Confusion, Crisis, and Opportunity: Professional School Counselors' Role in Responding to Student Mental Health Issues

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Abstract

With the array of challenges facing today's youth, school counselors are in a unique position to recognize and respond to the diverse mental health needs of students. After a brief examination of the challenges and some promising responses, this article will consider the use of advocacy, collaboration, and professional development to aid school counselors in utilizing culturally responsive efforts to promote mental health and assist with the amelioration of student mental health concerns.

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An alarming and increasing number of our students struggle with mental health issues while communities continue to cope with insufficient availability of affordable mental health care (Dollarhide, Saginak, & Urofsky, 2008; Erford, Newsome, & Rock, 2007; National Assembly on School-Based Health Care, 2009). Research indicates that one-fifth or more of the children and adolescents in this country will experience mental health issues such as depression, self-injurious behavior, substance abuse, anxiety, and a plethora of other concerns (Kaffenberger & Seligman, 2007; National Assembly on School-Based Health Care) and approximately one in ten children will experience serious emotional disturbances (Teich, Buck, Graver, Schroeder, & Zheng, 2003). Yet only twenty percent of these students will receive services (Erford, et al.) and nearly one-half of the students with emotional problems drop out of school (Kaffenberger & Seligman; Stoep, Weiss, Saldanha, Cheney, & Cohen, 2003).

Given the frequently symbiotic relationship of academic and emotional difficulties, students affected by mental health concerns can manifest academic, emotional, and behavioral difficulties that can compromise their long-term educational attainments, emotional well-being, and occupational success (Roeser, Eccles, & Strobel, 1998). In addition, unresolved student mental health needs can lead to school safety concerns (Stone & Dahir, 2006). A number of researchers contend that schools are primary settings for resolution of childhood mental health issues (Allen, et al., 2002; Bardick et al, 2004; Burrow-Sanchez, Lopez, & Slagle, 2008; Carney & Cobia, 2003; Center for School Mental Health, 2009; Erk, 2008; Foster et al, 2005; National Assembly on

School-Based Health Care; 2009; Roberts-Dobie & Donatelle, 2007; USDHHS, 1999; Watkins, Ellickson, Vaiana, & Hiromoto, 2006). Yet Weist (2005) notes, “mental health services in schools remain marginalized… Further, the linkages to community mental health programs and resources typically are poor and there are barriers to youth obtaining effective mental health services in schools” (p. 735).

Schools, Communities, and Mental Health

The progressive era in education in the 1890’s spawned the dawn of mental health services in schools (Weist, Evans, & Lever, 2007). The early portion of the twentieth century featured the origination of several school specialists (e.g., social workers, school psychologists, and school counselors) who have had varying roles in servicing student mental health needs. Support for mental health services waxed and waned through out the twentieth century (Dollarhide & Saginak, 2008; Flaherty & Osher, 2007).

The movement for school-based comprehensive health services (with mental health being the fastest growing component of these centers) began its most recent blossoming in the 1990’s, with the number of school-based health centers growing from 200 in 1990 to more than 1700 in 2004 (National Assembly on School-Based Health Care, 2009). Outcome data for students receiving mental health services from a school-based mental health program are promising in terms of academic success and behavioral indicators (Center for School Mental Health, 2009; Weist, et al., 2007). The President’s New Freedom Commission on Mental Health posited, “children receive more services through schools than any other public system, federal, state, and local agencies and schools should fully recognize and address the mental health needs of

youth in the education system" (2003, p. 4). Still, the system for delivering mental health services to students and their families is a fragmented patchwork currently and only a portion of the students are able to access the type(s) of assistance they need (Teich, et al., 2003; Weist, 2005).

Even though schools are often the first place where student mental health issues are recognized and addressed (Froeschle & Meyers, 2004), school counselors and others who provide mental health services face resistance in the policy arena. "While they have become a de facto mental health system for children, schools are not universally eager to embrace a mental health agenda as part of their academic mission" (National Assembly on School-Based Health Care, 2009). With the pressure and priorities on enhanced academic performance, funding challenges, and stigmas or misunderstandings about mental health services; schools are skittish or outright resistant about embracing enhanced mental health as part of their mission (Adelman & Taylor, 2007; National Assembly on School-Based Mental Health). An additional oppositional argument that has some currency currently is the concern that additional services might violate family rights (Kaplan, 1996).

While proponents of school-based mental health services have evidence and arguments to support their agendas (Erk, 2008), they have not yet provided a compelling, comprehensive vision that links mental healthiness to academic success and removes barriers to learning while enhancing behavioral outcomes (Adelman & Taylor, 2007). The news is not all dour. While significant strides remain to be made, it seems that school counselors have been increasingly successful in connecting the mission of their school counseling programs to the academic missions of the schools

and appear to be making progress at moving from auxiliary/support status to being seen as essential to students' educational success (Stone & Dahir, 2006).

Cultural Discrimination and Disparities

Hoffman and Sable (2006) reported that there were forty-eight million children in elementary and secondary public school in 2003-2004. Of these students, 1.2 percent are American-Indian/Alaska Native, 4.4 percent Asian/Pacific Islander, 18.5 percent Hispanic, 17.1 Black non-Hispanic, and 58.7 percent White non-Hispanic. In addition, of the 95,696 schools in the report, 53.3 percent of the schools are school wide Title I eligible. Poverty increases the likelihood of children being exposed to violence, racism, and transience, child abuse, learning disabilities, and other mental health issues (Holcomb-McCoy, 2007; McAuliffe, Danner, Grothaus, & Doyle, 2008). Unfortunately, these factors can be exacerbated by barriers to learning in the school environment (Adelman & Taylor, 2007; Cholewa & West-Olatunji, 2008; Erk, 2008).

While students of families with low income are at greater risk for mental health concerns, often due to environmental stressors; they are less likely to receive appropriate services (Kaffenberger & Seligman, 2007; Kress, Erikson, Rayle, & Ford, 2005; Paniagua, 2005; Vera, Buhin, & Shin, 2006; Wolf & Mash, 2006). Not surprisingly, wealthier communities tend to have more access and resources; "the reality in poor neighborhoods… is that there are simply not enough community agency resources" (Adelman & Taylor, 2007, p. 30). Income disparity is not the only factor; discrimination against students of color, LGBT youth, and other non-dominant status individuals also exacts a mental health and academic cost (Cholewa & West-Olatunji, 2008; Flaherty & Osher, 2007; Holcomb-McCoy, 2007; McAuliffe, Danner, Grothaus, & Doyle, 2008;

McAuliffe, Grothaus, Pare, & Wininger, 2008; Paniagua; Smith & Chen-Hayes, 2004; Vera, et al.).

In addition to developmental processes being shaped by individual and cultural differences, the expression and communication of disorders, the choice to seek help or not, the sources of assistance, treatment processes, and desired outcomes are also culturally influenced (Johnson & Tucker, 2008). In addition to the myriad of challenges school counselors face, they must also consider the "many diversity constructs of their students, ethnicity, gender, sexual orientation, ability and disability levels, and religious/faith" when providing developmental and holistic services (Gregg, 2000, p 3). School counselors must have a thorough understanding of culture and the ways it impacts child and adolescent mental health, psychopathology, service utilization, assessment, and treatment (Constantine & Sue, 2005; Cuellar & Paniagua, 2000) and also have skills in providing culturally responsive services (McAuliffe, Grothaus, Pare, & Wininger, 2008). School counselors also need to be aware of their own cultural biases and assumptions so that they can be effective in improving the learning climate of their students (Auwarter & Aruguete, 2008; Holcomb-McCoy, 2007).

School Counselors and Mental Health

Mental health is considered a crucial component of a professional school counselor's role; being knowledgeable about the terminology, symptoms, medications, legislation and policies, and systemic barriers to accessing services is vital (Dollarhide, et al., 2008; Erford, et al., 2007; Kaffenberger & Seligman, 2007). Yet some question whether school counselors are doing enough to meet the complex needs of children who are at-risk (Keys, Bemack, & Lockhart, 1998). School counselors are encouraged

to implement comprehensive programs aligned with the American School Counselor Association National Model (ASCA, 2005) but “many students come to school with problems that limit their personal-social, career, and educational development, and this seems to be overlooked in the framing of the ASCA National Model” (Brown & Trusty, 2005, p. 12). The debate about the school counselor’s role in recognizing and responding to student mental health concerns is neither new nor easily resolved.

While the Council for Accreditation of Counseling and Related Educational Programs (CACREP) (2009) standards for school counselor preparation clearly acknowledge the educational setting in which school counselors work, they do not require any education courses for school counselors-in-training. In addition, even though CACREP accredited counselor education programs are providing courses that meet CACREP standards and guidelines, content pertaining to student mental health is only briefly addressed in many programs (Roberts-Dobie & Donatelle, 2007; Walley, 2009). Perusse, Goodnough, & Noel, (2001) examined school counseling preparation programs nationally. Only 14% of the respondents indicated that courses pertaining to psychopathology, DSM- IV, diagnosis, and substance abuse were required for school counselors.

On the other hand, ASCA states that school counselors are “educators with school counseling training” (2004), yet also notes school counselors’ “significant, vital, and indispensable contribution toward the mental wellness of ‘at-risk’ students” (ASCA, 1999) and recognizes a need for an “understanding of the continuum of mental health services, including prevention and intervention strategies” (ASCA, 2008). This challenging balance of educator and counselor roles can be complicated or

compromised by numerous additional factors, such as: large school counselor to student ratios (average of 476:1), time consuming non-counseling duties, a misunderstanding of our roles by school and community stakeholders, increasing complexity of the job demands, varying role expectations by administrators and supervisors, the lack of counseling supervision, school system policies limiting counseling activity, limited knowledge about mental health issues, lack of collaboration with community mental health providers, and lack of training or professional development (Dollarhide, et al., 2008; Foster, et al., 2005; Kaffenberger & Seligman, 2007; Keys & Lockhart, 1998; Lambie & Williamson, 2004; Paisley & McMahon, 2001; Walley, 2009).

Regardless of the complicating factors delineated above, school counselors are more likely than counselors in any other setting to encounter young people with mental health signs or symptoms on a daily basis (Allen et al., 2002; Erk, 2008). While many professionals (e.g. teachers, school nurses, social workers, school psychologists) are involved in providing mental health services to students, the predominant purveyors of services for students' mental health issues are school counselors (Burrows-Sanchez, Lopez, & Slagle, 2008; Foster, et al., 2005). School counselors are encountering students dealing with various mental health issues and crises (Allen et al., 2002; Roberts-Dobie & Donatelle, 2007) such as: eating disorders (Bardick et al, 2004), suicide (Gibbons & Studer, 2008; King, 2000; King & Smith, 2000), HIV (Carney & Cobia, 2003), attention-deficit/hyperactivity disorder (Schwiebert, Sealander, & Dennison, 2002), social anxiety (Herbert, Crittenden, & Dalrymple, 2004), depression (Auger, 2005), and substance abuse (Burrow-Sanchez, et al., 2008). However, many

school counselors have reported that more training is needed in both the graduate programs and in the work setting to effectively address the needs of students (Allen, et al., 2002; Herbert et al., 2004; King & Smith, 2000; Roberts-Dobie & Donatelle, 2007; Walley, 2009). There appears to be a disconnect between training and actual working setting that hinders schools counselors' effectiveness in addressing the mental health needs of students (Foster, et al., 2005; Scarborough, 2005; Perusse & Goodnough, 2005).

Implications

School counselors are called to take a leadership role in the prevention and amelioration of student mental health concerns by advocating, educating, collaborating, and working for systemic change (ASCA, 2005). One such effort could involve school counselors advocating for the reduction of their non-counseling duties to allow time to more effectively promote mental healthiness and also to address students' mental health issues. Use of disaggregated data to document positive progress toward school improvement goals can be a compelling argument. In addition, educating school and community stakeholders about the training and roles of professional school counselors can be accompanied by the provision of culturally appropriate information regarding mental health issues.

School counselors are expected to "specifically address the needs of every student, particularly students of culturally diverse, low social-economic status and other underserved or underperforming populations" (ASCA, 2005, p. 77). Given the scope of the student mental health needs and the promising outcome data from school-based mental health efforts (Center for School Mental Health, 2009; Weist, et al., 2007);

collaboration with community resources is essential (Bemak, Murphy, & Kaffenberger, 2005; Brown, Dahlbeck, & Sparkman-Barnes, 2006; Kaffenberger & Seligman, 2007; Stone & Dahir, 2006). It can lead to reduction of redundant efforts by isolated service providers and also increase efficacy and marshal limited resources in a more effective fashion. Although difficult, it is also imperative to collectively address the "barriers that impede students' success and collaborate to impact the conditions necessary for all students to be successful in their academic, career, social, emotional, and personal development…challenging the rules and regulations that deny students access" (Stone & Dahir, 2006, p.121). Being an active advocate in the school's community is a step in this direction, as is attempting to influence local, state, and federal policies and legislation (Ratts, DeKruyf, & Chen-Hayes, 2008; Vera, et al., 2006).

Clark and Horton-Parker (2002) encourage school counselors to access needed additional training, on their own if need be, to attain experiences and knowledge that will assist them in recognizing and responding to students' mental health needs. Attending workshops and conferences covering child and adolescent mental issues can increase knowledge, confidence, and competence (Tang et al., 2004). Ideally, professional development will also examine strategies and information for eliminating environmental factors that exacerbate mental health concerns.

An additional promising venue for professional development is professional supervision which has been referred to as "the most effective means of assisting another's growth and development" (Gysbers & Henderson, 2006, p. 286), yet only approximately one in four school counselors regularly participates (Grothaus, 2007). The absence of clinical supervision has been linked with eroded professional identity for school counselors, less

effective job performance, and reduced skill levels (Gysbers & Henderson, 2006; Herlihy, Gray, & McCollum, 2002; Lambie & Williamson, 2004) Herlihy, et al., note that "in the absence of any clinical supervision, school counselors may not be receiving any feedback or assistance in improving their clinical skills and any deficiencies in clinical performance may go undetected" (p. 59).

Several modes of providing supervision for school counselors have been suggested: training an adequate number of supervisors in each district and allotting time for them to engage their colleagues in supervision; arranging with local university faculty or mental health professionals for provision of supervision; e-mail or web-based supervision; and training school counselors to engage in peer supervision- either dyadic or small group (Magnuson, Norem, & Bradley, 2001). In addition, given the increasing diversity of our schools, with the vast majority of school counselors in the U.S. identify themselves as White European-American, Martinez & Holloway, (1997) noted that "supervision has often been considered the place where the development of the competent multicultural practitioner could occur" (p. 329). With school counselors also encountering legal and ethical challenges to a greater degree than counselors in other settings (Remley, 2002) and handling a wider range of responsibilities than their counseling counterparts elsewhere (Magnuson, et al.), the need for quality clinical supervision appears clear. Because children and adolescents spend a sizable portion of their time in the school setting, school counselors are situated to play a vital role in promoting mental health and preventing and assisting with the amelioration of the mental health concerns of students (Burrow-Sanchez, et al., 2008; Roberts-Dobie & Donatelle, 2007; Wolfe & Mash, 2006). School counselors can sound the clarion call to

heed the mental health needs of our students and their families. While it is an expensive and extensive venture, it appears that our students and society will pay a dearer cost if we do not respond to the challenge.

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Biographical Statement

Cynthia T. Walley is an assistant professor at Hunter College and a National Certified Counselor. She received a Ph.D. in Counselor Education from Old Dominion University in 2009. Her interests include mental health counseling and school counseling in general, with a specialization in counseling children and adolescents. As a mental health counselor at a community service board, she collaborated with school counselors to meet the diverse needs of clients with an array of mental health issues. Ms. Walley has collaborated on research pertaining to self-jurious behavior, adolescent intimate partner violence, adolescent substance abuse, and wrote her dissertation on school counselor conceptualization of their training to recognize and respond to adolescent mental health issues.

Tim Grothaus is an assistant professor and coordinator of the school counseling specialty area in the Counseling and Human Services department at Old Dominion University. He received a Ph. D. in counselor education from the College of William & Mary in 2004 after serving over 20 years as a school counselor, teacher, therapist, coordinator of a youth leadership development program, and youth minister. He currently serves as the past-president of the Virginia School Counselor Association and is on the ASCA positions statement committee. His primary research interests include: professional development of school counselors, multicultural competence, and supervision.

Laurie M. Craigen, PhD, LPC, is an Assistant Professor of Human Services at Old Dominion University. She received her Ed.S. in School Psychology and her PhD in Counselor Education from the College of William and Mary. Laurie is also

a practicing Licensed Professional Counselor, and currently works with children, adolescents, adults, and families. Her research interests include adolescent mental health issues, professional development, training, self-injury, and dating violence.