

The Role of the School Counsellor as a Frontline Mental Health Professional:
Views, Experiences, Approaches, Outcomes, and Challenges

by

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Abstract

School counsellors are individuals with specialized training in social-emotional support for children and adolescents. In fact, school counsellors are the front-line school personnel who recognize and respond to various student mental health concerns. Despite the important role of school counsellors, there is little research that explores the experiences and perceptions of school counsellors who support students with mental health concerns. Using a phenomenological qualitative approach, this study is based on a set of interviews conducted with four school counsellors who work with students ranging from kindergarten to grade 12. School counsellors were interviewed individually and asked about their views, experiences, approaches, outcomes, and challenges in relation to supporting students with mental health concerns. Data analysis explored the lived experience and essential themes of school counsellors working as mental health professionals.

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CHAPTER 1: INTRODUCTION

Mental Health

The World Health Organization describes mental health as “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community” (2010, p.2). Most importantly and crucial to a full understanding of this topic is that mental health is much more than the absence of mental disorders. Over the course of any person’s life, it is highly likely that they will develop a mental health problem themselves or have close contact with someone who does. In Canada, one in five individuals will experience some problem with their mental health (Government of Canada, 2006) while half of all mental health disorders begin by age 14, and 75 percent begin by age 24 (Kessler et al, 2005). A mental disorder or mental illness causes major changes in a person’s cognitions, emotional states and behaviors while significantly impacting an individual’s ability to function in their personal and professional relationships. When discussing mental health it remains important to discuss the difference between a mental illness or disorder and a mental health problem. A mental illness is diagnosed by a healthcare professional most often with the use of the Diagnostic and Statistical Manual IV (DSM IV) where a mental health problem is a broader term that can include mental illness or an individual living with symptoms that may not be severe enough to warrant a diagnosis. (Compassionate Classrooms, 2009, p. 5)

Common mental illnesses include:

- mood disorders – clinical depression, bipolar disorder, seasonal affective disorder

- anxiety disorders – obsessive compulsive disorder, post-traumatic stress disorder, phobias
- eating disorders – anorexia nervosa, bulimia, binge eating disorder
- personality disorders – borderline personality disorder
- attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD)
- schizophrenia and psychosis
- substance abuse and dependency disorders
- self harm and suicide

(Compassionate Classrooms, 2009, p. 10)

As stated previously, mental illness and mental health problems affect a significant segment of the population throughout the world. While widespread across demographics, there are particular groups of individuals who are at greater risk. A sampling of these groups includes those living with physical illness or disability, individuals who identify as part of the lesbian, gay, bisexual, transgendered, transsexual, queer/questioning (LGBTQQ) community, Aboriginal peoples, and new Canadians of culturally diverse backgrounds (Mental Health First Aid, 2010). Of particular concern are children and youth from these specific populations. Many of the above listed mental illnesses, or possible characteristics of these disorders, can present themselves in all children and youth throughout various developmental stages. At this point mental health not only becomes a concern for the child, adolescent, or family; but also the school system to which this young person belongs. Healthy Child Manitoba estimates that 70% of mental health problems and illnesses have their onset in childhood and adolescence. In

Manitoba, 20% of children experience social and emotional problems by age five (Rising to the Challenge, 2011). This has a significant effect on schools and the student's ability to function successfully in the classroom.

Mental Health in the School System

Today's schools are faced with the task of educating children and adolescents who are living with a wide variety of existing concerns. Poverty, violence, and changing family structure and dynamics are all factors that influence a child or adolescent's experience in the school system. However, ask virtually any teacher, school counsellor, clinician, or administrator to describe the challenges that interfere with a student's ability to succeed in school and often at the top of the list will be the increasing number of diagnosed and undiagnosed mental health disorders impacting the student population (Canadian Teachers' Federation, 2012). In the last few decades, there has been a clearly identified need for mental health support, intervention, and screening for early onset and already present mental health conditions in children and adolescents. A close look at alarming statistics reveals a clear connection between a student's mental health disorders and their difficulty experiencing success within the school system (Auger, 2011). Many children and adolescents with diagnosed or undiagnosed mental health concerns will have difficulty experiencing success in the classroom setting (Auger, 2011). Mental health disorders can interfere with school functioning, which includes academic success and maintaining positive relationships with teachers and classmates. In a 2009 report, the Canadian Council on Learning states "poor mental health in Canadian children poses significant risk to their academic development and puts them at greater risk of dropping

out of school, substance abuse and suicide” (p.4). Furthermore, the report continues to emphasize the fact that “schools are well positioned to be at the vanguard of public health strategies designed to prevent and detect mental health disorders amongst young people” (p.4). Mental health concerns, including depression and anxiety, require a young person to devote intense emotional energy and coping strategies to continue with and succeed in a regular routine. Schools are set-up to require organization, planning, and future-oriented thinking which can be difficult for a child or adolescent living in a depressive or anxious state.

A national survey by the Canadian Teachers’ Federation titled Understanding Teachers’ Perspectives on Student Mental Health (2012) asked 3,900 Canadian educators to identify the extent to which mental health-related problems were considered to be a significant concern in their school. The resulting list of the most pressing mental health concerns included attention deficit disorders, learning disabilities, stress, and anxiety disorders. Of specific note were the following conclusions:

- 90% of teachers surveyed agreed that attention deficit disorder (ADD) and attention hyperactivity disorders (ADHD), as well as learning difficulties, such as autism spectrum disorder and dyslexia, were pressing concerns in their school.
- 79% of teachers agreed that stress (i.e. students feeling over-stressed) was a pressing concern, including one-third who strongly agreed.
- 73% of teachers agreed that anxiety disorders were a pressing concern, including 24% who strongly agreed.
- 59% agreed that depression disorders were a pressing concern, including 16% who strongly agreed. (p. 11)

It is important to remember that it is not only teachers who experience challenges with students with mental health concerns. We must also recognize that “school counsellors, administrators, and other school staff can experience the same frustration and helplessness as classroom teachers” (Auger, 2011, p.4).

Mental Health and the School Counsellor

Aside from the family unit, the school system has the most contact with young people during their formative developmental years (Sofronoff, Dagliesh, & Kosky, 2005). Throughout the school day, adults spend numerous hours interacting with, observing, and educating these young people as their young minds, bodies, emotional regulation, interpersonal and coping skills develop. It is not surprising to learn that some of these adults begin to recognize various mental health concerns among the student population with whom they are working, while simultaneously peers may also begin to recognize or be privy to the mental health concerns of their classmates. Individuals with close ties to the educational system know that “psychological well-being is a precondition for students’ success in school and that, as teachers are responsible for teaching all children to read, school mental health providers are responsible for insuring that all students have the psychological competence needed for learning” (Doll & Cummings, 2008, p. 3). Schools serve not only as front line mental health support for children and adolescents; but for many, the school counsellor may be the only mental health support available (Bailey, 2000; Baruch, 2001). For many families, access to mental health care is not easily accessible. Due to issues related to finances or even mobility, the community’s school counsellor may be the most accessible mental health professional. Mental health is

considered a crucial component of a professional school counsellor's role; being knowledgeable about the terminology, symptoms, medications, resources, and clinical interventions is essential to providing service to the student population.

Rationale for the Study

It remains of great importance for qualitative researchers to acknowledge all experiences, prior knowledge, and biases related to their topic of study. I have eleven years of experience in the education and public school system. My experience includes time as a classroom teacher and, most recently, fulltime employment as a school counsellor. I currently work as a school counsellor in a centrally located Nursery to Grade 9 school in Winnipeg, Manitoba. My time as a classroom teacher, but most recently, my experience as a school counsellor, has introduced me to a variety of children and adolescents with mental health concerns. My current experiences include supporting students who are struggling with depression, anxiety, identity, early onset schizophrenia, substance use, learning disabilities, self-harm, and suicide. Throughout my work I have noticed the increase in awareness of mental illness and mental health problems arising in the school system, particularly amongst the later elementary and junior high populations. In addition, throughout the last three years I have noticed an expansion in mental health related professional development being offered divisionally and provincially for school counsellors. Divisionally, many of our counsellors are embarking on training related to anxiety and depression prevention programming, while some of this training even involves classroom teachers as part of the conversation. There are even some divisions

that are beginning to collaborate with local health authorities in the promotion and celebration of positive mental health.

Part of my experience also includes my clinical practicum placement in fulfillment of my Master's degree program. My placement was with an agency that provided clinical services to children, adolescents, and families in crisis. These services include solution-focused brief therapy sessions, psychiatric consultations, and access to in-home crisis response services. This internship provided me the opportunity to work in a clinical setting with youth and families in need of support. The clients I worked with were all living with mental health concerns that had a significant impact on their daily lives and routine. Since this was a youth-serving agency, all of my clients had a connection with the school system. It was during my practicum placement and in my role as a clinical therapist that I started to observe connections and notice similarities between my work at the clinical agency and my practice in the public school system. In addition, my role as a therapist required me to, at times, connect with staff at my client's school. Often times the staff member I would be connected with would be the school counsellor. In my role as an agency therapist I was astounded at the number of school counsellors who were providing clinical service, which would often include school-based counselling, crisis intervention, and external referrals. These school counsellors were essentially operating as front line mental health professionals.

The purpose of this qualitative study was to gain an understanding of the role school counsellors play in supporting students with mental health concerns. Specifically, this study seeks to further understand and document school counsellors' views,

experiences, approaches, outcomes, and challenges when working with students who have a mental illness or mental health concern.

Limitations

There is an inherent vulnerability for all qualitative research that is dependent upon the participants' accounts of situations. The information obtained is intrinsically subjective, not objective reports, as the main interest lies in how the participant perceived specific experiences. However, even quantitative data, which includes surveys or tests, could be vulnerable to participant's recall of an event or situation. Both these methods rely on the lived experiences of specific individuals and there is an assumed understanding that deception or bias is not part of the research. Furthermore, most researchers engaging in lengthier and in-depth interviews are often able to detect deception or dishonesty in the data they are collecting.

In all, with a clearly defined need for this study, it is in this project that I investigate professional school counsellors' views, experiences, approaches, outcomes and challenges in relation to working with students' mental health. The following research question guides and informs these meaningful conversations: "What are the experiences and perceptions of school counsellors supporting students with a mental health concern?"

CHAPTER 2: LITERATURE REVIEW

There is a noted gap in the research regarding the perceptions and experiences of school counsellors who support students with mental health concerns. Some research exploring experiences and perceptions of social workers, psychologists, and psychiatrists is available (El-Adl & Hassan, 2009; Darden & Rutter, 2011; Singer & Slovak, 2011), yet the voice of the school counsellor is profoundly absent in the literature. I trust that this study will provide a voice to school counsellors in expressing their perceptions and experiences with school-based mental health interventions.

Mental Health Programming in Schools

A number of researchers agree that schools are primary settings for prevention and promotion of child and adolescent mental health issues (Allen, et al., 2002; Barwick, 2000; Burrows-Sanchez, Lopez, & Slagle, 2008; Lockhart & Keys, 1998; Wilson, Tang, Schiller, Sebera, 2009; Watkins, Ellickson, Vaiana, & Hiromoto, 2006). As previously noted, the rates of mental illness and related mental health concerns are a serious concern for our child and adolescent populations (Government of Canada, 2006; Kessler et al, 2005). Schools, families, community centres, sports teams, faith-based organizations, and other related institutions, are all witness to the mental health concerns which are presenting themselves in our younger generation. One might think that mental health concerns would solely be observed or noted in clinical institutions, such as hospitals or clinics; however, current research has shown that school counsellors are more likely than counsellors in any other setting to encounter young people with mental illness signs and symptoms on a daily basis (Allen et. al, 2002). While many other professionals, including teachers, school social workers, and school psychologists, are involved in providing

mental health support to students; the predominant and most immediate on site mental health service providers are school counsellors (Burrows-Sanchez, Lopez, & Slagle, 2008). Aside from the family, young people spend the majority of their developmental years in the school setting (Sofronoff, Dalglish, & Kosky, 2005). Schools not only serve as front line mental health support for children and adolescents; for many, the school counsellor may be the only mental health provider available (Bailey, 2000; Baruch, 2001), while limited access to mental health care and support is particularly acute for children and families of low socio-economic status (Lockhart & Keys, 2001). In fact, students show up at their appointments in schools at rates above 90 percent and at clinics at rates below 50 percent. (Noam & Bernstein-Yamashiro, 2013). Schools are community-based organizations that are often more accessible than many other agencies that work with youth and families. In all, looking at the recent statistics on child and adolescent mental health it would be difficult to imagine a family not affected by some form of mental health concern.

The Role of the School Counsellor

Recent research points to a need for redefining the role or function of a school counsellor, especially when one considers who should be running programs in the school and addressing the mental health needs of students. Flett and Hewitt (2013) recently highlighted the key role school counsellors could play in school-based mental health programming.

A related and vitally important issue is the question of who will offer these essential prevention and intervention programs. Standard models and practices of guidance delivery already suffer from a lack of available trained staff. Classroom teachers neither

have the necessary training in mental health promotion nor should they be expected to be the prime delivery source. What is clearly needed is the creation of a new role—the school mental health counsellor/coach, who has not only received professional training as a teacher but who has also extensive training in basic psychological principles, methodologies and techniques. These mental health counsellors can direct and facilitate class discussions designed to enhance mental health literacy and reduce levels of stigma (Flett and Hewitt, 2013, p.22).

Flett and Hewitt have clearly recognized a need for mental health support in the school system and are suggesting how the role of the school counsellor could be reconfigured to best meet the demands of schools.

Schools can implement positive prevention and interventions designed to promote coping and problem-solving skills; as well as emphasize concepts emerging from the growing field of positive psychology (e.g., hope, optimism, self-compassion). Classroom discussions can be supplemented by additional online material and exercises designed to help promote key principles and themes among the students as well as their parents. Proactive prevention should occur at various points across the grade range with age-appropriate prevention efforts because it is likely that brief and time-limited interventions will have limited effectiveness (Flett and Hewitt, 2013, p.23).

As the needs of the student population and society have changed, so has the role of the school counsellor. While school counsellors previously focused on guidance, the role has expanded to include personal counselling (Barwick, 2000). Many of today's school counsellors do not necessarily fall under the category of guidance services – which would typically include individuals who solely provide information to students (i.e.: university

promotion, school-based course changes, credit checks, and career advice). School counsellors provide students with counselling and other clinically-based supports that meet the mental health needs of children and adolescents in the educational system.

Counsellors as Leaders in the School Setting

Professional school counsellors work with a multitude of individuals including students, staff, and families. Their role involves not only an element of collaboration, but also leadership. In fact, there is recent documentation in Littrell and Peterson's (2001) ethnographic study that showed an elementary school counsellor in collaboration with other building educators was able to improve the overall school climate and move the school toward a healthier learning environment. Furthermore, through the implementation of classroom and whole-school initiatives, the school counsellor begins to take on a leadership role in the school setting. By working in a consultative and collaborative model with staff, students, and parents, the school counsellor takes on a visible role in the school environment. Mason (2009) states that "traditionally leadership within schools was seen as the domain of the school administration because of the executive and managerial hierarchies common in schools" however, more recently "scholars have promoted new conceptualizations of leadership that have more to do with skills, relationships, and processes than with authoritative power or position within a hierarchy" (p. 107). In addition, Kose (2010) simultaneously calls for recognition that school counsellors do in fact take on prominent roles in the school system.

If the new vision requires school counsellors to serve all students, not just those who need individual assistance, then school counsellors are expected to provide leadership not only at an individual level, but also at the school system level. Taking a

leadership role at the school system level to promote whole school improvement and the academic success of all students requires school counsellors to implement system-focused activities and involves school-wide change efforts (p. 4).

Counsellors Working Collaboratively

Further consideration of professional and personal role identity remains an important facet of this project. Like many careers in the education field, school counsellors often struggle with role identity and external demands from various co-workers. Falls and Nichter (2007) noted there is a paucity of literature addressing school counsellors' experiences of job stress. Amongst their discussion, which involved issues of role conflict and confusion, the researchers noted, "the school structure along with non-counselling related duties exacerbates the role ambiguity, role conflict, and work overload counsellors' experience" (p.12). School counsellors will often find themselves faced with numerous non-counselling related duties, which has a significant impact on their personal and professional identity. Part of this research aims to discover how these assigned tasks affect a school counsellor's ability to function as a school-based mental health professional. Furthermore "the confusion over what a school counsellor should be doing results in multiple external demands on school counsellors coming from administrators, teachers, parents, and students that are often in conflict with the school counsellors' understanding from their didactic and experiential training of their role on the school campus" (p.18). Issues of self-care, personal and professional wellness, and compassion fatigue are all part of investigating the school counsellor as a professional, and also as a person.

A further look into the Canadian Teachers' Federation Understanding Teachers'

Perspectives on Student Mental Health (2012), identifies that virtually all teachers surveyed (97%) reported an important need for additional knowledge and skills training in recognizing and understanding mental health issues in children. The report further detailed that 69% of teachers considered it “very important” and 28% felt it was “somewhat important”. In relation to some of the main mental health concerns teachers were aware of in their classrooms, 73% of teachers agreed that anxiety disorders were a pressing concern, while another majority of 59% teachers agreed that depression disorders were a pressing concern.

To further document the need for support in the area of mental health and schools, the results of a 2008 international study of approximately 1,200 principals from 27 countries (including Canada) reinforces the central role schools can play in supporting students with mental health problems. Most of the principals surveyed believe that mental health and wellbeing were “very important” for academic achievement, and they estimated that about one in five of their students required prevention or intervention services (Rowling et al., p. 3). In all, while the research previously discussed clearly defines a need for further mental health services in the school setting, one might wonder what the benefits would be of continuing to include mental health programming in educational settings. Randall Rebek (2010) reminds us that “mental health interventions could potentially improve a student’s behavior, emotional well-being, interpersonal skills, and ability to cope with problems, leading to improved physical health, academic performance, and future earnings” (p. 699).

Theoretical Framework

This study was heavily influenced by the incorporation of two core research beliefs: social constructivism and phenomenology. These ways of working with research and data greatly complement each other and supported the process of finding themes amongst the collected stories of these school counsellors.

Social Constructivism

In the research project, the social constructivist paradigm was engaged to place a further emphasis on understanding and investigating the essence of each individual counsellor's particular circumstances and lived experiences. Social constructivism is often related to the work of Vygotsky (1978). In regards to this research project, the values of social constructivism were used to describe those who are interested in the impact of members of a social group on the knowledge construction of the individual. Social constructivists believe "knowledge exists in a social context and is initially shared with others instead of being represented solely in the mind of an individual" (Eggen & Kauchak, 2001, p. 293). Social constructivism places great importance on everyday interactions between individuals and how they construct reality with their use of language. The counsellors in this research project were provided time to reflect and revisit their work in the school system, in particular their support of students with mental health concerns. Their unique experiences and perceptions were at the core of this research.

As Creswell (2007) states "the goal of much research is to rely as much as possible on the participants' views of the situation. Often these subjective meanings are negotiated socially and historically" (p. 20). Creswell continues to elaborate by reminding us "constructivist researchers often address the processes of interactions

among individuals. They also focus on the specific contexts in which people live and work in order to understand the historical and cultural settings of the participants” (p. 21). This study placed much emphasis on gathering the stories and experiences of individuals from a similar, yet diverse background. These stories were derived from the interactions these school counsellors experienced with students, families, staff, and outside agencies. Even though each of these experiences was individual in nature, there were some common threads and themes.

Phenomenology

Phenomenology is another approach heavily guiding and influencing this qualitative study. According to Creswell (2007) “a phenomenological study describes the meaning for several individuals of their lived experiences of a concept or a phenomenon” (p. 57) and that “phenomenologists focus on describing what all participants have in common as they experience a phenomenon” (p. 58). As a researcher, I am interested in hearing other’s stories and looking for commonalities and differences amongst individuals. I work from a place of empowerment and see the participants as possessing abundant knowledge and experience. In this study a phenomenological perspective was used to assist participants in elaborating their answers and providing comprehensive descriptions of their experiences. Phenomenology is a qualitative research method originally developed by Edmund Husserl, a German mathematician and philosopher, based on the principle that scientific knowledge began with a fresh and impartial depiction of the subject matter (Wertz, 2005). Husserl expanded the concepts and methods of modern science by including the study of consciousness and profoundly influencing philosophy and the social sciences throughout the 20th century. In fact,

“transcendental science emerged out of a growing discontent with a philosophy of science based exclusively on studies of material things, a science that failed to take into account the experiencing person and the connections between human consciousness and the objects that exist in the material world” (Moustakas, 1994, pg. 43). Husserl formulated scientific methods that were created to assist psychological researchers in the investigation of human experience and behavior (Wertz, 2005).

Inspired by Husserl’s phenomenological approach, Clark Moustakas, an American psychologist, developed an approach to phenomenological research often named empirical, transcendental, or psychological phenomenology (Moustakas, 1994). This method of inquiry differed greatly from traditional methods of natural science and quantitative orientations. Moustakas (1994) explained that many of the common bonds of various approaches to phenomenological research include:

1. Recognizing the value of qualitative designs and methodologies, studies of human experiences that are not approachable through quantitative approaches
2. Focusing on the wholeness of experience rather than solely on its objects or parts
3. Searching for meanings and essences of experience rather than measurements and explanations
4. Obtaining descriptions of experience through first-person accounts in informal and formal conversations and interviews
5. Regarding the data of experience as imperative in understanding human behavior and as evidence for scientific investigations
6. Formulating questions and problems that reflect the interest, involvement, and personal commitment of the researcher

7. Viewing experience and behavior as an integrated and inseparable relationship of subject and object and of parts and whole (p. 21)

Overall, a phenomenological researcher believes that research participants are the experts of their own experience and that understanding is gained from the experiences of the participants through exploration of the meaning behind relationships and everyday events. Moustakas (1994) places great importance on the topic of intentionality, which to him “refers to consciousness, to the internal experience of being conscious of something; thus the act of consciousness and the object of consciousness are intentionally related” (p. 28). In addition, Moustakas’ (1994) approach is concerned with the concepts of *noema* and *noesis*. Noema is that which is experienced and noesis is the manner in which it is experienced. Both terms simultaneously refer to meanings and the knowledge found in meanings, as opposed to a singular analysis of physical objects. For participants, and researchers, reflecting on what an individual has seen and experienced will begin the process of uncovering meanings that have been concealed.

Phenomenological Research and Counsellors

Counsellors have a wide range of research methods to choose from, however, qualitative research, and particularly phenomenology, provides a natural fit for individual researchers interested in learning about human experience, perception, and beliefs. This approach is a suitable research framework due to the fact that “phenomenological research requires that the researcher have personality characteristics and skills used by counsellors” while “the relationship between researcher and co-researcher parallels the relationship between counsellor and client” (Osborne, 1990, p. 88). Counsellors and

therapists frequently engage in a dialogue with clients about their experiences. During these conversations the counsellor will often generate hypotheses, look for themes, and assess the situation. This process is very similar to that of a phenomenological researcher who gathers stories while searching for meaning and understanding in the participant's words. It is not surprising that counsellors will often choose phenomenology as a framework for conducting research.

As previously outlined, the phenomenological approach to research is pertinent for counsellors, therapists, and others in the helping field. In my clinical work, I take a person-centered approach (Rogers, 1951) in counselling and therapy. The therapeutic relationship remains of utmost importance while I maintain a non-judgmental and open-ended dialogue with clients. One of my core beliefs is that the answer to the client's problems lies within their experience, or their *noema* and *noesis*; and it remains the helper's job to assist and guide them in discovering their strengths while working towards solutions. This philosophy and way of working has a strong connection to the core underpinnings of phenomenological research.

CHAPTER 3: METHODOLOGY

This is an exploratory study that is designed to gather relevant information and develop an understanding of school counsellors' views, experiences, approaches, outcomes, and challenges in supporting students with mental health concerns. This study used a qualitative and phenomenological approach in order to describe the details of the research participants' experiences. The following sections will describe the research participant recruitment process, interview procedures, and data analysis.

Participant Recruitment

This study involved a set of two interviews with four professional school counsellors who work with students ranging from kindergarten to Grade 12. For the purpose of this study, the term *professional school counsellor* was used to limit the study to counsellors with graduate level training in counselling and educational psychology. School counsellors with graduate level training have typically participated in clinical training and carry an understanding of child and adolescent mental health. This participant recruitment requirement assisted in identifying issues related to the thesis topic and helped focus conversations during the interview process. Furthermore, the sampling of school counsellors who work with a wide range of student ages assisted in providing a larger picture of the scope of a school counsellor's practice.

The participants were recruited through a purposeful sampling approach and identified by their work with children and adolescents in a school setting. The researcher used e-mail as a means to contact participants. Participants included school counsellor

colleagues throughout the city of Winnipeg in different school divisions. Counsellors were contacted by making a connection with previously known colleagues and in addition new colleagues contacted through the Manitoba School Counsellors' Association (MSCA). The researcher sent an e-mail to the current MSCA president explaining the purpose and intent of the project. This e-mail included participant recruitment letters and all related ethical protocols. In addition, the researcher requested the MSCA president to distribute an e-mail to all MSCA members advertising a call for participants in this research project. The researcher had no access to the database of MSCA members and it was on the onus of interested individuals to contact the researcher. Eight individual replies for participation were received. The researcher looked at the diversity of participants and chose four participants who were an appropriate fit for the research project. An attempt was made to gather a diverse population of professional school counsellors. This diversity attempt included considering school counsellors ranging in gender, school demographics, years of work experience, and professional training. The four chosen participants represented a range of school demographics (from inner city to suburban), a range in years of work experience and training (beginner to veteran counsellor), and school population (participants from kindergarten, junior high, and high school). The information was transferred into a table outlining the diverse characteristics of each participant. The researcher had no power relationship with any of the potential participants and pseudonyms were used to protect their identity.

Interview Procedures

The interview procedures for this research project included three separate components – an initial exploratory interview with the participant; a second follow-up

interview continuing to investigate experiences related to supporting students with mental health concerns; and finally the opportunity for the participant to engage in member checking. The interviews were conducted during the spring of 2013 at mutually agreed upon locations, which sometimes included the participant's home or at times, a neighbourhood coffee shop. None of the participants were provided with any of the interview questions in advance. Both interview sessions were held at separate times, no more than three weeks apart, and included a specific set of questions. The break in between both interview sessions was meant to be a period of time for counsellors to reflect further on their work, specifically related to mental health prevention and intervention. Member checking followed shortly after completion of individual transcripts. At the beginning of each interview, the researcher reviewed the informed consent instructions with the participant while answering any questions or concerns. The researcher provided information on the study and the participants chose to participate in the study voluntarily after receiving the relevant information. The researcher ensured that all participants were willing to have their interview session audio recorded. To obtain consent, participants were asked to sign the informed consent letter. The interviews remained semi-structured and open-ended to allow for spontaneous dialogue. Interviews were taped for later transcription and further analysis. Interviews began with an introduction to the research topic and then were followed by a series of questions. The exploratory interview was framed by the following questions:

1. What are your thoughts about schools providing mental health support to students?
2. How do you, as a school counsellor, operate within your school-based mental health model or approach?

3. What are your experiences supporting a student with a mental health concern?
4. What are your thoughts about involving classroom teachers in your intervention?
5. Are there other school-related personnel that you feel are supportive of your efforts in working with students with mental health concerns?
6. Which school-based approaches do you find best support the mental health of school age children and youth?
7. How might school-based mental health interventions be different depending on the nature of the student's mental health concern?
8. How might school-based mental health interventions be different depending on the developmental level of the student?

The second semi-structured interview continued to focus on each participant's experiences and perceptions of supporting student mental health in the school system. The interview was arranged around the following open-ended questions:

1. What experiences do you have implementing mental health prevention work with the entire student population?
2. What are some of your success stories? Please provide an example of an intervention or plan that successfully supported a student with a mental health concern.
3. To what extent does your role involve work with the family of a student with a mental health concern? Please provide a specific case example.
4. What challenges do schools, in particular school counsellors, face when supporting the mental health needs of students?

5. Based on your experience(s) addressing mental health issues in your school, what, if any specific recommendation(s) would you have for the pre-service training of school counsellors? What about the continuing professional development for in-service school counsellors?
6. What, if anything, is required to enhance mental health services in your current school?
7. What, if anything, is required to enhance mental health services throughout all school systems?

Together, these interviews and questions provided assistance in understanding professional school counsellors' views, experiences, approaches, outcomes, and challenges in relation to working with students' mental health concerns. The questions listed were used as a starting point for the interviews and supported the process of gathering relevant information and developing an understanding of each participant's perceptions, knowledge, and experience. After transcription, the participants had the opportunity for member checking. This technique assisted to ensure the credibility and validity of this study.

Data Analysis

The data collected for this research was acquired from the transcription of the interviews, information about participant demographics, and journal notes of the researcher. During the interviews, the researcher carefully documented the content and process of each interview while taking into consideration any non-verbal data, which could include body language or facial expressions such as; pitch, posture, gestures, level and variations in fluency and expression of affect, silences, and hesitations. All

interviews were audio-recorded and transcribed shortly thereafter. In addition, a journal was kept to help document emergent themes that surface in the data. The interview audio files and transcripts were held in the researcher's password protected computer. These audio files will be destroyed once the research is complete.

The researcher reviewed and analyzed the initial interview transcripts using an open coding system to identify major themes of school counsellor's perceptions of student mental health. This coding system allowed the qualitative researcher the opportunity to examine, compare, and conceptualize the data. Further data analysis included reviewing transcripts and looking for significant statements which Moustakas (1994) deemed horizontalization. Next clusters of meaning emerged and they were transformed into textural descriptions. Although there is room for flexibility and creativity in phenomenological research, Moustakas (1994) clearly defines a concrete procedure for organization and analysis of research data:

Organization of data begins when the primary researcher places the transcribed interviews before him or her and studies the material through the methods and procedures of phenomenal analysis. The procedures include *horizontalizing* the data and regarding every horizon or statement relevant to the topic and question as having equal value. From the horizontalized statements, the *meaning or meaning units* are listed. These are *clustered* into common categories or *themes*, removing overlapping and repetitive statements. The clustered themes and meanings are used to develop the *textural descriptions of the experience*. From the textural descriptions, structural descriptions and an integration of textures and

structures into the meanings and essences of the phenomenon are constructed. (p. 118)

In this study the interviews were transcribed shortly after the meetings took place. The interviews were then printed out and analyzed with approaching the data to be equally relevant and at the same level. The themes and clusters were determined by analyzing each individual question for the four separate interviews. Themes and commonalities were highlighted and revisited for further exploration. The themes were then developed into statements which best described the common experiences of these counsellors. Once the phenomenon has been identified, Moustakas' (1994) methods also include bracketing out one's experiences as not to influence or bias the data. However Moustakas does hold great importance in the researcher writing about their own experiences. The researcher's current position as a school counsellor was of great benefit to this study and assisted in making a connection to the experiences of professional colleagues.

CHAPTER 4: RESEARCH FINDINGS

Professional school counsellors serve the mental health needs of students within a wide range of developmental needs in various schools, ranging from elementary to high school. The individuals who responded to the call for participants represent a broad array of experience in numerous different educational settings. In order to gain a deeper understanding a maximum variation sampling was sought amongst the four school counsellors – experience is represented at the elementary, junior high, and senior high levels. The participants’ profiles are listed in the following table (Table 1).

Participant Profiles Table

Participant	Gender	Years of Work Experience	Education	Current Placement
Lindsay	Female	18 teacher 3 counsellor	Masters of Education (Counselling)	High school
Shannon	Female	10 teacher 6 counsellor	Masters of Counselling Psychology	Elementary
Jocelyn	Female	5 teacher 3 counsellor	Masters of Education (Counselling)	Junior High
Whitney	Female	5 teacher 25 counsellor	Masters of Education (Counselling)	High School

Participant Profiles

Lindsay was a high school counsellor who worked specifically with a grade 10 to 12 population. She had eighteen years of experience as a high school teacher and most recently, two years experience working as a counsellor in an elementary setting. Shannon had over ten years of teaching experience and had spent four years working in a special education autism program. At the time of interview, Shannon had just completed her

sixth year of working as a school counsellor in a kindergarten to grade 8 setting. Jocelyn identified herself as an individual new to the counselling profession but had five consecutive years of middle years teaching experience. Jocelyn had recently graduated from her Masters degree program and had just reached three years of experience working as a counsellor in elementary and junior high settings. Whitney introduced herself as a seasoned professional with over twenty-five years of counselling experience; which included ten years in elementary, three years in junior high, and twelve years at the high school level. Whitney also maintains a small private counselling practice in addition to her work in the school system.

Findings

The interview transcripts were analyzed using emergent and inductive data analysis with the unit of data analysis being the sentence. The sentences found in the transcripts were examined for recurring ideas and concepts that were later crafted into themes and researcher constructed categories. Commonalities and consistencies started to develop as the interviews with participants progressed. In the end, six major themes emerged throughout the data analysis of the participant interviews:

1. Schools as Partners in Mental Health Promotion
2. School Counsellors as Mental Health Leaders
3. Anxiety and Depression Amongst Students
4. Counsellor Collaboration, Consultation and Supervision
5. Navigating Outside Services
6. Role Redefining

Below, these six themes will be explored with reference to the experiences and perceptions gathered from interviews with the participating school counsellors.

Schools as Partners in Mental Health Promotion

All four school counsellors talked extensively about how schools are the ideal locations to be working preventatively and also reactively in regards to child and adolescent mental health. These school counsellors saw the school setting, and also the classroom, as an ideal place for prevention and intervention. All four counsellors mentioned the immediate accessibility and access to children and youth during the school day. There was a consensus that students spend an enormous amount of hours in the school system and this is a setting that could offer various levels of mental health supports. To start, Shannon saw the school system taking on a very important role with providing mental health support to students and families.

I do see schools as a frontline place for mental health. We are the place that is the first to recognize that kids are having difficulties in some area and we are often the first line to be communicating to parents that a child is experiencing difficulty.

Shannon explained her experience working in an inner city elementary school and how she is often the primary contact for parents when their child is experiencing changes or concerns related to their behavior, and subsequent mental health. Lindsay echoed these statements by agreeing that schools are places for mental health work to be taking place. She stated she believes it's inevitable that schools are going to have to take on more of a role, and in fact have a responsibility, in mental health promotion.

Mental health concerns, I think it falls to the schools to do it – whether we want to or not.

In her over twenty-five years of experience, Whitney described mental health prevention and intervention as integral part of a school counsellor's role. She elaborated by explaining she believes mental health support to students happens with the counsellor but also with the classroom teachers, administration, and other important staff members. Jocelyn identified mental health work in the school as an essential component of the school system. By further clarifying it would seem foolish to think that schools “just teach”.

There is such a prevalence of mental illness or languishing mental health and that affects a student's ability to be successful academically. We need to support them so they can be as successful as possible – to be able to learn.

Jocelyn's echoed the previous thoughts of Shannon as she detailed often being the primary contact when a parent has a mental health concern about their adolescent. Jocelyn stated that sometimes the issues parents bring forth may not even be directly related to school life, but it may be affecting their academic or other performance in the school setting.

I find when parents encounter a change in behavior or a concerning event that they can't deal with themselves, they call me. I often feel the parents consult with me first.

All four participants saw schools as suitable place for mental health support of students and their families. In addition, the participants seemed able to identify several individuals at the school level who support these mental health initiatives, including school psychology, social work and resource. However, the school counsellors I spoke

with seem to be the ones successfully spearheading the mental health programming in their respective schools.

School Counsellors as Mental Health Leaders

During the interviews, a common theme of leadership was noted amongst all the school counsellors. These highly qualified individuals had all taken on leadership roles in their schools. They were seen as experts in their area of study since staff, students, and parents consulted with them on a daily basis. Jocelyn detailed a full day professional development on mental health that she co-led with the school psychologist. Jocelyn and her co-worker led a session for staff on the topic of mental health and how to best support students in the school. The need for this professional development workshop arose as the counsellor noticed that some staff were not being the most appropriate or sensitive to the mental health concerns of some adolescents on her caseload.

I found that my staff had a difficult time when a student presented as physically healthy – they didn't quite understand what the issue was ... we even noticed that some staff weren't following plans and triggering a student's anxiety.

This professional development opportunity was just the beginning of opening a dialogue amongst staff at Jocelyn's school, while mental health will continue to be a focus over the next academic year. Shannon has also taken on a leadership role in the school. As the sole counsellor in an elementary setting, she stated that any social-emotional related topics tended to fall under her portfolio. Shannon mentioned how she was running an upcoming staff training on an anxiety awareness curriculum, which teaches students to process issues around anxiety and stress. This training was in response to concerning levels on anxiety noted amongst their student population. Shannon was the

leader of this professional development and trained all staff on this curriculum, which will eventually run in various classrooms at her school. With her leadership, the school fostered a proactive and classroom-based mental health initiative.

Previous to her high school experience, Whitney spoke about how she had been part of a curriculum development team for an elementary-based personal safety program. Her role and expertise as a school counsellor was utilized in a leadership capacity to develop programming for use by numerous teaching staff. Prior to her time in high school, Whitney would provide brief training to staff throughout the year.

I used to set up a monthly kind of display of current materials available ... and I would give a talk at the staff meeting about a current issue ... create a broader view or perspective.

Lindsay spoke of organizing a school wide Wellness Fair, which provided support to the programming of all students and staff. The fair featured exhibits and presentations from various mental health related agencies that focused on issues of depression, anxiety, and suicide. Lindsay plans to continue this initiative into the next school year to provide opportunities not only for students and families, but also for school staff, to learn more about mental health and related issues.

Anxiety and Depression Amongst Students

Even though none of the interview questions asked specifically about a mental illness or related mental health concern, all four counsellors identified two issues that were crucial concerns in their schools – anxiety and depression. At some point in their respective interviews, each counsellor mentioned their concerns over the levels of anxiety and depression they are witnessing in their schools. Whether diagnosed or not, the

symptoms of these mental health concerns are ever present in many of our elementary, junior high, and senior high schools. Lindsay discussed that her school administration is really supportive of her role growing more into the area of mental health because they notice the need presented in the student population. Lindsay reported that in a recent school-wide divisionally implemented survey, anxiety and depression came up as significant concerns.

Our school was around 18-20 percent significant concerns around anxiety and depression – not necessarily diagnosable – but causing a concern. They self-reported as having moderate to high levels.

At the junior high level, Jocelyn discussed her role in supporting numerous students dealing with various levels of anxiety and depression. She mentioned a large part of her role is processing together what the youth is feeling and then further assessing whether there in fact needs to be some medical, clinical, or other outside follow-up.

I guess the kind of biggest need I see in my school this year is anxiety and depression. Whether it's clinical diagnosis of an anxiety disorder or clinical depression to feeling high levels of anxiety and feeling sad. But those two, I call anxiety and depression, "best friends" – they tend to go hand in hand. That's kind of been a big piece of my work this year with students.

Whitney pointed out she has noticed a definite increase in anxiety amongst the student body throughout her numerous years in the school system. She noted that she is currently working with students who have a clinical diagnosis and finds it quite difficult for many of these students to navigate the school system.

I would say we are noticing an increase in the last five years. It's increasingly so. And to the point where kids are not coming to school, can't get out of bed, can't come into the school, can't go to certain classes – it's debilitating ... it's a continuum.

Shannon thoughts were similar to many of the previous statements, as she has noticed symptoms of depression, but particularly, anxiety amongst students in her elementary school. Shannon, however, noted that she finds anxiety to be workable in the school setting, particularly at the elementary level. She provided some stories of cases where she has worked with students and together they have noticed immense progress through the use of successful interventions. One of these interventions included exposure therapy work to support an elementary student who had a diagnosed anxiety disorder, which included fear of the wind and outdoors. In consultation with the professionals at the anxiety clinic, Shannon implemented a systematic desensitization plan that resulted in the child gradually being able to go outdoors for recess and play with friends.

Counsellor Collaboration, Consultation and Supervision

The counsellors interviewed all spoke of a need for further consultation, networking, and collaboration with other colleagues. Some counsellors had elements of this model as they worked in departments, while others acted as the sole counsellor in their school. In addition, to connecting with other counsellors, each participant addressed the need for a clinical supervision model at the school level. Lindsay spoke of her struggles in navigating the dual roles and ethical dilemmas that often arise in her work. These dual roles would often include possibly being assigned some administrative duties or creating behavior plans for students, which did not necessarily feel part of the counsellor's supportive role.

You are constantly in ethical dilemmas about your role ... I think having a supervisor who gets that would be so helpful.

Lindsay concluded that the supervision model would not only assist the delivery of mental health services to students, but that it would also help with the school counsellor's own mental health. Jocelyn spoke of how she sees a distinct difference between consulting with colleagues and actually having someone who provides supervision.

We learn in the program that consultation is key but yet in this professional role we have a Student Services meeting ... that's not the same thing. I hold back in those meetings because I don't feel I have the same level of confidentiality in that room that I would have with a supervisor or another counsellor to consult with about cases ... There's a fit for that supervision role. Absolutely.

Whitney identified the lack of supervision as an issue in her role as a counsellor. She felt quite isolated in her position as an elementary counsellor however she has found colleagues to connect with at the high school level. Her department involves three other counsellors to connect and collaborate with on a daily basis. Whitney recognizes that not all school counsellors, even in a high school, have this opportunity. Shannon spoke confidently about the need for collaboration amongst counsellors and other specialists in the building – sometimes including school social work, psychology, resource, and administration. All counsellors interviewed noted that their university practicum experiences, or other clinical positions outside of the school setting, all involved an element of supervision. Whether peer supervision or a model based on consultation, it was noted that this is something currently missing in the school system.

Navigating Outside Services

The counsellors interviewed recognized that many of the students they worked with were possibly receiving some form of mental health support from outside agencies. An issue identified that is a constant struggle for school counsellors is navigating the role of the school system and the outside agency. Whitney discussed her awareness that a number of her students receive outside support but still connect with her on a regular basis.

I do know I have quite a few students who say they prefer to come talk to me instead of their therapist or psychiatrist – and they say they haven't told their outside person a lot of the things they will disclose in the school setting ... often we are helping them with the day-to-day functioning. But we are more accessible, and sometimes waiting for the every two weeks appointment with the therapist does not work for the way kids lead their life.

Jocelyn's experiences were similar to Whitney's, she spoke of "finding your place" when working with a family that has recently been connected to an outside agency. Jocelyn mentioned that often times she may work towards connecting a student with an outside agency but they prefer to continue to receive support solely at the school level - the other counsellors echoed this thought. Lindsay spoke of her experiences at the school level and her struggles with navigating a student's request to continue connecting at school while they are receiving outside clinical support.

For some, once they get someone outside of the school setting – they don't see me anymore. It's easier to have your evening session because it can be exhausting doing that kind of work (at school) ... However, there are some students who feel they have more of

a connection with me then their counsellor on the outside and they continue to come to me and that's kind of tricky.

Shannon spoke of her work at the elementary level with a child who had a clinical anxiety diagnosis. Shannon worked closely with the hospital to figure out the roles of each person involved and how she as the school counsellor fit into that circle of care. This involved setting up a plan, which included a gradual exposure experience to different elements that caused stress for the child at the school level. However, in the end, Shannon explained that the child's parents ended up not following through with many of the hospital appointments and confessed they were happy with the support being provided at the school level. Shannon needed to navigate her ability to provide support at the school level, yet also acknowledged that some outside agency support would have been beneficial.

Role Redefining

The counsellors interviewed for this project had all attained a certain level of academic training. They had coursework and practicum experience in the field of child and adolescent mental health. Their training enabled them to see a need for a shift in where school counsellors focus their time. Lindsey was quick to note in our first interview that she sees a need for reconfiguring the traditional role of the school counsellor.

This idea of counsellors being the purveyors of information is really outdated; I mean, we have the Internet now. Kids have more access to information than they ever have – so the idea that the counsellor is the one kids would go to for information about universities for example ... I think we still need to play a role and provide guidance for

career choices, but the idea that we are going to be the information givers, it is not only out of date and archaic ... it means we aren't doing what we need to be doing ... I think some counsellors are the best prepared to meet those needs of mental health support.

In addition, Lindsey mentioned the struggle between her supportive role as a school counsellor but also as a case manager, for specific students. Often times the case manager role would involve having to check-up on student's attendance or academic success. As a counsellor Lindsey would always approach the situation in support of the student, though she felt conflicted with the supervisory nature of her case manager role.

Whitney's experiences at the high school level were similar to some of Lindsay's statements. She felt that students had access to so many resources online and this has really changed the way young folks access information. Whitney felt strongly that the counsellor role is changing. She spoke of her department's move towards physically transforming the space occupied by the counsellors to reflect the philosophical shift towards supporting the mental health needs of students. Her department is embarking on a two-year mindfulness-based stress reduction project with a goal of creating a safe, peaceful, and calm atmosphere in their office for students to visit. An eventual goal would be possibly to run some stress and mindfulness based groups with the high school population. Whitney discussed that with this focused work around mental health promotion comes conversations with staff about working collaboratively with students experiencing mental health issues. This ever-growing leadership position, compounded with a counsellor's caseload, can be challenging while trying to maintain contact with the students and their families.

Shannon spoke briefly about some interventions that she uses quite consistently in her practice at the school level – many of these interventions are clinical in nature and involve a certain level of training – perhaps some would not think a school counsellor would be working with these types of skills. Shannon’s work with students involves the use of Cognitive Behavioural Therapy (CBT), Solution Focused Brief Therapy and elements of Art Therapy. She finds many of these approaches work well in the school setting and address the specific needs of her student population – particularly CBT used to work with anxiety. Shannon’s level of expertise often led to her involvement in facilitating professional development sessions for school staff, which at times could create for a high level of workload.

It’s probably all the things I’m assigned to do ... and the number of kids ... there are just so many social-emotional needs in the building. Being the only person available in the counselling role – it makes it very difficult.

Jocelyn had similar concerns regarding role conflict and possible work overload. Jocelyn spoke of her experiences running groups at the elementary level. She expressed that there is a continued need for small group and classroom based interventions to continue to be part of the school counsellor’s role. Jocelyn’s current role in the junior high setting has a substantial focus on mental health awareness with an adolescent population. Jocelyn noted a challenge of the school counsellor role includes balancing collegial conversation and professional meeting time while ensuring direct contact with students remains a primary focus. She noted a definite guilt associated with sometimes feeling like she was in too many meetings as opposed to working directly with students and families. In addition, there was a noted difference in the elementary counsellor’s

ability to run groups and proactive counselling interventions compared to the role of the high school counsellor who was sometimes overwhelmed with timetabling or career planning. However, all school counsellors interviewed did talk about the need for proactive and preventative programming in the school setting.

CHAPTER 5: DISCUSSION

The purpose of this study was to capture the perceptions and experiences of school counsellors working with students who presented with mental health concerns. There was a noticeable lack in the research – the voice of the school counsellor in relation to working within a mental health framework was not present. This study focused on gathering those stories and experiences to provide a better understanding of the important work happening in the school setting. The four counsellors, who were each interviewed twice, represented a wide range of work experience and school demographics. Upon analysis of the eight interviews, six major themes emerged throughout the data analysis of the participant interviews: Schools as Partners in Mental Health Promotion; School Counsellors as Mental Health Leaders; Anxiety and Depression Amongst Students; Counsellor Collaboration, Consultation and Supervision; Navigating Outside Services; and Role Redefining. The six themes revealed are reflective of current research related to mental health work within the school system.

Summary

The first theme discussed was Schools As Partners in Mental Health Promotion. There is a strong and definite correlation between current research and the notion of schools as partners in mental health promotion. As previously discussed in their 2009 report, the Canadian Council on Learning states that “schools are well positioned to be at the vanguard of public health strategies designed to prevent and detect mental health disorders amongst young people” (p.4). All the school counsellors interviewed identified the incredible impact schools can have in fostering positive mental health in students and

families. A large part of this success comes from the sheer number of hours students spend in the school setting. Aside from the family unit, the school system has the most contact with young people during their formative developmental years (Sofronoff, Dagniesh, & Kosky, 2005). In addition, it's not just the sheer number of hours students spend in the school, but also the fact that schools are a hub, or a quasi-natural habitat, a critical subsystem of the lives of the students (Bronfenbrenner, 1994), and it provides unique accessibility to reach them. The second theme promotes School Counsellors as Mental Health Leaders. In fact, schools serve not only as front line mental health support for children and adolescents; but for many, the school counsellor may be the only mental health support available (Bailey, 2000; Baruch, 2001). It became evident from the beginning of these interviews that each of these counsellors maintained a high level of professionalism and leadership in their respective school settings. Not only were they a support to the students and families they work with, but they also provide training, guidance, and leadership to the numerous staff members in their school. To further discuss the third theme of Anxiety and Depression Amongst Students, it's important to consider the statistics on child and adolescent mental health in Canada. When you factor in the age of young people in school, half of all mental health disorders begin by age 14, and 75 percent begin by age 24 (Kessler et al, 2005). The experiences of these counsellors are in line with the current data and research, especially when taking into consideration the Canadian Teachers' Federation study titled *Understanding Teachers' Perspectives on Student Mental Health* (2012), where 73% of teachers agreed that anxiety disorders were a pressing concern for their students. The fourth theme arose when counsellors discussed their need for supervision and more contact time with other

colleagues - Counsellor Collaboration, Consultation and Supervision. As previously discussed, while many other professionals, including teachers, school social workers, and school psychologists, are involved in providing mental health support to students; the predominant and most immediate on site mental health service providers are school counsellors (Burrows-Sanchez, Lopez, & Slagle, 2008). Two of the counsellors interviewed worked as the sole counsellor in their building and even the other counsellors that worked in a team still felt the need, and even recommended, further supervision and contact with peers. The research previously outlined shows that there are other professionals conducting mental health related work in the school system, but these interviews elaborate on the fact that much of the mental health work falls on the role of the school counsellor. With growing support networks, including integrating community, and health professionals, the fifth theme arose - Navigating Outside Services. The school counsellors struggled to implement shared responsibilities knowing that some of their students were receiving help from outside agencies.

From the interviews and data gathered, there seem to be some benefits to connecting with outside agencies while other counsellors found it difficult to negotiate who took on which role. The final theme presented was Role Redefining. As training for school counsellors evolves and the need for mental health support in the school increases, the role of the school counsellor will continue to shift. As the needs of the student population and society have changed, so has the role of the school counsellor. Much of the statements expressed during the interviews echoed the statements found in the research including the fact that “school counsellors previously focused on guidance, the role has expanded to include personal counselling” (Barwick, 2000) and “the school

structure along with non-counselling related duties exacerbates the role ambiguity, role conflict, and work overload counsellors' experience" (Falls & Nichter 2007). Role conflict and work overload was mentioned by all four counsellors and discussed in their interview settings.

Limitations

There are a few limitations to this study. Although the range of service to students was from kindergarten to grade 12, only four individual counsellors were interviewed. In addition, diversity in gender could have added to the study, however no male school counsellors responded to the call for participants. Due to the qualitative nature of this study, findings should not be generalized beyond participants and other school counsellors in similar contexts or with similar professional training. However, counsellors who hold similar characteristics to these four individuals may hold similar beliefs and may have even had similar experiences in their role as a school counsellor.

Conclusion

The school counsellor plays an essential and important role in the prevention and intervention of mental health concerns of students. This study endeavoured to gather the stories of counsellors who are working the frontlines of mental health in the school system. These conversations were guided by the following question: "What are the experiences and perceptions of school counsellors supporting students with a mental health concern?" The findings in this study support the literature that describes schools as an optimal place to be undertaking front line mental health work (Canadian Council on Learning, 2009). One would hope that Winnipeg school divisions and related teacher associations will continue to consider placing further importance on providing

mental health support services to students and families in the school system. Understandably, much emphasis is placed on the academics in an educational setting however; there is a clear and unmistakable correlation between academic success and emotional wellbeing. The socio-emotional support and psychoeducational interventions provided by school counsellors can not only support, but also transform, an entire school community.

After in-depth analysis of the data, six major themes emerged from the participant interviews which detail the experiences, perceptions, and challenges experienced by these professionals. These gathered views, experiences, approaches, outcomes, and challenges begin to tell the important story of the school counsellor as a frontline mental health professional. Most importantly, incorporating a greater focus on mental health promotion in our schools will foster success, resilience, and competency in our children, adolescents, and families.

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APPENDIX A

Interview #1

1. What are your thoughts about schools providing mental health support to students?
2. How do you, as a school counsellor, operate within your school-based mental health model or approach?
3. What are your experiences supporting a student with a mental health concern?
4. What are your thoughts about involving classroom teachers in your intervention?
5. Are there other school-related personnel that you feel are supportive of your efforts in working with students with mental health concerns?
6. Which school-based approaches do you find best support the mental health of school age children and youth?
7. How might school-based mental health interventions be different depending on the nature of the student's mental health concern?
8. How might school-based mental health interventions be different depending on the developmental level of the student?

Interview # 2

1. What experiences do you have implementing mental health prevention work with the entire student population?
2. What are some of your success stories? Please provide an example of an intervention or plan that successfully supported a student with a mental health concern.
3. To what extent does your role involve work with the family of a student with a mental health concern? Please provide a specific case example.
4. What challenges do schools, in particular school counsellors, face when supporting the mental health needs of students?
5. Based on your experience(s) addressing mental health issues in your school, what, if any specific recommendation(s) would you have for the pre-service training of school counsellors? What about the continuing professional development for in-service school counsellors?
6. What, if anything, is required to enhance mental health services in your current school?
7. What, if anything, is required to enhance mental health services throughout all school systems?

APPENDIX B

Research Participant Information and Informed Consent Letter



UNIVERSITY
OF MANITOBA

Faculty of Education

March 2013

Dear Potential Participant

My name is Jón Olafson and I am a graduate student from the Department of Educational Administration, Foundations, and Psychology in the Faculty of Education at the University of Manitoba. I am conducting a research as part of my thesis project entitled: **The Role of the School Counsellor as a Frontline Mental Health Professional: Views, Experiences, Approaches, Outcomes, and Challenges**. I am requesting your voluntary participation in this study, which I hope will lead to a better understanding of the experiences and perceptions of school counsellors supporting students with mental health concerns.

School counsellors are individuals with specialized training in social-emotional support for children and adolescents. In fact, school counsellors are the front-line school personnel who recognize and respond to various student mental health concerns. Despite the important role of school counsellors, there is little research that explores the experiences and perceptions of school counsellors who support students with mental health concerns. This study will interview up to four school counsellors who work with students ranging from kindergarten to grade 12. School counsellors will be interviewed individually and asked about their views, experiences, approaches, outcomes and challenges in relation to supporting students with mental health concerns. Data will be analyzed using a phenomenological qualitative approach while exploring the lived experience and essential themes of school counsellors working as mental health professionals.

In this project, a qualitative approach will be used to collect data through interviews with up to four school counsellors. The participants will be recruited through a purposeful sampling approach and identified by their work with children and youth experiencing mental health concerns.

I have chosen this research topic because I work full time as a school counsellor in a high needs nursery to grade 9 public school in Winnipeg. I frequently support students who are diagnosed with a mental illness or exhibit features of a mental health concern. The goal of this research study is to gain insight and understanding about the perceptions and experiences of school counsellors.

The research is guided by the following question:

What are the experiences and perceptions of school counsellors supporting students with a mental health concern?

The interviews will take place between the months of April and June 2013. If you decide to participate in this study be advised that pseudonyms will be used and your participation would involve:

- 2 x 60 minute interviews about your perceptions and experiences regarding support of children and adolescents with a mental health concern
- 1 x 45 minutes to read and revise the interview transcripts

In closing, allow me to reiterate that you are under no obligation to agree to participate in this research. However, if you choose to do so, you will be free to raise questions or concerns with me at any time throughout the study and you may withdraw without penalty at any time.

Thank you for your consideration of this request. Please contact me at xxx if you would like to participate in this study.

Sincerely,

Jón Olafson



UNIVERSITY
OF MANITOBA

Faculty of Education

Consent Letter

Research Project Title: The Role of the School Counsellor as a Frontline Mental Health Professional: Views, Experiences, Approaches, Outcomes, and Challenges

Researcher: Jón Olafson under the direction of Dr. Riva Bartell

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

School counsellors are individuals with specialized training in social-emotional support for children and adolescents. In fact, school counsellors are the front-line school personnel who recognize and respond to various student mental health concerns. Despite the important role of school counsellors, there is little research that explores the experiences and perceptions of school counsellors who support students with mental health concerns. This study will interview up to four school counsellors who work with students ranging from kindergarten to grade 12. School counsellors will be interviewed individually and asked about their views, experiences, approaches, outcomes and challenges in relation to supporting students with mental health concerns. Data will be analyzed using a phenomenological qualitative approach while exploring the lived experience and essential themes of school counsellors working as mental health professionals.

In this project, a qualitative approach will be used to collect data through interviews with up to four school counsellors. The participants will be recruited through a purposeful sampling approach and identified by their work with children and youth experiencing mental health concerns.

I have chosen this research topic because I work full time as a school counsellor in a high needs nursery to grade 9 public school in Winnipeg. I frequently support students who are diagnosed with a mental illness or exhibit features of a mental health concern. The goal of this research study is to gain insight and understanding about the perceptions and experiences of other school counsellors.

The research is guided by the following question:

What are the experiences and perceptions of school counsellors supporting students with a mental health concern?

I _____, agree to take part in the research study entitled The Role of the School Counsellor as a Frontline Mental Health Professional: Views, Experiences, Approaches, Outcomes, and Challenges. This data will be used to inform the graduate thesis of Jón Olafson.

I understand that my participation during the months of April to June 2013 will involve:

- 2 x 60 minute interviews about your perceptions and experiences regarding support of children and adolescents with a mental health concern
- 1 x 45 minutes to read and revise the interview transcripts

I understand that in order to help protect my anonymity, I will be asked to read and revise the interview transcript. This process will allow me the opportunity to edit out any information that I feel is too sensitive or that I feel would serve to identify me. I understand that my specific answers and comments will be kept confidential. I understand that my name will not be identified in any report or presentation that may arise from the study. I understand that only the principal investigator and thesis advisor will have access to the information collected during the study. I understand that the findings of this study could be presented at conferences and could include publication. The results of this study will also be used as data for the researcher's thesis. I understand that direct quotes from the data I provide may be used, and that there is no anticipated benefit for participation. I understand that the data for this project will be destroyed within five years of the completion of the research.

I understand that a summary of the findings of the study will be sent to me, via email or in hard copy as I prefer.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate. In no way does it waive your legal rights nor release the researcher, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, orally or in writing, and/or refrain from answering any questions you prefer to omit, without prejudice or consequences. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

Participant's signature _____ Date _____
 Researcher's signature _____ Date _____

I prefer to receive my interview transcript via email: address _____

I prefer to receive my interview transcript hard copy: address _____

I prefer to receive my summary of the findings via e-mail: address _____

I prefer to receive my summary of the finding via hard copy: address _____

If you have any questions or concerns about this study, please contact the principal investigator, Jón Olafson at:

Jón Olafson

E-mail: xxx

or Dr. Riva Bartell at xxx

This research has been approved by the Education and Nursing Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons. A copy of this consent form has been provided to you to keep for your records and reference.