classroom coverage, and discipline), confirming the research whose authors suggested that school counselors, who work in the capacity of social–emotional leaders and mental health experts to improve the students' overall functioning, personal and social development, career development, and educational success, continue to encounter the pitfall of role confusion (Chandler et al., 2018; Paolini & Topdemir, 2013). Charlotte confirmed the presence of role confusion in this regard sharing:

> You know, as I'm thinking of these things . . . And that was my, my first position as a school counselor. As I'm thinking of these things, and these stories, and different students over the course of the years, school counseling has not been about mental health. It has been a lot of administrative tasks and duties. And especially in my first position as a school counselor, I realized very quickly that that was the focus of it. And it was very frustrating because there wasn't a system set up to address mental health needs.

Charlotte continued to share her confusion and frustration, stating:

> And it's so funny to me, or ironic, that we go to school for mental health or most of the classes are based in mental health counseling, but you can't really do that in school. And

> so, I wouldn't say that . . . There's a disconnect there between school counselors and actual mental health counseling. I don't do what I went to . . . what I learned in school. I do 504 paperwork. I do the meetings and things like that. But as far as that . . . That wasn't in my studies. It was all about mental health with a little bit of school mixed in. But, as you know, school and the real world, theories and practical knowledge or experience or . . . It's quite different. And, as we're talking about this, I'm thinking about this more and more, because I've kind of gotten used to the idea that school counseling is one thing and mental health counseling is another. And those schools now . . . And a lot of school districts are hiring LPCs, and I don't think that does well for the school counselor as a mental health professional because, really, it's just opening it up for you to do more administrative tasks, rather than investing in you to be that mental health professional.

Sophia further attested in her response to Research Question 1, role confusion and the pressures to adhere to the quasi-administrative tasks before engaging in any of the conjoint role tasks that are more within the areas of expertise for school counselors.

Paolini and Topdemir (2013) discussed the role confusion issues of school counselors who face, in their efforts as relevant stakeholders and systemic change agents of social–emotional development and mental health advocates in schools, postulating that role confusion is not only detrimental to the counseling profession, but is also harmful for students because they, too, suffer from poorly defined school programs (Herrington & Ross, 2006, as cited in Paolini & Topdemir, 2013). Paolini and Topdemir (2013) added, "Due to multiple demands, unrealistic expectations, and failure to interpret and use data properly, counselors aren't always able to meet the needs of all students" (p. 4).

DeKruyf et al. (2013) and Culbreth et al. (2005) further said that the standards from both CACREP (2016) and the ASCA (2019b) National Model® are used to help to reduce the ambiguity and clarify role confusion.

Both CACREP (2016) and ASCA (2019b) standards emphasized the requirement that school counselors be prepared and trained to acquire the professional knowledge and skills necessary to promote the academic, career, and personal and social development of all P–12 students by using data-informed school counseling programs specifically. Therefore, school counselors should work in the scope of social–emotional leaders and MHPs who practice techniques of personal and social counseling in school settings, demonstrate skills in mental health assessments, identify and respond to characteristics, risk factors, and warning signs of students at risk for mental health and behavioral disorders, and be able to examine critically the connections between social, familial, emotional, and behavior problems and academic achievement. School counselors are then the designated point people on campus who possess the knowledge about common medications that affect learning, behavior, and mood in children and adolescents and who are skilled to observe the signs and symptoms of substance abuse in children and adolescents as well as the signs and symptoms of living in a home where substance use occurs (ASCA, 2019b; CACREP, 2016; DeKruyf et al., 2013; Lockhart & Keys, 1998; Mellin, 2009; Paolini & Topdemir, 2013). Sophia discussed:

> Oh, the challenge is that I can't provide therapy. Can I provide therapy? I mean, through my LPC-A licensing? Yes. But in my role as a school counselor? No. Is that the need? Yes. Do people need it? Yes. So, there's, there's that side of that. But yet I'm doing one on one individual counseling, but it's not therapy? I don't know. So, riddle me that. Yeah. So, the challenge is, I guess the understanding the red tape, the pragmatics but also knowing what the need is, and that my hands are kind of tied.

Rebecca highlighted the challenges of having a lack of community resources to refer students as part of the problem with successful intervention with a student's mental health issues. She explained, "So, community resources, too, can be a challenge when you're having to refer out and there's no one that will accept the type of student that I work with. That can be a challenge." Rebecca identified the student mental health intervention challenge of breaking the dysfunction mental health perspective with students and their families in helping them realize that they are empowered to play an active role in their tendency to stay stuck in repetitive cycles and discover that students have more power to break the cycle of mental health dysfunction than they thought they had. Rebecca shared:

> I think, really and truly, for me, here on this particular campus, the biggest challenge that I face is that they feel that this is just their life, they're just stuck. They're never going to leave the east side of town. Grandma's living in the same house also as well. So, don't hesitate to say it was a pattern that just has repeated itself over generations and generations. And whether they're working in MSCs, piggybacking off of my last response, they're still back in the same environment. It doesn't change. It just . . . It's a constant. And I think that is the biggest challenge is getting them to understand that you don't have to repeat the pattern. It doesn't have to be your life. You don't have to follow the things . . . the same . . . "Well, my mom and dad are both gay, so should I, or family?

Rebecca continued to share:

> It's the cycle. And I think, for me, that that's what's . . . I wish that there was a program that to collaborate with it, to show them what life could be like. Like, "Come over here for just 1 week and go work at north of 1604 in a Starbucks. Let's see what that's like for 1 week. Let's collaborate that being drug free, being abusive free being. Let's see what

that’s like. Did you like that? You can have that. Here are the steps that you can follow to make that happen.”

School counselors corroborate feeling confident in mental health disorders that they routinely encounter and are more trained in while others indicate some struggle with being viewed as the main resource and campus expert in providing “mental” health services and some counselors are at times not confident in their clinical training and their role as mental health experts as they do not have adequate support with on-going clinical training nor school or community-based mental health programs and services to support their work with students who live with certain assessment, diagnosis, and intervention needs. For other school counselor participants, they feel more confident in certain issues and not others. As an example, Natalia shared her strengths in intervention on issues related to anger explaining:

> Typically, if a [student] is coming in and they’re very angry, I can kind of help sort them out with that. I think I’m very calm, and I’m very caring, and I’m on their side. And so, for me, personally, I think, just being able to sit with a [student] and let them know that it's okay to have those feelings, and . . . but we can’t let that overcome and not be able to respond and do our daily activities because of certain feelings that we have. So, I think I’m very good at (without boasting) . . . And it’s probably a part of practice, and I’ve done it for so long. And it’s just having that interaction with [students] that knows that it’s okay to have those. And I address that. “It’s okay to have those feelings. And yeah, you're gonna be angry, and you’re gonna be pissed off, and you’re gonna be, all those feelings because . . .” Yeah, it’s . . . maybe it’s a boyfriend–girlfriend breakup. And that it’s not . . . “Your feelings are not a light switch, where you turn it on and off, and you’re going to have those feelings for a while, but don’t allow that to dictate who you are as a person, and what your goals are and what you want to do and things like that.”

While Sophia, who has specialized experience and training in working with special education students, expressed her confidence sharing, “Autism and IDD (intellectual and developmental difficulties [disabilities]) I feel the most qualified and competent addressing with students.”

Max, with his more than 20 years of experience, shared his comfort working with students with self-esteem issues, explaining his approach as follows:

> I feel the most successful when I’m dealing with a [student] and low self-esteem. Because I can . . . I am very confident that, just having a conversation with that child, in the nature of that conversation, they will start to talk about things that I can now shine a light on. Not that I have to twist the words, but that can shine a light on to help them see how that’s something positive. How I can help them see, again, the healthy impact that they’re having on someone’s life. And more importantly, the impact, the voice that they will have on their own life. And, and back to the ownership, the ownership, that once they can grab ownership of it, then they’re gonna fly.

Rebecca has had extensive training in “self-injury” and having to deal with “self-injury” issues often in her tenure as a school counselor. She expressed her increased confidence sharing,

> Now my bigger [more extensive] expertise [and training] is [in the area of] self-injury. This is kind of my thing [my area of comfort]. So, [although] I don’t want to say it’s the least difficult. [I can say] it’s just I’m more knowledgeable in it, and so it’s easier for me to address.

A couple of counselors confirmed that anxiety and depression, as seen often with students, is an area in which they feel confident to intervene with students. Juliet shared:

> But as far as most qualified, I feel like maybe, maybe anxiety because, again, I am always very hopeful that we’re on a continuum, and I get to the heart of maybe what the stressors

> are and maybe what the self-imposed stressors have been in trying to figure those out with the student and remove them or improve them. So that we're eliminating things that are causing us stress if it . . . if any of that's within our control. So really focusing on what is in your control, and trying to empower them and teaching them that there are things within your control and in all of the things that aren't. So, helping them take some ownership and be empowered and the idea of self-worth as well, that they are worthy of having a better situation and having better habits and routines and better outcomes.

Charlotte also reported confidence in dealing with anxiety and depression, sharing,

> I feel very competent in handling anxiety and depression. I would think those are the more serious. I don't want to say more seriously. Serious is kind of an objective or subjective term, but more severe in a school setting.

The school counselor is the primary social–emotional leader and mental health counselor who (a) has direct influence on student's mental health and academic outcomes by modeling peer and adult norms in their day-to-day practices, (b) conveys high expectations and support for student academic success, (c) adopts a caring school counselor–student position to foster positive nurturing relationships that promote a sense of belonging and community, (d) is committed to creating a culture of helping relationships in schools, (e) constructs a space in schools that is safe, and (f) encourages and reinforces positive behavior (Blum & Libbey, 2004; Farrington et al., 2012; Hamre & Pianta, 2006; Hawkins et al., 2004; Jennings & Greenberg, 2009).

Mateo confirmed this notion of building rapport and having an influence on a student's mental health, explaining his strengths in working with student intervening with relationship issues:

> Relationship issues. I feel pretty confident that I can handle those fairly well. So those that are based on social relationships, whether it's within the family or again, a situation

like a romantic boyfriend boyfriend–girlfriend situation. Those are probably, I would say, were the ones that I would feel the most confident in helping students through them.

Mateo's response included the importance of intervening with students in a way that provides a "emotionally safe" space to go to discuss their relationship issues, how school counselors are best skilled to build immediate rapport with students using best practices in counseling.

The participant responses to their experiences in working within conjoint roles as social–emotional leaders and MHPs within MSCs and SBSMHC to address the mental health needs of students (Research Question 1) spoke to the lack of confidence and competence that they often feel when addressing mental health issues such as anxiety, anger, suicide ideation, gender identity issues, self-injury, grief, and self-esteem issues.

DeKruyf et al. (2013), Paolini and Topdemir (2013), and Lockhart and Keys (1998) described school counselors' attitudes and who explored the unique encounters from the school counselor viewpoints regarding (a) their level of confidence in their training, (b) their role as mental health experts, and (c) the adequacy of their support with school or community-based mental health programs and services to support their work with students living with a *DSM-5* diagnosis. They discovered that school counselors' firsthand accounts were deficient of their experiences as serving in the role of MHPs in a school, addressing the mental health needs of students. Therefore, an untapped area of research remains to be examined regarding school counselors' attitudes about (a) the insufficiency of mental health services and programs for students, (b) role confusion for school counselors, (c) the reluctance for schools to collaborate and coordinate with community-based programs, (d) the assumption of full responsibility for the "whole child," and (e) the assumption of the active role of creating mental health clinics in schools that are easily accessible for students.

Several participants claimed that they were not ready or certain about intervening in mental health struggles that students might experience. Max shared:

> Probably, when we get into the [more extensive disorders and diagnosis] real deep stuff that we're talking about, it's probably going to call for some kind of medication, [or a student] is [showing that they are] right on the verge of that. That's probably . . . That's where now I reach out for resources. So, anything [like] [multiple diagnosis], yeah, that's where I'm looking for resources.

Two counselors expressed their lack of confidence in interviewing students who are experiencing grief. Rebecca acknowledged,

> Least confident. I would have to say grief. I'm knowledgeable at it and I do groups in it, but I can't say . . . And even in groups. So, for grief, I just don't feel that's my strong. I think I, personally, thrive in crisis situations.

Sophia agreed, sharing her experiences with intervening in grief issues,

> Least qualified and competent? Grief. Oh, my gosh, grief counseling just . . . Yeah, I feel the least confident and the least qualified. I can't . . . I cannot recall if I've had any grief counseling or any grief training. Now I've been to some presentations over the number of yours, but I don't know if I'm . . . really feel trained.

Mateo shared that, although protocols for suicide are in place for school counselors in their respective districts, he believes that it was never enough to bring him comfort in intervening in these life-threatening issues with students. Mateo admitted that within the suicide intervention context:

> Well, mainly, in my years as a school counselor, the main issue and the unfortunate reality is, usually, were asked to step in, usually, especially when the [students] show any

> type of suicidal ideation. So, most of my interactions involving health . . . mental health has usually been in that area.

Mateo added:

> Well, I mean, even though I've been lucky so far, suicide always is the one that is always . . . makes me the most nervous. Whenever, whenever I have to deal with potential with suicidal ideation or situations, those are the ones (I'm not gonna lie, even though I have been to several trainings and I've been doing this for several years), those are the ones that is still made me kind of nervous when they do arise. So, suicide is still for me the hardest situation to deal with.

Paolini (2012) found that "20.7% of counselors' time was spent conducting individual, small group, or peer crisis counseling sessions" (p. 2). With this, several school counselor participants spoke to the spectrum of mental health issues that they address, participants expressed high demand of complex mental health needs of students. Natalia addressed:

> I have gone through the spectrum of that as well from being a high school counselor for 19 years, and you see the differentiations of maybe someone who just doesn't feel good about themselves and anxiety, maybe, to all this . . . just the spectrum of wanting to harm themselves, and that's also a mental health. So, I've seen anywhere from just not feeling good about yourselves to also wanting to end your life. So that spectrum in between I've dealt with over the years.

Natalia tells a story of intervention with a student having suicidal intentions. She related:

> Yes. Obviously, a student was in distress and came to me, and as we talked. Obviously, the first thing I asked is, "Is it to that point where you want to harm yourself?" And the answer is, "Yes." And so, we talk through, "Why? Do they have a plan? What is the plan? How is it so bad in their life, that they feel like this is what needs to be done?" And

> then expressing that I . . . Knowing the student . . . Because, by that point, the student has probably been pretty consistent of coming into my office and chatting with me and, we've got a good rapport going. So, I value that as a counselor because, when a student feels strongly enough to come and at least say something . . . Because we know [students] don't do that. And so, I value that social connection that we have, and that the student feels comfortable enough to come to say something. And when they . . . This particular student made an outcry, then at that point, that's where I got parent involved. And I did have to escort that student to Laurel Ridge at that point with a parent. I did go with my parents and the student to that. And just to see that transpire because, the young lady, all she wanted to do was hold my hand in the backseat. And so, I [was] there. Again, that's all I could do. At that point, I don't know, if I was counselor or mom, as I was like the second mom just because that's what you want; we want what's best for [students], and we want what's, "How can we help them?" And there are times that we can't; the words aren't the right words, or you're not saying what the [student] wants to hear or . . . But at that point, I just want to be someone that they can trust and a confidant, and just be there for them. And that's what I was; I was there for them. So, it was . . . And thank goodness, that young lady decided that that's . . . She got some help that she needed, and she's a young adult now, so, and who still keeps in touch.

Sophia shared:

> We have a lot of dual diagnoses. So, we have students with IDD or intellectually disabled disorder and autism spectrum disorder. So, a lot of it is more social needs, but then [there are some with] emotional needs that come [along with that] with that, like, [an example, a student shares] "I don't know why my friend is not responding to me in this way. It's

> causing me to be upset, and then I [student] ha[s] a behavior because [they] are upset" This is a lot of the issues that work with.

Max explained the spectrum of mental health issues as follows:

> They range from . . . Like I said, I've had a [student] who is so stressed out because they have no AP classes, to [students that saying] "I can't function daily because my girlfriend broke up with me last year, and I still miss her." And so, in both cases, it's a matter of, "Can we get them to function on a daily basis?" And so, the reasons behind some of their issues can range from academics, [to] personal, to family issues and such. But that's kind of what I've seen.

As the participants answered the question of their experiences in terms of outcomes, they are involved in working within conjoint roles as social–emotional leaders and MHPs within MSCs and SBSMHC to address the mental health needs of students, Theme 3 provided answers to this question that emphasis on ensuring visibility as helper and lack of connectivity in multisystem collaboration.

Juliet spoke about the importance of visibility as part of her conjoint role position and as the first steps of intervention with student mental health issues. Juliet explained:

> I will say, on a very basic level, no matter what, I think visibility is key in a school, whether you're the principal, nurse—and I mean visibility to teachers because the teachers are stuck in their four walls all day long and they're the ones who are taking care of our [students]. I'm very teacher centered, and that's very frustrating sometimes because I feel like, once you're out of the classroom, sometimes that gets lost. And the teacher is the quintessential person on campus because they're the ones with that [student] every day and taking care of that [student] and they're the kind of . . . the liaison, the first liaison between the [student] and anybody else on campus. And I feel

like, for a teacher, it's very important to see those helpers on campus. And so, I think . . . And especially because I started during the COVID year, when you didn't see anybody, it became very paramount that we were very visible in whatever ways that we could be. And I think we continued that into the return to school. I mean, we even . . . it's so "dog-and-pony show" a little bit, but we came around with a cart. At one point during the first semester, offering hot cocoa and snack.

Juliet continued:

Yeah, these little . . . I had found that just had little affirmations or funny things on them, and we're like, pick a stick or get hot cocoa, we're serving them hot cocoa. But in the end, it was disruptive, so you always have the naysayer in the group that's, "Yeah, but they're teaching and it's gonna bother." It's like, "Whatever, I'm gonna err on the side of we're trying to just get them something." And so even if some of them thought it was cheesy or disruptive, the [students] were seeing us, but the teachers were seeing that we took the time to do that. And some of them visibly loved it, whatever. But even just something like that, I mean, that was not us going in as a model to put into a lesson, but we were modeling that we know it's important to share time and "FaceTime." We will do things just not maybe that intensive, but we will do other little things where we try to be visible. During the staff meetings, our staff meetings have always)ever since I've been there, almost 20 years now) everybody sits wherever they want. The APs [advanced placements] would always sit down in front and CRS . . . When I joined the team, I was like, "You guys sit in the back. I'm a front row person. I'm a nerd." And so, I said, "I think we need to be in the front with the APs. We are technically kind of like administration. We're leaders on the campus. We need to be visible down front." And I felt the difference. You know, just that everyone sees that we're sort of trying to be

> united with them, and that we're someone you can look to. So again, not—and this is all around the idea of visibility—but again, even just popping in and putting that "Hey, do you need to see us? You know, here's our QR code art," and something cutesy and waving to them. But I think . . . It's not a PR thing. I hate that. I don't think anything should be done just for this day. I know that's like a whole industry mentality. But I just think it's important, so they see you and recognize you and know that you're a helper on campus.

The study participants shared perspectives as they spoke to the lack of connectively to MSCs with other mental health professions in addressing the mental health needs of students, providing some evidence of Epstein's (1987, 2001) assertion who shared that the influence of multisystem partnerships showed that students perform better academically when stakeholders (e.g., parents, educators, MHPs, and community members) combine their efforts in meeting the shared goals and responsibilities for students to perform at their most optimal levels of learning. Moreover, for this to happen, school counselors must work together with parent and community stakeholder in a collaborative framework in building quality of plans, activities, implementations through interpersonal relationships and connections, teamwork and shared responsibilities programs, rather than working in silos and alone, which would result in more organized effective partnerships and benefit students in assisting them in reaching their optimal learning potential while in school (Epstein, 1987, 2001; Epstein & Sanders, 2006; Mautone et al., 2009). Sophia stated:

> Multisystem collaboratives? The outcomes are frustrating not only for me, but so much more for parents. There's so many people or different organizations working in a vacuum. Nothing is connected. They were having to go from one waitlist to the other. Like today, speaking with a parent, they've been on a waitlist for 12 years. That student

> will probably not receive funding for another 4 more. He will have left our system by then. Mom is kind of on her own to get help. So frustrating and, if our students have behaviors that are bad enough, then they can't receive those services because that entity can't service that person because it's too extreme. So negative, the negative outcomes and in the multisystem collaboratives with multiple diagnoses.

Sophia added:

> There needs to be . . . And I think New York has this; I'm not sure. We need to have some sort of medical mental health, one system that flags things. Because I see, "We've called the police on my son because he's beating the crap out of me." Flag Number 1. "We've been to the hospital because he has a urinary tract infection. Flag Number 2. "We've been to the neurologists; they say things are fine." Flag Number 3. There's a neurological problem, neurology, neuro problem; there's a possible physical problem; there's a behavior problem; there's . . . Those are three huge things that may not be happening all the same time, but that's a lot of stuff that's communicating to people. And if you're going from this hospital to this specialist to this person to this crisis team, nobody's talking to each other. And sometimes these parents have two and three [students] that are disabled, and they are the caregiver, and sometimes they're working at the same time. And so, they don't know the lingo, or what language to speak, or what to get people's attention with, and they fall through the cracks. They can't get them into group homes; they can't get them funding they need; they can't get services they need. And their [students] are beating them up because of behaviors or whatever. It's so sad because it's not . . . Nobody's can . . . We are communicating with everyone, but no one is communicating [with] each other.

In Theme 3, providing mental health intervention and services was conveyed as school counselors' responsibilities to intervene on mental health issues by collaborating with teachers. Mateo shared:

> So, I did talk to the teacher, reminded him that we need to, of course, keep a close eye on the student and I also reach out to the other teacher to make them aware, without going into too many details, that this is a young man that we need to keep a close eye. If anything happens, please let me know right away, so I can step in.

Mateo shared how he uses members of a multidisciplinary team to support the intervention with students with mental health issues. Mateo described:

> And, additionally, here in our campus, we have a social worker, we have two social workers, one, one that is a school employee, and the other one that works with communities in school. So, as needed, of course, we rely on the social workers as well to support in the case of the social, emotional, or mental health needs of the students.

Juliet reflected on her previous years as a teacher, telling how teachers are at loss as to how to intervene on mental health intervention with students. Juliet explained the importance of collaborating with teachers so that they are well equipped to deal with intervening with students on mental health issues, while working in the classroom sharing:

> Teachers—and that was even before I was a counselor—I had dealt with out cries from teachers and [had] to learn how deal with students with mental health issues [I had to learn] what to do with that because, as a teacher, again, I had no idea as a teacher, what to do with that kind of officially or legally.

Other participants shared that they rely on other MHPs such as STAN counselors who are LPCs whose job responsibilities are more attuned to working specifically with student mental health issues. Juliet expressed:

> We’re lucky to have them. And so, I usually [do] not necessarily partner with, but I will bring her in at some point so that she is aware of that as well. So, it’s another counselor on campus that has her own interventions and support that she provides in the future or now if the student is staying with us, but we both usually will be addressing things along the way, but we bring in parents. And what’s great about our stand counselor, it’s . . . She’s been a great model because I could see where this wasn’t happening all of the time. Kind of forcing the parent to come up, not letting the parent go, “Oh, yeah, yeah, I know, I’m at work, though. And so, I’ll see.” And it’s like, “Nope. Sorry. We’re gonna . . . The students staying with us until you get up here.” And so, it’s very important that we have the [parent involvement].

Rebecca confirmed that, on her campus, she uses collaboratives:

> [With] Laurel Ridge Treatment Centers in conjunction maybe with our STAN in counselor that we [turned to] for crisis intervention. [In working with the [STAN Counselor], she will help with trying to get students if they need to possibly be admitted to Laurel Ridge. And that’s the one that we worked the closest with. And we also have a family specialist that also works with students with those types of issues. But is our student counselor, and she works with those that . . . any type of trauma that's taken place with a student, then she kind of steps in and helps with that and worked very closely with Laurel Ridge and Communities in Schools.

Sophia spoke to the multisystem collaboration as a referral entity working as a conduit to bridge communication, coordination, and referral to MHPs in the community to enhance the continuum of mental health services for students and their families (Adelman & Taylor 1999; Bowers et al., 2017; Corrigan, 2004; Epstein & Van Voorhis, 2010; Walsh et al., 1999; Weist, 1997). Sophia described:

I help to provide resources to students, parents, teachers, and other professionals that I work with here to help make sure that people are thriving mentally, mental-health-wise. And if they aren't, I'm there to intervene on some level, whether that be guidance lessons, group counseling, individual therapy, or referring out with other resources.

Theme 4: Amount of Training in SEL, Mental Health, Multisystem Collaboratives, and SBSMHC Influences Experiences

Theme 4, that emerged from the participants' discussions about how the amount of training in SEL, mental health, MSCs, and SBSMHC influences experiences, provided responses to Research Question 2 in this study, "What contexts or situations have typically influenced or affected your experiences of the phenomenon, while working with students who experience mental health issues within these domains: MSCs and SBSMHC in schools?"

Theme 4 illuminated the prerequisite for mental health training for all school counselors and school personnel alike so that they (a) can recognize stressors that students experience and that might lead to mental health problems and early signs of mental illness and (b) can refer these students to trained professionals within the school and community setting as evidence of a multidisciplinary collaborative between school and community-based professionals and agencies for student evaluation, treatment, care, and support. The school counselors first-hand perspective acquired from this proposed study will inspire a less ambiguous perception of school counselors day-to-day practices as social–emotional leaders and MHPs who work within a proactive agenda for shaping the future of mental health in schools and will offer credence to creating the space in administration and decision-making parties to recognize that large caseloads and quasi-administrative duties are counterproductive and should be excluded to allow for school counselors to fulfill the mission of improving mental health wellness for all students (Forman, 2015; Moran & Bodenhorn, 2015).

The school counselors interviewed described the training situations that made an impact on their work in addressing the mental health needs of students and being the frontline as social–emotional leaders and MHPs.

Two participants shared how their course work and previous training favorably influenced their counseling work in addressing the mental health needs of students. Charlotte reiterated:

> [Regarding my training in Mental health] My classes for my school counseling degree, and then I'm also going on to get clinical mental health degree and license as a professional counselor. So, as I'm working through my classes, that's where a lot of my training comes from and my [skills in working with students on their mental health issues].

She added to the lack of specific training and support in SEL stating,

> I would say most of my training has actually come through my counseling courses. And my own education of looking things up, of researching, to kind of help build an SEL program. So, I haven't had any official training in SEL.

However, Natalie highlighted how, in her district, the school district meets the social–emotional and mental health needs of students as school counselors in their guidance lessons. Natalie explained:

> Presentations, [guidance lesson] how we would go in and present something to students at maybe various grade levels. [We discuss for example] how do you handle your social–emotional learning of "We're going to feel stressed at certain times, how do we handle that?" So how . . . You are going to feel angry at certain times, so how do you handle this? So, we would [provide] information, whether it be slides and presentations, [so,] we

could address [social–emotional and mental health topics] with different students or possibly [address] in small groups if we needed to.

Max added to the preparedness he has as he explained the favorable context of his experiences in meeting the mental health needs of students: Max shared:

> Myself, personally, I've always been very comfortable with just that topic, that in depth of counseling. In addition to the school counseling coursework that I did, I did all the coursework except the internship when it came to my LPC. So, the theories and strategies and all that I've always felt like I'm just very comfortable. So, I've never had any concerns in me dealing with that. When it comes to diagnosis and things like that, then, of course, that's not then that I'm going to do here or that I feel qualified to do here.

Rebecca shared the same favorable experience with exposure to targeted training in both working with students experiencing mental health issues. Rebecca indicated:

> My particular position is I'm constantly sent to training, constantly sent to what's new, what's happening from mental health, social–emotion learning. In other words, just Monday, I did a bit with our teachers on trauma-informed resources, and I used in collaboration our SEL Department from Central Office and teamed up with them to help give them risk factors and let them know how the mind works for people who have [a] trauma situation. I go to constant [mental health] symposiums. I go to constant . . . Our Region 20 [educational service center] has a lot of workshops and things like that. TCA. Yeah, the TCA or what they call the TCA. So, my training is ongoing constantly. I have specific trainings when it comes to SEL specifically and then I have mental health first aid [training] I do trauma-based trainings, too. I'm diversely [trained] in various mental health disorders.

Mateo specifically addressed those situations whereby training affects his work in suicidal ideation situations with students. Mateo shared:

> As I said earlier, the main training that I have received has been especially along self-harm or suicide prevention. Most of the trainings I have received both in Austin ISD and, so far, back here in ISD have usually been geared towards that. So, what are the protocols to follow? What are the questions you need to ask? Whenever, depending on the answer, what kind of support [do] you need to provide to the student? Of course, making sure that you reach out to the family throughout the entire process, notifying your administrator and at what point do you have to refer out to agencies or clinics. So, the bulk of my training has been along those lines.

The other school counselor participants expressed the barriers and gaps that they encounter with not receiving adequate mental health training and encountering hinderances with administrative directives and perspectives that prevent school counselors from working in the conjoint roles as social–emotional leaders and MHPs on campus.

Larson and Daniels (1998) called for revisions in school counselor preparation programs and school counseling professional development, education, and training to enhance the counselor knowledge and ability to provide effectively mental health counseling. CACREP; (2009, 2016) stipulated in its standards that school counselors should have an awareness of students' personal, social, and emotional development because challenges in these areas can hinder the learning process. Therefore, to build capacity in mental health literacy in schools and to address adequately the challenges regarding provisions of mental health services within the current nature of job expectations, schools are called on to provide well thought out, robust, innovative training to expand administrators' understanding regarding the critical role that school counselors play in providing mental health services with SBSMHC, professional advocacy that is

driven by school counselors in the field, and meritorious cross-disciplinary partnerships that can enhance the possibility of greater mental health outcomes for the youth in schools and can ultimately effect positive change (ASCA, 2019b; AAP Committee on School Health, 2004; Larson & Daniels, 1998; Lockhart & Keys, 1998; Pumariega & Vance, 1999; Sink, 2016).

Benjamin admitted, " No, [I have not received] very in-depth training on mental health. I mean, [so that, I would not be confident with being] able to tell the difference between severe depression and regular depression [with my students]. Sophia explained:

> Mental-health-wise, there's been . . . I feel like it's been kind of drilled into us, "We are not therapists," yet, we are dealing with very therapist real situations. I have a friend who's been a new counselor, and I guess, she's been in Northside for 10 months as a counselor, and she is very confused. They're telling us we're not therapists, but yet we're dealing with all these very real therapy-like situations. And I said, "Yeah, I'm confused, too." And I think the district is doing their best to mitigate those issues. You know, they're bringing in licensed therapists through our communities and school program. They're aware that the need is there. Training-wise? I mean, we're trying to do groups, but that's just Tier 2. That's not really therapy. To me, it's more like psycho-educational in a way. Yeah, I would say that we're not. I mean, cuz speaking with ACOG and all these collaborating with different entities? I'm relying on people here at my campus. Like I can't even consult with other counselors in my district because they have never worked with students like my students. So, I'm learning from my license school psychologist, my social worker who's here, my principal . . . I have not been trained.

And Max shared his frustration with minimal targeted training in mental. Max shared:

> The training that comes from the district is, "Well, here are the resources. Here is the resource[s]." We're not going to get that in depth of training from the district in regards

to the therapeutic sense here because . . . And you heard it plenty of times in your history and your experience of . . . you have a lot of it: "So we're not therapists. We're not therapists."

School counselors adopt a leadership posture and portray themselves as experts in SEL who serve as the campus SEL consultants, the "go to" people who move beyond counseling skills and techniques to the leadership consultant function, using their "social–emotional insights and behaviors to create an ethos that affects each participant in the total school environment. Furthermore, for students, school counselors with an SEL focus can generate a culture of solidarity and encouragement" (Bowers et al., 2017, p. 1; Norrish et al., 2013).

Juliet described the context in which she works as a social–emotional leader on campus as nonexistent and a missed opportunity for collaboration whereby the responsibility is given to social–emotional specialists who are general content teachers who deliver the social–emotional content to students by modeling or to teachers about how to deliver content that pertains to student mental health. Although the service of social–emotional specialist is conveyed as beneficial, the collaborative opportunity for school counselors to work as consultants in conjunction with social–emotional specialists to address the mental health needs of the student population, in this situation, appears to be overlooked. Juliet described:

> We have in the district social–emotional learning sort of specialists. At a teacher level—And they just . . . Say, [example] they're an English language arts specialist. They can come into your classroom, model lessons for you. model lessons for the school. They could come to a staff meeting. So, the district . . . at the district level, they have specialists just for that. And they're very helpful, very willing to come in. They want to justify why they're there. And so, I think they're underused. And maybe again, that's something that counselors could maybe help with. Again, as I'm talking out loud with

you. Help pull them or . . . "Help us help you." So, we do have that for [school-based systems of mental health care for the] general population, and I say, general population because [the benefit] again, if you're teaching the teacher how to incorporate social–emotional skills, you're helping so many more [in the classroom].

The participants depicted their positive experience with receiving collaborative training in their work to address meeting the mental health needs of students by supporting the notion proposed by Dollarhide (2003) and Mason and McMahon (2009) who explained that school counselors are positioned best to achieve a leadership presence, using their unique knowledge, skills, abilities as they assume the SEL leadership and mental health expert roles within a MSC and SBSMHC framework in a school system. Hansen et al. (2014) posited,

> For the school counselor to achieve SEL-based school climate change and work within a multisystem capacity successfully, they must enhance and embrace specific dispositional skill sets within their leadership style and make use of democratic dispositions, markers of social and emotional intelligence, and consideration of humanistic counseling praxis. (p. 4)

The ASCA (2016, 2022) stated,

> School counselors have unique qualifications and skills to address PreK–12 students' academic, career and social/emotional development needs and are the advocates, leaders, collaborators and consulted who create a systematic change to provide optimal learning environments for all students. (p. 1)

Benjamin spoke to the training that would enhance his SEL and mental health counseling skills as he works in collaboration with other mental health entities. Benjamin shared,

> Training with outside influences is not as much, but we do get . . . we do have a training once in a while, maybe with an agency or nonprofit, where they will explain what they do

> and how they can help students. But that only is, I guess, something that would work if the if the campus and the principal wanted that in their school.

Contrary to the lack of training with building collaborative partnerships with outside mental health facilities and professional organizations, Ben shared his extensive training around guidance. Ben stated:

> We have weekly trainings through the district [demonstrating] different techniques to use in our guidance lessons [with students], [some related] to SEL? [These trainings are] at the beginning of the year, [for] 2-days professional development training.

Max added to the context of his SEL training as it related to SBSMHC, addressing in particular the "whole school" and crisis intervention.

Natalie explained the context that has typically influenced her work in addressing the mental health and social–emotional needs of students within the domains of MSCs and SBSMHC in schools. Natalie shared:

> We actually have different individuals that come in if we have leadership meetings from Central Office that will call in all counselors, and we could do some training with maybe different individuals. Maybe it might be a psychiatrist or a psychologist or a mental health professional, a nurse, that we've been trained at Central Office on different types of "How do we collaborate? How do we possibly work with the student? How do we have maybe a toolbox? What's our toolbox? What's our kit that we would use?" Is it just basic, having the students sit there and draw or use sand, or something that's more therapeutic. So that's been most of our training that we've gotten from Central Office, when we have different personnel come in, just to kind of walk us through what they actually call as our toolbox of skills that we can help maybe integrate into our counseling program to help students that might have some anxiety or suicidal tendencies, things like

> that. We don't have a Ph.D and we're not doctoral, so it's having to not totally counsel students, but yet help them work through maybe their feelings of loss or emotions, or anxiety or fear, whatever that might be. But that actually comes from our Central Office personnel. And we typically . . . We have about two of those a year, one and each semester. And we would just go as a group of counselors, and whomever that person may be that comes in for those particular sessions.

Max shared his experiences with SBSMHC as addressing the whole school through guidance lessons and crisis "suicide prevention" presentations. Max shared:

> The whole school . . . What I kind of envision is when we do the classroom guidance lessons and we're trying to be proactive and we're trying to educate [students] on some of the dangers of certain things or somewhat just the awareness of things so that they can recognize it, and then turn when they either . . . they feel for themselves personally, or they come to us because they have concern over a friend, sometimes. The suicide prevention is another one. So, when we do that, usually about a day or two after our presentations, we start to get the [students] to kind of trickle in, either for themselves or more often for a friend, "I'm concerned about a friend." So that's where I kind of fit where we address that lower part of that triangle?

Rebecca confirmed that she receives helpful training from a representative from Laurel Ridge, Clarity, and San Antonio Behavioral Health Treatment Centers so that she can meet the social–emotional development needs of students and advocate for their mental health well-being.

Sophia described her satisfaction with multisystem collaborative training that she received by her district. Sophia shared:

> I would say the training that we have as counselors or as I have is very good base level. When talking with multisystem collaboratives, no, none. I mean, it's been conversations,

> but I would say I wouldn't call it a training. We've learned things when a student returns to school after they've been admitted inpatient somewhere. You do your best to get that discharge paperwork. If you want to call that training, that's what I've received formally.

Theme 5: Challenges and Constraints Show Gaps in Capacity to Meet Student Needs

In the participants' responses surrounding Research Question 2 (What contexts or situations have typically influenced or affected your experiences of the phenomenon, while working with students who experience mental health issues within these domains: MSCs and SBSMHC in schools?), Theme 5 identified the challenges and constraints that show gaps in the capacity to meet students' mental health needs. These gaps are concentrated on the challenges addressing student needs and the contextual influences on practices through working in conjoint roles within MSC and SBSMHC. The participants feel that these contextual obstacles (e.g., accessing outside help, counselor comfort level with different tiers, FERPA privacy and different policies, inconsistent communication with outside agencies, lack of mental health support team, lack of space for outside counseling, need better relationships with MHPs, the need for more collaboration inside school, safety plans in school setting, inconsistent and communication with outside agencies) impeded school counselors' work in addressing student mental health needs within a MSC and by way of SBSMHC.

The prevalence of collaborative contextual internal and external barriers and influences on practices (i.e., challenges meeting needs of students at different tiers, lack of agency follow up, meeting student where they are recognizing counselor areas of strength and weakness, reinforcement on need for continual learning, time constraints limit collaboration opportunities, time constraints on accessing resources) emerged throughout the interviews throughout the discussion about addressing students' mental health in collaborative and SBSMHC settings, particularly during questions for which participants were asked to describe challenges and their

comfort level in working with students with mental health concerns. Charlotte confirmed, "There needs to be a better job done with that in schools. And we do need to have a better working relationship with other mental health professionals."

Sophia believes that accessing outside mental health assistance for students is a constant barrier to addressing student mental health needs and establishing a continuum of care outside the school setting. In addition, she feels that there are not enough mental health resources or mental health professions in the community that are trained to work with a specific population of students. In illustration, she stated:

> Yes. So, currently, in our community, and probably in the United States, I'll just make a sweeping statement about the United States, but definitely in Bexar County. I do not know of one person . . . But I do have a list of people, but I have to call them. I don't know of one person who would work with someone who has autism and an intellectual disability. As soon as you say both of those things, they say no. So, that's a challenge. Getting them a licensed therapist, not a behavior therapist, a licensed professional counselor is very hard. Because people (1) are . . . don't know how to work with our students. When I say our, my students. They're afraid they don't have the training. It's difficult. Those people have Medicaid and Medicare; they don't accept those things. Hopefully, that's changing because they just passed that law. But we'll see how that goes. That's huge. Other things like when we admit students at a hospital, if they don't have a guardian to speak for them, and they are nonverbal? What are they going to tell them about their symptoms when they go to the hospital? Nothing. They don't speak. Are they having a manic episode? Yeah, of course they are. But they can't tell anybody about it. So, just getting people to understand and the red tape of, again, the system's not

speaking. So difficult. One, we're trying to get students help outside in the community, so they can be successful in school.

Max also believes that a significant barrier to providing services is centered around counselor confidence and willingness to address the mental health needs of students by way of SBSMHC support. He explained his experience with some counselors who struggle perhaps to engage fully in AAP Committee on School Health (2004) as follows:

- The first tier is an array of preventive mental health programs and services. Activities in this tier need to be ubiquitous so that they target all children in all school settings. Preventive programs are those that focus on decreasing risk factors and building resilience, including providing a positive, friendly, and open social environment at school and ensuring that each student has access to community and family supports that are associated with healthy emotional development.
- The second tier consists of targeted mental health services that are designed to assist students who have 1 or more identified mental health needs but who function well enough to engage successfully in many social, academic, and other daily activities.
- The third tier of health services targets the smallest population of students and addresses the needs of children with severe mental health diagnoses and symptoms. These students require the services of a multidisciplinary team of professionals usually including special education services, individual and family therapy, pharmacotherapy, and school and social agency coordination. (p. 1840–1841)

Max shared,

I think it becomes a challenge if the [counselor] is not ready . . . [not confident or comfortable] to work [within] those different levels? Because some counselors don't want to do the guidance lessons [addressing Tier I students]. They're not comfortable

speaking in front of a classroom. They're not comfortable speaking to a large group of people. So, we sometimes [have to] get through that. [We ask], "What's the least painful way for me as a counselor to get through that? [If we put a counselor in that is not confident or comfortable] [how] is that going to impact the service we want to give to our [students]? [Then] when we get into the nitty gritty, the tough [student cases], the frequent fliers, am I confident enough as a counselor to address that [student], to visit with that [student]? Or am I gonna just pat him on the head until I can grab the STAN counselor and then give him off? So, Number 1, we need to get comfortable with those different levels as a counselor.

Benjamin offered yet another perspective in barriers to collaborative activities in meeting the mental health needs of students, he stated,

> I think there's a divide between outside organizations and the school system. Just because . . . I think FERPA (Family Educational Rights and Privacy Act) is a big issue with the… FERPA [being considered] it can be a barrier between what we [districts adhere to as] our own policies and procedures [from outside mental health organizations] versus theirs.

Both Mateo and Benjamin highlighted the gaps with inconsistent communication with outside agencies and his recommendation for mental health teams on campus to assist school counselors in collaborative partnership to meet the mental health needs of students. Mateo shared his frustration "having that connection with the agencies is probably the—or at least a consistent connection with the agencies—is probably the biggest frustration. And that's the one that, hopefully, we can address better. So that way, everybody can keep abreast of how the student is doing and what other type of support is needed to provide for the student.

Ben expressed the hinderances of inconsistent communication on the continuum of collaborative mental health care or students, sharing, "Yeah, once we referred students to an

outside agency, where they could get prolonged attention, we don't really know the interventions that occurred, unless the student or parents share."

Ben feels that there is a lack of mental health teams on campus and shared how that would be beneficial to helping expedite a more continuum of mental health care for students and their families. Ben stated,

> And with mental health professionals, I think there's a lack of them and each school that can really dive into the more severe, moderate mental health issues student are facing." If we had an LPC-certified school counselor to treat adolescent behavior and that was their only job and goal, it would relieve a lot of guessing and kind of putting pieces in the puzzle to make them fit for us [as we work to try and address the mental health needs of students].

Natalia spoke about the barriers with the formal linkage discrepancy in school to community Mental Health Resources in attempting to address the mental health needs of students. Natalia shared,

> Oh, for sure. I think obviously, the hierarchy of the students that truly probably need to be seen outside of school on a regular basis. I know that's a challenge, due to parent insurance funding, if their insurance doesn't cover it, if there's a large copay, or even getting students into a particular facility. There's no room there, there's no room, there's no space, or they can only keep them for a certain amount of days because that's where . . . As a counselor, I get frustrated because that's where I'm suggesting this, or I give three names. We're supposed to give three different provider names and not be, "Here's one provider," for the fact that, if something happens to that student, and we've only given them one provider, then we, too, are responsible for that. So, we allow at least three. And our STAN counselors and other facilities outside, we have a list, whether it's

> coming from Central Office, we have a list of providers, and we can share that. And then our first discussion with a parent is to go through your insurance and see who your providers are there who could help. That can be tough, that can be tough for that hierarchy that needs that support. Obviously, time for the other students that may be in the middle of the road or that lower tier of time, and how much time we spend with [students], when we know we've got one student in our office, and then there's three more waiting. So, time is of the essence sometimes and you don't . . . it's hard because you can't push one off and put the other one in. So, that's a challenge in itself. Just having that time when your counselors probably have . . . I think I had 450 on my caseload. So that's a lot of students. So, if even three come in at one time . . . So, it's "Which one do you pick?" And if one needs a little . . . You got one crying in the office, and then you've got one that you're dealing with a certain situation that . . . Maybe there's no hierarchy here, but you've got to balance. So that's hard. That's hard.

Juliet provided an example of the decreased communication, fragmentation between the school community, school personnel, and MHPs. She provided this example:

> Because I feel the TCHATT is something that, once it's set up, it's set up. I don't really . . . we don't really communicate once they're referred, they don't follow up with us because they're the ones providing that service. I've never had one of them follow up with me about anything that . . . what to them would have been something they needed to share with me. The STAN counselor, we try. I don't think there's a good system in place other than just "You're down the hall. Let me run in and check in and ask about this [student] or that [student]." We try to keep in touch with some of our [students] that we see. And then again, with CIS Communities in Schools, there are so few students they even see. I almost don't have anyone that they see of mine anymore. But CIS is good for

checking in. That is something I really did like about them is they would just walk into your office; they were very communicative and wanted to make sure we understood what was going on. How they could help.

Unfortunately, accomplishing the establishment of building MSCs between school and communities for the exchange of mental resources for school counselors is riddled with obstacles, including limited budgets, time, physical space, and personnel resources needed to operate new services (Splett & Maras, 2011).

Mateo highlighted the struggles counselors experience in not having the time to collaborate explaining:

> I haven't really noticed as much collaboration or many opportunities for school counselors to work with other mental health professionals and exchange ideas. So, it's pretty much the same situation, unfortunately, that the collaboration . . . And I get it that is difficult. Everybody has a busy schedule. Everybody has difficult situations to deal with. And I know it makes it difficult for that collaboration to take place because I'm sure there are mental health professionals who like to be able to work.

Sophia expressed her challenges with lack of resources and time constraints in trying to find resources so that students are afforded a continuum of care outside of the school setting, sharing:

> It puts me into overdrive when they're here because our students, their public school funding runs out at Age 22. And so, I . . . there's a sense of urgency here because, if their needs aren't met here, we don't kind of get the problem under control, or we don't get the parents connected to maybe services outside of school that they need, they lose us as a lifeline, us, or me as a mental health professional. And that scares me because I know how disorganized and I just . . . I know how bad it is out there. So, it puts me in this fear

> mode of like, "We got to do it now. I got to do it now. Because if we don't, they're, they're done. They're lost when they leave us."

She shared an instance:

> Like just last week, it was, "Hey, Mom, I know, summer's kind of far away, but I'm not going to be here in the summer. You're . . . you and I know your student needs help during the summer. We've got to get her into someone now. Like you've got to start working on it now." And even things like, "Hey, they're going to exit our program next year. We got to step up as a team to get your [student] what they need because then we're gone. We can't help you anymore."

Theme 6: Degree of Resources and Collaborative Supports Affect Ability to Serve Students

Throughout the interviews, the significance of MSCs and consultation with both on campus and off campus stakeholders consistently emerged, predominantly, when asked, "What supports do you currently have in addressing the mental health needs of students working in MSCs and SBSMHC?" and "What have been some outcomes you have experiences in addressing the mental health needs of students through your work in MSCs and SBSMHC?" Some participants shared their experiential narratives, telling a story about how they engaged in working with students to promote mental health wellness through MSCs and SBSMHC, as they answered the question, "What are some of the stories you can share related to addressing the mental health needs of students working in MSCs or SBSMHC?" They were asked, "Please provide an example of an intervention or plan that you used in supporting a student or students with a mental health concern."

The participants collective responses concentrated on answering the study research question: "What contexts or situations have typically influenced or affected your experiences of the phenomenon, while working with students who experience mental health issues within these

domains: MSCs and SBSMHC in schools?" The participants conveyed responses that emphasized the degree in which they collaborated with on campus entities (e.g., their school counseling peers, administrators, teachers, MHPs [i.e., campus STAN counselors, LPCs, psychologist family specialists, campus police officers ,and social workers]) to outside entities (e.g., parents, clinics, and treatment centers [such as MCOT, TCHATT, Laurel Ridge, Clarify and their mental health representatives, and mental health agencies such as Communities in Schools]).

All of the participants agreed that school counselors who engage in the role of social–emotional leader and MHP consultative role in initiating MSCs, was necessary and critical in their work to meet the mental health needs of students. Natalia shared:

> In collaboration, if . . . typically, if I'm working with those other individuals outside of our school program, even within our school program, I've had very good relationships with our . . . whether it's our nurse, whether it's—We've just now received our family specialist—STAN counselors, we all work together because typically we're all on that same page of what's best for students. So, I've always had very good relationships with other individuals, and there again outside of school, if it's someone from Laurel Ridge or someone from Communities in Schools or other professionals, even physicians, that are private practitioners, as long as they have the okay from a parent or the student to discuss what's happened with them or how they're progressing, I've always had some very good conversations. And sometimes it's just getting that person even on a speakerphone where I've got the student in there with me; so, it doesn't feel invasive. Obviously, I'm not prying for any super-personal information, but I want to know how I can help that in conjunction with what they're receiving outside of school.

Within this theme, school counselor participants described the degree in which they engaged in their collaborative role within the multisystem framework of MSC and SBSMHC as two essentials, speaking to the necessity to the three tier components as requiring more planning and advocacy in schools to address school wide mental health needs comprehensively and more systematically. Highlights were emphasized as to school counselors currently address whole school mental health needs, Tier I is an array of preventive mental health programs and services. Activities in this tier need to be ubiquitous so that they target all children in all school settings. Preventive programs are those that focus on decreasing risk factors and building resilience, including providing a positive, friendly, and open social environment at school and ensuring that each student has access to community and family supports that are associated with healthy emotional development by way of guidance lessons. Charlotte provided an example describing:

> We work with a program called or an organization called Next Steps. And they have a program that's called Sources of Strength. And it is a bullying, suicide, drug prevention program, which they train peers to be kind of peer leaders, and to get the word out about getting help. So, the program is called Sources of Strength. The organization is called Next Steps. And they have counseling through their organization, but they have also come to our school and done some mental health curriculum with our students.

Most participants conveyed that for Tier II consists of targeted mental health services that are designed to assist students who have 1 or more identified mental health needs, but who function well enough to engage successfully in many social, academic, and other daily activities.

And Tier III of health services targets the smallest population of students and addresses the needs of children with severe mental health diagnoses and symptoms. These students require the services of a multidisciplinary team of professionals usually, including special education services, individual and family therapy, pharmacotherapy, and school and social agency

coordination. (p. 1840–1841) mental health needs were met by way of individual counseling and group counseling and referrals to outside agencies for additional intensive mental health services. Several interviewees shared their experiences in taking steps to consult with specific on campus programs such as Communities in Schools.

Juliet emphasized the importance of her collaborative role as school counselors assume the responsibility of facilitating communication about mental health programs and services and assists with making connections for students to receive mental health support by bridging on campus programs and services regularly available on campus.

In Juliet's narrative of her experiences, she noted the barrier of lack of funding for schools to receive comprehensive mental health psychoeducation support. She indicated that, often, because of lack of funding to afford comprehensive on campus mental health support, schools and school counselors have only limited openings for students to receive these services and student are often informally screened prior to their enrollment in these on campus services and school counselor must match the mental health student need with the "only mental health program or services" the school is currently offering. In this regard, many students are left unsupported in addressing their mental health care. Juliet stated:

> [Communities in Schools focus is a] dropout prevention program. And so, they have a wide variety of services they provide [to our students]. [Unfortunately], [CIS] are the only ones that that we have chosen to partner with now . . . They're very expensive I've heard, so we [schools] have [had] to [choose one area] [it was decided on] domestic violence [education].

Natalia explained, how she also collaborates with CIS, sharing the responsibility of mental health intervention with her students, asserting that often CIS has more consistent time to intervene with student than she might have as a school counselor:

> Communities in Schools is a service [for] our [students] [that] provide[s] [consultative mental health support] [for] frequent fliers [students], or possibly work [alongside with me] with another health professional outside of school, [for example] if they've got their own psychiatrists, doctor, physician [then] Communities in Schools can [help me bridge the intervention plan between campus and outside entities and] also help step in to do some intervention[s] [themselves] with students and probably [have more targeted time to] meet them more on a regular basis than at school counselor would do.

Sophia corroborates the advantages of CIS collaboration, stating, "I'm working with Communities in Schools, too, if a student has kind of exhausted my resources, and they still are needing assistance, I'm working with Communities in Schools to collaborate with them so that students can receive services in school during the school day through them."

School counselors have support of direct collaboration and coordination with community entities yet another vital way that school counselors can aid students with mental health issues and address barriers to learning (ASCA, 2019; Hodges et al., 2001; Trusty et al., 2008). Using school and community, multidisciplinary and familiar collaboration, school counselors can access a vast array of support for student achievement and development that cannot be achieved by an individual or school alone (ASCA, 2019b).

Sophia provided an example of mental health collaboratives with which she works and that are aimed at addressing the mental health needs of her special needs students. She explained:

> I'm constantly working with our . . . For example, I'm working with outside agencies like ACOG . . . Alamo Area Council of Governments. A lot of our students receive all kinds of services from ACOG, the ARC, for Down syndrome . . . Down Syndrome Association society. I'm collaborating with those professionals and parents to get the best . . . the needs met of students [daily as a regular part of my job].

Rebecca works intensively with substance abuse issues with her secondary students and collaborates with RISE Recovery routinely. She explained,

> Some of my [students involved in the drug program] use Rise Recovery. [Collaboration with Rise] is not as common because it just happens to be whenever I have that situation occur. So, I do have those programs and { services available to me that] target more specific areas like the [substance use and abuse] or [addiction] for students who are experiences those disorders.

The participants shared their experiences with the gaps in referral information received and the limitations of the degree in collaboration with outside entities. Mateo described his limitations for referrals to on campus mental health resources many times and contacting the parent to retrieve the student who was struggling with mental health issues whereby the counselor provided a referral list to the parents and encouraged the parents to seek additional mental health services for their child.

Rebecca pointed out the limited degree of comprehensive collaboration between outside mental health organizations and professionals. She stipulated,

> They [outside mental health clinics and treatment centers] don't give me . . . I mean, they still have to maintain their confidentiality piece, [so they don't provide the necessary treatment information to me], but they kind of gave me a highlight [of how they were treated at their facility], so that I know how I can better [support them] when they [back on campus], [for example], like what their triggers are or what they learned something different that I don't know [and continue to work on with the student].

Although some participants shared their limitations in collaborative partnerships with outside agencies and gaps in communication for Tiers I, II, and III levels of SBSMHC for students dealing with mental health lath issues, others shared the advantages of the immediate

availability of virtual, tele-mental-health services via TCHATT for mostly students who are on Tiers 2 or 3. Juliet expressed her degree of satisfaction and gratitude with TCHATT for her students who require moderate to high mental health accommodations. Juliet stated:

> I think it's TCCHAT, through UT Health, [whereby] and the district specifically partners with them. And what that looks like in our district is that we provide the referral, TCHATT [provided a tele-mental-health portal] to give us a [avenue for referral]. For the most part, we are expected [to refer to TCHATT for Tier II and III students in mental health need] [this] has been great. [This allows] the [flexibility] and its sort of nice [to refer to [TCHATT] [and] we will talk the parents through the paperwork, the release [information], the consents, all of that. [We, school counselors] give them that paperwork and collect that from them, and send it to TCHATT and, from there, TCHATT sort of takes over. So, [our responsibility] [is] really us finding out "Is this a good fit for the student?" Helping them to get what they need to [and to] fill everything out. [At times] of course, the family wants to work with us instead because they know us [campus school counselors], they trust us. And so, it's much easier and faster for us [school counselors] to get that paperwork into their [TCHATT's } hands [and work the referral process on our end].

Natalia explained those circumstances whereby she partakes in a high degree of collaboration especially with the family specialist and outside mental health treatment centers to support students in crisis. Natalia shared:

> So, if there's any type of crisis that goes on with that particular student, no matter what it may be, a crisis of their electricity has been turned off or they've been misplaced outside of their homes, and she works with them. And we also have a family specialist that also works with students with those types of issues. But is our student counselor, and she

works with those that . . . any type of trauma that's taken place with a student, then she kind of steps in and helps with that and worked very closely with Laurel Ridge and Communities in Schools.

Natalia commented on how the degree of trust with parents helps with the collaboration with TCHATT in processing the referral more efficiently to meet the mental health needs of students, Natalia explained:

> What's nice is [with the trust and relationship with parents] [referrals to TCATT occur] very swift, and [they, TCATT, are faster] to reach out to parents [to start services]. [TCATT] is very responsive to us if there's an issue [with the referral process and paperwork] like say, I didn't send something or they have a question or, or I had a question. [TCATT] They're very responsive. So, I've liked working with them for that reason because, again, in the mental health field, one of the biggest complaints is "I'm not going to get into see a new counselor for at least another month" or "I reached out to my therapist, and they don't have an opening until . . ." So, the fact that they're so responsive and quick [and readily accessible for our students] is huge, especially for someone for their first time giving it a [counseling] shot, it's already a huge step to say, "I need help," and then to accept help. So, I really do love that partnership we have with TCHATT.

Benjamin added to his use of TCHATT for Tier III students who require more intensive intervention sharing,

> We use TCHATT through the University of Texas Health System. And that's kind of the one I use the most if I notice a student that might need a prolonged intervention, that I can't not necessarily want to help, but I can't dedicate my time because I have other objectives to meet [as part of my job responsibilities].

Max spoke to the lack of having the therapeutic-like counseling space for students to engage with TCHATT while at school. He shared,

> We've got [students] who know how [to process through virtual counseling] . . . they want to do . . . feel comfortable that]they can do that . . . and]are very familiar with video conferencing. [In some cases] unless they're with our TCHATT program associated with the district, we don't provide a room for them [to receive virtual counseling and we need to].

The participants described how they work in MSCs to devise intervention plans using a multidisciplinary team effort for students who are struggling in the classroom because of mental health issues that are posing as barrier to their learning potential. Juliet explained her collaborative activities as she told the story:

> I had a student who was in foster care, she was under . . . And prior to me getting her, had run away from had not . . . I'm sorry, had not run away from home, but had been removed from her home and so was in foster care. And just the . . . I had to work with the STAN counselor first to just understand the backstory since again, the STAN counselor was someone who had been there when the student . . . when this all started, so she knew the backstory when I . . . when she got to me. And then we used Communities in Schools as counseling at school. And so, then I'm working with that LPC. We're constantly keeping in touch. They're checking on her attendance with me, and I'm checking in with them because this was a frequent flyer who was coming in multiple times a day, and I was a newer counselor then so I'm like, "Oh, my gosh, is this normal? Like how?" So, I'm collaborating with fellow counselors, with the STAN counselor with the Communities in Schools therapist, and then also CPS, the case manager, so, . . . I didn't mention CPS as another entity that we work with often, but in that case, I was working

with a case manager . . . I'm sorry, the case manager was—I guess, to use the right vocabulary, case manager, I believe, was someone that was eventually at a residential facility she was at because then it became that no one was wanting to take her in. She was in and out of residential facilities. So, I also dealt with the case manager, as well as her caseworker with CPS. And so that was truly a team community effort. And it was very interesting to kind of see the entities and how they communicate with each other sort of, and then also with us.

Sophia explained her multisystem collaboration as she worked with a student in crisis, sharing:

> So, the new student, very, he has become very manic suddenly. He is—and I'm not exaggerating—he's literally ripping the sheetrock off his walls in his home. He has become out of control here at school, home. The single mom . . . And so, it got to the point where we . . . he was so manic at school that we had to emergency detain him. And we collaborated with University Health. We've also gotten him . . . making sure he's on the list for ACOG crisis respite. Also, having to collaborate with his neurologist and getting consent forms to speak with those people. Mom is not from here and she seems to be timid to sharing what's really happening at home. So, working with mom and then the other professionals and medical areas to kind of help advocate for her son's needs is a huge part of this person's story, but a lot of our [students'] stories, because parents simply don't know where to go. And so we're kind of the voice in helping them get the things they need, even things like . . . I just got a phone call from the parent about calling Mental Health Crisis Team which is kind of like the mental health crisis. I don't know what the O stands for. Mental health crisis O Team, where if you're having . . . someone's having a mental health crisis, you're not calling the regular police department.

They're coming out with behavior specialists and psychiatric nurses and things of that sort. So, we've had to do all those things for this family to help mom just survive and not get beat up, literally not get beat up by her son. So, that's one way that we work multisystem collaborative situation.

Composite Textural Description

The composite textural description includes a group description of the lived experiences of school counselors working in conjoint roles in a multisystem framework to address the mental health needs of students. The data shown in Chapter 4 that include individual participant variation and responses as they pertain specifically to the responses to the two research questions in this study unveil a group description.

When asked about their experiences with conjoint roles as school counselors, most of the participants indicated a confidence in their leadership skills and relayed instances of their current work as SEL consultants on their campuses, calling themselves "the go to" people who not only are the source for SEL, mental health, and MSC issues, but also exemplify on many occasions the lead in knowing what to do and how to do it. The participants wholeheartedly believe that their work as currently quasi-social–emotional leaders and quasi-MHPs (without the full acknowledgement) makes a strong impact on the "ethos" of the overall campus mental health literacy and wellness for students, families, and staff. Additionally, all of the study participants in this study defended the belief and confidently felt that the "ethos" of social–emotional and mental health student wellness is within their scope of primary responsibilities as school counselors and most defined and explained the hinderances presented when "acting" as a MHPs serving the immediate mental health needs of students and "acting" as social–emotional leaders serving in a mental health supportive role at their campuses.

All of the participants explained their experiences of confusion, attesting to this contradiction of what they are required to do as school counselors working in conjoint roles, MSC facilitators, and pioneers on SBSMHC versus what their day-to-day practices are, explaining that the contrasting roles complicate their efforts in meeting the mental health needs of students. In addition, all eight participants indicated that they were all accustomed to living in this state of confusion and relying on one another to push through and do what they could with the power that they currently have for the resources that they currently can use to help meet the needs of all of their students. In addition, the school counselors interviewed conveyed a confidence in working with mental health issues of students and added that these issues pertaining to anxiety, college and career planning, relationships, and family issues, areas in which they felt most confident to address. The mental health disorders that the school counselors reported feeling the least confident and insufficiently trained to address were those that were more complex (e.g., comorbidity disorders, disorders requiring psychotropic medication, disorders involving grief and suicide ideations).

Another message passed to the researcher verbally and nonverbally was that all of the participants felt a passion for what they do as they work in these various capacities with students and their families. They conveyed a motivation to get to a place where they are recognized in their right roles as social–emotional leaders and MHPs and are given the training time and leadership space to establish more connections with outside agencies and to meet more routinely with campus MHPs to meet the mental health needs of their students.

The participants described their working environments indirectly as stressful and collaborative, elaborating often about their collective sense of community and reliance on one another when times are tough. Furthermore, all of the participants described a reduction in time for being able to respond to mental health issues. In fact, one participant explained consistently

working in a reactive rather than proactive manner because they were unable to work consistently in a proactive sphere of intervention but had to juggle and balance the "essential" non counseling responsibilities with their rightful conjoint and multisystem leadership roles.

The participants spoke about the context of MSCs, stressing the collaborative communication breakdown and lack of school counselor accessibility of comprehensive quality resources for students and their families to receive a continuum of mental health care as they work in the conjoint roles with limited MSCs. This was conveyed as a matter of "We know we need to expand our resources, but" as they spoke about the constraints of time and lack of support to smooth out the kinks that prevent them from establishing better lines of communication with outside MHPs.

The participants were asked about their experiences with SBSMHC and the context in which this occurred in their day-to-day work with students. The participants provided responses that showed minimal support and absence of the use of collaborative SBSMHC models with the schools' counselors leading as student advocates and campus mental health experts. In addition, for most, their frustration with not being able to fulfill their collaborative responsibility to execute comprehensive mental health intervention and services, using any type of MSC or SBSMHC specific model and the required direct delivery components, including school counseling guidance core curriculum, individual student planning, responsive services, and indirect student services referrals, consultation, and collaboration services fully and with fidelity to provide mental health services needed to students.

The participants spoke about how they are perceived by others in terms of work responsibilities for which most explained that the large caseloads continue to limit their time with students and that the distraction of having to complete quasi-administrative tasks are still existent, thus, confirming that most believe they are misutilized and underutilized. They also

believe that they are unheard in realms of targeted training and leniency from their superiors to work in their rightful scope of their school counseling responsibilities as SEL and MHPs and to have opportunities to collaborate with outside mental health entities.

Unanimously, the participants are content that they do attempt to address the three tiers of school-based systems of mental health support, and the examples that they provided were mainly incorporating two of the components. Guidance curriculum addresses students who meet the requirement of Tier I. Tier II and Tier III are addressed by way of responsive services via individual, group, and crisis counseling with two of the four school counselor delivery components, which include school counseling guidance core curriculum, individual student planning, responsive services, and indirect student services referrals, consultation, and collaboration to meet the mental health needs of all students. However, the participants' experiential claims justify the scarcity that exists in clear advisement of their role as the implementors of a tiered framework that is combined with comprehensive school counseling programs.

Composite Structural Description

This composite summary reflects the themes that are common to most or all of the interviews. However, individual narratives or unique themes (Hycner, 1999) are as important as commonalties regarding the phenomenon researched**.**

A wide spectrum of perspectives was found regarding the phenomenon of lived experiences of school counselors working in conjoint roles in a multisystem framework to address the mental health needs of students. Among the others is the mismatch of school counselor directives that they hear as they explained being told that "they are not therapists" and "We have SEL specialist; this is not your job." Nevertheless, for all participants in this study, they daily situations that involve mental health disorders and social–emotional issues that require

therapeutic-like intervention, requiring each and every one of them to step up as SEL leaders to address the mental health needs of students. This contradiction was relayed as the most pressing conundrum that the school counselor participants face. Associated with this problem was the importance of district, school, parents, and community mental health stakeholders' commitment and the capacity to devote funding, time, and collective energy to instituting a school reform effort that recognizes the importance of school counselors serving in conjoint roles and being a part of the conversation that improves MSCs and SBSMHC. The participants believe that the struggle exists in trying to balance between what they are supposed to do to support the mental health needs of students and what they are assigned to do each and every day by their supervisors. For two participants, this dilemma weighed into their decision to eventually leave the profession and become LPCs in the community.

However, the participants endured difficulty in finding suitable targeted training that was like what they had received in their counselor preparation programs, which included more hands-on professional development related to counselors working in conjoint roles as social–emotional leaders and MHPs within MSCs and SBSMHC to address the mental health needs of students. The participants believe that by adding training for school counselors to expose them to more real-world scenario assignments would give them more consultation time with other counselors to role play in the context of "live situations" and to process interventions and exercise skills (a) to practice using their counseling theory, (b) to exercise counseling intervention and strategies aligned with their theory, and (c) to have encouraging opportunities with collegial support whereby they are nurtured in ways that allow them to advocate for MSC and SBSMHC in their positions.

The perception existed that training and experiential counseling, collaborative, consulting, facilitating, and leadership opportunities is not of the highest priority at their

workplace. Therefore, for school counselors, this perception disregards their strengths, education, and skill set, for to address these matters would imply doing something outside of the "way we have always done it" and going against the grain. The participants admitted to learning by doing, learning from colleagues, learning, and making mistakes, and learning with little or no knowledge in the "how to" of meeting the mental health needs of students. Their recommendations included expanding the focus for up-and-coming counselors and current counselors to include experiences in being more prepared and trained for the high number of mental health cases that they address on a day-to-day basis.

Leadership in the context of participants working in various leadership capacities to some extent was an element that was perceived as significant in this study, and it contributed greatly to the mental health climate. Another important perspective was the required responsiveness and support from district and school administrators to the needs of school counselors to modify the roles and responsibilities of school counselors (job description) in favor of conjoint roles and, in doing so, carve out the needed time to build mental health collaboratives and to organize SBSHHC programs to serve the mental health needs of all students. However, the failure and uphill battle to implement such endeavors conveyed that administrators were ill informed and inflexible of building partnerships as part of MSC and SBSMHC or in making any change to school counselors' roles and responsibilities, all of which were prevalent in this study. The composite summary reflects only the themes that were common to most or all of the interviews.

Synthesis of Composite Textual and Structural Description, the Essence

The final step, Step 5, involved the integration of the data, particularly the composite textural and structural data, into a synthesized expression of overall meaning and the essence of the lived experiences of school counselors working in conjoint roles in a multisystem framework

to address the mental health needs of students. The importance of the phenomenon, a theoretical background relevant to the findings, is discussed further in Chapter 5: Discussions.

Summary

Chapter 4 included an analysis of the findings of the school counselor participants working in conjoint roles in a multisystem framework to address the mental health needs of students. These results include data derived from the Demographic Questionnaire and eight in-depth interviews.

Chapter 4 also included the reiterated purpose of the study, the re-instatement of the two research questions, a brief summary of participants' testimonials as they pertain to responses to the two research questions of this study.

The final analysis included coding, queries identifying meaningful units and significant statements to evolve into subthemes and ultimately emerged six identified themes form the data collected through semistructured interviews categorized in alignment with one of the two research questions in this study:

RQ1 – Theme 1: Acting as a MHP means focusing on immediate needs;

RQ1 – Theme 2: Acting as social–emotional leader means acting in a support role;

RQ1 – Theme 3: Perception of conjoint roles shapes intervention and perceptions of success;

RQ2 – Theme 4: Amount of training in SEL, mental health, MSCs, and SBSMHC influences experiences;

RQ2 – Theme 5: Challenges and constraints show gaps in capacity to meet student needs; and

RQ2 – Theme 6: Degree of resources and collaborative supports affect ability to serve students.

An in-depth declaration from each school counselor participant is included to support the six, emergent, overall themes and to substantiate the findings.

In this study, the researcher demonstrated the lived experiences of school counselors working in conjoint roles in a multisystem framework to address the mental health needs of students. In this analysis, the researcher presented the challenges school counselors' experiences assuming a conjoint role as social–emotional leaders and MHPs with student mental health increases and a deficit in intervention and treatment, real time experiences in role confusion with dilemmas where counselors encounter ill effective use of school counselors posing as barriers to meeting the mental health needs of students, evidence of formal linkage discrepancies in school to community mental health resources because of (a) scarcity in school to community partnerships, (b) distraction of duty to the commitment to a full continuum of mental health support, and (c) lofty assignments to address the needs of all student's social emotion issues, all of which impede their efforts to arrange and form multisystem mental health collaboratives and SBSMHC.

In this study, the researcher provided a voice for school counselor study participants to share their stories of experience around this topic so that the research, the school counselor, and the school and mental health community could gain greater understanding of the phenomenon in their description of how their experiences as social–emotional leaders and MHPs relative to a SBSMHC model that is used for delivery, implementation, and intervention of mental health services for students.

Chapter 5 includes a discussion of the findings, conclusions, summary of limitations of the study and recommendations for further study and expanded conversation within the school counseling community regarding school counselors working in conjoint roles with a multisystem framework to meet the mental health needs of students.

Chapter 5

Discussions

Summary of the Research Study

The intention of the researcher in this chapter is to fuse the study conclusions with the current literature in the field relative to school counselor participants working in conjoint roles in a multisystem framework to address the mental health needs of students. This chapter also includes a summary of the analysis of data from the previous chapter. In addition, this chapter includes (a) the strengths and limitations of the study, (b) brief answers to the two research questions, (c) a summary of the findings, (d) the implications of the findings, and (e) recommendations for future research.

Strengths and Limitations

Strengths of the Study

One of strengths of this study exists in the congruence between the school counseling profession and the approach used in phenomenological research with both as best suited for acquiring and collecting data that explicates the essences of human experience, which was the researcher's intention in this study (Moerer-Urdahl & Creswell, 2004; Moustakas, 1994). In this study, school counseling and phenomenological research similarly collect data using semistructured interviews. In this way, they resemble each other in methodology, in that counselors discover this same information from clients during an intake or assessment process, while the phenomenological researcher, as in this study, ascertains lived experiences regarding a phenomenon (Hays & Wood, 2011).

In addition, another strength pertains to the example made in this study that demonstrates the collaborative effort that exists throughout this study, which is like a counselor and client relationship, and so the researcher and participant relationship. In this study, the researcher

achieved the collaborative relationship between participant and researcher and attained rich, thick, detailed information regarding the phenomenon as intended to explore the lived experiences of school counselors who work in conjoint roles as social–emotional leaders and MHPs to address the mental health needs of students within MSCs and SBSMHC.

The researcher relied on school counselor participant reflections because this strengthened the phenomenological approach and provided a systemic approach for the researcher to analyze data about the lived experiences (Moustakas 1994). Thus, Moerer-Urdahl and Creswell (2004) explained this approach as erasing the dualism between "objectivity and subjectivity by allowing researchers to develop an objective 'essence' through aggregating subjective experiences of several individuals" (p. 21).

The strength of this study afforded school counselor participants an opportunity to reflect and use their voice regarding their perspective, concerns, thoughts, and feelings about their lived experiences of working in conjoint roles in MSCs and SBSMHC to meet the mental health needs of all students. In this study, the participants shared their perceptions and feedback on matters of the phenomenon that evolved into thematic meaning statements and themes that described (a) their unique lived experiences in working in conjoint roles within a multisystem framework and (b) the impact their practices made on addressing the mental health needs of students (Merchant & Dupuy, 1996; Sheperis et al., 2017).

Confirmation of the strength of this study was exemplified by the delivery of unique insights from eight, Texas certified, secondary school counselors with more than 3 years of experience in the field, and who had training and professional development and who worked in that capacity, using one or all the components of the phenomenon. Therefore, this study affords exclusiveness in these unique, specific, worldly, school counseling experiences that will prove to be advantageous not only to the counseling field, but also to the general public because it will

offer a conventional wisdom in the deep issues surrounding school counselors who work in conjoint roles as social–emotional leaders and MHPs who address the mental health needs of students within MSCs and SBSMHC (Lester, 1999: Sheperis et al., 2017).

The researcher routinely engaged in the actionable activities of epoché and member checking, the peer debriefing process, and triangulation to regulate trustworthiness and credibility in this study. Therefore, the researcher of more than 20 years of experience in secondary school counseling anticipated hearing some of the shared challenges that school counselors articulated throughout the data collection process in this study. However, the researcher did not anticipant the confusion and extent of frustration that the school counselors in this study conveyed as they shared their lived experiences working in conjoint roles as social–emotional leaders and MHPs who address the mental health needs of students within MSCs and SBSMHC.

This study distinctively illuminated the disconnect between the school counselor preparation programs, training, and professional development experiences and the day-to-day practices in which school counselors routinely engage. In this study, the researcher has provided qualitative evidence that school counselors—by way of testimonials—are consistently faced with student mental health dilemmas and therapeutic-like situations. However, some of them reported being told, " You are not therapist." Nevertheless, to meet the mental health needs of students, many of the mental health intervention practices require school counselors to work in the role of a therapist and, to do so with fidelity, they must employ mental health strategies and intervention and engage in MSCs to support their students. Therefore, in this study, the researcher has demonstrated the puzzled and discouraged positions that school counselors occupy when school and district administrators direct them to refrain from exercising their role in this mental health capacity.

In this study, the researcher confirmed that school counselors desire targeted training that supports school counselors working in conjoint roles and advocating for multisystem collaborations and SBSMHC. The participants shared that this is critically needed so that issues of role confusion are eradicated, and students can receive the mental health continuum of services that they need to be successful in schools. The participants, who originally decided to pursue the school counseling profession, attested to having extensive mental health course work and training in their school counselor preparation program and no course work in (a) analyzing transcripts, (b) clerical duties involved with inputting student schedules, (c) handling campus logistical duties of state assessments administration, or (d) academic training in “counting credits” to ensure graduation requirement are met, which are all similar to working in a registrar capacity. The study participants reported that they have spent more time in these “registrar” duties than they have spent in addressing the mental health needs of students, even though the residual effects of not attending to the mental health needs of students in an effective manner resulted in a greater detrimental outcome than had they not attended instead to the many quasi-registrar and quasi-administrator duties to which they as school counselors were assigned.

As part of the participant Demographic Questionnaire and Interview Protocol responses, the researcher confirmed in this study that school counselor participants were trained in areas of (a) counseling theory, (b) individual and group counseling skills, (c) appraisal and assessment administration, program evaluation, and (d) program implementation of a school counseling program, which includes the four components of the Texas Comprehensive Model—guidance curriculum, responsive services, systems support and induvial planning—as required by law in Texas. The power of this study highlights the mismatch of what counselors’ prerequisite learning and training is and what they actually do in schools daily as it pertains to school counselors working in conjoint roles and advocating for multisystem collaborates and SBSMHC.

Limitations of the Study

Limitation 1 of the study was that data was gathered using only semistructured interviews from a small sample size of eight secondary school counselors from Texas secondary public schools. According to Patton (2002), purposeful sampling is a technique that is widely used in qualitative research for the identification and selection of information-rich cases for the most effective use of limited resources (Palinkas et al., 2015). Choosing only a phenomenological design versus a mixed methods designed constricted the qualitative data collection to phenomenological "exploration of lived experiences" and deprived readers of any possible quantitative findings that might have added to the robustness of the study analysis and findings.

Limitation 2 was that the sample size could have been expanded to include school counselors from other states and perhaps elementary schools. This study was limited to only a select criteria of school counselors with a concentrated sampling pool only from Texas as shown in Table 3 in which the researcher identified (a) vast differences in CACREP qualifications and training in components of the phenomenon, (b) an imbalance in males versus females and among races and ethnicities, which restricted the representation within the entire school counseling profession of the lived experiences regarding working in conjoint roles and advocating for multisystem collaborates and SBSMHC. Therefore, the results might not be generally applied to a larger population, but only suggested.

Limitation 3 was that the researcher assumed that the study participant school counselors would concur with the researcher's belief and would respond to the interview questions honestly and factually, according to their lived experiences. Therefore, the researcher assumed (a) that the participants would provide valid, descriptive, rich responses to the interview questions; (b) that, in their responses, they would meet the participant criteria; and (c) that their responses would be

robust in the areas of conjoint roles and multisystem work in collaborate and SBSMHC in meeting the needs of students (Sheperis et al., 2017).

Limitation 4 was that the degree to which participants chose to answer the interview questions and to complete the demographic questionnaire, and in what state of mind they were at the time of the interview was not in the researcher's control. The primary limitation was the assurance of participants' candidness and transparency in conveying their lived experiences and in documenting their qualification and demographic status. The researcher could not regulate these conditions.

Research Question 1

What are the experiences of school counselors working within conjoint roles as social–emotional leaders and MHPs within MSCs and SBSMHC to address the mental health needs of students?

DeKruyf et al. (2013) examined the role of school counselors in meeting students' mental health needs. Examining issues of professional identity, DeKruyf et al. suggested that professional school counselors have a conjoint role of both social–emotional educational leaders and MHPs regarding working with students with an array of personal and social factors that affect their achievement (see also Amatea & Clark, 2005).

The ASCA's (2017) position is that school counselors recognize and respond to the need for mental health services that promote social–emotional wellness and development for all students. Moreover, school counselors are primary stakeholders and serve as mental health advocates in the development and implementation of a MTSS such as SBSMHC to meet the mental health needs of all students by offering (a) prevention and intervention instruction; and (b) referral support, treatment, and care to affect student development in the academic domain

(achievement), the career domain (career exploration and development), and the social–emotional domain (ASCA, 2004, 2017).

According to the current literature, school counselors are well positioned as social–emotional leaders and mental health experts as the first line of defense in identifying and addressing student social–emotional needs within the school setting and making strides to end the suffering that mental health disorders pose to healthy student development (DeKruyf et al., 2013; Mellin, 2009; Paolini & Topdemir, 2013). Moreover, school counselors, more than does anyone on campus, have unique training in the specific disciplines that involve mental health, and they can help students with social–emotional issues that might become learning barriers to academic success (DeKruyf et al., 2013; Mellin, 2009; Paolini & Topdemir, 2013).

Furthermore, in this study, school counselors expounded and corroborated current literature through their experiences in how they adopt a leadership posture as social–emotional leaders and how they portray themselves as experts in SEL who serve as the campus SEL consultants, the “go to” people, who move beyond counseling skills and techniques to the leadership consultant function, using their “social–emotional insights and behaviors to create an ethos that affects each participant in the total school environment. Furthermore, for students, school counselors with an SEL focus can generate a culture of solidarity and encouragement” (Bowers et al., 2017, p. 1; Norrish et al., 2013).

All the study participants in this study defended the belief and confidently felt that the “ethos” of social–emotional and mental health student wellness is within their scope of primary responsibilities as school counselors and most defined and explained the hinderances presented when “acting” as a mental health professional serving the immediate mental health needs of students and “acting” as social–emotional leader serving in a mental health supportive role at their campuses.

In addition, several school counselors confirmed the conundrum that remains that, despite the ASCA (2019b) National Model® assigning the role for school counselors to deliver services in four program component areas—guidance curriculum, individual student planning, responsive services and systems support to address the mental health needs of students—other school educators, leaders, and the professional school counselors themselves continue to overlook professional school counselors in this role. District and school administrators and mental health stakeholders continue neglect utilizing school counselors to fulfill the responsibilities of SEL MHPs and facilitators of MSC and SBSMHC that accentuate school counselors' unique skill set and knowledge base as social–emotional leaders and qualified MHPs. The study participants attested to this contradiction in this study and explained the contrasting roles in their actual day-to-day practices as school counselor roles and responsibilities in schools that deviate from the ASCA (2017a, 2021) and CACREP (2016) standards, which further adds to the notion of role confusion for the school counseling professional (see also DeKruyf et al., 2013; Gibson et al., 2012; Paolini & Topdemir, 2013).

In this study, the researcher stressed the collaborative communication breakdown and lack of school counselor accessibility of comprehensive quality resources for students and their families to receive a continuum of mental health care as they work in the conjoint roles with limited MSCs. In addition, the researcher found little to no organized structure to SBSMHC as exemplified in Theme 3, perception of conjoint roles shapes intervention and perceptions of success, which confirmed the current literature as Forman-Hoffman et al. (2017) asserted that some outcomes for students with mental health problems remain suboptimal because of poor access to quality comprehensive care and services and the breakdown in collaborative systems that involve both school-based and community mental health providers who adopt, implement, and deliver to the student's quality SEL strategies and mental health interventions with proven

effectiveness. Moreover, Brown et al. (2006) proclaimed, "We believe that the success of this needed collaboration is contingent upon leaders and supervisors from within the school and community mental health agency who can model effective collaboration and leadership" (p. 233).

School counselor participants in this study agreed that intervention with fidelity for favorable student mental health outcomes is contingent on school counselors in their conjoint roles being used to their fullest extent of expertise and supported by administration and districts in the Nation as social–emotional educational leaders and MHPs. The participants attested to the minimal support and absence of the use of collaborative models with the schools' counselors leading as student advocates and campus mental health experts.

In some participant testimonials evident in this study, school counselors shared their frustration with not being able to fulfill their collaborative responsibility to execute comprehensive direct delivery components, including school counseling guidance core curriculum, individual student planning, responsive services, and indirect student services referrals, consultation, and collaboration services fully and with fidelity to provide mental health services to students (ASCA, 2019b, Kaffenberger & O'Rorke-Trigiani, 2013). In their dissatisfaction, the school counselors interviewed described caseloads well above the ASCA standards, confirming the literature that identifies that, across schools in America, the average student-to-school-counselor ratio is 464 to 1—a far cry from the ASCA recommendation of 250-to-1 ratio of students to school counselors who are also expected to work with students directly and indirectly 80% of their school day (ASCA, 2012; Lapan et al. 2012). Moreover, most school counselors unanimously agreed regarding (a) the large caseload and limited time given to address each student, (b) the distraction of having to complete quasi-administrative tasks, (c) parental resistance, and (d) school management and testing duties that intrude on their efforts

to serve in their conjoint roles and that hinder their ability to address the mental health needs of all students. This finding supported the literature whereby Downs et al. (2002) found that counselors at schools with higher ratios were overwhelmed with providing services to students and routinely neglected their own professional development, rightful scope of their school counseling responsibilities and opportunities to collaborate with outside mental health entities. Furthermore, in this study, the researcher has provided substantiation of the missed opportunities and the underuse of school counselors as occurring frequently, and that it might be a constant undercurrent function of misunderstanding or misappropriation of school counseling roles, practices, or outcomes. School counselors are overlooked as leaders of social–emotional and mental health. Bowers et al. (2017) suggested,

> [Educational leaders need] to address this issue, school counselors can adopt a leadership posture that is consistent with the nature of the profession and the needs of schools and learners, which in turn might translate into greater quantity and improved quality of services delivered. (p. 1; Beesley, 2004; Clark & Amatea, 2004; Dollarhide et al., 2007)

As reported by the participants in the literature of this study, caseloads are averaging 400:1, in their conjoint roles school counselors face a multitude of barriers, including (a) scarcity in school to community partnerships, (b) distraction of duty to the commitment to a full continuum of mental health support, and (c) lofty assignments to address the needs of all student’s social emotion issues, all of which impede their efforts to arrange form multisystem mental health collaboratives and SBSMHC.

Despite these barriers, school counselor participants reported a confidence in accepting their potential as “best fit” to deal with mental health issues presented by students while in schools and the “go to” professionals on campus to address the multitude of mental health challenges, including anxiety, suicide ideation, self-harm, depression relationship difficulties,

cyber bullying, and intellectual and spectrum disorders. Their testimonials that describe their effort to counseling students who have mental health issues reiterated the literature pertaining to the high rate of mental health intervention occurrence that occur in schools daily where approximately 1 in 5 students has experienced a mental disorder during the past 12 months (Angold et al., 2002). Children who are 5–12 years old are expected to have an emotional, behavioral, or developmental condition at some point during these identity determinative years (Merikangas et al., 2010; Swick & Powers, 2018). However, most alarming is the increase in suicides among students Ages 10–19 to an astonishing 7 per 100,000 in 2018 and 2022((Beames et al., 2020; Bristol et al., 2022; Leschied et al., 2018).

In addition, the school counselors interviewed in the current study affirmed their experiences with the mental health intervention demand to address the above-mentioned mental health issues of students and added that these issues pertaining to anxiety, college and career planning, relationships, and family issues, areas in which they felt most confident to address. The mental health disorders that the school counselors reported feeling the least confident and insufficiently trained to address were those that were more complex (e.g., comorbidity disorders, disorders requiring psychotropic medication, disorders involving grief and suicide ideations). The participants' views in this respect coincide with Griffin and Farris (2010) and Bowers et al. (2017) who contended that school counselors are most qualified and best positioned in school to address mental health needs of students. Additionally, school counselors must be knowledgeable, skillful, and accountable in dealing with mental health challenges. School counselors must be the experts in mental health in a school qualified to assess, deliver preventive measures and interventions strategies, and fulfill treatment and care in an individual, group counseling, and collaborative setting to address the overall needs of all students (Mellin, 2009, AAP Committee on School Health. 2004). However, most participants also validated that without robust targeted

training in mental health counseling and SBSMHC, their competency in delivering therapeutic counseling for more severe issues with fidelity is unmet and the dilemma of implementing mental health services in a comprehensive framework platform for all students is remains untapped as a viable resource to combat the mental health crisis that occur in schools today (Downs et al., 2002; Paternite, 2005; Pincus et al., 2020).

The school counselors interviewed in this study unanimously agreed that there is an increase and vast array of social–emotional and mental health issues that are learning barriers to success for many their students and that these issues are barriers to healthy development. Mellin (2009) asserted, “The emerging mental health needs of children and families suggest a new focus for counselors working with this population and the significant prevalence of more than one mental health disorders among children between the ages of 13 and 17 (Warner & Pottick, 2004, as cited in Mellin, 2009) indicated the need for counselors to assess for and treat cooccurring disorders among this population (p. 504).

Moreover, all the study participants embraced the conjoint role and expressed a revelation of sorts in viewing themselves as counseling professionals who work in conjoint roles as social–emotional leaders and mental health professions currently in their positions, for they had never classified or examined themselves in this manner to this degree until their participation in this researcher’s study. This realization coincides with survey research, in which Brown et al. (2006) asserted that most school counselors believe their role, as the most qualified and skilled in providing counseling support for students with mental health needs, but they often do not have the time or support necessary to address those needs in a conjoint function.

All the interviewees described a reduction in time for being able to respond to mental health issues, and one participant explained consistently working in a reactive rather than proactive manner because they were unable to work consistently in a proactive sphere of

intervention but had to juggle and balance the "essential" noncounseling responsibilities with their rightful conjoint and multisystem leadership roles. School counselors in secondary education often find themselves providing reactive mental healthcare with limited time for individualized therapies, ongoing treatments, or preventative actions (Australian Psychological Society, 2013; O'Dea et al., 2017, as cited in Beames et al., 2020, p. 11). These two points were dominantly projected as the most significant interruption of comprehensive school counseling service delivery in the areas of social–emotional learning, mental health counseling, and working in MSCs and SBSMHC.

Superseding these two beliefs, the participants emphasized the notion that administrators often neglect the rightful role of school counselors as counseling professionals and assign them duties outside the scope of what they are trained to do. Testimonials from this study confirm the school counselors' struggle with balancing what they are supposed to do to support the mental health needs of students versus what they are assigned to do each and every day by their supervisors. DeKruyf et al. (2013) asserted,

> We believe all students can be served by a balanced role for professional school counselors—the advocacy and systemic contributions of a strong social–emotional educational leader, and the counseling knowledge and skills to address students' mental or emotional health concerns. For the sake of all students, let us not forget the "counseling" in professional school counseling. (p. 279)

The researcher was not able to find current literature that (a) defined the conjoint role of school counselors as social–emotional leaders and mental health professions explicitly, (b) a description of a revamped. school counselors' job description of duties and responsibilities serving in this conjoint role, nor (c) recommendations regarding how to accomplish this shift in changing the perceptions of stakeholders toward recognizing the change in thinking and using

school counselors in a capacity that best befits their training and expertise. According to Reback (2010, as cited in DeKruyf et al., 2013) school administrators should "recognize ways in which school counselors can foster student achievement by addressing mental health issues that impact attendance, motivation, attention, and a host of other factors that contribute to academic achievement" (p. 276).

The participants indicated that targeted professional development that is focused on mental health training in the areas of counseling theories, interventions, strategies, effective referrals planning with outside mental health agencies and SBSMHC are sorely needed and are currently minimally provided training, which will not be increased until the concentration of their position is made correctly responsible for mental health crisis intervention, including working in MSCs and referring to outside agencies with whom they can collaborate. This perspective aligns with Lapan's (2005) who recommended that researchers should conduct more studies in which they "take the time to more closely examine the actual interactions among school counselors, students, teachers, and parents" (p. iii) and that they need to examine the ebb and flow of school counselors who work within this conjoint leadership role as social–emotional leaders and MHPs in schools (DeKruyf et al., 2013; Gysbers & Henderson, 2006).

Many of the school counselors believe that both professional development and counselor preparation programs should include coursework that is related to counselors working in conjoint roles as social–emotional leaders and MHPs within MSCs and SBSMHC to address the mental health needs of students. The school counselors in this study agreed with this belief and added that the training for school counselor candidates—for they wish they had experienced both forms of training in their own journey and currently as school counselors—should include being exposed to more real-world scenario assignments in preparation programs such that candidates would be placed as school counselors in "live situations" that would allow them a chance (a) to

practice using their counseling theory, (b) to exercise counseling intervention and strategies aligned with their theory, and (c) to have encouraging opportunities whereby they are nurtured in ways that allow them to advocate for multisystem collaboration and SBSMHC in their positions. For most of the counselor participants, their first year was “a baptism by fire,” learning by doing, learning from colleagues, learning, and making mistakes, and learning with little or no knowledge in the “how to” of meeting the mental health needs of students. Their recommendations included expanding the focus for up-and-coming counselors and current counselors to include experiences in being more prepared and trained for the high number of mental health cases they address on a day-to-day basis.

The participants revealed a nebulous position in the areas of acting as a mental health professional and social–emotional leader, which means that they acted in a support role, focusing on attending and defining their place in meeting the immediate student mental health needs. Their responses in this study suggested that they held an imprecise stance regarding their perception of conjoint roles, and that this role shaped mental health intervention and perceptions of student success, asserting that interventions come with challenges weighing heavily on working with difficult parents and noncounseling, administrative, clerical duties.

The interviewees described gaps in their confidence and competence levels primarily in addressing anger and grief cases. Most of the participants believed that relationship issues, anxiety, self-esteem issues, and mental health disorders in which they were specifically trained (e.g., autism and crisis intervention) were circumstances about which they conveyed the most sureness and proficiently in addressing.

The participants felt positively influential when they were proving mental health intervention for students, highlighting their success with coordinated efforts for student check-ins on academics and social–emotional health and with collaborating with teachers, social workers,

and counselors. Most of the participants explained that serving as a liaison who bridged communication with on campus stakeholders in student mental health and outside mental health resources was an area in MSCs in which they all performed well when provided the opportunity to serve fully in this capacity for students. Conversely, participants also shared their struggles with (a) lack of consistent connectivity and communication in multisystem collaboration that resulted in a break down in the continuum of mental health care for students and their families; (b) a reluctance stemming from parents distrust of engaging in relationships between family, school, and mental health agencies; and (c) inconsistent follow through with intervention plans for students returning from receiving care outside of school—all of which created overwhelming obstacles in meeting the mental health needs of students.

All the participants proposed that training in the conjoint roles and multisystem framework was essential in the work that they perform in their current positions to meet the mental health needs of all students. The paucity of multisystem mental health training, which was noted as one of the originating problems in this study, lingers as an area in need of further development and research.

DeKruyf et al.'s (2013) findings correspond with these participants' proposals suggesting that counselors' preparation programs and training should include data that offers guidance in the areas of school counselors working in conjoint roles in a multisystem framework to meet the mental health needs of students. Larson and Daniels (1998) called for revisions in school counselor preparation programs and school counseling professional development, education, and training to enhance the counselors' knowledge and ability to provide effectively mental health counseling. CACREP (2009, 2016) stipulated in its standards that school counselors should have an awareness of students' personal, social, and emotional development because challenges in these areas can hinder the learning process. Therefore, to build capacity in mental health literacy

in schools and to address adequately the challenges regarding provisions of mental health services within the current nature of job expectations, schools are called on to provide well thought out, robust, innovative training to expand administrators' understanding regarding the critical role that school counselors play in providing mental health services with SBSMHC, professional advocacy that is driven by school counselors in the field, and meritorious cross-disciplinary partnerships that can enhance the possibility of greater mental health outcomes for the youth in schools and can ultimately effect positive change (ASCA, 2019b; AAP Committee on School Health, 2004; Larson & Daniels, 1998; Lockhart & Keys, 1998; Pumariega & Vance, 1999; Sink, 2016).

Research Question 2

From this study, a consensus among school counselor participant was recognized that supports the overwhelming need for a comprehensive, integrative, and multitiered approach that is focused on SEL, prevention, intervention, and treatment to facilitate mental health wellness. However, contrary to this expressed need, the interviewees in this study also collectively agreed that mental health demands on campus and deficits in intervention and treatment, role confusion, discrepancies in school to community mental health resources, paucity of SEL and mental health training, as well as of funding sources for multisystem in mental health care continues to present blockages to meeting the mental health needs of students.

Nevertheless, this study supports the contention that school counselors do attempt to address the three tiers of school-based systems of mental health support. Ziomek-Daigle et al. (2016) described the contemporary framework for this organizational model as providing services in the following tiers:

Tier I – Interventions in the form of classroom instruction and schoolwide programming and initiatives.

Tier II – Interventions including small-group and individual counseling, consultation and collaboration with school personnel, families, and community stakeholders.

Tier III – Indirect student support services through consultation, collaboration, and facilitation of referrals. (p. 224–226)

Guidance curriculum addresses students who meet the requirement of Tier I. Tier II and Tier III are addressed by way of responsive services via individual, group, and crisis counseling with two of the four school counselor delivery components, which include school counseling guidance core curriculum, individual student planning, responsive services, and indirect student services referrals, consultation, and collaboration to meet the mental health needs of all students.

The participants' experiential claims justify the void that exists in clear advisement of their role as the implementors of a tiered framework that is combined with comprehensive school counseling programs. Although many of the study participants view both practices as significant there continues to be a dearth in research and implementation practices in schools today that leave minimal to no guidance for school counselors in their attempts to instigate MSC and SBSMC at their campuses.

This study highlights this deficit in school counselor intervention practices and coincides with Ziomek-Daigle et al. (2016) who noted that integrating tiered frameworks into comprehensive school counseling programs is a new line of research. These tiered frameworks allow school counselors to maximize their efforts in addressing the needs of students. According to these authors, school counselors can assume the roles of "interveners, facilitators, and supporters" when implementing tiered frameworks (p. 225). Nevertheless, the researcher has demonstrated in this study that school counselors benefit from implementing training on topics of SBSMHC.

Furthermore, this study supports the finding that current school counselors view the use of a comprehensive, tiered organized framework in combination with their components of delivery as the most efficient way to augment their service delivery and optimize their SEL and mental health counseling influence on the entire school population in meeting the mental health needs of all students.

The school counselors interviewed discussed their role in MSCs, consultation, and SBSMHC with campus and outside mental health entities as a necessity and critical in addressing the mental health needs of all students.

As part of the ASCA (2019a) *School Counselor Professional Standards and Competencies* (specifically *Mindsets and Behaviors for Student Success* [ASCA, 2014]), the school counselors unanimously corroborated the belief that effective school counseling is a collaborative process that involves school counselors, students, families, teachers, administrators, other school staff and education stakeholders (p. 2). The participants expressed how, together with this role, school counselors have support of direct collaboration and coordination with community entities yet another vital way that school counselors can aid students with mental health issues and address barriers to learning (ASCA, 2019; Hodges et al., 2001; Trusty et al., 2008).

The notion that "it takes a village to raise a child" was conveyed by interviewees confirming authors in the literature who have asserted that, using school and community, multidisciplinary, and familiar collaboration, school counselors can access a vast array of support for student achievement and development that cannot be achieved by an individual or school alone (ASCA, 2019b). Moreover, in this study school counselors explained the assumed expectation of adhering to the *Ethical Standards for School Counselors*, whereby, the ASCA (2016) stipulated that school counselors have a responsibility to collaborate with appropriate

officials (a) to remove barriers that might impede the effectiveness of the school's undertaking; (b) to remove the learning barriers caused by students' mental health issues; (c) to apply school counseling efforts towards providing counseling to students in a brief context, (d) to support students and families or guardians in obtaining outside services if the student needs long-term clinical counseling, and (e) to consider the involvement of support networks, wraparound services, and educational teams needed to best serve students (ASCA, 2016; Brown et al., 2019).

The authors of the current literature supported the claim that school counselors are in fact the trail blazers for establishing MSCs and initiating the organized plans for SBSMHC, for school counselors are called upon to establish the best approach to train and develop school personnel in new ways of thinking (a) that support collaboration with all school and community stakeholders (e.g., teachers, administrators, parents, students, mental health counselors, psychologists, and psychiatrists); (b) that goes beyond identification and assessing needs; and (c) that includes a comprehensive, integrative, and multitiered approach that focuses on SEL, prevention, intervention, treatment, and care in the design and implementation to meet the goal of mental health wellness for all students (Gysbers & Henderson, 2006; Hernandez & Hodges, 2003; Messina et al., 2015; Stroul, 2002; Suldo et al., 2011; Taras, 2004).

Despite the necessity of collaborating with others (both on and off campus) to meet the mental health needs of students, the participants spoke about the challenges of addressing students' mental health needs and described these barriers: (a) not being able to access outside qualified help for referrals, (b) counselor comfort level with different tiers of intervention, (c) FERPA and constraints involving confidentiality, (d) inconsistent communication with outside agencies, (e) lack of mental health support team, (f) lack of space for outside counseling, (g) needing better relationships with MHPs, and (h) needing more collaboration inside schools.

The study participant testimonials prove the complications that come from trying to build capacity in mental health literacy, training, and professional development for counselors and school personnel to enhance the counselor's knowledge and skillset in their confidence and abilities to provide evidence-based, effective, mental health counseling. In addition, this study conveys a sentiment that school counselors are willing to embrace the responsibility of establishing a mental health wellness culture that advocates a tailored approach to meeting the mental health needs of all students so that the approach would be more integrated and comprehensive. However, school counselors feel that the success of such a culture would call for the involvement of all stakeholders. As reiterated in the current literature, arriving with a SBSMHC—that is a comprehensive, integrative, and multitiered approach that is focused on SEL, prevention, intervention, and treatment to facilitate mental health wellness—is challenging, to say the least, and schools (in particular school counselors) struggle with the long-term commitment and conjoint role responsibilities that involve discovering fundamental ways with which to strategize an all-inclusive plan to combine SBMH and school counseling programs requisites, while also obtaining a united buy-in from school and community stakeholders to work in collaboration to promote the integration of SEL programming throughout the school culture and to offer equal access to SEL opportunities for all students.

In this study, communication, and the exchange of information during the collaborative process arose as a challenge in participant testimonies. As reported, often, school counselors are not privileged to know student intervention and treatment plan information upon return to school, which leaves school counselors ill-informed regarding how to provide continued mental health intervention for students, for exchanging information with parents, teachers, in-house providers, and community mental health providers can result in the conveyance of misinformation.

Wolpert et al. (2013) emphasized that school counselors' collaboration with mental health, helping professionals was the key and that, by incorporating a multidisciplinary collaborative mental health service delivery model, would provide better use of resources and decrease communication fragmentation between the school community, school personnel, and MHPs.

Most of the school counselor participants felt that teachers were the most credible initial assessors of students, for issues in their initial referrals to counselors regarding the mental health needs of students and the collaborative process often begin with teachers first collaborating with school counselors. Many noted this event as the most important in establishing a supportive rapport with students. From the school counselor's perspective, explaining, when the students witnessed two caring adults on campus whose aim was to help, any further collaborative intervention activities with students experiencing mental health stress were more likely to end in success.

Other participants shared how social–emotional lessons and guidance lessons were collaborated on via planning meetings so that teachers and school counselors could work together to teach SEL strategies for student to employ with first working with each other and then with students via guidance lessons or SEL instructional time during their school day and in participants' opinions, this collaborative action assisted with meeting Tier I, whole school mental health needs of a SBSMHC in meeting the needs of the masses.

In light of addressing student mental health needs in schools, school counselors who work as social–emotional leaders in conjunction with school staff within a multisystem mode of collaboration in a systems of mental health care framework will be able to use these social and emotional skills to contribute to the development of goals and objectives to inspire, coordinate, and collaborate with mental health stakeholders and teachers in an effort to generate and

maintain a proactive positive intervention-friendly mental health climate in schools (ASCA. 2014; Dollarhide, 2003; Lemberger et al., 2018; Van Velsor, 2009).

The school counselors who were interviewed admitted to not being experts in the topics of MSC and SBSMHC; however, in this study all of them concurred that the amount of target training in SEL, mental health, MSCs, and SBSMHC was greatly needed and influenced their experiences in meeting students' mental health needs. Moreover, the school counselor participants pronounced their charge to shape the school culture in a way that proactively promotes the mental wellness of all students by playing their parts in strengthening teamwork for collaborative partnerships by working with others—on campus educators, MHPs, parents, and community mental health partners—to plan, implement, and evaluate goal-linked partnerships for mental health programs for their schools. However, the interviewees collectively mentioned time constraints in their workday to focus on improving collaborative SBSMHC efforts and the discounted attention for targeted training on topics of both MSCs and SBSMHC specifically for school counselors as part of their professional development repertoire.

When the participants were asked about recommendations to improve MSC for school counselor preparation programs, they all together agreed that there is a need for course work that would include content that describes the school counselor's leadership and facilitator role in identifying and coordinating community resources for the school community and student stakeholders. Epstein (2001) asserted, "The gap between recognized importance and the lack of preparedness is, itself, a message for colleges and universities to incorporate the new directions for partnership program development into required curricula for every school counselor" (p. 11).

The researcher was also able to find research that delineated a theoretical perspective on the misalignment and underutilization of school counselors in the areas of MSC and SBSMHC for school counselors specifically. Epstein and Van Voorhis (2010) contended,

> Presently, in preparing for their professional work, school counselors take courses and receive guidance from their professional organization that should propel them toward leadership on partnership development. However, once placed in a school, most school counselors are assigned traditional activities to schedule classes, administer tests, address individual students' academic or behavioral problems, connect with selected families when students have difficulties, make referrals for student services in the community, and assist individual students with plans for college and careers. This work is valuable in its own right but does not apply counselors' skills and training for leadership on partnerships. (p. 1)

Furthermore, the participants described the absence of MSC and SBSMHC leadership training that would highlight the obstacles that they would encounter in the absence of MSC training, quality and diversity in training, minimal training, or no training at all that addressed MSC and SBSMHC, specifically. In addition, several participants indicated that, when it came to the SEL leadership role, districts prefer to train teachers to teach other teachers how to instruct and support on SEL issues in the classroom for a short amount of time. The participants shared that they collaborate with SEL specialists and are advised to refrain from taking on this responsibility themselves.

The interviewees felt as though the MSC resources are limited and the selected mental health resources available to school counselors are determined by districts officials and school administrators without their input and according to available funding. The participants conveyed only referring to two to three treatment facilities, occasionally using crisis mobile units, and occasionally handing off the referral responsibilities to designated mental health counselors or social workers on campus for them to follow through with a student's mental health care. The school counselors feel left "out in the dark" regarding the outcome of students who were referred

to outside agencies for mental health care. The counselors reported many times never knowing any of the important details about the referred student's treatment and aftercare because of fragmented communication between school and community applications.

Accounts from the school counselor participants, in which they discussed SBSMC, revealed that they felt as though they made the most impact on Tier I whole school mental health via guidance activities. The participants reported routinely going into classrooms several times a year (a) to be visible, (b) to explain their role of support on campus, and (c) to address academic, SEL, and college and career topics in a large group forum.

Additionally, when prompted, the school counselors described from their perspective more Tier I activities in which they took part. The school counselors described their success with conducting large-auditorium-style presentations to address mostly college and career topics, while promoting their availability to students for graduation planning. They used these successes as examples of how they made whole school connections with students in yet ubiquitous, preventive programs that were focused on decreasing risk factors and building resilience as examples of how they addressed the mental health needs that were not voiced as part of these large auditorium presentations agendas (AAP Committee on School Health, 2004).

The participants conveyed some perplexity aligning SBSMHC with the four components of delivery services in four program component areas: (a) guidance curriculum, (b) individual student planning, (c) responsive services, and (d) systems support to address the mental health needs of students. Again, Tier I was explained as being met with guidance curriculum lessons, while Tier I and Tier II were rationalized as being met by way of response services via individual and group counseling.

Throughout this study, SBSMHC emerged as a topic of unfamiliarity by almost all the participants, and they stipulated in their responses an area that was essential but required (a)

more clarity in definition, (b) more training on the topic, and (c) further conversation about their role in the implementation of SBSMHC. MSCs for SBSMHC resulted in the same unawareness. However, all school counselors accepted their role in providing mental health services, using the two modalities, and they favored the significance of MSC and SBSMHC to support their work in meeting the mental health needs of all students.

Summary of the Findings

An analysis of the data collected from semi structured interviews identified several themes that directly related to the phenomenon: Lived experiences of school counselors working in conjoint roles in a multisystem framework to address the mental health needs of students. The researcher further explains in the following list the meaning of this phenomenon statement:

1. Acting as a MHP means focusing on immediate needs;
2. Acting as social–emotional leader means acting in a support role;
3. Perception of conjoint roles shapes intervention and perceptions of success;
4. Amount of training in SEL, mental health, MSCs, and SBSMHC influences experiences;
5. Challenges and constraints show gaps in capacity to meet student needs;
6. Degree of resources and collaborative supports affect ability to serve students.

In Research Question 1, the researcher attempted to understand the experiences that school counselors have in working within conjoint roles as social–emotional leaders and MHPs within MSCs and SBSMHC to address the mental health needs of students. Analysis of the data showed the emergence of three themes: (a) actions as a mental health professional means focusing on immediate needs, (b) actions as social–emotional leader means acting in a support role, (c) perceptions of conjoint roles shapes intervention and perceptions of success.

Throughout the school counselor participant interviews, the data revealed that school counselors required additional support and reinforcement in working with mental health student issues from district, campus, and community, and consistently, all school counselors, felt confident and competent in working with anxiety disorders. In addition, participants attended to student mental health and intervened, depending on the severity of the student's mental health needs, specifically in suicide crisis intervention. Further findings showed data that told how school counselors define their role as MHPs, for their assignments to provide guidance on concerns that are of an academic focus and psychoeducation on mental health student status are a facilitator of connections to additional mental health resources and ensure that students are having their immediate needs addressed.

The participants shared that, when serving as a social–emotional leader, they viewed themselves as big picture observers in the "ethos" of the campus overall social–emotional state, as psycho-educators who provide mental health education for staff and serve in a support role as mental health resource provider. The data in this study revealed specific SEL actions on behalf of the interviewees who described themselves as (a) providing social–emotional guidance, (b) being the main creators of space to afford student processing of their emotions, (c) referring entities to connect with outside agencies in crisis situations (i.e., suicide ideation), and (d) leading collaborators with on campus LPCs or other MHPs both on and off campuses.

Regarding the outcomes of this study, the researcher found that school counselors encountered challenges in addressing (a) issues with difficult parents, (b) a lack of community resources, (c) distractions of having to engage in non-counseling administrative clerical duties, (d) breaking the mental health dysfunctional patterns, and (e) time to establish quality relationships with students as they described their perceptions of conjoint roles shapes intervention and perceptions of success in addressing the mental health needs of students.

However, the findings in this study revealed that the participants felt confident and confident in their experience working with student mental health issues involving anxiety, anger, relationships, self-esteem, and self-injury. More than half of the participants expressed uncertainty about intervening with students who were experiencing grief, anger (de-escalation techniques), gender identity issues, suicide (despite district training on suicide protocols), grief, and multiple diagnoses that required extensive intervention and medications. The data in this study communicated the need for an increase in targeted training students with multiple diagnoses, intervention support with providing wraparound services, and working with parents', teachers', and administrators' perceptions in neglecting to recognize the severity of a student's mental health concerns and the connection between mental health wellness and academic success.

A discussion of the contexts or situations that have typically influenced or affected the participants experiences of the phenomenon, while working with students who experience mental health issues within these domains; therefore, the researcher explored MSCs and SBSMHC in schools. Research Question 2 was focused on the contexts or situations that the school counselors experienced while working with students who have mental health issues within these domains; therefore, the researcher emphasized MSCs and SBSMHC in schools and investigated how these experiences influence or affect the participants' practice as school counselors.

The data analysis revealed three themes: (a) amount of training in SEL, mental health, MSCs, and SBSMHC influences experiences, (b) challenges and constraints show gaps in capacity to meet student needs, and (c) degree of resources and collaborative supports affect ability to serve students.

During the interviews, school counselors Benjamin, Natalia, Rebecca, and Sophia discussed the inconsistencies in training of MSCs to SBSMHC with all, confirming that they

receive it periodically; however, for most, it was not extensive enough to encourage change in these two areas of mental health intervention for students. However, the data endorsed that all the participants felt that they delivered, implemented, and promoted interventions for mental health, school-wide support Tier I through their guidance and curriculum activities. The data alluded to no official training in the areas of SEL for counselors, or multisystem collaborates to SBSMHC. Two school counselor participants explained that SEL activities with students were discouraged and assigned to teachers who held the positions of district SEL specialist with no counselor training.

Five interviewees described the challenges and constraints that school counselors experience in meeting the mental health needs of students as inconsistent communication with outside agencies that leaves school counselors with little to no follow up intervention and treatment information when the student returns to campus after treatment. Other participants identified difficulties in accessing help or having limited, qualified, outside resources; they named (a) struggles with a small district-approved resources pool as a barrier, and (b) FERPA and confidentiality constraints as reasons that they felt MSCs could not necessary be established. For SBSMHC, most of the participants shared discomfort with this topic and with discussions addressing the three tiers; all of them conveyed an unsureness in making the connections between their conjoint role and MSCs to SBSMHC to meet the mental health needs of students.

Given the dearth in data collected on multisystem frameworks, the data for this study included participant recommendations for improved MSCs to SBSMHC. The participants corroborated several recommendations:

1. Invite discussions and targeted training in the different tiers of SBSMHC;
2. Provide training to develop more consistent communication with outside agencies and examine the issues of FERPA and confidentiality that are barriers to the informative

exchange of student mental health intervention and treatment information from community to school;

3. Invite opportunities to build better relationships with on and off campus mental health professions for more collaboration on student mental health wellness;
4. Establish a campus mental health support team; and
5. Create a space for students to receive mental health counseling during the school day.

The school counselors said that the contextual influences on practices was mainly time constraints, specifically limited time (a) to meet with students, (b) to collaborate with outside entities, (c) to attend professional develop to strength their skills in MSCs to SBSMHC, (d) to receive consistent training in the areas of MSC and SBSMHC, and (e) lack of agency follow up attributed to limited time. The participants conveyed that these gaps exist as barriers in meeting the mental health needs of students with fidelity. Conversely, the participants spoke about the consistency in which they work, accessing the various available resources and collaborative supports that positively affect their ability to serve the mental health needs of students. The participants attested to (a) strong, consistent, collaborative relationships with parents and teachers; (b) communication between the on campus MHPs and the select, mental health and SEL program professionals; and (c) feeling welcomed and valued by all student stakeholders when offering psychoeducation and mental health intervention for students, families, and faculty.

In this research study the researcher illustrates that, for these school counselor participants, the conjoint role is authentically embraced as their evolving professional identity and is identified as their communal challenge for advocacy of this role to meet the mental health needs of all students. Recognizing the importance of school, the counselor's conjoint role, targeted training, and district and school administrator buy in, and funding are the hinderances

that prevent the successful implementation of these roles in the day-to-day lives of school counselors.

The school counselors in this study disclosed an eagerness to rally for improved multisystem collaboration to SBSMHC. The data emphasize school counselors as having the strong skill set of an effective collaborator with all students' mental health entities both in and out of schools; yet they are faced daily with barriers to collaboration from nonbeliever leaders who neglect to respond to the keen importance of mental health in students and families and the benefits of mental health services in schools. Moreover, leaders who occupy this neglect circumvent the recognition of the crucial importance between student academic success and its dependence on a students' mental health wellbeing.

The data from this study showed that school counselors are ready to work outside of their "academic counselor only" silos, to move beyond the "quasi-administrator" role, and to take a seat at the leadership table as the campus expert on SEL development and mental health to systematically implement the necessary SEL and mental health comprehensive interventions needed to successfully address the mental health needs of all students.

Synthesis of Textural and Structural Descriptions: Implications of the Findings

Contained in this section is the presentation of the social constructivist, epistemology framework that supported understanding the implications of the current research study. For this study, a social constructivist paradigm was used. To reiterate, Guba and Lincoln's (1994) definition of explaining how the fundamental belief or perspective about reality and truth (worldview) is what guides the researcher. A paradigm that represents the lens through which the researcher views the world and the "range of possible relationships to that world and its parts" (Guba & Lincoln, 1994, p. 107).

Guba and Lincoln (1994) highlighted the implications associated with school counselors' experiences working in conjoint roles in a multisystem framework to address the mental health needs of students. In further discussion, the researcher will provide details regarding the connection between the findings of the data collected during the semistructured interviews and the social constructivist theory.

School Counselors' Conjoint Roles

Through ongoing observations and studies, Guba and Lincoln (1994) submitted that the truth and valid knowledge of a phenomena derive from the discussions and relationship among the stakeholders (school counselors in this study) and a particular community (school counselors working within a MSC and SBSMHC setting). Likewise, its origins of phenomenology were focused on the subjective experience of the individual; therefore, this researcher sought to use qualitative research, in its phenomenological appreciation, which was focused on school counselors' experiences, and sought to understand the essence or structure of that experience. Thus, the researcher maintained the notion of the refusal of the dichotomy between subject and object; that is, "this theme flows naturally from the intentionality of consciousness. The reality of an object is only perceived within the meaning of the experience of the individual" (Creswell & Poth, 2018, p. 76).

It looks like school counselors are increasingly faced with role confusion as others perceive their function in schools as other than conjoint, social–emotional leaders and MHPs. With this ambiguous social perception shaping their identity, this study revealed the residual effect that school counselors encounter, primarily in constraints with time, such that they are misutilized and underutilized counselors in areas outside the scope of their area of expertise, which occurs merely to satisfy a socially constructed identity that is imposed upon them by community and school stakeholders.

In the spirit of the social constructivist theory, the researcher of this study relied on the school counselors' testimonials as their truth and ascertained relevant descriptions of their social interactions and relationships that they encounter with school stakeholders to construct meaning and identity. As described in this study, school counselors are faced daily with conundrums in which they process wide-ranging attitudes, emotions, and intentions about their own identity that emerge from social interactions and collaborative instances. The conclusions of these social–emotional and collaborative processes direct attention to constructing, defining, and acting out their school counseling identities to address the mental health needs of students in relationship to others and how they are perceived.

This study illuminates the journey that school counselors encounter, including features involving social relations, meaning making, narratives, themes, and self-creation in work that contributes to the appeal of the social constructivist theory in shaping their conjoint identities as social–emotional leaders and MHPs. Moreover, this study speaks to the lofty assignment of acting in this unendorsed conjoint role and the multitude of obstacles that come with attempting to meet the mental health needs of all students. Analysis of the data showed the emergence of three themes:

1. Actions as a mental health professional means focusing on immediate needs;
2. Actions as social–emotional leader means acting in a support role;
3. Perceptions of conjoint roles shapes intervention and perceptions of success, while illuminating the struggles school counselors face at times when trying to accomplish this undertaking, while working in a silo, when first steps are to employ school counselors in this rightful conjoint role (Hartung, 2010; Kang et al., 2017).

DeKruyf et al. (2013) advocated for a blended identity:

> Several suggestions for promoting a conjoint educational leader/mental health professional identity. These include (a) nuancing the training of entry level school counselors, (b) training school counselors to provide clinical supervision, (c) advocating for ongoing counseling-focused professional development, (d) changing school administrator perceptions regarding the school counselor's role, and (e) lowering student-to-school-counselor ratios. In order to move forward, change will be required in all these areas. (p. 274)

Multisystem Collaboratives to School-Based Systems of Mental Health Care

Over the last decade, researcher' data has emerged regarding the high prevalence of unmet mental health needs among K–12 students; therefore, the role and function of school counselors has been broadened so that they now work more in a collaborative capacity as SEL leaders and MHPs in the delivery of mental health services and programs for students (ASCA, 2018, 2019b; DeKruyf et al., 2013; Ockerman et al., 2012). Furthermore, over the same past decade, school counselors, who work within their conjoint roles, have struggled to deliver, implement, promote, and advocate for a mental health, school and community collaborative within an integrated, tier-leveled, school-wide support framework that has the prospective to meet the vast mental health needs of K–12 students and to increase overall positive educational, behavioral, and social outcomes for students (Adelman & Taylor, 2008; ASCA, 2017b).

In this study, the participant responses were in alignment with the social constructivist perspectives in that all their narratives emphasized each individual school counselors' own capabilities to construct their own realities about the phenomenon being investigated: conjoint roles working within MSC and SBSMHC. The social constructivist theory and these worldly perspectives both fell in line with the study phenomenology design, whereby school counselors constructed their own conjoint roles working in multisystem framework realities as bounded by

social contexts. Betters-Bubon and Schultz (2017) shared the importance of school counselors engaging in collaboration asserted school counselors can lead the systemic collaboration process by serving as a bridge with other mental health colleagues who wish to engage in MSCs to access resources inside and outside of the school (p. 9).

Furthermore, this view is in line with the idea that meanings are constructed through school counselors' interactions between mental health stakeholders both on and off campus and was captured within their own day to day social environments.

The data analysis in the areas of conjoint roles working within MSC and SBSMHC revealed three themes:

1. Amount of training in SEL, mental health, MSCs, and SBSMHC influences experiences,
2. Challenges and constraints show gaps in capacity to meet student needs, and
3. Degree of resources and collaborative supports affect ability to serve students.

The school counselors discussed (a) the essential need for targeted training to use reciprocal consistent communication with outside mental health agencies, (b) more time to serve in a conjoint collaborative systemic manner, and (c) the lack of resources available to do so. The data in this study demonstrated that the school counselor participants have authentically embraced the conjoint role as their evolving professional identity and have identified their communal challenge for advocacy of this role to meet the mental health needs of all students. Through this study, in its social constructivist approach, the researcher has clarified the understanding of the complicated, influential, social context involved in (a) recognition of the importance of the school counselor's conjoint role, (b) their need for targeted training, (c) district and school administrator buy in to this training, and (d) funding for the training, the lack of

which are hinderances that prevent the successful implementation of these roles in the day-to-day lives of school counselors.

With school counselors working in conjoint roles and leading the charge in building MSCs and SBSMHC to meet the mental health needs of students and their families, the counselors, students, and their families can collectively work together, share intervention strategies, and lean on each other to help students overcome the mental health struggles that inhibit their academic and development potential. School counselors not only have a greater expertise in SEL and mental health than any other professional on campus and are successful in delivering SEL and mental health services when called upon, but they are also (a) devoted to embracing these various intricate roles, (b) natural leaders in the spheres of MSCs, and (c) valuable contributors to the implementation of SBSMHC on campuses to enhance the "ethos" of mental health wellness—if only allowed to do so.

As in this study, in their efforts, school counselors currently develop a mental health wellness culture. The school counselor participants explained the various social instances that they face when serving as SEL and mental health leaders, advocates, collaborators, facilitators, initiators, and evaluators to create, enrich, and assess the effect of these partnerships on student success within the school counseling program. However, the school counselors remain unsteady in some areas and are unfavorably supported in them, which study brings to the forefront the gap that the participants encounter with SBSMHC, sharing that minimal opportunities are available to have a lasting impact on student academic success and behavior development. Although integrating the framework within a school counseling program, all participants yet see the need and are eager to seize these opportunities (ASCA, 2019b; Van Velsor, 2009; Ziomek-Daigle et al., 2016).

Limitations

In phenomenological research, the researcher plays a critical role in the study, for they serve as the primary instruments for data collection and analysis (Merchant, 1997; Miles & Huberman, 1994). Upon beginning this study, the researcher possesses 20 years of experience in public schools, mostly as a secondary school counselor, the researcher holds first-hand experience of the gaps in mental health systems of care in schools. Through the researcher's experience as a secondary school counselor, the researcher has witnessed first-hand the struggles of students who are mentally ill or present with symptoms of mental illness in the public school setting. As the primary researcher conducting this study, I am sure these experiences (a) influence my decision to explore the phenomenon of this study; and (b) made an impression on my perspective, attitude, and feelings about school counselors working in conjoint roles in MSCs and SBSMHC to meet the mental health needs of students. I also recognize my current position as a counselor educator in higher education where I prepare school counselors to enter the field. Therefore, before and during data collection for this study, I bracketed my assumptions and biases to keep the study participants' testimonials of their experiences bias free (Hays & Wood, 2011). I maintained objectivity by using trustworthiness strategies of bracketing, peer debriefing, member checks, triangulation, and an extensive audit trail. I (a) used a reflective journal throughout the data process for bracketing, (b) recorded my thoughts and opinions when I felt that what I heard was having a positive or negative influence on my neutrality, and (c) consulted with colleagues in a confidential manner to support maintaining a bias free stance throughout this study.

The researcher identified limitations regarding the variables outside the control of the researcher in this study:

1. A qualitative phenomenological research methodology was used for this study because this approach is well suited to support human inquiry with its focus on the individual's lived experiences within the world (Moustakas, 1994). Therefore, the process did not permit exploring the existence of or contrasting other counseling roles nor the influences that shape a school counselors' professional identity and how these elements impact meeting the mental health needs of students (Moustakas, 1994; Neubauer et al., 2019; Sheperis et al., 2017).
2. The researcher self-identified as a Hispanic, female, former secondary school counselor and provided a biography prior to the start of the study. The participants' willingness to be candid and fully responsive to the interview questions might have been affected by the researcher's identity and familiarity with the phenomenon being investigated, placing the participants in a space where they might have felt strongly about conveying what they might have thought that the researcher wanted to hear to support the study. Therefore, this effect could ultimately distort the conclusions in the study and affect the rigour of the study.
3. In this study, the researcher used a phenomenological approach and drew upon the data analysis procedures of Van Kaam (1967) and Colaizzi (1978) as illustrated by Moustakas' (1994) systematic steps for transcendental phenomenological analysis approach for this study, which was the most appropriate for this study because the researcher was searching for an understanding of the meaning of these school counselor participants' experiences (Creswell & Poth, 2018; Moustakas, 1994). The researcher identified as a novice researcher; therefore, true epoché in using this approach and having the 20 years of experience as a secondary school counselor was challenging. True epoché, as Sheperis et al. (2017) asserted, is best practiced in a

phenomenological study so that the researcher can be sure to embrace the following characteristic: openness to self-disclosure of biased values and beliefs as a primary step in bracketing their perceptions (p. 217). Therefore, the researcher made her best attempts to facilitate this transparency by bracketing with integrity, listening, and self-questioning regarding whether the researcher was being tolerant and focusing on the content and the process and engaging in on-going self-questioning, asking whether the researcher's self-disclosure was practiced. However, it is unknown whether I regulated or did not regulate biases to the extent necessary so as not to taint the participants' experiences as they were conveyed in the study. Therefore, a limitation of this study in researcher integrity and trustworthiness is possible, depending on the potential shortfalls in capabilities in practicing epoché or bracketing consistently, even though the researcher skillfully used reflective journaling processes to prevent researcher biases from interfering with the data analysis of the study (Ashworth, 1999; Creswell & Poth, 2018; Sheperis et al., 2017).

4. The researcher conducted the study during the coronavirus (COVID-19) pandemic and post pandemic, and the participants were disseminated across the state of Texas, which restricted the semi-structured interviews to being only virtual.

Recommendations for Future Research

Additional research on how school counselors address the mental health needs of students working in conjoint roles and using MSC and SBMHC models is needed. There is a dearth in current research in this area regarding school counselors who are viewed in this light and have these functions, which has been evident in this study, for they are often left out of the conversation on school reform initiatives and MSC and SBSMHC decision making forums. Therefore, the researcher recommends that further qualitative research could expand this study

particularly in school counselor preparation programs that invite school counselor candidates who are (a) going through their course work and preliminary training or (b) recently graduated and new to the profession. Further qualitative study would also be helpful to student mental health stakeholders in schools who work in spheres involving MSC and SBSMHC in meeting mental health needs of students and their families as part of their daily work. Researchers could explore this phenomenon in greater depth, using both a qualitative and quantitative approach to study the functions of daily collaborative actions of school counselors, which could provide evidence that is more relevant to the notion that school counselors' cannot accomplish this feat alone, for all participants in this study confirmed the dire need for more time and opportunity to build relationships with outside MHPs and organizations for the betterment of their students' mental health wellness.

Although the researcher in this study provided insight on the lived experiences of school counselors working in conjoint roles in a multisystem framework to address the mental health needs of students, the researcher identified a dearth in targeted professional development for school counselors in the areas of conjoint roles, MSC's and SBSMHC. Therefore, the researcher recommends that future researchers should study counseling-focused professional development in the areas of conjoint roles, MSCs and SBSMHC, and the impact of targeted training in meeting the mental health needs of students. As exemplified in this study, targeted training development agendas for school counselors in these areas are strongly recommended to support healthy mental health development in students and encourage school counselors to remain in the field.

The researcher also recommends that other scholars look at professional identity development and advocacy for school counselors to explore the correlation. The participants in this study provided detailed descriptions that attest to how their experiences with "not being

heard, properly trained, and misutilized" affected their practices in meeting the mental health needs of students. However, the qualitative nature of this study does not allow the results to be generalizable or set up to explore the relationship between the two. Therefore, the researcher recommends that future researchers might conduct a mixed method design, which might better suit this area of research.

School counselors are living in the wake of a paradigm shift in balance from academic accountability towards a focus on overall student mental health wellness. School counselors continue to assume informally the actions and activities of conjoint roles as social–emotional leaders and MHPs and to "make do" with the limited time and resources allotted to them to establish formative MSCs and SBSMHC for students who suffer from mental health issues. Therefore, the researcher recommends that more research should be conducted to support the efforts of school counselors to preserve their distinguished, highly qualified roles in doing what they do best—serve as leaders in counseling.

Conclusion

Through the findings from this study, the researcher has uncovered a rich view of the essence, oppositions, supporters, inconsistencies, regularities, complexities, involvedness, contradictions, validations, and overall experiences of secondary school counselors' who work in their conjoint roles within MSCs and SBSMHC to meet the mental health needs of students.

Using a phenomenological approach, the researcher in this study accomplished a deeper understanding of the phenomenon, including (a) the conception of the essence of the school counselors' real-world experiences; (b) an awareness of the wholeness of their work; (c) reflections of appearances of things, events, and relationships in their school counseling spheres; (d) an appreciation of school counseling happenings just as they are told; (e) real time views of school counselors' everyday routines, biases, struggles, and successes; (f) depictions of

encounters from many sides; (g) summarizations of perspectives from what we are told; and (h) an appreciation in noting the participants' words to be true in nature, in the natural world of everyday living as school counselors, to arrive ultimately with the essence of a phenomenon experience (Creswell & Poth, 2018, p. 104; Moustakas, 1994, p. 58–59).

Throughout this study, the researcher provided a platform for school counselors' voices to be heard regarding how they currently work in conjoint roles and their hopes and desires for recognition and support to be seen as social–emotional leaders and MHPs. In this study, the researcher's findings illuminate the paradigm shift in MSCs and SBSMHC to meet students' mental health needs, highlighting school counselors as leaders in these functions in schools.

The themes that emerged call attention to the obstructions that hinder a recognized role as social–emotional leaders and MHPs and that hamper the multisystem to SBSMHC collaborative productivity of school counselors in meeting the mental health needs of all students.

The findings of the researcher also demonstrate that this group of school counselors are leaders in school reform efforts and they are well positioned, skilled, and ready to promote school improvements in the areas of mental health policy and school to community collaborative processes, and to influence positively social action that can inform the mental health organizational change needed in schools (Creswell, 2013; Miller & Salkind, 2002; Neubauer et al., 2019; Sheperis et al., 2017).

Lastly, the researcher in this study validates that this group of school counselors arise to the advocacy needed to bring about (a) target training in SEL and mental health, (b) MSCs and SBSMHC practices, and (c) the encouragement all student mental health stakeholders to join the cause not only to enhance their own counseling skillset and knowledge, but also to do so in the spirit of making an impactful difference in the mental health needs of all students.

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Appendix A: Study Recruitment Email Letter

Greetings Fellow School Counselors,

I would like to invite you to participate in my dissertation study: LIVED EXPERIENCES OF SCHOOL COUNSELORS WORKING IN CONJOINT ROLES IN A MULTISYSTEM FRAMEWORK TO ADDRESS THE MENTAL HEALTH NEEDS OF STUDENTS

I am interested in interviewing school counselors who meet the following criteria:

- You are currently employed as a secondary public-school counselor with 3 years or more experience.
- You are a Texas certified, secondary public-school counselor.
- You are a Texas certified, secondary public-school counselor who has received district and/or educational professional development and/or training in at least one of the following areas: social–emotional learning, social–emotional consultation, mental health, multisystem collaboratives (MSCs) and/or school-based system of mental health care (SBSMHC) in meeting the mental health needs of students.
- You are current or previous member in a school counseling professional association such as American School Counselor Association, Texas School Counselor Association, and the Lone Star State School Counselor Association.

You are welcome to share my information with other school counselors whom you think would have interest and fit the criteria for this study.

My name is Angela Cano Sampson, and I am a doctoral candidate in the Counselor Education and Supervision program at St. Mary's University. This message is to request your participation in a qualitative research study created to explore the lived experiences of school counselors who work in conjoint roles as social–emotional leaders and s to address the mental health needs of students within MSCs and SBSMHC.

There are minimal risks associated with this participation, no greater than those encountered in everyday life. The procedure that will be used for this study is semistructured interviews to occur via Zoom. The interview takes 60-80 minutes to complete. If more time is needed, we can allow an extension if you are comfortable. In addition, an email will be sent to you providing a google link to complete a preliminary Demographic Questionnaire that will take 15–20 minutes to complete. The demographic questions will inquire about personal, education and professional information.

Your participation in this study and any personal information that you provide will be kept confidential always and to every extent possible. The Informed Consent form will be provided ensuring confidentiality and adherence to your rights as a research study participant. A pseudonym will be used, and your name will never appear on any research materials. You will be identified by a unique code that will be assigned to you after you agree to participate. All written and electronic forms and study materials will be kept secure and destroyed after five years. Your responses will only appear in data summaries without connection to your name. Participants can withdrawal from the study at any time without question and/or penalty. Beyond preliminary demographic information to ensure suitability for this study, no personally identifying information is requested.

As a participant of the study, with your permission, the interview will be recorded using Zoom recording features. Interview recordings will allow me to accurately capture your expressed thoughts, feelings and experiences regarding the topics discussed in this study. You will be given an opportunity to review the transcript of the interview for accuracy before it is analyzed. As mentioned, the data obtained because of this study will be maintained for five years after the completion of the research and then be destroyed.

This study will be conducted to meet the requirements of my dissertation. This study has been approved by Sat. Mary's University Institutional Review Board and is under the supervision of my dissertation chair, Romulo Montilla, Ph.D., Associate Professor, Department of Counseling and Human Services.

I appreciate your time and consideration. Please find contact information for both Dr. Montilla and I below. Feel free to contact either of us with any questions or concerns.

With Appreciation,

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Appendix B: Interview Protocol

Interview Script

Hello. Thank you for agreeing to participate in my study. The purpose of this study is to better understand school counselors' experiences as they support students with mental health issues within a multisystem conjoint role framework. This study is driven by two, driving, investigative, questions to explore the phenomenon: LIVED EXPERIENCES OF SCHOOL COUNSELORS WORKING IN CONJOINT ROLES IN A MULTISYSTEM FRAMEWORK TO ADDRESS THE MENTAL HEALTH NEEDS OF STUDENTS

1. What are the experiences of school counselors working within conjoint roles as social–emotional leaders and Mental Health Professionals within Multisystem Collaboratives and School Based Systems of Mental Health Care to address the mental health needs of students?
2. What contexts or situations have typically influenced or affected the experiences of school counselors while working with students who experience mental health issues within these domains: Multisystem Collaboratives and School Based Systems of Mental Health Care ?

The contexts to be considered in these two research questions are as follows: conjoint roles, MSCs, and SBSMHC in schools.

As such, the procedure I will use for this study is semistructured interviews. This interview will cover a variety of topics, including personal and professional background information, school mental health supports, programs, interventions treatment and other related topics.

At this time, I would like to share the Informed Consent form provided to you to review with you and answer any questions that you may have.

(Share informed consent with participant and review)

Do you have any questions about the Informed Consent form now that we have reviewed it?

We can revisit any part of the Informed Consent form at any time throughout the study.

I would like to share the definitions that are used in this study with you at this time and review the definitions. (Share screen and show definitions)

Do you have any questions about the definitions used in this study?

As we are interviewing using Zoom, I will be recording this interview using Zoom.

Before we move on, do you have any questions?

Do you feel comfortable being recorded via Zoom?

I would like to inform you that your participation in this study is completely voluntary and if at any time you want to stop the interview you may, without question, and you can withdraw your participation in this study at any time without question or penalty of any kind.

Throughout our interview, I will be observing and taking written notes during the interview.

Please be reassured that all your responses will be confidential, and a pseudonym will be used when quoting from the transcripts.

Do you have any questions about the interview process or confidentiality?

I have planned this interview to last about 60 – 80 minutes. If we exceed this time, we will continue so long as you are comfortable. During this time, I have various questions that I would like to cover. We will start with educational and professional background questions and then move on to questions pertaining to the topics of this study. Do you have any questions before we get started with the interview questions portion of this interview?

Questions

1. What degrees do you currently have in the field of Counseling?
2. Please describe the type of courses that you took in your counseling degree program.
3. Please describe the school counseling courses you took in your counseling degree program.
4. How would you define mental health?
5. What are you experiences working with the mental health needs of students?
6. How would you define your role as social–emotional leader?
7. How would you discuss your role as a mental health professional?
8. How do you provide mental health interventions and/or services school-wide?
9. What programs and services at your school respond to student personal, social, emotional concerns?
10. What are your experiences collaborating with outside mental health professions and organizations when addressing the mental health needs of students?
11. Describe your training in SEL, mental health, MSCs, and SBSMHC?
12. How do you attend to the mental health needs of students currently as a social–emotional leader?
13. How do you attend to the mental health needs of students currently as a mental health professional?
14. How do you attend to the mental health needs of students currently working collaboratively with other mental health professionals and organizations?
15. What are some of the stories you can share related to addressing the mental health needs of students as a social–emotional leader? As a mental health professional?

Please provide an example of an intervention or plan that you used in supporting a student or students with a mental health concern.

16. What are some of the stories you can share related to addressing the mental health needs of students working in MSCs? Working in SBSMHC? Please provide an example of an intervention or plan that you used in supporting a student or students with a mental health concern.
17. What have been some outcomes you have experienced in addressing the mental health needs of students through your work as a social–emotional leader? Mental health professional?
18. What have been some outcomes you have experienced in addressing the mental health needs of students through your work in MSCs? School-based system of mental health care?
19. What challenges have you faced, as a school counselor, in addressing the mental health needs of students working as a social–emotional leader? Mental health professional?
20. What challenges have you faced, as a school counselor, in addressing the mental health needs of students working in MSCs? School-based system of mental health care?
21. What, if any, mental health issues are the most difficult to address?
22. What, if any, mental health issues are the least difficult to address?
23. What, if any, mental health issues do you feel most qualified and confident addressing with student?
24. What, if any, mental health issues do you feel least qualified and confident addressing with student?

25. What supports do you currently have in addressing the mental health needs of students in the role of social–emotional leader? Mental health professional?
26. What supports do you currently have in addressing the mental health needs of students working in MSCs? School-based system of mental health care?
27. In your opinion, what are the most common mental health issues for the students in your building?
28. How, if at all, does your work in the conjoint role of social–emotional leader and mental health professional (MHP) influence the practices of addressing the mental health needs of students?
29. How, if at all, does your work in MSCs and SBSMHC influence the practices of addressing the mental health needs of students?
30. Based on your experience addressing the mental health needs of students, what, if any, recommendation and/or suggestions do you have for school counselor preparation programs? Professional development of practicing school counselors? Mental health services in your building?

I would like to thank you for your time and participation in this interview. For your contribution to this study, I will be sending you a Starbucks gift card via email.

Please email me at the email provided in your Informed Consent form should you have questions.

As mentioned in your Informed Consent form, I will be sharing your recorded verbatim transcript with you after our interview and the completion of the transcripts as well as the end of this study you will receive a summary of the results of this study.

Have a great rest of your day.

Appendix C: Informed Consent

Dear Participant:

Thank you for your interest in participating in this research study: LIVED EXPERIENCES OF SCHOOL COUNSELORS WORKING IN CONJOINT ROLES IN A MULTISYSTEM FRAMEWORK TO ADDRESS THE MENTAL HEALTH NEEDS OF STUDENTS

This document serves to confirm your consent to participate in a study that involves qualitative research. The following information is provided so that you can confirm whether you wish to participate in the study. You will be made aware of the purpose and procedures that will be used for this research study as well as the expected allocated time on your behalf to partake in this study. You will also be made aware of the risks involved with your participation in the study. Please be aware that you do not have to participate in this study if you do not want to, and if you decide to participate, you can withdraw at any time without penalty or explanation.

You are invited to be a part of this research study because you have self-identified and satisfied the following study participant criteria for this study:

- You are currently employed as a secondary public-school counselor with 3 or more years' experience.
- You are a Texas certified, secondary public school counselor.
- You are a Texas certified, secondary public school counselor who has received district and/or educational professional development and/or training in at least one of the following areas: social–emotional learning, social–emotional consultation, mental health, multisystem collaboratives (MSCs) and/or school-based systems of mental health care (SBSMHC) in meeting the mental health needs of students.
- You are a previous or active member in a school counseling professional association such as the American School Counselor Association, the Texas School Counselor Association, and the Lone Star State School Counselor Association.

For the time and effort of all study participants, estimated at 8–12 participants, a $10 Starbucks gift card will be provided to each participant as compensation for their contribution to the research study and will be sent via email to each participant for use.

The purpose for this study is to understand better the experiences of school counselors as they support students with mental health issues within a conjoint role multisystem framework. This study is driven by two, driving, investigative questions to explore the phenomenon:

LIVED EXPERIENCES OF SCHOOL COUNSELORS WORKING IN CONJOINT ROLES IN A MULTISYSTEM FRAMEWORK TO ADDRESS THE MENTAL HEALTH NEEDS OF STUDENTS

1. What are the experiences of school counselors working within conjoint roles as social–emotional leaders and Mental Health Professionals within Multisystem Collaboratives and School Based Systems of Mental Health Care to address the mental health needs of students?

2. What contexts or situations have typically influenced or affected the experiences of school counselors while working with students who experience mental health issues within these domains: Multisystem Collaboratives and School Based Systems of Mental Health Care?

The contexts to be considered in these two research questions are as follows: conjoint roles, MSCs, and SBSMHC in schools.

The procedures involved in this study consist of your dedicated time first to complete the Demographic Questionnaire via a google link sent to your email with an approximate time of completion of 15–20 minutes prior to selection and semistructured interview. This form will ask for participants' contact details (i.e., name, email, mobile number) and questions confirming the following: the counselor's education, Council for Accreditation of Counseling and related programs master's graduation, Texas certification, 3 or more years secondary school counselor career experience as a Texas certified, secondary public school counselor, professional development and training in social–emotional learning, mental health, MSC and system of mental health care, and basic campus demographics (i.e., school population characteristics of students, faculty, mental health staff, and administrators). Additional questions on the Demographic Questionnaire will include district information regarding the social–emotional department, mental health department, school characteristics such as school counselor–student ratio and student graduation rates. The demographic questionnaire's purpose is to determine participant suitability with the study prerequisites—appraising for school counselor's experience with mental health prevention strategies and/or interventions to address students' mental health needs, appraisal of mental health campus interventions, evaluation for current mental health service delivery practices, and determine relatable experience with collaborative practices, using systems of mental health care.

You will then be asked to participate in a 60–80-minute, virtual, semistructured interview via Zoom for which you will have the opportunity to designate the time and location to complete the interview. This interview will be recorded, and the transcript will be shared with you further into the study for verification and as part of the member-checking process. During this interview, we will be discussing student mental health issues in your schools, social–emotional and mental health interventions, programs, and treatment that are currently being used to address the social–emotional mental health needs of students. Currently, the researcher does not foresee any alternative procedures being used to collect data for this research study, a revised Informed Consent form will be provided to all participants should the procedures change throughout the research process.

The potential risk for this study is minimal risk, something that a normal person would expect to encounter in their daily life and no greater than those encountered in everyday life. The researcher reiterates to participants that, should you feel uncomfortable at any time throughout this study, you can withdraw at any time without question or having to share your concerns with the researcher. The researcher will confirm with the dissertation committee chair and the St. Mary's University Research Compliance Institutional Review Board representative on all participants' risk concerns and withdrawals form the study.

A summary of the results will be shared with you, with the benefit of possibly providing added insight into the current practices of school counselors working within conjoint roles as social–emotional leaders and mental health professionals (MHPs) in schools and offer some awareness of the real-life experiences of school counselors across the state who are currently working within MSCs and SBSMHC to address the mental health needs of students. For the study participants, outcomes of this study will amplify the advocacy and systemic contribution heard from the voices for school counselors at the macrolevel conveying experiences and opinions about the current state of our profession in realms of school counselors' "true roles" in schools and the failures, successes, and limitations that school counselors experience in the day-to-day work with students working within a multisystem platform to meet the mental health needs of our students of today.

Participants may ultimately benefit from the findings of this study in the following ways: (a) to illuminate and validate the conjoint roles of school counselors as social–emotional leaders and MHPs in schools by addressing mental health concerns, (b) to cultivate continued research that promotes the interconnected continuum of school and community MSCs in addressing mental health concerns, (c) to proliferate attention to and the significance of integrating SBSMHC fully in schools with students and families into the fabric of their community and culture to address the mental health needs of students, and (d) to contribute qualitative evidence research to the existing literature base that acknowledges the school counselor role confusion, the dearth in MSC and school based systems of mental health care. Most importantly, this study hopes to shine a new light on the mental health crisis in schools today from a school counseling perspective.

Additionally, value added is gained in the findings from this study that suggest a paradigm shift in balance from academic accountability toward a focus on student mental health and well-being, and it will offer inspiration for policymakers to ensure that mental health services are readily available for all students who need them.

The use of the study outcome and this paradigm shift can also encourage the increase in funding to hire more school counselors and MHPs in schools and to support higher education counselor preparation programs in their efforts to train and adequately educate a new generation of counseling professionals.

Furthermore, a societal benefit of this study would suggest support for school counselors in their conjoint roles as they address students mental health needs within SBSMHC and would help to (a) build mental health literacy within a supportive multitiered school environment tailored to students individual mental health needs; (b) encourage school and community multidisciplinary student support teams to review and plan evaluations and intervention strategies for students who experience mental health problems; and (c) encourage the development of school to community relationships to assist students with external stressors, while (d) relieving school counselors from burnout, from the responsibilities of handling the overall student mental health wellness in a schools as it would be more widely disseminated amongst competent MHPs (Adelman & Taylor, 2006; AAP Committee on School Health, 2004; ASCA, 2012; Collins, 2014; Committee on School Health, 2004; Gysbers & Henderson, 2006; Hodges & Hernandez, 2001; Messina et al., 2015; Stroul, 2002; Suldo et al., 2011; Taras, 2004).

The study outcomes provide an advantage to assist with making connections between the overall mission of schools, legislative school counselor accountability expectations and various mental health agenda's that appoint several different conjoint roles for school counselors and proposition school-based models for mental health care to integrate the full range of student learning supports specifically designed to address barriers to learning for all students (Amatea & Clark, 2005; DeKruyf et al., 2013).

Global benefits of this study will highlight that with SBSMHC providing a framework for data driven practices, program effectiveness, and accountability, this research can illuminate school counselors' experiences in providing a continuum of care, integration of mental health services, while creating a global school environment conducive to mental health wellness using a comprehensive and multifaceted approach with all students (DeKruyf et al., 2013; Mellin, 2009; Paolini & Topdemir, 2013; Weist et al., 2014). Conclusions from this study can instigate further examination regarding the multidisciplinary collaboration between school employed and SBMH providers and how these collaborations improve the opportunity to strengthen and grow the quality and quantity of mental health services that students need (Adelman & Taylor, 2006, 2008; Leschied et al., 2000; Weist et al., 2014).

Lastly, the researcher is motivated to conduct this study because of the prior limited research examining knowledge about school counselors' experiences in conjoint roles as social–emotional leaders and MHPs working during a time of systemic reform in education as schools change the way that they address mental health and psychosocial concerns by using a SBSMHC approach.

Furthermore, the most valuable benefit from this study provides a current and relevant voice for school counselors to describe their experiences as social–emotional leaders and MHPs relative to a SBSMHC model that is used for delivery, implementation, and intervention of mental health services (Amatea & Clark, 2005; Bowers et al., 2017; Pumariega & Vance, 1999).

Further procedures include the researcher's reassurance that all study participants, will be assigned a pseudonym to protect their identity throughout the entire study, including the interview process and the findings and results portions of the final written document. Your signature on this Informed Consent form will also serve as authorization for the researcher to publish the content and finished research report in scholar journal databases and the data for further study in the areas of school's counselors' conjoint roles and work in multisystem to meet the mental health needs of students. The results of this study will also be used in scholarly presentations. In addition, and to authenticate obedience to conducting research with ethical fidelity, the researcher will also abide by the guidelines provided by American Counseling Association to further assist with ensuring respect, beneficence, justice, for the participants and the research community at large.

All zoom recorded study participant interviews will be kept on the researcher personal computer in a secure drive that is password protected; and the researcher commits to maintaining full confidentiality throughout the entire study. All zoom recorded interviews will be transcribed and coded for analysis as part of the research process. As previously mentioned, a copy of the verbatim transcribed interview will be provided for your review and confirmation. Please note: The interviews, transcripts, and all data will be destroyed after 5 years. All study participants

who partake in this study do so on a voluntary basis, and you have the right to not participate in the research study at any time, you can also refuse to answer any interview questions without question or penalty.

Should you have any questions about this study, please feel free to contact me at acanosampson@mail.stmarytx.edu or 210 845-6202. If you have any questions about your rights in this research, you may contact St. Mary's University Research Compliance: Institutional Review Board, One Camino Santa Maria, San Antonio, TX 78228. Tel: 210-436-3233. You may call anonymously if you wish. All participants will receive a copy of the Informed Consent form to keep your records.

For questions about the study, participants can contact the researcher, Angela Cano Sampson at acanosampson@mail.stmarytx.edu or 210-845-6202. And if the participant has questions about their rights in this research, they may contact St. Mary's University Research Compliance: Institutional Review Board, One Camino Santa Maria, San Antonio, TX 78228 or contact the Chair, Institutional Review Board, St. Mary's University at 210-436-3736 or email at IRBCommitteeChair@stmarytx.edu. Participants will be informed that they can call anonymously if you wish.
With Appreciation,

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Appendix D: Demographic Questionnaire

The Demographic Questionnaire will be sent to participants using a google link (see below):

Study Demographic Questionnaire Form

Research Study Demographic Questionnaire

LIVED EXPERIENCES OF SCHOOL COUNSELORS WORKING IN CONJOINT ROLES IN A MULTISYSTEM FRAMEWORK TO ADDRESS THE MENTAL HEALTH NEEDS OF STUDENTS

*** Required**

Email
*
Full Name
*
Primary email you would like to use for this study This email will be used to contact you to complete forms and to schedule our ZOOM interview for this study.
*
What school counseling associations are you an active member in? Please list. Please list years active.
*
What school counseling associations were you a previous member of? Please list. Please note the years you have been a non-active member in the school counseling association since last membership.
*
Please list all your degrees.
*
What is the level of your student population? Check all that apply.
*
Elementary
Middle
High
Other
Grade levels you currently work with.
*
5th Grade
6th Grade
7th Grade
8th Grade
9th Grade
10th Grade
11th Grade
12th Grade

What gender do you identify with?
*
What is your age group?
*
20-29
30-39
40-49
50-59
60+
What is the title of your master's degree (i.e., MA, MEd, MS) and program name (i. e., School Counseling, Counseling Psychology, Clinical Mental Health Counseling, Counselor Education)?
*
Did you graduate from a CACREP Accredited School?
*
Yes
No
How many years have you been a school counselor?
*
1-5
6-10
11-15
16-20
21-30
31+
Are you an active Licensed Professional Counselor (LPC) in the State of Texas?
*
Yes
No
What additional certifications or Licenses do you have that pertain to school counseling, mental health, professional counseling? List all
*
How many years have you been a secondary school counselor?
*
1-5
6-10
11-15
16-20
21-30
31+
Which race/ethnicity best describes how you identify yourself?
*
Black
Latino
White
Asian American
Native American
Other:

How many years have you been at your current school?
*
What are the primary demographics for your school: rural, suburban, urban?
*
Rural
Suburban
Urban
How many school counselors are in the school counseling department? What is the school counselor caseload?
*
What is your professional title at your school?
*
How many students attend your school?
*
Is your school a designated Title I School in the State of Texas?
*
Yes
No
Does your current school counseling position include responsibilities as a Social-emotional Leader?
*
No
Yes
Does your current school counseling position include responsibilities as a Mental Health Professional?
*
No
Yes
Does your current school counseling position include responsibilities working in MSCs with the community?
*
No
Yes
Does your current school counseling position include responsibilities working in school-based systems of mental health care?
*
No
Yes
Have you received any professional development or training in attending to the mental health needs of students? Through any specialized programs?
*
Yes
No
Have you received any professional development or training in attending to the mental health needs of students working in collaboration with outside/community professionals and organizations?
*

Yes
No
Have you received any professional development or training in attending to the mental health needs of students working in school-based systems of mental health care programs?
*
Yes
No
Have you received any professional development or training in attending to the mental health needs of students in social-emotional learning?
*
Yes
No
Have you received any professional development or training in attending to the mental health needs of students in mental health?
*
Yes
No

I appreciate your time.

Appendix E: Study Code Book

LIVED EXPERIENCES OF SCHOOL COUNSELORS WORKING IN CONJOINT ROLES IN A MULTISYSTEM FRAMEWORK TO ADDRESS THE MENTAL HEALTH NEEDS OF STUDENTS

Codes

Name	Description	Files	References
RQ1 Experiences conjoint roles social-emotional leader and Mental Health Professional		0	0
Theme 1 Acting as a mental health professional means focusing on immediate needs		7	15
attending to student mental health needs		5	8
additional support and reinforcement		1	2
anxiety intervention		2	2
crisis intervention		1	1
determining degree of intervention		2	2
ensuring students know they are supported		1	1
defining role as mental health professional		7	7
academically focused		1	1
ensuring students are educated		1	1
facilitator of connections		1	1
meeting students' immediate needs		3	3

Name	Description	Files	References
providing general guidance		1	1
Theme 2 Acting as social–emotional leader means acting in a support role		8	21
attending to student mental health needs		7	10
collaboration with LPC		1	1
giving space and time		1	1
primarily in crisis context		1	1
refer to outside agencies		3	3
Social-emotional guidance of students		2	2
using counseling team and family specialist		1	2
defining role as social-emotional leader		8	11
big picture observer		1	2
providing education for staff		3	4
support role as resource provider		5	5
Theme 3 Perception of conjoint roles shapes intervention and perceptions of success		8	105
challenges		8	14
dealing with difficult parents		5	5
lack of community resources		1	1

Name	Description	Files	References
noncounseling administrative clerical duties		4	5
offering pattern breaking perspective		1	2
time establishing relationship with student		1	1
confidence and competence		8	14
confidence managing anger		2	2
confidence managing Autism and IDD		1	1
confidence managing self-esteem issues		1	1
confidence managing self-injury		1	1
confident managing relational issues		1	1
confident navigating anxiety		2	2
less confidence in managing anger		1	1
less confidence with gender identity issues		1	1
less confident managing suicide		1	1
less confident with grief		2	2
less confident with need for deeper interventions		1	1

Name	Description	Files	References
conjoint role influence on practice		8	8
balancing meeting student needs with broader objectives		3	3
drawing on skills from both roles		3	3
not making a larger impact		1	1
striving to be proactive		1	1
intervention contexts		6	9
anxiety		2	2
spectrum of mental health issues		3	4
suicidal ideation		1	1
trauma		2	2
intervention experiences		6	9
de-escalating student in crisis		1	2
overachieving student		1	1
protection of student from abusive parent		1	1
providing wraparound services		1	1
student grief		1	1
student with suicidal intent		1	1
students struggling with adults' perceptions		1	2

Name	Description	Files	References
most difficult issue to address		8	9
depression		1	1
diagnosed without medication		1	1
severely emotionally disturbed		2	2
suicidal ideation		3	4
trying to diagnose		1	1
outcomes		8	12
academic anxiety eased		1	1
awareness created		1	1
cases resolved without tragedy		1	1
ensuring visibility as helper		1	2
established relationships		1	1
giving students sense of control		1	1
intervention plan created		1	1
lack of connectivity in multisystem collaboration		1	2
lack of support for mental health		1	1
spectrum of good and bad outcomes		1	1
providing mental health intervention and services		8	30

Name	Description	Files	References
check ins on academics and social–emotional health		1	1
collaboration with teacher's social workers and counselors		5	8
counseling team		1	1
determining degree of intentionality		2	2
guidance presentations and individual sessions		1	1
helping students process		2	2
involvement of family and mental health agencies		8	12
offering 504 accommodations		1	1
schoolwide services		1	1
screening and short counseling sessions		1	1
RQ2 Contexts influencing experiences in domains MSC and SBSMHC		0	0
Theme 4 Amount of training in SEL mental health MSCs and SBSMHC influences experiences		8	16
collaboration training		4	4
guidance lessons training		2	2
mental health		5	6

Name	Description	Files	References
classes-training for degree		2	2
self-harm suicide preventions		1	1
very little training		3	3
range of training		1	1
SEL		3	3
district SEL specialist		1	1
no official training		1	1
presentations		1	1
Theme 5 Challenges and constraints show gaps in capacity to meet student needs		8	22
challenges addressing student needs		5	12
accessing outside help		1	1
counselor comfort level with different tiers		1	2
FERPA privacy and different policies		1	1
inconsistent communication with outside agencies		2	2
lack of mental health support team		1	1
lack of space for outside counseling		1	2
need better relationships with		1	1

Name	Description	Files	References
mental health professionals			
need for more collaboration inside school		1	1
safety plans in school setting		1	1
contextual influences on practices		8	10
challenges meeting needs of students at different tiers		1	1
lack of agency follow up		1	1
meeting student where they are		2	2
recognizing counselor areas of strength and weakness		1	1
reinforcement on need for continual learning		2	2
time constraints limit collaboration opportunities		1	1
time constraints on accessing resources		1	2
Theme 6 Degree of resources and collaborative supports affect ability to serve students		8	63
attending to student mental health needs through collaboration		7	9
collaboration with parents		4	4
collaboration with teachers on		2	2

Name	Description	Files	References
district mandated topics			
communication between clinic and school		2	2
ensuring staff knowledgeability		1	1
collaborating with outside mental health professionals		8	25
building good relationships for positive outcomes		1	1
Communities in Schools		5	5
connection through student referral		3	3
involvement of TCCHAT		4	5
mental health clinics and treatment centers		4	4
multiorganization team effort		2	2
Next Steps-Sources of strength		1	1
representatives' presence at meetings-trainings		2	2
special needs organizations		1	1
substance abuse support		1	1
experiences supporting students		5	9
collaboration with		1	1

Name	Description	Files	References
Communities in Schools			
collaboration with family specialist-language barrier		1	1
collaboration with MCOT		1	2
collaboration with STAN counselor		1	1
school based system multi-tiered interventions		2	4
school based programs and services		8	20
counseling team and family specialist		2	3
LPCs and LPCA		1	2
need to have more in place		2	2
school psychologist through special ed		3	3
social–emotional behavior team		1	1
social workers		2	2
use of school police officers		1	1
working with STAN counselor		4	6
Additional data		0	0
courses taken		8	9
defining mental health		8	8
degrees in field of counseling		8	8

Name	Description	Files	References
most common mental health issues		8	8
recommendations for counselor prep-education		7	8
recommendations for mental health services		8	9
recommendations for PD		7	8

Appendix F: Data Analysis Summary

Research Question 1 Themes

Table F1

Theme 1: Acting as a Mental Health Professional Means Focusing on Immediate Needs

Theme Code *Subcode*	Files	References
Theme 1: Acting as a mental health professional means focusing on immediate needs	7*	15*
attending to student mental health needs	5	8
additional support and reinforcement	1	2
anxiety intervention	2	2
crisis intervention	1	1
determining degree of intervention	2	2
ensuring students know they are supported	1	1
defining role as mental health professional	7*	7*
academically focused	1	1
ensuring students are educated	1	1
facilitator of connections	1	1
meeting students' immediate needs	3	3
providing general guidance	1	1

Note. * Indicates aggregated total.

Table F2

Theme 2: Acting as Social-Emotional Leader Means Acting in a Support Role

Theme Code *Subcode*	Files	References
Theme 2: Acting as social–emotional leader means acting in a support role	8*	21*
attending to student mental health needs	7*	10*
collaboration with licensed professional counselor	1	1
giving space and time	1	1
primarily in crisis context	1	1
refer to outside agencies	3	3
social–emotional guidance of students	2	2
using counseling team and family specialist	1	2
defining role as social-emotional leader	8*	11*
big picture observer	1	2
providing education for staff	3	4
support role as resource provider	5	5

Note. * Indicates aggregated total.

Table F3

Theme 3: Perception of Conjoint Roles Shapes Intervention and Perceptions of Success

Theme Code *Subcode*	Files	References
Theme 3: Perception of conjoint roles shapes intervention and perceptions of success	8*	105*
challenges	8*	14*
dealing with difficult parents	5	5
lack of community resources	1	1
noncounseling administrative clerical duties	4	5
offering pattern breaking perspective	1	2
time establishing relationship with student	1	1
confidence and competence	8*	14*
confidence managing anger	2	2
confidence managing autism and Intellectual and developmental disabilities IDD	1	1
confidence managing self-esteem issues	1	1
confidence managing self-injury	1	1
confident managing relational issues	1	1
confident navigating anxiety	2	2
less confidence in managing anger	1	1
less confidence with gender identity issues	1	1
less confident managing suicide	1	1
less confident with grief	2	2
less confident with need for deeper interventions	1	1

Note. * Indicates aggregated total.

Table F4

Theme 3: Perception of Conjoint Roles Shapes Intervention and Perceptions of Success

Theme Code *Subcode*	Files	References
Theme 3: Perception of conjoint roles shapes intervention and perceptions of success	8*	105*
conjoint role influence on practice	8*	8*
balancing meeting student needs with broader objectives	3	3
drawing on skills from both roles	3	3
not making a larger impact	1	1
striving to be proactive	1	1
intervention contexts	6*	9*
anxiety	2	2
spectrum of mental health issues	3	4
suicidal ideation	1	1
trauma	2	2
intervention experiences	6*	9*
de-escalating student in crisis	1	2
overachieving student	1	1
protection of student from abusive parent	1	1
providing wraparound services	1	1
student grief	1	1
student with suicidal intent	1	1
students struggling with adults' perceptions	1	2

Note. * Indicates aggregated total.

Table F5

Theme 3: Perception of Conjoint Roles Shapes Intervention and Perceptions of Success

Theme Code *Subcode*	Files	References
Theme 3: Perception of conjoint roles shapes intervention and perceptions of success	8*	105*
most difficult issue to address	8*	9*
depression	1	1
diagnosed without medication	1	1
severely emotionally disturbed	2	2
suicidal ideation	3	4
trying to diagnose	1	1
outcomes	8*	12*
academic anxiety eased	1	1
awareness created	1	1
cases resolved without tragedy	1	1
ensuring visibility as helper	1	2
established relationships	1	1
giving students sense of control	1	1
intervention plan created	1	1
lack of connectivity in multisystem collaboration	1	2
lack of support for mental health	1	1
spectrum of good and bad outcomes	1	1
providing mental health intervention and services	8*	30*
check ins on academics and social–emotional health	1	1
collaboration with teachers, social workers, and counselors	5	8
counseling team	1	1
determining degree of intentionality	2	2
guidance presentations and individual sessions	1	1
helping students process	2	2
involvement of family and mental health agencies	8	12
offering 504 accommodations	1	1
schoolwide services	1	1
screening and short counseling sessions	1	1

Note. * Indicates aggregated total.

Research Question 2 Themes

Table F6

Theme 4: Amount of Training in Social-Emotional Learning, Mental Health, Multisystem Collaboratives, and School-Based Systems of Mental Health Care - Influences Experiences

Theme Code *Subcode*	Files	References
Theme 4: Amount of training in social-emotional learning, mental health, MSCs, and school-based systems of mental health care - influences experiences	8*	16*
collaboration training	4	4
guidance lessons training	2	2
range of training	1	1
mental health	5*	6*
classes-training for degree	2	2
self-harm suicide preventions	1	1
very little training	3	3
social-emotional learning	3*	3*
district social-emotional learning specialist	1	1
no official training	1	1
presentations	1	1

Note. * Indicates aggregated total.

Table F7

Theme 5: Challenges and Constraints Show Gaps in Capacity to Meet Student Needs

Theme Code *Subcode*	Files	References
Theme 5: Challenges and constraints show gaps in capacity to meet student needs	8*	22*
challenges addressing student needs	5*	12*
accessing outside help	1	1
counselor comfort level with different tiers	1	2
FERPA privacy and different policies	1	1
inconsistent communication with outside agencies	2	2
lack of mental health support team	1	1
lack of space for outside counseling	1	2
need better relationships with MHPs	1	1
need for more collaboration inside school	1	1
safety plans in school setting	1	1
contextual influences on practices	8*	10*
challenges meeting needs of students at different tiers	1	1
lack of agency follow up	1	1
meeting student where they are	2	2
recognizing counselor areas of strength and weakness	1	1
reinforcement on need for continual learning	2	2
time constraints limit collaboration opportunities	1	1
time constraints on accessing resources	1	2

Note. * Indicates aggregated total. FERPA = Family Educational Rights and Privacy Act.

Table F8

Theme 6: Degree of Resources and Collaborative Supports Affect Ability to Serve Students

Theme Code *Subcode*	Files	References
Theme 6: Degree of resources and collaborative supports affect ability to serve students	8*	63*
attending to student mental health needs through collaboration	7*	9*
collaboration with parents	4	4
collaboration with teachers on district mandated topics	2	2
communication between clinic and school	2	2
ensuring staff knowledgeability	1	1
collaborating with outside mental health professionals	8*	25*
building good relationships for positive outcomes	1	1
Communities in Schools	5	5
connection through student referral	3	3
involvement of Texas Child Health Access Through Telemedicine	4	5
mental health clinics and treatment centers	4	4
multiorganization team effort	2	2
Next Steps-Sources of strength	1	1
representatives' presence at meetings-trainings	2	2
special needs organizations	1	1
substance abuse support	1	1
experiences supporting students	5*	9*
collaboration with Communities in Schools	1	1
collaboration with family specialist - language barrier	1	1
collaboration with Mobile Crisis Outreach Team	1	2
collaboration with Student Teacher Assistance Network counselor	*1*	1
school-based system multitiered interventions	2	4
school based programs and services	8*	20*
counseling team and family specialist	2	3

Theme Code *Subcode*	Files	References
licensed professional counselor and licensed professional counselor associate	1	2
need to have more in place	2	2
school psychologist through special education	3	3
Social-emotional behavior team	1	1
social workers	2	2
use of school police officers	1	1
working with Student Teacher Assistance Network counselor	4	6

Note. * Indicates aggregated total.

Table F9

Additional Data

Additional data	?	?
courses taken	8	9
defining mental health	8	8
degrees in field of counseling	8	8
most common mental health issues	8	8
recommendations for counselor prep-education	7	8
recommendations for mental health services	8	9
recommendations for professional development	7	8
multisystem collaboration	1	2
lack of support for mental health	1	1
spectrum of good and bad outcomes	1	1
providing mental health intervention and services	8	30
check ins on academics and social–emotional health	1	1
collaboration with teacher’s	5	8

social workers and counselors			
counseling team		1	1
determining degree of intentionality		2	2
guidance presentations and individual sessions		1	1
helping students process		2	2
involvement of family and mental health agencies		8	12
offering 504 accommodations		1	1
schoolwide services		1	1
screening and short counseling sessions		1	1
RQ2 Contexts influencing experiences in domains MSC and SBSMHC		0	0
Theme 4 Amount of training in SEL mental health MSCs and SBSMHC influences experiences		8	16
collaboration training		4	4
guidance lessons training		2	2
mental health		5	6
classes-training for degree		2	2
self-harm suicide preventions		1	1
very little training		3	3
range of training		1	1
SEL		3	3

district SEL specialist		1	1
no official training		1	1
presentations		1	1
Theme 5 Challenges and constraints show gaps in capacity to meet student needs		8	22
challenges addressing student needs		5	12
accessing outside help		1	1
counselor comfort level with different tiers		1	2
FERPA privacy and different policies		1	1
inconsistent communication with outside agencies		2	2
lack of mental health support team		1	1
lack of space for outside counseling		1	2
need better relationships with mental health professionals		1	1
need for more collaboration inside school		1	1
safety plans in school setting		1	1
contextual influences on practices		8	10
challenges meeting needs of		1	1

students at different tiers			
lack of agency follow up		1	1
meeting student where they are		2	2
recognizing counselor areas of strength and weakness		1	1
reinforcement on need for continual learning		2	2
time constraints limit collaboration opportunities		1	1
time constraints on accessing resources		1	2
Theme 6 Degree of resources and collaborative supports affect ability to serve students		8	63
attending to student mental health needs through collaboration		7	9
collaboration with parents		4	4
collaboration with teachers on district mandated topics		2	2
communication between clinic and school		2	2
ensuring staff knowledgeability		1	1
collaborating with outside mental health professionals		8	25
building good relationships for		1	1

positive outcomes			
Communities in Schools		5	5
connection through student referral		3	3
involvement of TCCHAT		4	5
mental health clinics and treatment centers		4	4
multiorganization team effort		2	2
Next Steps-Sources of strength		1	1
representatives' presence at meetings-trainings		2	2
special needs organizations		1	1
substance abuse support		1	1
experiences supporting students		5	9
collaboration with Communities in Schools		1	1
collaboration with family specialist-language barrier		1	1
collaboration with MCOT		1	2
collaboration with STAN counselor		1	1
school based system multi-tiered interventions		2	4

school based programs and services		8	20
counseling team and family specialist		2	3
LPCs and LPCA		1	2
need to have more in place		2	2
school psychologist through special ed		3	3
social–emotional behavior team		1	1
social workers		2	2
use of school police officers		1	1
working with STAN counselor		4	6
Additional data		0	0
courses taken		8	9
defining mental health		8	8
degrees in field of counseling		8	8
most common mental health issues		8	8
recommendations for counselor prep-education		7	8
recommendations for mental health services		8	9
recommendations for PD		7	8