MINORITY ADOLESCENTS AND SCHOOL REFERRAL: THE IMPORTANCE OF SCHOOL COUNSELORS AND THE REFERRAL SYSTEM

by

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Liberty University

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ABSTRACT

The purpose of this qualitative study was to evaluate a school-based referral system in northwest Missouri that is effectively able to identify students with mental health concerns, help students find treatment options, and provide any follow-up needed. The main focus in this qualitative case study was on what makes one school district in northwest Missouri have an effective and successful mental health referral system. The theory guiding this study was Maslow's hierarchy of needs. This motivational theory is a five-tier model of human needs, including physiological, safety, love and belonging, esteem, and self-actualization. Without having all these needs met, an individual cannot reach self-actualization. Data collection consisted of surveys, interviews, and a focus group with administrators, teachers, and school counselors directly involved with the mental health referral system. Findings showed that an effective school-based mental health referral system includes themes of communication, professional development, and student achievement. Including these themes in the school setting could result in districts successfully implementing effective mental health referral systems. Findings also suggested that successful mental health referral systems consider the mental health needs of all adolescents, not just minorities.

Keywords: adolescent mental health, referral system, school counselor, minority

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CHAPTER ONE: INTRODUCTION

Overview

Growing concerns over adolescent mental health issues and the toll they can have on adolescents have forced public education institutions to reanalyze their part in addressing mental health concerns among their students (DeFoe at al., 2013). In previous decades, mental health issues were primarily addressed at home; however, because of various factors, school systems are now a primary part of the referral process for students. Even more concerning is the growing number of minority adolescents who do not receive adequate mental health services. Individual schools across the United States have tried various strategies to address referral needs, but no effective overall strategy has been found.

Research on how school referral systems can help minority adolescents is essential to understanding the importance of an effective referral system in northwest Missouri. There were no universal referral screening processes in the schools in this area at the time of this study. Northwest Missouri schools share similar characteristics. They are mostly urban and diverse, with students representing various race and socioeconomic backgrounds. There are only two mental health facilities in a 200-mile radius, which means that all students would receive mental health services through these institutions. These similarities would make it ideal for having a unified system for referring students to one of these facilities.

In Chapter One, I review background information on the research topic, including historical, societal, and theoretical implications. I explain my positionality as the study researcher. Sections on the study's problem statement, purpose statement, significance, research questions, and definitions complete the chapter.

Background

Historical

Differences between minority and nonminority health care have been thoroughly researched, with findings showing disparities between the two entities (Ault-Brutus, 2012; Costello et al., 2014; McGuire & Miranda, 2014). Costello et al. (2014) used the National Comorbidity Survey Adolescent Supplement, a survey of mental, emotional, and behavioral disorders in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, and service use to examine mental health service usage among all adolescents. In a year, only 45% of adolescents diagnosed with a psychiatric disorder received any type of mental health services. For those who received services, 23.6% received their services through a school setting. Black adolescents were significantly less likely than White adolescents to receive any type of mental health service follow-up after being diagnosed (Costello et al., 2014).

Ault-Brutus (2012) examined data from the 2003 National Comorbidity Survey Replication on different ethnicities and mental health care usage. Analysis of the sample of 1,198 participants showed disparities in any mental health care use for people with low socioeconomic status and minority descent. Disparities in mental health care for both minorities and nonminorities continued to grow over time (Ault-Brutus, 2012).

Societal

McGuire and Miranda (2014) reviewed current policies regarding accessible mental health services and found that minorities, no matter the age, were less likely to use resources to aid mental health treatment. Breslau et al. (2018) found that although minorities were less likely to use available mental health services, they needed these services more frequently than nonminorities. To improve disparities, McGuire and Miranda recommended some type of special

intervention to ensure that adolescents of minority backgrounds are given any and every available opportunity to receive mental health services. There should never be any type of barrier to receiving mental health treatment for any adolescent, particularly those of minority backgrounds. In Brondolo et al. (2011), minority adults currently in treatment felt that they were unable to receive mental health services in a timely manner because of their ethnic background. Perceived discrimination against those of minority background depending on the severity and longevity could lead to mental health concerns over a lifetime.

Theoretical

Important variables considered in the present study were that school system demographics vary, with students and staff coming from different walks of life. As is the case with all research, data collected from one school may not be transferrable or relatable information for another school system. Different school districts also have varying resources at their fingertips (Vieira et al., 2014). For example, not all schools can access a school-based health center (SBHC) or may not have financial resources for hiring appropriate mental health staff.

Situation to Self

My reason for conducting this research relates to my position as a school counselor in northwest Missouri at the time of this study. Being employed as a school counselor since 2010, I have seen a continual rise in student mental health concerns. I currently work in a high school with over 90% of students receiving free or reduced-rate lunches. Many of the low-income minority students I serve need mental health services but are unable to receive them. Not meeting their mental health care needs affects their abilities to flourish and achieve self-fulfillment needs. This inability has at times impacted their ability to graduate high school as well. Without a high

school diploma, adolescents are more susceptible to poverty, incarceration, and poor mental and physical conditions for the rest of their lifetime (Kearney et al., 2014).

Problem Statement

The problem addressed in this study is that not enough is known about why a district-wide mental health referral system in northwest Missouri is effective in helping identify student mental health needs. Other characteristics, including the relationship between student academics and the school referral system, were analyzed to determine which characteristics made it successful. The information gathered may help other school systems implement referral systems to help not only minority adolescents but all adolescents.

Disparities between mental health services for minority adolescents and their nonminority adolescent peers have been thoroughly documented since the early 2010s (Anderson & Mayes, 2010, Brondolo et al., 2011; Mojtabai et al., 2016). Minority adolescents have higher tendencies for depression and anxiety but are less likely to access adequate treatment for various reasons (Anderson & Mayes, 2010). In Brondolo et al. (2011), perceived discrimination regarding access to mental health services as adolescents impacted minority adults, who felt less inclined to seek mental health services as they got older. Findings such as these illustrate the importance of accurately assessing and referring adolescents needing mental health services. Schools can assist this assessment by having unified referral systems in place for adolescents.

While it is in schools' best interests to help their students, as students with proper mental health care are more likely to graduate high school as well as have higher attendance throughout school, helping their students is also good for societal well-being (Tian et al., 2019). Without a proper mental health referral system, the juvenile justice system might continue to grow. Minority juvenile delinquents have reported having unmet mental health needs, which were

further ignored when they entered the juvenile court system (Barrett & Katsiyannis, 2017). To streamline the referral system in public education, more information must be obtained on the practices currently being implemented in addition to the effectiveness (or lack thereof) of these referral practices.

Purpose Statement

The purpose of this qualitative study was to evaluate a district-wide referral system in northwest Missouri that was effective in identifying students needing mental health care, helping students find treatment options, and providing any follow-up needed. The mental health referral system was defined as the process by which adolescents can receive mental health services through the school system. Maslow's hierarchy of needs was the theoretical framework used during this study. The five-tier hierarchy of needs includes psychological, safety, love and belonging, esteem, and self-actualization needs. Maslow contended that not meeting certain needs at various stages of people's lives could impact their future health and livelihood. His theory suggests that if schools do not begin to evaluate and understand how to address all student needs, including mental health, students will be unable to function at full capacity in the classroom (M. H. Fisher & Crawford, 2020).

Significance of the Study

Prior research has been conducted on the lack of proper mental health care services for adolescent minority students. However, few researchers have focused on the education system's role, including school counselors, mental health referral systems in place, and overall links to mental health care accessibility for all adolescents, including minorities. More schools are being required to not only direct students' academic needs but also address their emotional needs. Educators are often tasked with addressing students' emotional needs but lack the education or

guidance on how to properly help their students. Educators, especially school counselors, need to be able to access a unified referral system that will help them access the best mental health care for their students and see immediate progress in students' mental health journeys.

This study was significant because its results provided information on a successful district-wide referral system in northwest Missouri. Findings from this study may help other schools implement similar referral systems in their own settings. With ongoing disparities in treatment and lack of access to mental health services from outside agencies, schools are becoming the first line of defense for students' mental health needs. School counselors, in particular, are typically responsible for providing these services to their students. However, because of outdated education and professional development programs, most school counselors are unprepared to help their students. With a collaborative effort, a unified referral system could allow students to receive the mental health services they need without interrupting their academics or overall functioning in life.

Research Questions

There were three research questions formulated for this qualitative study. The first was, What makes one school district referral system in northwest Missouri effectively able to identify students who require mental health referrals? Answers to this question were sought through interviews, participant surveys, and a focus group. School counselors often feel inept about providing mental health services to their students (Williams, 2015). Answers to the research question provided information on how to implement a referral system and provided insights on the referral system characteristics needed for success.

The second research question was, What roles do administrators, teachers, and school counselors in the district have in implementing the referral system? Employees in different

positions are vitally important for implementing the school referral system. Exploring common themes, as suggested by Strobel and Harpin (2020), helped to determine the employees' roles in making the referral system successful. The third research question was, How does the school district ensure that minority adolescent students' mental health needs are being addressed? Research has shown that minority adolescents needing mental health services often do not receive those services for a variety of reasons (Lê Cook et al., 2017).

Definition of Terms

The following terms were used in this study.

Adolescent: Youth aged 12 to 18 years (Weinberger et al. 2018).

Mental health care disparity: Inequality in being able to obtain mental health care (Lê Cook et al., 2017).

Mental health referral: The process to provide mental health services to those seeking assistance (Missouri Department of Elementary & Secondary Education, 2020).

School-based health care center: A health care center on school grounds where students can obtain mental health assistance during the school day (Guo et al., 2010).

Summary

A disparity between mental health care access between minority adolescents and their nonminority adolescent peers demonstrated the need for better interventions to address persistent gaps in providing these services to adolescents most in need (Cummings & Druss, 2011; Flink et al., 2014, Yucel et al., 2018). The elements of successful school-based referral systems have not been extensively researched. Without proper referral systems in school settings, adolescents may be at a higher risk of not receiving the proper mental health care services they need. While not receiving appropriate mental health care services can be detrimental to all adolescents, it is

perhaps a more concerning detriment to minority adolescents. Minority adolescents who are already at a higher risk of not being accurately screened for mental health services can continue struggling with their mental health as they progress into adulthood.

The purpose of this qualitative study was to evaluate an effective mental health care referral system currently in use in northwest Missouri. A mental health care referral system was defined as the process by which adolescents are able to receive mental health services through the school system. Not receiving mental health services may affect students' academic progress, including not being able to complete graduation requirements. This can cause a lifetime of hardship, including incarceration, inability to find work, and poor mental/physical health (Kearney & Harris, 2014).

Schools are evaluated on their overall graduation rates and may receive lower state funding if they do not maintain a certain percentage of graduates each year. It is to the schools' advantage to meet students' academic and socioemotional needs. Schools must change their outdated frameworks of only being caretakers of students' academic achievement. For education systems to reach their fullest potential in what they can provide for their students, they must be willing to help enrich all areas of students' lives. To ensure doing so, staff need adequate professional development on how to properly identify students who may need mental health services. Schools with systems for properly identifying students needing mental health services may be able to help these students receive mental health services faster than without school intervention, especially with collaboration from outside mental health agencies. Unified mental health referral systems for schools would be an important first step in ensuring that students who need mental health services receive them.

CHAPTER TWO: LITERATURE REVIEW

Overview

The purpose of the following literature review was to examine literature on how an effective school-based mental health referral system can impact minority adolescent mental health. The first section of the literature review focuses on gaps in mental health care between adolescent minority students and their White nonminority counterparts. The lack of equality in mental health service provision puts minority and low socioeconomic status students at risk of not being able to succeed in the future, including obtaining a high school diploma. The second part of the review focuses on the education system's participation and the referral process for students to receive mental health services in schools with school-based health care and in schools that refer to outside mental health agencies. SBHCs are becoming more common, especially in low socioeconomic communities. with the objective to provide medical and mental health care for students who normally would not receive mental health services for various reasons.

By implementing mental health referral systems, school districts may not only ensure that their students receive the mental health care they need, they may also see increases in school attendance, lower discipline referrals, and higher percentages of graduated students. Current research identifies the relationship between proper identification of students' mental health needs and their future academic success and emphasizes the continuing room for growth in understanding the full impact that an effective mental health referral system could have on a school district. The purpose of this review was to explore previous research on minority and nonminority adolescent exposure and experiences with mental health services. Previous research on the role of education and mental health was also examined. SBHCs, professional development, and the roles of educators in school-based mental health referral systems were also

assessed. Gaps in the current literature provided a basis for additional research on the importance of mental health referral systems in school systems.

Theoretical Framework

Maslow's hierarchy of needs originated from his 1943 article, "A Theory of Human Motivation," in which he stated that unmet needs can directly impact human behavior. In pyramid form, the five-tier approach reflects psychological, safety, love and belonging, esteem, and self-actualization needs, with physiological needs at the bottom and self-actualization needs at the top. Maslow hypothesized that motivation increases as each need is met (Kenrick et al., 2010). If needs are not met, the motivation to meet them decreases, and people may not ever reach their full potential.

According to Maslow's model, physical and emotional needs must both be met. Maslow's theory has been reflected in research on the importance of providing adequate mental health assistance to those in need. As the understanding of providing for an individual's physical and emotional needs grew, a noticeable trend was identified in the mental health care needs of minority adolescents. Research has shown that minority adolescents are not receiving the mental health care services they need. As a result, more agencies are now actively involved in assessing minority adolescent mental health and referring these youth to services.

School systems can no longer just focus on helping students achieve the lower levels of Maslow's hierarchy but instead must focus on helping them achieve all five levels. Without emotional support, students may not fulfill their self-actualization needs. Schools receive state and federal funds based on their students' educational outcomes. More and more, student success also requires addressing their socioemotional needs. School counselors have stepped into the role of providing resources for students who are struggling with mental health needs. However,

without adequate referral systems, many of these students' needs are not being met, which not only affects their schoolwork but has possible other ramifications like poverty, poor overall physical and psychological health, and incarceration in the future.

Related Literature

Growing concerns about general adolescent well-being since the early 2000s may be due to the rising number of documented diagnoses of mental health disorders like depression, anxiety, or attention-deficit/hyperactivity disorder in this age group (Kieling et al., 2011). Also problematic is the number of undocumented mental health disorders, which makes mental health care, including the ability to assess and treat properly, a growing public health concern in the United States. Growing disparities in mental health services between minority adolescents and their nonminority adolescent peers is also of concern (Anderson & Mayes, 2010; Weinberger et al., 2018). For the purpose of this literature review, health care disparities were defined as inequalities not due to differences in health care but instead rooted in unequal access to mental health care services, lacking insurance coverage, or other barriers preventing quality health care due to discrimination (Lê Cook et al., 2017).

Concerns about inadequate adolescent mental health care for minorities have been well researched since the early 2000s, but progress has been limited on how to improve mental health care services for this demographic. A unified response to these differences centers on the need for early intervention and systematic programs that address the need for early referral to mental health facilities, not only to promote better quality of life overall but also to prevent future hardships like failing to graduate or incarceration.

Before addressing the need for a referral system, an understanding of why individuals seek or need mental health care is essential. Van Beljouw et al. (2010) administered the

Perceived Need for Care Questionnaire to 743 general practice patients with current anxiety or depressive disorder diagnoses. There were four groups: untreated patients who did not perceive having mental problems, untreated patients who perceived problems but did not feel they needed care, untreated patients who perceived problems and the need for care, and treated patients. The Perceived Need for Care Questionnaire focuses on factors patients feel are the largest barriers to receiving treatment. Forty-three percent of the participants with anxiety or depression diagnoses in van Beljouw et al. did not receive treatment. Twenty-one percent of all participants with depression or anxiety expressed a need for care but did not receive any. The most common explanation for not seeking treatment was the preference of handling their mental health care needs themselves (van Beljouw et al., 2010). This study's findings suggest that people with mental health disorder diagnoses are aware of their struggles but unaware of how to advocate for themselves to receive treatment.

If individuals are cognizant of their mental health, then why does the stigma of receiving mental health services outweigh their need to seek treatment? Mental health stigma is not a new concept and has prevented some from seeking treatment. However, with national trends of continual rises in mental health-related concerns in all age populations, people's perceptions of receiving mental health services must change. Pederson and Paves (2014) asked young adults to state their overall mental health symptoms/diagnosis, previous treatment experiences (if any), their own biases toward mental health treatment, and any perceived public stigmas they feel they may encounter. Overall, the participants reported greater perceived public stigma than any personal bias toward treatment (Pederson & Paves, 2015). Pederson and Paves concluded that the earlier intervention and education can take place, the better. These results showcase a need for early interventions and open dialogue about the importance of treatment for mental health.

Mental Health and Adolescents

Mental health concerns increased significantly in the United States from 2005 to 2015, with significantly more rapid growth seen among adolescents. Roughly 10%–20% of the adolescent population suffers from mental health issues (Kieling et al., 2011). Although the number of adolescents needing mental health assistance continues to grow, there is still no consensus on how to properly assess, treat, and prevent future mental health episodes. Using cross-sectional data on participants ages 12 years and older, Weinberger et al. (2018) confirmed increased concerns regarding adolescent mental health care. Slow but continual increases over time in mental health concerns in adolescents have been showcased in multiple studies; however, no true leader in the reasons for this continual growth has been identified (Pratt & Brody, 2014).

Some could argue that the reasons could center on the lack of mental health care services provided to this age group. However, the overall availability of mental health services does not seem to be a concern for the adolescent population. After reviewing over 435 studies and rating different mental health treatment services on a five-level strength of evidence system, Chorpita et al. (2011) reported a good foundation of appropriate treatment options available for adolescents overall. Treatment options have expanded since the 1990s to include specialized services for adolescents (Chorpita et al., 2011). However, despite advancements in adolescent treatment, only 1 in 2 adolescents receive the mental health services they need. Chorpita et al. found that adequate treatment options were available for adolescences but that minority adolescents were unlikely to use these services. It is perplexing that while these services seem to be available, those most in need are still not accessing them.

Mojtabai et al. (2016) used data from the 2005–2013 National Survey on Drug Use and Health (NSDUH) to investigate if mental health services were accessed among individuals with

12-month periods of major depressive episodes. The NSDUH is an annual cross-sectional survey on U.S. trends in drug use and mental health. Results showed an increase from 8.7% in 2005 to 11.3% in 2014 in major depressive episodes in adolescents. Survey results also showed that adolescents who reported using mental health services were more likely to still be receiving services at the end of the 12-month period, while those who never reported receiving services at the beginning of the 12-month period were currently still not actively receiving any mental health services (Mojtabai et al., 2016). The results showed that while a high need for adolescent mental health care exists, adolescents are unable to access services for various reasons.

Mental Health and Minority Adolescents

Before addressing differences between White and minority adolescent mental health care, it is important to note issues in determining and developing evidence-based guidelines to help facilitate and eliminate any differences between these groups. The lack or underrepresentation of adolescent minority groups during studies or trials is a major point of contention. Another concern is that cultural and biological differences are often not properly assessed or understood when making assumptions about people of different minority backgrounds (Stewart et al., 2012). Minority adolescents have higher tendencies for depression and anxiety but are less likely to be able to find adequate treatment. However, when looking at the sample sizes of different studies, Anderson and Mayes (2010) found that minority adolescents were often not as equally represented as their White counterparts. In light of these findings, I had to expand the present study's focus and make conclusions based on other studies because of the unequal representation in the studies of minority adolescents.

While concerns exist regarding how differences between White and minority adolescents are handled in current research on mental health needs, it is clear that differences do exist.

Studies have shown that minority students were treated for mental health concerns far less often than their White counterparts (Alegria et al., 2012). Concerns about the levels of treatment minority students receive are also apparent. Opinions differ on the reasons behind these differences in treatment. Some researchers have contended that environmental factors like insurance concerns, socioeconomic backgrounds, and lack of treatment facilities in low-income neighborhoods play a significant part in the differences (Costello et al., 2014). Others have looked at adolescents' background histories such as parental involvement or cultural biases to understand the state of adolescent mental health. Lastly, some researchers have focused on providers, including schools and private facilities, and their own referral biases. All three areas reflect legitimate concerns about inadequacies in helping minority adolescents with their mental health and directly correlate with the need for a unified mental health referral system to address discrimination and access issues.

Environmental factors add to mental health care disparities among minority adolescents. Costello et al. (2014) used The National Comorbidity Survey Adolescent Supplement, a survey of the mental, emotional, and behavioral disorders in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, to examine mental health service usage among all adolescents. In 2013, only 45% of adolescents diagnosed with a psychiatric disorder received any type of mental health services. For those who received services, most (23.6%) did so through school settings. Black and other minority adolescents were significantly less likely than White adolescents to receive any type of mental health service follow-up after being diagnosed (Costello et al., 2014). The survey data reflected concerns about whether adolescents are receiving proper mental health services; however, a bigger concern was that minority adolescents received even fewer services than White adolescents, who were already being underserved

(Costello et al., 2014). Study findings showed the importance of having a central location where all students can be properly accessed and treated.

Costello et al. (2014) noted ongoing concerns about the best ways to evaluate all students using the same techniques and with as few biases as possible. The researchers found that Black adolescents were less likely to be referred for mental health services; however, no explanation for this difference other than geographic location was provided. Data collected were from urban areas in larger metropolitan communities in the United States. Urban and rural communities generally have different demographics. When implementing a mental health referral system, it could be useful for a district to have a central location where students can be properly accessed and treated, like Costello et al. found to be successful in their study. However, given the lack of detail on why Black adolescents were less identified for mental health services, additional research might identify possible remedies to consider.

Some researchers have contended that the geographical location of minority and nonminority adolescent mental health services does not matter and that overall mental health services for any area are a problem. Ault-Brutus (2012) used data from a sample of 1,198 respondents in the 2003 National Comorbidity Survey Replication to examine different ethnicities and their mental health care usage across the United States. Ault-Brutus estimated disparities in any mental health care use for respondents of low socioeconomic status and minority decent. She found that disparities in mental health care between White and minority adolescents continued to grow over time if not properly addressed. Findings further showed that disparities in specialty mental health care were present and would continue to grow worse with time if not properly addressed during adolescence (Ault-Brutus, 2012).

Brondolo et al. (2011) reported higher incidences of minority adults believing that they were not given access to health care needed as adolescents because of their minority background. This in turn affected their trust in being able to receive mental health services, and as they aged, they refrained from trying to seek mental health services. To combat those perceived inequalities, different interventions must be implemented at an early age to promote and foster a healthy relationship between the mental health care field and low socioeconomic patients. Brondolo et al.'s research showed that if trust is lost at an early age, it is hard to gain back. Therefore, if schools, a common thread between all adolescents, would implement new curriculum and interventions, a new understanding of the importance of addressing mental health might allow minority adolescents to gain confidence in being able to seek and retain mental health services if needed.

Trends in lack of mental health treatment among minority adolescents may not decrease any time soon. Lê Cook et al. (2017) used data from the 2004–2012 Medical Expenditure Panel Survey to assess racial–ethnic disparities in mental health care access in over 200,000 individuals. Specific categories were whether outpatient care was received, any medication was given, and the use of any mental health facility. Significant differences were found in 2004–2005 and 2011–2012. More White individuals (10.8%) than Black individuals (8.2%) received mental health care in 2004–2005. Similar differences were found in 2011–2012, with only 8.4% of Hispanic individuals receiving mental health services while White individuals received 10.9% (Lê Cook et al., 2017).

Between 2004 and 2012, Black–White disparities in mental health care and any psychotropic medication use increased, respectively, from 8.2% to 10.8% and from 7.6% to 10.0% (Lê Cook et al., 2017). Similarly, Hispanic-White disparities in any mental health care

and any psychotropic medication use increased, respectively, from 8.4% to 10.9% and 7.3% to 10.3%. More concerning may be no apparent flatlining on these trends, with differences continually found between minority groups and mental health care use (Lê Cook et al., 2017). Lê Cook et al. recommended further research to determine whether positive gains were found for those who began to take medication and what the long-term effects of this change in mental health services. Furthermore, if medication is not an option for all adolescents, then a greater effort must be made to understand different types of interventions that can be used with all adolescents regardless of minority or socioeconomic background.

Minority Adolescents and Barriers to Mental Health Help

Minority and low socioeconomic status adolescents may encounter environmental barriers to receiving mental health care services (Dinwiddie et al., 2012). Dinwiddie et al. (2012) used data from the American Medical Expenditure Panel Survey and the American Medical Association Area Research files and found shortages of mental health facilities and access to trained psychologists in areas with low-income Hispanic and African American families. Communities primarily consisting of low-income and racial/ethnic minorities often lack the resources needed to address service shortages. While there were various reasons for this, people with higher incomes were more likely to have better health care insurance and resources for seeking out these services (Dinwiddie et al., 2012). Referring back to previous literature on discrepancies in adolescent mental health services, lack of insurance or resources cannot be justification for adolescent minorities not receiving the mental health care they need. Further research on how other public entities, like the education system, could potentially offset the barriers that adolescent minorities face may be beneficial.

Intervention processes are common practices in the education system, with programs like Head Start being supplemented by the federal government to help bridge gaps in educational needs of children with low socioeconomic backgrounds. While there have been numerous debates on the long-term success of these programs, research has shown some positives in the early intervention process. In Miller et al. (2014), adolescents of similar backgrounds, compared to their classmates who did not attend programs like Head Start, were more likely to have good attendance in school and overall higher math and reading scores. These differences may be due to Head Start programs revamping curriculum when initial concerns were raised about their teaching practices. Perhaps, in similar fashion of the Head Start programs in order to begin seeing success in intervention processes is to forgo old practices that are not making any significant gains. Miller et al (2014) examined the positive gains that could be found when embracing change in the educational field, the same success could be found with revamped mental health services.

Although findings in extant research have shown a need to help individuals with mental health concerns, specifically minority adolescents, roadblocks to receiving services still exist (Pratt & Brody, 2004). Unfortunately, some of these roadblocks reflect personal bias. Racial profiling can prevent young people from seeking mental health services and can continue disparities in mental health treatment for adolescents. Citing prevalence rates of depression in Whites at 38.6% and 56% in Blacks, Bailey et al. (2019) stated that more than half of African Americans do not seek out treatment for a variety of reasons, one being fear of discrimination. Fear of discrimination makes it plausible that many minority adolescents who need treatment have not been properly identified. A unified mental health referral system may be better able to identify adolescents with mental health concerns and also provide a safe environment to begin

treatment so that the adolescents' only focus would be on continuous improvement in their mental health. Until such a system is in place, more barriers will continue to prevent mental health treatment in minority adolescents.

Cummings et al. (2014) surveyed a sample of 2,789 adolescents being treated for a major depressive episode on the initial reasons they sought treatment from mental health professionals. The researchers looked at specific symptoms that adolescents reported and sorted responses by racial and ethnic group. The results showed that African American adolescents were more likely referred because of problems at school and that Hispanic adolescents were more likely referred for physical fights as compared to White adolescents, who were referred for suicidal thoughts/feelings and feeling depressed (Cummings et al., 2014). I noted a concerning trend in other studies when looking at differences in how minority students are labeled with mental health disorders as opposed to their White counterparts. It is evident that a fair and equitable screening process must be implemented to ensure that no racial biases are present.

Lu (2019) used data from NSDUH database from 2011–2016 on 95,000 adolescents, ages 12–17 years, from across the United States to investigate mental health service use prevalence. Over a 12-month period, the rate of major depressive episodes increased from 8.3% to 12.9% in the adolescents who were surveyed. No increases in overall mental health service use were found. Compared to White adolescents (38.7%), African American (34.9%) and Hispanic (30.6%) adolescents had even lower rates of using mental health services. Furthermore, minority adolescents who received any mental health services were less likely to follow up with any type of additional mental health services or continually take their medication as prescribed (Lu, 2019).

Lu (2019) concluded that these findings could be attributed to many reasons, including lacking resources to be able to continue to attend appointments, inability to receive medication in a timely manner, or lack of medical services available. Mental health services can be accessed through outpatient, inpatient, and other informal services. With disparities in adolescent minorities accessing these resources, no matter the type, their overall functioning, both emotionally and physically, is of concern. Cummings and Druss (2011) compared 5 years of NSDUH data (2004–2008) on 7,704 adolescents who were diagnosed with major depression in the past year. Percentages of African American (32%) and Hispanics (31%) who received treatment for their depression were significantly lower than Whites (40%). Furthermore, African American and Hispanic adolescents were less likely to take any type of medication or seek treatment in any type of outpatient setting (Cummings & Druss, 2011).

Minority adolescents also face their own cultural stigmas to receiving treatment for mental health. Flink et al. (2014) conducted a qualitative study consisting of administering questionnaires to focus groups of female minority adolescents and found that they were more likely to internalize mental health disorders, like depression, and not seek any type of treatment. When asked why they did not seek services, the answers centered on feeling uncomfortable or judged by mental health professionals or school professionals who tried to refer them or feeling judged by family members (Flink et al., 2014). Nestor et al. (2016) also found that minority adolescents were less likely to seek treatment until their mental health reached critical points, such as suicide attempts. If minority adolescents are unlikely to reach out for mental health services, then those in support roles around them, including school personnel, must be able to identify and assess these students before they reach critical points like suicidal ideation or attempts.

McGuire and Miranda (2014) reviewed policies on accessible mental health services and found that minorities, no matter the age, were less likely to use resources to aid mental health treatment. Though minorities were less likely to use available mental health services, Breslau et al. (2018) found that they perceived to need these services at more frequent rates than their White counterparts. To address disparities, more in-depth information from minority adolescents and their reasons for not using mental health services should be collected and studied. After such research, interventions could potentially be put in place to eliminate these concerns.

In J. H. Fisher et al. (2018), more minority adolescents were also at a higher risk for not seeking ongoing mental health support after going to one appointment than nonminority adolescents. The importance of an initial appointment with a mental health care provider cannot be overlooked. J. H. Fisher et al. found that adolescents who were first diagnosed by a psychiatrist were more likely to complete treatment and follow up with subsequent appointments. However, Yucel et al. (2018) found that when first diagnosed with a mental health disorder by a primary physician provider, low-income adolescents were less likely to receive continuous and proper treatment. It is assumed that without reoccurring treatment, mental health-related symptoms will return, resulting in adolescents losing treatment gains and reexperiencing their original mental health concerns. This could be detrimental as these adolescents may assume that their mental health issues can never be fully handled and they may begin to feel that mental health struggles could be a life-long problem (J. H. Fisher et al., 2018).

The importance of continuing mental health services should be taught to all adolescents to help them understand that mental health progress can be made as long as an individual effort to stay engaged in the process is present. Labouliere et al. (2017) administered the Black Depression Inventory Scale to 34 adolescents, 38% with minority/low socioeconomic status, and

found a decrease in depression-like symptoms in minority adolescents who continued to receive treatment for depression. However, minority adolescents who stopped treatment during the 12-month time frame continued to experience depression-like symptoms, with some expressing that their symptoms were even more severe than when they attended their first appointment (Labouliere et al., 2017). Though obviously a small sample size, Labouliere et al.'s findings suggested conducting further research on this age group regarding the effects of not returning to subsequent appointments and the reasons why. If the reasons include parents being unable to take their children to appointments or lack of resources, community-based health centers or SBHCs may be reasonable solutions to these barriers.

Various researchers have documented barriers to seeking mental health services for minority adolescents. However, still lacking are comprehensive studies on how medical and school professionals can effectively intervene. Assumptions that a relationship between internalizing symptoms, ethnicity, and socioeconomic status are present in current literature, but more systematic explanations are needed in order to begin understanding this correlation and, more importantly, how mental health professionals and school officials better assist this target population (Anderson & Mayes, 2010).

Minority Adolescent Mental Health and Families

The U.S. population has grown more diverse since the early 2000s, with minority group representation increasing; however, this does not mean that the mental health services have evolved for this group (Pumariega et al., 2005). A lack of change in practices can create additional roadblocks to mental health services for minority adolescents because of cultural barriers. Yearwood (2010) examined the World Health Organization's report on fostering mental health in the adolescent minority population. Because of limited funding in some areas, the

organization advised educating parents on the dangers of not addressing mental health concerns in their children. Using the schools to disseminate information to the parents has been successful. Seeing that information came from a trusted source such as their children's school seemed to put parents more at ease about allowing their children to receive mental health services.

Gender concerns and culture norms can also impede adolescents' access to mental health care. In families and culture where males are perceived to have more influence or higher social standing than females, males often exhibit both internalizing and external harmful mental health behavior (Kira et al., 2021). Furthermore, because of high "masculinity" levels, no mental health assistance will be sought despite behavior indicating that intervention is necessary. Trying to seek mental health treatment and not being able to receive parental approval can trickle down to any adolescents growing up in these households (Kira et al., 2021).

Vito (2020) conducted a qualitative case study on three types of mental health agencies in Canada to explore core differences in each agency and if they could be attributed to successful mental health care assistance for all constituents despite cultural differences. Mental health agencies with leaders who created the organization's visions and missions around the principle of building relationships with families had more collaborative relationships with families and thus were more successful in helping adolescent clients obtain mental health services (Vito, 2020). Organizations in which staff took the time to understand family structures before beginning treatment with adolescents saw more positive feedback from families about the treatment, and the adolescents were more likely to return for additional services (Vito, 2020).

Research has suggested that without attention given to adolescents' diverse cultural backgrounds, successful mental health service provision might be impossible. Medical providers often have different backgrounds than their patients, which can make it difficult to reach a true

understanding of all the factors that should be considered before beginning treatment (Alegria et al., 2010). Considering cultural backgrounds may change the course of treatment plans. With the knowledge that collaborative relationships are instrumental in adolescents receiving mental health services, more organizations should consider making cultural awareness a top priority before implementing any type of intervention.

Obtaining an understanding of the adolescents' parents' mental health backgrounds can also be relevant and prove of value. Using parent-reported information on more than 97,000 children from the National Survey of Children's Health database, Wolicki et al. (2021) found that approximately 1 out of 4 children whose parents stated they suffered from mental health issues also had at least one parent who reported that they themselves struggled with mental health. When parental mental health is not being addressed, it can be challenging for mental health agencies to address issues in their children. Wolicki et al. (2021) concluded that for individual improvement, family therapy may need to be part of the treatment plan to see any type of progress. Regarding mental health referrals in the school setting, this may be something to consider. While schools have more limited capacities to understand the entire family dynamic, it may provide helpful in collecting as much information as possible.

Family therapy may not be possible; as such, other ways to understand family dynamics might be necessary before beginning interventions. In a longitudinal study consisting of 500 patients, Apsley and Padilla-Walker (2020) investigated possible links between adolescent mental health and parental mental health. The researchers concluded that the fathers' mental health did not have as much bearing on their children's mental health struggles. However, mothers who displayed symptoms of anxiety had daughters who were more likely to develop depression after 5 years of the mother's diagnosis (Apsley & Padilla-Walker, 2020). Apsley and

Padilla-Walker also found a correlation between the mother and child's relationship and mental health issues. If the relationship was more controlling or toxic, mental health symptoms were more frequently seen in both the mother and child. However, if a harmonious relationship was present, mental health concerns were less likely for both.

Limitations of Apsley and Padilla-Walker (2020) included a small sample. Because there were few participants, it cannot be determined if fathers had no impact on their children's mental health. Suggestions to expand on this research included examining the dynamics of all parties, including that of blended families, reflecting the high frequency of blended families in modern society (Apsley & Padilla-Walker, 2020). However, even given the study limitations, findings from this study suggest conducting a complete diagnostic background on the family before beginning any type of mental health services.

Affirming Apsley and Padilla-Walker's (2020) findings is a study on Asian American children's mental health adjustment in which Zhou et al. (2012) found that when the entire family was involved in an adolescent's mental health care needs, the adolescent was more likely to return for follow-up appointments. While both studies had limitations because of their focus on people of a specific cultural background, their findings suggest considering how to properly address family culture and norms before treating adolescent mental health issues. Having a mental health care referral system in the schools could help to address these concerns because of the relationships that school staff have with families. Schools are often where parents focus on engaging with their children through extracurricular activities or events held at the schools.

Parental engagement is an important part of adolescents' mental health journeys (Haine-Schlagel & Walsh, 2016). Positive parenting engagement can factor into whether adolescents see the value in requesting mental health services as well as whether they continue to go to follow-up

appointments or take any medications that may have been prescribed. However, getting active parental involvement in their children's mental health needs can be difficult (Gopalan et al., 2010). Numerous interventions to engage parents have been implemented at different levels, schools, and mental health facilities. Gopalan et al. (2010) studied various interventions and found that the most effective were ones that got parents in the facility on a regular basis.

Family socioeconomic status and parent education level may also impact adolescent mental health. Bøe et al. (2011) used data on 5,781 youth ages 11–13 years and their families from the Bergen Child Study and found a link between family socioeconomic status and the youth's mental health. Those living in lower income homes often reported more mental health struggles but also voiced frustration on ways to access help. Similarly, those whose parents did not finish high school displayed more external mental health issues than peers with parents who had higher educational status. Bøe et al. theorized that the differences may have been due in part to lack of resources or the parents' lack of time. Parents with lower paying jobs as a result of not obtaining higher education often work longer hours, struggle to pay bills, and may not have enough time to help their children find appropriate mental health even if they want to help (Bøe et al., 2011). Limitations of this study included that it was set in Norway so there could be potential cultural differences if applied to other countries. Bøe et al. concluded that family financial dynamics should be considered before helping adolescents with mental health concerns. If work schedules are a possible reason for not being able to engage parents, then alternate means of engagement should be encouraged.

Minority Adolescents and the Juvenile Justice System

An estimated 2,000,000 adolescents are arrested and placed in the juvenile justice system each year (Hockenberry & Puzzanchera, 2020). This number represents a growing population of

minority adolescents with underlying mental health issues (Hockenberry & Puzzanchera, 2020). Furthermore, many aspects of the juvenile justice system, including the diagnosis process, which is tedious and often unsuccessful, can prevent adolescents from being properly diagnosed and receiving treatment while in the system (Hockenberry & Puzzanchera, 2020). With the growing number of minority adolescents in the juvenile system, it is essential to understand how interventions, possibly in the school setting, can be implemented before adolescents enter into the juvenile system.

Dauber and Hogue (2011) studied 253 high-risk urban adolescents with unmet behavioral health needs and found that White adolescents received diagnoses related to the trauma they experienced; this included being diagnosed with posttraumatic stress disorder. However, they found no definite answer for why White adolescents were more likely to receive this diagnosis as opposed to conduct disorders, such as oppositional defiance disorder, than minority adolescents. Dauber and Hogue hypothesized that skin color or socioeconomic status were factors. Youth referred to the juvenile justice system are at risk for not only engaging in continued illegal behavior but also for not completing high school (Dauber & Hogue, 2011). These concerns make it a priority for the education system to begin appropriate interventions before students enter the juvenile court system.

Inadequate mental health referrals could correlate with the overpopulation of the juvenile justice system. A logistic regression analysis of data from Pennsylvania's juvenile justice system showed that juveniles entering the system for controlled substances issues were less likely to have used mental health and substance abuse services in the past (Lee et al., 2017). However, when referred to the juvenile system, White adolescents were often first to receive mental health services as an intervention upon first offense while African American and Latino youth entered

the judicial system without any type of mental health intervention (Lee et al., 2017). With the juvenile system already overpopulated, mental health professionals need to ensure that proper identification and mental health referral processes are in place for high-risk minority adolescents. Determining the source of the disruptive behavior that led to juvenile court system involvement could help prevent future destructive behavior. To further understand the correlation between mental health and disruptive behavior, juveniles who received mental interventions on first offense should be studied to see if they had additional juvenile court appearances. Also, whether differences between first offenses among minority and nonminority adolescents reflecting mental health concerns result in not receiving the same intervention treatment should be investigated.

Clemson University studied disparities between judicial system decisions on diagnoses and served time among minority and White youth (Barrett & Katsiyannis, 2017). Evaluating more than 100,000 juveniles who entered into the juvenile justice system over a 20-year period showed differences between juveniles of different ethnic backgrounds. The initial findings were that White adolescents were more likely to be prosecuted for both minor and major first-time offences than Black adolescents. Despite the initial prosecution of White adolescents being more frequent, Black adolescents were more likely to serve jail time for their sentences. White adolescents charged with the same crimes were more likely to be referred to mental health services to help prevent future arrest (Barrett & Katsiyannis, 2017).

These results raise concerns about possible bias in prosecuting at-risk adolescents, particularly why White adolescents were referred to mental health facilities to address externalizing mental health behaviors that led to arrest while minority adolescents were not. Despite these findings, other factors should be considered, such as the severity of the behavior

that led to arrest, before assuming ethnic background being the only confounding difference in subsequent rulings.

Juvenile justice system overcrowding is not only an overall societal concern, it is a public education concern as well. Adolescents who do not graduate from high school are at a distinct disadvantage compared to youth who do graduate. Of additional concern is that high school dropout rates have slowly increased from 1992 to 2017, specifically among minority adolescents (Hanson, 2021).

The juvenile court system, public education, and mental health are intertwined because if one area is lacking or under duress, it could impact the other areas. If adolescents are struggling with mental health issues, it could affect their education, which in turn could make it difficult to graduate from high school. Adolescents who do not graduate with a high school diploma are more likely to enter the court system at some point (Gould et al., 2014).

The public education system is traditionally seen as a vessel for providing information to allow students to take the next step in life, whether it is higher education, the military, or entering the job force. This view of helping adolescents find their future career can no longer be the only focus of public education system. With more adolescents self-reporting mental health concerns, schools must be able address these situations in the same way that students not being able to read at a certain grade level are assisted. Unfortunately, most schools lack the resources for addressing student mental health needs.

Schools and Rising Mental Health Concerns

Students average 35 hr a week in school. During this time, they are in contact with peers, teachers, administrators, and counselors. Schools should embody safe environments while empowering students to grow academically and personally. For some students, school hours may

be the only time they encounter a safe environment. Schools have begun to recognize this and are addressing policies on providing support for emotional needs, not just academic. During their entire public education time period, an estimated 1 in 5 students will need mental health follow-up by a health care professional (Eklund et al., 2019).

Because of many factors previously discussed, many adolescents do not receive the mental health care they need. Without proper mental health treatment, it is impractical to think that a student can focus on or understand the importance of academics. In a 2019 study, Parikh et al. conducted semistructured interviews with 191 adolescents, nine parents, 78 teachers, 15 school counselors, and seven clinical psychologists or psychiatrists on whether mental health needs should be addressed in the school setting. All participants agreed that the school needed to be able to offer some type of assistance (Parikh et al., 2019). However, no clear consensus was reached on how to do so during the school day without affecting instruction time. The biggest concern from adolescents related to confidentiality while parents wanted to ensure that they were somehow involved in the process.

Another factor for schools to consider before implementing any mental health services is minority adolescents already feeling like outsiders because of their ethnicity. As shown in Parikh et al. (2019), adolescents expressed concern over having friends find out about their mental health struggles. These concerns could be amplified if students already do not feel accepted in their schools. Perceived ethnic discrimination among students can be seen as early as the fifth grade. Coker et al. (2009) surveyed fifth graders in three large U.S. metropolitan areas on if they felt differences in how their classmates treated them. classmates. Fifteen percent of the students reported perceived racial/ethnic discrimination, with 80% reporting that discrimination occurred while at school. When compared to White children, 20% of Black children and 15% of Hispanic

children felt that they were ethnically discriminated at a higher frequency (Coker et al., 2009). Minority children who report perceived racial/ethnic discrimination are more likely to also have mental health concerns as they grew older (Coker et al., 2009).

Alegria et al. (2012) stated that an effectively administered school-based referral system may help eliminate some of the bias that minority students report encountering. The referral system would be based on displayed behaviors, conversations with students about current mental health concerns, or other warning flags that could signal mental health assistance. The referral system would not be based on minority or socioeconomic status and would solely focus on mental health needs. The referral system in schools are often noneffective, though, because school referral systems are often outdated and are not adequate for meeting the challenges of adolescents in the 21st century (Alegria et al., 2012). Schools are continually updating their curricula and policies in other areas, so it stands to reason that school officials should review and update their mental health referral processes yearly (Alegria et al., 2012).

Whether consciously or not, school officials' actions and the tone they set for the referral system can deter adolescents from seeking services if adolescents feel they are being judged or not listened to (Alegria et al., 2012). Alegria et al. (2012) used data on 6,112 adolescents 13–17 years of age from the National Comorbidity Survey Adolescent Supplement to investigate racial/ethnic differences in the referral process. While the researchers found few differences in how students were identified for services, there were disparities in the levels of encouragement different ethnic backgrounds received to attend treatment. Minority adolescents were less likely to be encouraged to seek mental health treatment than White adolescents with the same internalizing disorder characteristics. Possibly as a result of the lack of encouragement, minority adolescents were also less likely to follow through with receiving any mental health services

(Alegria et al., 2012). Schools must be willing to seek out students and follow up with students who are not attending regular therapeutic appointments. It cannot be assumed that adolescents will seek follow-up treatment on their own.

Historically, schools have been evaluated based on the percentage of students who graduate. Many components go into ensuring that students achieve this milestone. Grades, attendance, and behavior play important parts in student success (Missouri Department of Elementary & Secondary Education, 2020). Students' overall mental health is another component that should be considered. Anxiety and depression diagnoses continue to rise in adolescents, particularly in females (Hamann et al., 2019). Low achievement in schools, including low graduation rates, has been directly linked to depression and anxiety (DeFoe at al., 2013; Hjorth et al., 2016). According to the U.S. Department of Education (2010), 87% of White students graduate on time while only 73% of non-White students do. Without a high school diploma, adolescents are more likely to be linked to a lifetime of living in poverty, violence, and overall bad health (Hahn et al., 2015).

Hahn et al. (2015) surveyed 3,000 adolescents who were not currently in school. Participants were administered the 12-Item Short Health Survey to determine their current mental health concerns. Results showed that poor mental health was present in nearly 25% of the participants, suggesting a significant association with the students who had dropped out of school even though that might not be the reason they left school (Hahn et al., 2015). Further research on a broader population of students not currently in school should be considered to develop more information on why adolescents drop out of school. If schools are evaluated based on their overall graduation rates but are losing students because of issues like mental health, more school-based interventions for mental health assistance may be indicated.

As previously stated, adolescents in the juvenile justice system may benefit the most from school-based mental health interventions. A cross-sectional survey of 260 adolescents showed that those who exhibited at-risk behaviors that led to juvenile referral were more likely to also be struggling with depression (Chauhan & Rupani, 2021). High-risk behaviors were assessed as those that directly impacted the school, for example not feeling safe at school or bringing a weapon to school. The juvenile justice system's ultimate goal is to get adolescents, specifically those with minor offenses, back into school so as to not distract from their educational learning. However, even if efforts to keep adolescents in school are successful, the need for mental health services during the school day should still be emphasized. If schools do not address these needs, students may continue the cycle of being in and out of the juvenile justice system (Chauhan & Rupani, 2021). While Chauhan and Rupani's (2021) study findings may have some limitations because the study was conducted in India, they showed the merit of tackling the needs of students at the highest risk in a school setting. If adolescents cannot or will not find services elsewhere, schools must step in.

Tian et al. (2019) discussed the potential for school attendance for being a polarizing experience for adolescents. Some may experience the success of achieving in the classroom. For others, school may be a constant source of frustration. Low achievement in school can have a lasting impression on adolescents. Whether students perceive that their schools have vested interests in their futures may not only determine their academic success but also possibly affect their overall mental health. Students in schools where they feel that the interest is on their academic success and their overall well-being report having fewer overall mental health concerns (Tian et al., 2019).

Historically, schools have relied on parents to address their children's mental health concerns. Ideally, a strong parental presence is beneficial to ensure that students receive proper mental health services at school and at home. Wilder (2014) found a significant positive relationship between positive school experiences and parental involvement. Parental influences were the leading predictor of academic achievement, with an even larger percentage of influence among minority students. Additionally, the personal characteristic of resilience has been linked to success in school, as well to overcoming mental health concerns, throughout a person's lifetime (Youssef et al., 2017). Recent findings suggest that adolescents are not receiving instruction on how to be resilient in difficult situations. This lack of instruction has led to students often feeling despair and being more apt to give up during difficult times (Youssef et al., 2017). In previous generations, teaching character traits would have primarily been the parents' responsibility. However, it no longer is (Youssef et al., 2017).

Williams (2015) discussed the impact schools have on students and how character education is taught in the hopes of helping students develop resilience as well as other character traits that will help them prosper as they grow. Character education programs are just one facet of resources that schools must be able to implement to help combat mental health concerns. However, school staff are probably schools' most important resources. Schools must also use the untapped potential of the power of teachers and school counselors to understand the importance of a referral-based practice that allows teachers and school counselors to make the necessary recommendations to get students additional help, no matter the academic area. Traditionally, referrals have been based on academic concerns. However, mental health referrals are just as important and can be the starting point for students receiving the help they need to be successful in school and in life (Williams, 2015).

Schools and School-Based Health Care Centers

As previously stated, sea changes in education systems are taking place, as for many years schools relied on parents to help their children receive proper mental health care. However, this mindset was not an effective practice for schools (Williams, 2015). In minority and low-income households, some parents will understand the need for mental health services for their children, but the majority will not actively seek any treatment options (J.H. Fisher et al. 2018). Because of this, especially in communities with large numbers lower income families, there is a dire need to get mental health services to adolescents, which helped shape the origins of SBHCs (Tegethoff et al. 2014).

SBHCs have transitioned over the years from being overall health care providers to adolescents to being able to offer specialty services, including mental health (Keaton et al., 2012). Because of their ability to reach adolescents quickly due to being in close proximity to a school, the number of SBHCs has grown in the last few years. As of 2012, more than 1,900 school-based health care centers were in existence with 57% of them being in urban areas (Keaton et al., 2012). SBHCs provide important health care services and can be an integral part of a school's identity and service to a community.

School-based mental health care centers can act as a liaison between schools and mental health facilities. Tegethoff et al. (2014) examined the role of school-based mental health services in the United States as facilitating more intensive health care than from out-of-school mental health providers when needed. They used data on 6,483 adolescents ages 13–18 years from the National Comorbidity Survey Replication Adolescent Supplement. Adolescents were asked to identify any mental health services they may have received through their school as well as outside mental health agencies. Findings suggested that school-based mental health services were

key to the first detection of mental health problems in adolescents and helping them receive adequate treatment. Results also suggested that while adolescents may seem some type of intervention or treatment in a school-based mental health care facility, those who require more intensive treatment often struggled to receive those out of school services (Tegethoff et al., 2014).

School-based health care is an essential component of helping adolescents receive needed treatment; however, these resources are still lacking in most of the United States. SBHCs became more visible in the 2000s, with the initial premise focusing on providing mental health care to adolescents to ensure that any medical assistance they needed they would get quickly and not interrupt their educational learning. For example, without up-to-date immunizations students are not allowed to attend school, so SBHCs would help administer these shots on site (Keeton et al., 2012). Kang-Yi et al. (2018) conducted a longitudinal multilevel analysis on the effectiveness of school-based health care and students' overall academic success. Using data on students who attended SBHCs and those who attended outside mental health services, Kang-Yi et al. found a positive correlation between students who attended SBHCs and lower discipline and referral rates versus students who accessed outside services or did not have any mental health services provided to them at all.

Effective collaboration between schools and health care providers in the SBHCs is crucial to the success of these centers (Kang-Yi et al., 2018). For the greatest effectiveness, schools must adopt the premise of continual education and learning. If students are struggling with mental health challenges, it may be more effective to allow them to miss 20–25 min of class to go to the SBHC to receive services than to allow them to keep struggling in the classroom (Kang-Yi, 2018). It can be difficult for adolescents to identify in themselves mental health struggles that

they may be experiencing so it is also crucial that educational caregivers are also able to spot concerns in the classroom. Challenges in adequately identifying adolescents with mental health concerns include understanding cultural and linguistic barriers, active engagement with parents, and overcoming any personal stigma school personnel may have (Baak et al., 2019).

Flaspohler et al. (2012) collected data over 5 years at 12 different schools that used evidence-based programs to address student mental health needs. Staff members, including school counselors, received professional development throughout the school year on ways to refer students for services. Overall, findings showed that the mere presence of some type of program to help provide interventions was effective. The results-oriented intervention approaches allowed school personnel to directly address mental health situations (Flaspohler et al., 2012). Each school conducted its own needs assessment and decided which evidence-based programs to use. While each school found moderate success in overall higher school achievement, including higher attendance percentage and lower referrals, they did not achieve what they hoped would be their highest levels of issuing responsive services to their students. Based on the study results, Flaspohler et al. questioned if true gains could be found between the 12 schools as a result of their separate intervention strategies and if it would be more helpful, in terms of research and identifying useful strategies/preventions, if they all went to a universal prevention/referral system.

Because of the lack of a universal evidence-based mental health referral system in the United States, school officials are often left to decide if it is necessary to devote the time and funds needed for effective referrals. Schools located in lower socioeconomic areas realize the importance of the referral intervention programs for the most part and have taken steps to ensure their students being able to receive mental health services (Guerra et al., 2019). Each program's

effectiveness is subjective, and without a unified and evidence-based mental health referral intervention program in place, the overall effectiveness of SBHCs may be hard to exactly determine. Despite the subjective nature of Guerra et al. 2019's initial findings, review of the impact of school-based health care should continue.

Information on how to not only utilize SBHCs but also collaborate with successful mental health referral systems may be limited, but research on partnerships that have been reviewed has resulted in possible future blueprints for other schools. In California, Soleimanpour et al. (2010) used data on clients from 12 SBHCs to determine treatment and effectiveness. Adolescents reported that without being able to attend the SBHC, they would have been less likely to seek mental health services from somewhere else. Parents also reported that they were pleased with the services their children received from the SBHC and felt that they were able to receive services in a timelier manner than if they had used other mental health providers (Soleimanpour et al., 2010). Mental health professionals reported that they felt a higher percentage of students returned for follow-up appointments and seldom missed appointments.

SBHCs can also prove to be successful collaborations between schools and medical professionals. Adolescents surveyed in Soleimanpour et al. (2010) stated that they liked the convenience and simplicity of being able to use the SBHC during school hours. They also reported that they were likely to continue with follow-up appointments because they did not have to rely on transportation or other issues that prevented them from attending appointments (Soleimanpour et al., 2010). With the likelihood of adolescents using SBHCs before their needs reached emergency levels, it can also be assumed that SBHCs would help overpopulated hospitals in low-income areas as well (Mason-Jones et al., 2012). In another study, Guo et al. (2010) used a longitudinal quasiexperimental repeated-measures design to demonstrate that

based on the location of SBHCs in the United States, gaps in lower health care costs were eliminated for minority adolescents, ensuring that adolescents received the treatments they needed. Walker et al. (2010) found that schools with SBHCs at their disposal and able to refer their students also saw benefits for their students' academics. Examining longitudinal data from fall 2005 to fall 2007, schools that referred students to SBHCs saw a significant increase in student attendance as well as an increase in overall grade point averages for the students who used SBHC services. No change in discipline referrals were associated with continual SBHC use (Walker et al., 2010). To extend on Walker et al. (2010)'s initial findings, further investigation on the pros and cons of schools building and operating SBHCs in their districts could be conducted, with a specific focus on cost benefits or gains from the services SBHCs can offer.

Schools and the Role of Outside Agencies

Progress on addressing student mental health needs is being made in schools able to implement evidence-based mental health prevention programs (Kutcher & Wei, 2012). If mental health referral programs can be successful, it could be assumed that all school districts would begin to implement SBHCs. While schools may wish to have a SBHC, some factors make it difficult to do so. The lack of school funds, the inability to provide continual professional development to those who need it, and finding properly trained school personnel can make it difficult to start these programs in some schools. Without research on a universal scale that can help determine if mental health intervention programs are successfully referring students to SBHCs or outside agencies, it may be hard for schools to overlook roadblocks to implementation and choose to not intervene (Kutcher & Weis, 2012).

Because of the roadblocks previously mentioned and lack of universal clarity, some schools have chosen to explore different interventions to address mental health concerns. For

school districts with limited funds to open SBHCs, web-based programs have been suggested to help school personnel identify and refer students in a timely manner. O'Dea et al. (2017) analyzed the prospect of schools in similar regions in New South Wales, Australia, all using the same web-based resource program and asked school counselor opinions on whether they thought the service would be helpful. Of 145 counselors interviewed, 82% believed a unified web-based program would be beneficial for their students and other students in the region. School counselors with more years of experience were more willing to try the new program (O'Dea et al., 2017). Follow up with these counselors showed that after years of not having adequate help on how to refer their students, they were more willing to try something new (O'Dea et al., 2017).

Web-based resources may also be useful for smaller school districts or districts unable to shoulder the costs of building and maintaining SBHCs (Subotic-Kerry et al., 2018). Ensuring that a web-based site has qualified mental health professionals to help school professionals who are referring students is also a concern. More research on how this system would operate on a day-to-day basis is needed before assuming this approach as a good alternative to SBHCs. However, if found effective, web-based services could be cost-saving ventures that would still benefit students needing mental health assistance.

A study similar to the present one was conducted on mental health professionals and their views on a web-based program. Subotic-Kerry et al. (2018) conducted a qualitative analysis to determine the likelihood of integrating any mental health referral system in a web-based platform, similarities among the professionals using the software, and the level of acceptability they felt the program would have among parents, adolescents, and schools. Results showed that most mental health professionals were in favor of a unified web-based program to better serve adolescents (Subotic-Kerry et al., 2018). Concerns were similar to the school counselors who

participated in O'Dea et al. (2017). Mental health professionals wanted more information on how the system would run and examples of what the web-based service could provide. The mental health professionals overwhelmingly stated that proper collaboration with school counselors would be needed for the program to work (Subotic-Kerry et al., 2018).

Schools need to be actively involved in providing assess and referring their students for mental health assistance; however, the lack of universal procedures often forces schools to create programs or look to other school districts for ideas (Powers et al., 2010). Because of each school's individual nature, it is impossible to hypothesize that what worked in one school would work in another unless the intervention procedure eliminated demographic biases. If schools were able to merge their resources and generate a unified school mental health referral system that targeted only mental health concerns and displayed behaviors, they could potentially provide the best interventions to their students (Powers et al., 2010).

Larson et al. (2017) investigated effective intervention program effects in school settings by analyzing empirical studies between 2003 and 2013 on the U.S. pediatric population and mental health disparities of minority adolescents and those with low socioeconomic status. Youth in these two categories were less likely to receive any type of mental health assistance throughout their adolescence. It was hypothesized that ignoring these mental health disorders eventually began to interfere with the adolescents' learning environment (Larson et al., 2017). A collaborative effort between these educational professionals and mental health professionals could allow accessing adequate mental care at early life stages, which would be beneficial to help adolescents grow into functioning and healthy society members (Tegethoff et al., 2014).

Many schools collaborate with outside mental health agencies to alleviate gaps in addressing students' mental health care needs. This collaboration can help to ensure that the

education process is not disturbed while student mental health needs are being met (Weist et al., 2012). Students in Weist et al. (2012) were more inclined to receive regular mental health appointments when schools and outside agencies collaborated as opposed to students who were facing similar situations but did not have a pipeline of communication between the school and the outside agency. Concerns over possible collaboration reflected confidentiality (Weist et al.,2012). Parental permission would be needed for students to receive mental health assistance from outside agencies. Parents might agree to the help because of concerns about what would be communicated with the school. If parents feel any type of concern about being reprimanded for their children's mental health needs, they may be less willing to allow their children to continue seeking services, thus making any attempts by the school or outside agency moot (Weist et al., 2012).

Cooper et al. (2016) stated that despite any confidentiality concerns, outside mental health agencies can prove useful to school districts without their own SBHCs. With continued collaboration, schools can expect to see increases in attendance and graduation rates among students who were labeled high risk before mental health interventions were implemented. Cooper et al. examined the relationship between mental health agencies and outside collaborators (such as schools) and asked participants to rank what they felt worked with the collaboration and what did not work. Most participants stated that the collaboration helped them with their mental health needs and stressed the importance of communication in order to reach maximum potential (Cooper et al., 2016). In Fazel et al. (2016), adolescents often reported feeling more at ease with working with outside agencies if the referral process started in school. The youth reported feeling calmer and more assured that their answers would be kept confidential (Fazel et al., 2016).

Teachers' Roles in the Referral Process

The role of teachers in the referral process cannot be overlooked. In Guo et al. (2020), 1,228 Chinese adolescents were administered a questionnaire on the correlation between teacher support, resiliency, and mental health. Results showed that the more teacher support the students felt they had, they more they were able to be resilient and rise above difficult situations throughout the school year. This, in turn, lowered their mental health concerns (Guo et al., 2020). There were limitations in Guo et al., including not being able to describe students' overall mental health if the relationships between students and teachers were not healthy. Guo et al. also did not measure students' resiliency levels, which a could account for student ability to recover faster from stressful situations. Guo et al. concluded that teachers need to have a role in teaching but also need to spend time on their students' mental health.

Teachers cannot be expected to provide extra interventions without some type of professional development in socioemotional and mental health areas. Dhital et al. (2019) provided evidence of successful interventions in schools when teachers were given extra professional development in these areas. In Nepal, after areas were affected by hurricanes, administrators began seeing disengagement among students. Students were no longer concerned about their academics but instead were concerned about lacking shelter or food when they left school. This disengagement led to administrators and teachers trying to get a better understanding of their students' emotional needs. Teachers were trained on how to respond to their students' socioemotional needs, and the school saw significant changes in student behavior and academic achievement (Dhital et al., 2019).

It is possible to train teachers to properly assess students needing immediate mental health care. Vieira et al. (2014) evaluated programs in Brazil designed to teach school staff on

identifying and referring students with mental health concerns. In the case-control study, Vieira et al. reviewed the curriculum that all staff members had to take, which focused on their being able to identify the students at most risk of mental health concerns. After the training, several scenarios were given on different students that staff may encounter in their school. Results showed that the teachers could consistently identify students who displayed mental health concerns. Fifty percent of teachers could properly identify the correct students to refer in the scenarios, and after further training for teachers who did not correctly identify, 60% of those staff members were able to correctly do so (Vieira et al., 2014).

Without proper training, it would be unrealistic and unfair to put the burden on recognizing mental health concerns on teachers. Undheim et al. (2016) investigated teachers and primary care contacts' abilities to recognize mental health problems in adolescents in residential youth care centers in Norway. The Child Behavior Checklist and the Teachers Report Form were used. Results showed that teachers were primarily able to recognize externalizing behaviors like attention-deficit/hyperactivity disorder. However, they struggled with identifying internalizing behaviors (Undheim et al., 2016). While limited in scope to participants who were placed in a residential youth care facility, assumptions could be made that it would be even more difficult for teachers to identify students struggling in a general education classroom. If teachers are to be on the frontlines of helping their students, then they must receive proper education so they can not only help their students but also help staff in their buildings whose main jobs are to help with handling student mental health needs (Undheim et al., 2016).

Role of School Counselors in the Referral Process

School counselors are primarily responsible for delivering personal, career, and social/emotional counseling services to students. Every school district and its comprehensive

school counseling program should be focused on following categories: school counseling curriculum, individual student planning, responsive services, and system support (Missouri Department of Elementary and Secondary Education, 2020). Responsive services, the short-term interventions that include some type of counseling intervention, reflect roughly 30%–40% of a counselors' day (Missouri Department of Elementary and Secondary Education, 2020).

School counselors are largely responsible for the mental health services that students receive. This enormous responsibility requires careful consideration of the time that counselors are allowed to focus on their students' mental health needs. The school counselor role has evolved since the 1960s from vocational counselor to guidance counselor and now to the preferred term of school counselor (Cinotti, 2014). The different tasks school counselors are given during a regular day sometimes reduce the time they need to address student mental health. Counseling services related to mental health concerns are also often underutilized (Astramovich et al., 2014).

Eklund et al. surveyed over 1,000 school psychologists to examine their workdays related to mental health services. The participants reported that they were spending the majority of their day providing prevention-oriented services, but school counselors only provided direct services such as individual or small group counseling 1–4 hr a week (Eklund et al., 2019). With only approximately 33,000 school psychologists in the United States and the majority focusing on special education students, the mental health needs of students are the responsibility of school counselors (National Association of School Psychologists, 2017).

School counselors, unlike medical mental health professionals, have access to students who need mental health services every day. The daily mental health struggles of adolescents are a priority of schools as they can impact not only their mental states but also their ability to learn

in the classroom. Studies have shown that without proper identification of high-risk students, a trickle-down effect can be seen in schools. Students seeing other students continually exhibit alarming mental health behaviors (like attempted suicide) may form similar ideations (Gould et al., 2018). School counselors must be able to address, assess, and follow through with appropriate help for at-risk students.

While continuing professional development has its merits, it is still not practiced in every school system. School counselors can make a positive impact on identifying and referring students with mental health needs, but resources are not being used effectively to provide these services (Rothi et al., 2008). There is some confusion about how to monitor and refer these students, partially because of the profession's changing role in the last 100 years. Predecessors of current school counselors were referred to as vocational guidance counselors. Their main purpose was to guide and inform students on possible careers, colleges to attend, or military enlistment that they could transition to after they graduated high school (Cinotti, 2014). In the 1980s, the profession adopted a different job title and switched from vocational guidance to guidance counselor. However, in most schools, counselors' roles stayed the same and focused on postsecondary transitioning. A new push in school counselor job expectations developed in the early 2000s when many job titles switched to school counselor. Emphasizing the word "school" was to show that counselors' roles were to help support the whole student with career/academic, social, and emotional support (Fan et al., 2018).

While trying to remain focused on all the different areas needed to support and create a "whole" student, more counselors need to spend considerable time addressing students' mental health concerns. As previously stated, schools can no longer rely on parents to address their children's mental health needs. To further complicate concerns on how to help school counselors

with mental health concerns, university degree programs that focus on school counseling curriculum still often reflect previous job descriptions and offer little or no additional training in the mental health field (Astramovich et al., 2014).

The lack of adequate mental health-related curriculum results in many school counselors entering their first jobs with little or no support. With mentoring, new school counselors often develop stronger self-efficacy in their practices, have lower burnout rates, and have a better understanding of their job requirements and responsibilities. However, many school counselors only receive additional support from administrators that focuses on how they will be evaluated (Duncan et al., 2014).

Schiele et al. (2014) surveyed school counselors during their first 5 years of employment. Study results showed positive relationships between school counselors who had a mentor and their handling of student mental health concerns. This may have been a result of mentor programs specifically focusing on the role of school counselors in mental health referrals. Data suggested that counselors with a clear understanding of their role in mental health referral, or with high self-efficacy in mental health concerns, had fewer concerns about their students' mental health. Furthermore, for school counselors who are not properly trained or feel that their school has adequate mental health services for their students, there is a greater chance of experiencing burnout or leaving the profession during their first 10 years of practice (King et al., 2018). School districts must ensure that their students are getting adequate mental health services and that staff are trained to be able to respond to student needs.

If school counselors are considered the primary referral source for students needing mental health services, then adequate professional development must be present. Professional development can provide school counselors first-hand knowledge of the best ways to help

students with mental health concerns. With school districts across the United States lacking funding in many areas, it is highly unlikely that school counselors will receive the professional development needed to help their students with mental health concerns. Regionally based, universal referral processes might be a best practice to address the lack of consistent and ongoing professional development.

Regionally based referral processes could be helpful in several ways. First, having one universal system may mitigate issues related to bias in referring students. As discussed previously, minority and lower socioeconomic students sometimes feel stereotyped or racially profiled when seeking mental health services. With universal referral, it is hoped that all bias in the referral process would be minimized. Second, school counselors who lack the tools or experience for making mental health decisions on their own may no longer feel inadequate or lack trust in their own abilities. It is unrealistic to assume that every school district would be able to refer to its own SBHC. However, because of continued concerns about adolescents' mental health issues, most schools do work and collaborate with at least one mental health agency.

Several U.S. schools have provided guidance on universal mental health screening processes that school counselors can use. A school in Minneapolis, Minnesota, with an SBHC on site uses weekly meetings to encourage collaboration between school counselors and medical professionals who work at the SBHC (Strobel & Harpin, 2020). Students showing areas of concern in school such as upticks in office referrals, low attendance, or outbursts of emotion are carefully reviewed during the meeting. The committee of school counselors and medical professionals use specific checklists to determine if referrals should be made. Collaboration between the two parties not only allows different expertise to come to the table but also helps to check for any biases against students (Strobel & Harpin, 2020).

True collaboration between school personnel and medical professionals is needed for referral systems to run effectively. In Norway, where SBHCs are common and found in most communities, Granrud et al. (2019) asked nurses about collaboration. Over 50% of the nurses said they felt their collaboration depended on how well school personnel communicated with them. The nurses also felt that they could only be as successful as school personnel let them be. Although Granrud et al. only surveyed eight nurses, they identified some of the barriers to true collaboration between health care professionals and school professionals and recommended developing a referral systems that allows equal responsibility and tasks between the two groups to ease some of these barriers.

Thielking et al. (2018) also studied collaboration between school personnel and medical professionals. The researchers surveyed school counselors, school psychologists, and medical professionals with ties to a school about their current thoughts on the collaboration between the different groups. Results showed that school counselors were more likely to ask other school counselors for assistance before reaching out to any agencies not associated with the school. School counselors reported that they would like to collaborate more with agencies in order to provide mental health assistance to their students, but they lacked the resources to do this. School counselors also cited student confidentiality concerns and time as further restrictions on why they did not reach out to mental health agencies. However, school counselors with access to a school psychologist were more likely to interact with medical professionals. School psychologists acted as mediators between the two professionals and were more likely to obtain mental health services for students faster (Thielking et al., 2018). Realistically, all school districts are not able to employ school psychologists; therefore, more professional development

should be provided for school counselors to help them feel more empowered to make the connections to the appropriate mental health professionals in order to help their students.

Summary

Gaps in mental health access for minority adolescents have been comprehensively documented over the years. Minority and low socioeconomic status adolescents are less likely than their White counterparts to receive the mental health services that can help them succeed in school and in overall life functioning. Without proper intervention, schools are seeing lower attendance percentages, higher office referrals, and lower academic grades among minority adolescents, resulting in their not graduating from high school. To combat these trends, schools have begun to build SBHCs to provide students the mental health services they need. However, fund restrictions prevent some schools from establishing SBHCs, necessitating collaboration with outside agencies. No matter the type of collaboration, no mental health referral system will be effective without ensuring that all staff members are adequately trained to recognize and refer students who may need mental health care.

A universal mental health referral process would be useful for school personnel, particularly school counselors, who are often responsible for the initial school referral. School counselors often lack the knowledge on how to properly refer. With a universal system, school counselors might feel more confident in their procedures on referral and would also have a group of trained professionals to rely on if any questions arise. SBHCs would provide faster and more efficient systems for school counselors to refer to. When SBHCs are not available, most schools do have at least one outside mental agency that they partner with.

Effective mental health treatment can occur through collaboration between mental health professionals and school professionals. Minority adolescent students, who often are unable to

receive proper mental health treatment for a variety of reasons, would have the same resources available as their nonminority peers. Benefits from a unified mental health referral system and collaboration between an SBHC or other outside mental health agencies with schools would be realized quickly, if not immediately. Improvement in academic success in students whose mental health needs are being met would be beneficial to school systems, but more importantly, schools would help shape and educate adolescents who are more confident overall and who are prepared and ready for the challenges they will face after high school.

CHAPTER THREE: METHODS

Overview

The purpose of this qualitative study was to evaluate a school-based referral system in northwest Missouri that effectively identifies and helps students find mental health treatment options and provides any follow-up needed. The focus was on one school district and the perspectives of employees in this district in order to address and understand the referral system's characteristics. Participants were from elementary and high school levels and included administrators, school counselors, and teachers. Participants were asked to participate in a survey, an interview, and a focus group.

Design

A case study must have reflect the following: the use of "how" or "why" questions, no researcher manipulation or control of events that happen during the case study, and a focus on a contemporary issue in a real-life situation or event (Yin, 2014). Case study research usually has no single set outcome. In an exploratory case study, how and what questions are answered, and the answers are used to examine deduced causal links that are usually too dense for a survey or experiment to answer (Yin, 2014).

Case studies are appropriate for studies in which the goal is to reach a better understanding of complex issues in real-life settings (Yin, 2014). The present case study allowed for a closer look at an effective school referral system. Case studies also generate new ideas to help further the original research question (Yin, 2014). The main focus in this qualitative case study was on what makes one school district in northwest Missouri have an effective and successful referral system for adolescents needing mental health care. Results from this study

provided concrete information on the elements of an effective referral system that other school districts may find useful.

A single instrumental case study approach is relevant when there is commonality among the study participants (Yin, 2014), as was the case in the present study. A single instrumental case study focuses solely on one group or organization to help shed light on a particular issue pertaining to that group. In the present study, an effective referral system was evaluated to determine the components of a successful system.

Research Question

There were three research questions in this study. The first was, What makes one school district referral system in northwest Missouri effectively able to identify students who require mental health referrals? The second was, What roles do administrators, teachers, and school counselors in the district have in implementing the referral system? The third research question was, How does the school district ensure that minority adolescent students' mental health needs are being addressed?

Setting

The study setting was a district in northwest Missouri. This setting was chosen for this study as it is a district that uses a mental health referral system. The school district was also chosen because of its excellence in school counseling, having received state recognition for successful implementation of a comprehensive school guidance program. Web conferencing was used to conduct the interviews because in-person meetings were not possible because of COVID-19 concerns. The school district had more than 11,000 students enrolled at the time of the study (Missouri Department of Elementary & Secondary Education, 2020).

Participants

Participant Criteria

A sample of stakeholders with understanding of the school district's referral system was used in this study. The following criteria were used to select the study participants:

1. Must be employed by the district using the referral process.

2. Must have an understanding of how the referral process is used in the school setting.

3. Must have used the referral process in their particular level at some point during the school year.

4. Must be able to articulate or document their answers to open-ended questions.

5. Must be 18 years of age or older.

Because of COVID-19 restrictions, all surveys, interviews, and focus groups were conducted remotely through web conferencing.

Sample Group

In a case study, it is important to have enough participants to reach data saturation. By using purposive sampling, participants are selected based on specific characteristics and how they relate to the overall research question. For the survey, I sampled 30 participants, with 10 in each category: elementary and high school administrators, elementary and high school counselors/social workers, and elementary and high school teachers. I then conducted interviews with each participant. Administrators from elementary and secondary schools were sampled to obtain their perspectives on how they handle the overall implementation of a school referral system in their buildings. Elementary and high school counselors were sampled to obtain their perspectives on how they use the school referral process and their knowledge of collaboration with outside mental health agencies. Elementary and high school teachers were sampled to

obtain their insights on teacher involvement in the initial referrals. All possible participants from the school district who met the study criteria were sent emails to request their participation.

Procedures

No research was conducted prior to review and approval by Liberty University's institutional review board (see Appendix A). Permission to conduct research in the northwest Missouri school district was also obtained (see Appendix B). Potential participants were notified of the upcoming study via email (see Appendix C) using addresses from the school district registry on the school's website. Study participation was voluntary.

Data obtained from the survey questionnaires were stored in a cabinet in a room in the district's main high school. I am the only one with keys to the cabinet. I recorded the data obtained through individual interviews and focus groups held via web conferencing. All web conferencing meetings were recorded via the web conferencing tools, with the participants' permission, to ensure that all information was adequately documented. After recording the interviews, they were stored on a zip drive and then deleted from my computer. The zip drive will remain stored in a locked cabinet in my office for 3 years, after which all data will be destroyed.

The Researcher's Role

My role as the researcher was to collect and record all data with integrity and no personal bias. As the researcher, I had some prior knowledge of participants, particularly the school counselors. It is highly likely that I had interacted with the school counselors who participated in the study because we are all practicing counselors in the same northwest Missouri region. All participants involved in the study were employees of the same school district with the successful referral system. I did not have daily direct contact with any of the participants interviewed. My

personal assumptions and any biases among the study participants were limited because of the present study's nature being a case study and only focused on what makes one referral system effective. I did not evaluate weaknesses. My role as a school counselor with prior knowledge on referral systems facilitated my understanding of the data collected. All data analyzed were viewed in a positive light as the information retrieved only reflected aspects of an effective referral system. My own personal interest in helping minority students with their mental health due to my profession was a driving force behind my research, although findings suggested an effective mental health referral system for all adolescents.

Data Collection

In exploratory case studies, data must be collected from a variety of sources (Yin, 2014). I interviewed the specific participants mentioned earlier. Survey questions were sent to the participants prior to the interviews. A focus group consisting of four participants already interviewed was used to collect more in-depth information on the district's referral system. The purpose of collecting data from multiple sources was to gain a clearer understanding of the link between minority and low socioeconomic status adolescents, school counselor referral systems, and the ability to receive mental health services. The data provided information on not only what makes the referral system effective but also provided details on how other school districts could implement the referral system.

Interviews

Participants were interviewed separately at prearranged times. All interviews were conducted via web conferencing because of COVID-19 safety protocols. There were 10 to 11 questions on the district's current mental health referral process. Each interview was

approximately 30 min in length. All interviews were conducted in the same format, and only questions from the interview script were used. See Appendix D for these questions.

Open-ended and semistructured interview questions were used to obtain information on the district's mental health referral system. Responses to the questions provided a clearer picture of the referral system's daily implementation and specifics on how the district ensures student access to appropriate mental health services. Detailed information on the referral system provided answers to the research questions. With detailed information about the referral system, the research questions could be properly addressed.

Question 1, What is your current job title? was a nonthreatening close-ended question that allowed participants to talk about themselves. Although I might have known the participants, and they might have known me, I might not have known the details on areas such as their roles in their school building. Questions 2 through 11 were open-ended questions. Open-ended questions are used so that participants can give in-depth insights that can provide better understanding and help to answer the research question. Open-ended questions also provide insights on how much knowledge or expertise study participants have on the subject manner. The questions were tailored to make them relevant to the participant's job title.

Surveys

Surveying is primarily used to gather information in a shorter time frame. Questionnaires were sent to the participants prior to their interviews. The questions were developed to provide clearer insights on the current referral process in the participants' individual school settings as well as the district's overall policies on the referral system. See Appendix E for the questionnaire.

Questions 1 through 7 on the questionnaire were knowledge questions asked to obtain neutral, factual information about the participant's job, daily tasks, and information pertaining to their students' mental health needs, following guidance from Lavrakas (2008). The questions were not meant to be intrusive or threatening to the participant. Instead, all survey questions were asked to form a better understanding of the current dynamics of the mental health needs in the participants' buildings.

Focus Group

Focus groups are group discussions used to gather more information on a specific topic (Kitzinger, 1994). Focus groups can provide detailed information than interviews or surveys. Conducting these groups brings together individuals who interact and express their ideas and feelings on a particular topic.

Conducting a focus group was useful for the present study because it allowed me to ask more in-depth questions about the referral system and see the different roles each person had in the process. The focus group brought together individuals with knowledge on how to implement a successful mental health referral system. All study participants were invited to participate in the focus group; however, the final selection was one participant from an elementary school setting, one participant from a high school setting, one school counselor, and one social worker. These participants were chosen in order to keep the focus group small and allow for a more intimate setting. The participants provided more insights on how the referral system is successfully implemented in K–12 settings. If more participants would have expressed interest in the focus group, conducting another one might have been possible. However, it would need to have participants with the same job titles, and there was not enough interest expressed to conduct another focus group. Because of COVID-19 safety protocols, the focus group was held via web

conferencing. Focus group participants were referred to the waiver of confidentiality they previously acknowledged since there was interaction with other participants. See Appendix F for the questions asked.

Data Analysis

Data analysis conducted using a collaborative and coordinated approach can allow researchers to deduce themes or patterns from which generalizations can be formed to help answer research questions (Hofer & Piccinin, 2009). In a case study, the first step is creating a coding system for organizing all data recorded through interviews, surveys, and focus groups. Without coding, answers provided during the research process can be too difficult to translate into meaningful data and can be subject to human bias (Behr, 2015). By using categorical aggregation, data can be continually grouped together until certain themes emerge. Categorical aggregation also allows for examining key words and common ideas that emerge. For the present study, categorical aggregation was based on the number of participants who provided answers to the same question. This was helpful because it allowed me to infer generalizations on what makes the school referral system successful.

I used Glaser and Strauss's (1967) three step-process of open coding, categorizing, and synthesizing themes to code the information derived from the surveys, interviews, and focus group. This process allows for themes to emerge that help to answer research questions. Through the emergence of possible themes, a naturalistic generalization is then made based on analysis of the data. Generalizations are based on the common themes and trends found through cross-analysis and coding procedures. Naturalistic generalizations are used to formulate overall ideas; however, they can also be formed in smaller groups (Yin, 2012). For example, I involved different parties in this study—principals, school counselors, and school teachers—all with

different perspectives that would help me create naturalistic generalizations based on occupation. Incorporating these different points of view helped to validate findings on what makes a school referral system effective and successful.

Trustworthiness

Trustworthiness's purpose is to support the data and ensure that they are quality information (Lincoln & Guba, 1985). Trustworthiness reflects addressing any potential bias or limitations that may occur during data collection (Lincoln & Guba, 1985). While unlikely, any potential bases in the present study needed to be addressed. Because of my own position as a school counselor, there was a chance that I may know some of the school counselors who participated in the study. To counter this potential concern, all participants were assigned ID numbers and associated pseudonyms and were not identified by their real names on their survey questionnaires, interview notes, or focus group notes. To combat any other bias, I followed all of Liberty University's research guidelines. I kept detailed records to ensure accurate information, especially after conducting the interviews and focus group. Indirect, open-ended questions were also used to help prevent any bias that may arise from the participants' answers.

Credibility

Credibility is the extent of which information obtained during the study can be viewed as accurate (MacCoun, 2018). Study credibility is also established when people who read the study findings are able to recognize and understand the findings (Lincoln & Guba, 1998). For data obtained to be credible, they must accurately help to shed light on how to answer the research question. The information gathered during the present study reflected a successful school-based mental health referral system northwest Missouri. All information gathered helped create a vivid account of how the referral system is used to identify and help students with mental health

concerns. Data were collected by using processes common in qualitative research, thus helping to ensure validity. Credibility is also established by appropriately identifying study participants and explaining why they are necessary for the study (Elo et al., 2014). In the present study, after the survey questionnaires were distributed and responses gathered, the same participants were interviewed. After all interviews were completed, a focus group was held. The entire process of collecting data from the different sources was conducted in a timely manner.

Dependability and Confirmability

According to Tobin and Begley (2004), conducting research in a logical manner helps to ensure dependability. In order for research to be dependable, the data must also remain stable over time and under varying conditions (Elo et al., 2014). Data from the surveys, interviews, and the focus group are dependable owing to the setting and the protocols used to maintain participant confidentiality. All interviews took place in individual settings and included just each participant and myself. I documented all answers and time stamped the interviews. ID numbers and pseudonyms were assigned to all participants and were used on all paperwork. All participants had no knowledge of who else participated in the interviews and surveys. I kept a journal to document any abnormalities deviations or irregularities in the interviews and when administering the survey questionnaire. Focus group participants were referred to the waiver of confidentiality they previously acknowledged since there was interaction with other participants.

Confirmability relates to how study findings are reported and how well the researcher ensures that assumptions made reflect the data collected (Tobin & Bagley, 2004). Confirmability also reflects similarities that two people can collect from the data results (Elo et al., 2014). After completing all interviews, the survey, and the focus group, I went through a debriefing with a school counselor colleague, who was not involved in this study, to minimize study bias.

Transferability

Transferability addresses how well the data obtained can be generalized to other settings (MacCoun, 2018). In order for the data to be generalized to other settings, I collected enough data so that school stakeholders interested in implementing similar referral systems had an understanding of how the referral system works. All participants had the following similar characteristics: they all worked for the school district that uses the referral system, and they all had some type of understanding of how the referral process works in individual buildings. All participants were interviewed via web conferencing although at different times.

Ethical Considerations

All data collected were kept in a locked cabinet in my office. All participants were given ID numbers and pseudonyms to avoid their real names being attached to their responses to the questionnaires and the interview questions. When conducting the interviews, no real names were used in order to protect participant confidentiality. One concern was that I possibly knew some of the participants. However, I read a statement to each participant prior to conducting the interview in which I stated that the interviews were only being conducted to gather information on their district's mental health referral system and would in no way be used to evaluate the participant's job effectiveness.

Summary

Data from interviews, survey questionnaires, and a focus group provided a better understanding of what makes a successful school referral program. Administrators, teachers, school counselors, and social workers were interviewed to explore how each job impacts the school referral system. A coding system was used to make generalizations and identify themes to answer the research questions.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this qualitative case study was to evaluate a mental health referral system in northwest Missouri used to identify students with mental health concerns, help students find treatment options, and provide any follow-up needed. Several research tools were used to develop a picture of how the mental health referral system operates. School personnel participated in surveys, interviews, and a focus group. All participants were employed by the subject school district at the time of this study and were administrators, teachers, or school counselors. Elementary and high schools were equally represented. To maintain confidentiality in the following discussion, pseudonyms are used for all participants. All data were analyzed to identify emergent themes to help answer the research questions were searched for.

Chapter Four details the study findings. All data were directly from interviews, surveys, or the focus group. Data were examined using a three-step process of open coding, categorizing, and synthesizing themes, which allows for potential themes to become apparent from participant responses (Urquhart, 2012). Based on the themes that emerged from the coding process, generalizations were then made that provided insights on and answers to the research questions.

Participants

There were 30 total participants in this study: 10 administrators, 10 teachers, and 10 school counselors. This section begins with details on the administrators, followed by information on the teachers and the school counselors. Table 1 shows basic demographic information on each administrator. Short biographical sketches of each administrator follow the table.

Administrator Participants

Table 1

Participant Demographics—Administrators

Name	Position	Years of experience
Bill	Elementary school principal	8
Sally	Elementary school principal	18
Kat	Elementary school principal	2
Luke	Elementary school principal	10
Jim	Elementary school principal	5
Sue	High school principal	5
Harry	High school principal	7
Katie	High school principal	1
Daniel	High school principal	12
Ashly	High school principal	15

Bill, an elementary school principal, has a total of 8 years' experience in his field. He has worked 20 total years for the district that he was employed in at the time of this study. He was interviewed because of his knowledge of the school mental health referral system's current practices. Bill stated that his involvement in the mental health referral system was "an awareness of the overall program and the important tools that needed to be in place to be effective."

Sally, an elementary school principal, has a total of 18 years of being an administrator in the school district that implemented the school mental health referral system reviewed in this study. Before joining this district, she worked for another district for 3 years. She was interviewed because of her longevity in the district and her knowledge of the mental health

referral system. Sally said she believes in the program's effectiveness "because I have seen kids in crisis be identified fast and have been able to receive the help they needed."

Kat, an elementary school principal, has been an administrator for the past 2 school years. Before this, she taught in elementary education for 10 years. She was interviewed because of being relatively new to the district administrator position and to gain her insights on implementing the mental health referral system as a new administrator. She was also chosen to be a focus group participant. Kat stated, "I had some interaction with the mental health referral system from working as a teacher, but when I became an administrator I had a much bigger role, I felt, in the process."

Luke, an elementary school principal, has been an administrator for 10 years but only has 1 year in the subject school district. He was interviewed to see if his perspective differed on implementing the mental health referral system with no prior background with the program. There is an SBHC in Luke's school. Luke stated that when coming to the district, "I could tell there was an emphasis put forth by the district to use this referral system with fidelity from the very beginning."

Jim, an elementary school principal, has been an administrator for 5 years. He taught in elementary education the previous 3 years. He has only been employed by the subject school district. He was chosen for this study because of his experience using same mental health referral system as both an educator and a teacher. Jim stated,

> I feel that as an administrator with the referral system I am more of a manager of different people who are involved in the system, as a teacher I felt I had more responsibility in being more aware of my students daily who might need intervention.

Sue, a high school principal, has a total of 5 years' experience. She was a high school teacher before transitioning to being a principal. Sue was interviewed because of her knowledge on how to implement the school mental health referral system in the high school setting. She stated, "I feel that it is different in the high school as opposed to elementary. We have to be more aware of students who might be slipping through the cracks."

Harry, a high school principal, has been a principal for 7 years, 5 of them as a high school principal in the subject school district. He was interviewed because of his involvement in implementing the mental health referral system. Harry said, "I feel that the CARE team [a weekly meeting consisting of individuals in the school who discussed students who may struggling academically or emotionally] that we have is essential to identifying our students."

Katie, a high school principal, has been an administrator for 1 year. She taught in another school district for 8 years. She was interviewed because of being new to the district administrator position and her knowledge on implementing/monitoring the mental health referral system as a new administrator. Katie said, "I felt that attending the professional development at the beginning of the school year was important for me to get an understanding of the system."

Daniel had completed his 12th year as a high school principal at the time of this study. He spent 10 years in the classroom before becoming a principal. Daniel was interviewed because of his knowledge on how the district's mental health referral system has evolved over time. He was also chosen for the focus group. Daniel said,

> I think the district does a good job of offering professional development opportunities each year to referesh people on the system. Just because you've been in the same job for a a long time, it is good to have a refresher.

Ashly, a high school principal with 15 years of experience, has been in the same school district for her entire professional career. She has interacted with the district's mental health referral system as a teacher, counselor, and administrator. Ashly said, "I've had a lot of different roles in the district, so I've been able to see how the mental health referral system is implemented by people in different roles."

Teacher Participants

There were 10 teacher participants in this study. Table 2 shows basic demographic information on each teacher. Short biographical sketches of each teacher follow the table.

Table 2

Participant Demographics—Teachers

Name	Level taught	Years of experience
Theresa	High school	1
Ethan	High school	12
Melissa	High school	21
John	High school	7
Samantha	High school	5
Lori	Elementary school	3
Michelle	Elementary school	24
Jodi	Elementary school	12
Matthew	Elementary school	17
Connie	Elementary school	1

Theresa, a high school teacher, just completed her first year of teaching high school at the time of this study. She was interviewed because of her experience of being new to the district

and undergoing professional development. Theresa stated, “I was a little nervous when I first heard about the program. As my first year of teaching, I was nervous enough about curriculum [but also] having to identify mental health needs of my students.”

Ethan, a high school teacher, has 12 years of teaching experience, 10 years in the subject district. He changed buildings last year, which allowed him to view similarities and differences between buildings on the implementation of the mental health referral system. Ethan said, “I may have changed buildings, but I could see consistency of the program from building to building.”

Melissa, a high school teacher, has 21 years of teaching experience, all in the same school. She is planning to retire after the next school year. She was interviewed because of her longevity with the school district and her knowledge on how the referral system has evolved over the years. Melissa said, “I can see changes in the program over the years, but not as much in the last few years.”

John, a high school teacher, has 5 years of teaching experience. Before he became a high school teacher, he was a paraprofessional in the same district. He also has two children, both students in the district. He was interviewed because of his different roles in the school district. He was chosen to be in the focus group as well. John said, “Working for the district allows me to see that there are interventions in place for students struggling, which gives me peace of mind for my own kids if they needed it.”

Samantha, a high school teacher, just finished her fifth year of teaching. She was new to the district this year. She was chosen because she went through the New Teacher Institute, which is used for various initiations to programs in the district and professional development, including the mental health referral system. Samantha said, “The New Teacher Institute was a great way

for me to get a better understanding. My old district probably had something like this, but they didn't tell teachers about it."

Lori, an elementary school teacher, has 3 years of teaching experience, all in the same district. She serves on a committee with representatives from outside agencies that are involved in the mental health referral system in some capacity, such as the local hospital and medical professionals employed at the SBHC. Lori said, "I feel that the most important part, which can't be overlooked, is the collaboration process that must happen."

Michelle is a tenured elementary school teacher with more than 20 years of experience, all of them in the same school district. She will retire in 2022. She was chosen to participate because of her knowledge of how the mental health referral system has evolved over time. She has seen the positives of the program as well as possible negatives during her years in the district. Michelle said, "[The] mental health of our students is becoming more of a factor. We can't expect our students to learn when they are not feeling safe."

Jodi, an elementary school teacher, just finished her first year in the subject district at the time of this study. In her previous district, she used a similar type of mental health referral system. She served on her school's CARE team, which helps to ensure that the mental health referral system is being properly used in the school. Jodi said, "I think having a team that meets weekly to check on our students must happen, it was something my old school did not have, and I think it didn't help the system be successful."

Matthew, an elementary school teacher, served on his school's CARE team. He also served on the district committee that reviews the mental health referral system processes to see if any improvements are needed. He has access to an SBHC at his school. Matthew said, "By the district having different committees at every level shows they believe the program works."

Connie, a new elementary school teacher in her first year of teaching, underwent the training all new teachers do every year. Because of the COVID-19 pandemic, she took this training via a virtual platform, which is the first year the district had to dispense this information in this way. Concerns about the training resulted in Connie and other first-year teachers retaking the training in the next school year. Connie was also chosen for the focus group. She said, "This year was surreal. Do I feel like I could probably have done bettering about identifying and referring students? Absolutely."

School Counselor Participants

There were 10 school counselor participants in this study. Table 3 shows basic demographic information on each school counselor. Short biographical sketches of each school counselor follow the table.

Table 3

Participant Demographics—School Counselors

Name	School level	Years of experience
Lexie	Elementary school	2
Callie	Elementary school	11
Elaine	Elementary school	15
Bart	Elementary school	6
Dale	Elementary school	7
Scott	High school	1
Carter	High school	13
Shannon	High school	20
Rachel	High school	25
Ammee	High school	2

Lexie has been an elementary school counselor for 2 years and was an elementary school teacher for the preceding 5 years. She has worked in the same building the entire time. She was chosen because of her knowledge of the mental health referral system as both a counselor and a teacher. She does have access to a school-based mental health care center on her school's grounds. Lexie said, "As a counselor, I have more daily interaction with the mental health referral system than when I was a teacher."

Callie has been an elementary school counselor for 11 years. She just finished her fifth year in the subject school district. Callie was a kindergarten teacher before transitioning into counseling. She is the person of contact in her building for any questions related to the mental health referral system. She was also chosen for the focus group. Callie said, "I think without the referral system, I am not sure how we would know what students need additional mental health referrals."

Elaine, an elementary school counselor, has been employed by the same school district for her entire career. However, she has never gone through the official new teacher orientation to the mental health referral system. She was on maternity leave when it was held and missed the training. She regularly attended other professional development on the mental health referral system. She was interviewed to identify if there were any gaps in her knowledge of the mental health referral system since she did not participate in the original training. Elaine said, "I may not have attended the training that the district wants, but I think that through the other yearly profesional development where they review it, I know about the referral system."

Bart, an elementary school counselor, was a school teacher for 10 years before transitioning to school counseling. He was a member of the district's mental health referral committee, which reviews and suggests any changes each year, and he was a presenter on the

referral system at the New Teacher Institute. Bart said, “The professional development, I think, is essential in order for new staff to understand the importance.”

Dale, an elementary school counselor, serves on his school’s CARE team. The CARE team meets each week and reviews any new mental health referrals that the school received. As a school counselor, he ensures that follow-up is taking place for the students who have been referred. Dale said, “If proper follow-up is not happening, the whole process is irrelevant and not doing any good.”

Scott just finished his first year of as a high school counselor at the time of this study. He was a science teacher before becoming a school counselor. He underwent training via a virtual platform because of COVID-19 at the beginning of the school year. He did not serve on his school’s CARE team this year but will be on the committee next year and said he was excited to be on the team next year.

Carter, a high school counselor, has been a counselor for 13 years. He did not teach before becoming a counselor. Carter was a presenter (via virtual format) at the New Teacher Institute. He also served on a committee that included outside agencies involved in the mental health referral system such as the local hospital and medical professionals employed at the SBHC. Carter said, “I think we could do more as a district to make sure that all parties involved in the process are on the same wavelength.”

Shannon, a high school counselor, has a total of 29 years in education. She was chosen for this study because of her longevity in the district. Shannon was on her school’s CARE team committee. She also served as a volunteer in the SBHC to help with students’ mental health concerns over the summer. Shannon said, “I think having a school-based health care center in our district is a major plus for implementing the mental health referral system.”

Rachel, a high school counselor, has been a counselor for 25 years; 3 of them in the subject school district. There was no mental health referral system in place in her previous school district. In recognition of having 20 years of district training, Rachel did not have to attend the New Teacher Institute. She received her initial training through other school counselors familiar with the mental health referral system. She said, “I feel that I could have probably been a better team member and champion of the mental health referral system if I had received more training in the beginning.” Rachel also participated in the focus group.

Ammee, a high school counselor, just finished her second year at the time of this study. She was a social worker before becoming a school counselor. Ammee was employed by the outside agency that the district now uses for help when providing outside referrals for students. Because of her previous employment, she has a different perspective on the relationships and collaboration needed between schools and outside agencies in order to be successful. Ammee said, “We unfortuantely can’t always provide the mental help our students need, so we need to make sure there are other outside agencies who can help provide that.”

Results

Analysis of the data gathered from the interviews and focus groups showed similar themes among the participants’ comments, regardless of their professional field or years of experience. Three-step coding, following guidance in Patton (1987), was used to code the participant comments from the interviews. Step 1 involved open coding, in which all recepient answers, except those that were repeated, were assigned codes. Step 2 involved working on categorizing the codes and grouping all codes into categories. Step 3, the final step, entailed identifying common themes among the code categories.

Theme Development

This study was conducted to answer three research questions:

- What makes one school district referral system in northwest Missouri effectively able to identify students who require mental health referrals?
- What roles do administrators, teachers, and school counselors in the district have in implementing the referral system?
- How does the school district ensure that minority adolescent students' mental health needs are being addressed?

Data from participant surveys, interviews, and a focus group were organized to develop answers to the research questions. Google Forms were used to organize participant demographic information and the information on the schools they worked in at the time of the study. See Appendix G for this detail, including participant response counts.

When compiling data for the interviews, three-step coding was used to help organize and further the understanding of all relevant information from the interviews and focus groups. Appendix H shows coding process steps conducted on data from the administrator participants, Appendix I shows the steps for the teacher participants, Appendix J shows the steps for the school counselor participants, and Appendix K shows the steps for the focus group participants.

Three themes appeared during the coding process. The themes of communication, professional development, and student achievement were found in some type of context in almost every answer from participants during the interviews. Subthemes in each category were also identified to further explain the themes.

Regarding the first theme, communication, the participants continually discussed parent involvement, staff involvement, CARE team meetings, and meetings with outside agencies.

Shannon said, “Without communicating with my other staff members, I don’t think we could effectively identify our students struggling with mental health concerns.” Lexie concurred with Shannon’s statement, saying, “If we weren’t talking as a team, how would we be able to help our students? [The] CARE team [makes] sure that we are continually talking about our students.” Parental communication seemed just as important as staff communication. Sue said, “I believe it is an expectation of my staff members to have open lines of communication with our parents. It must happen.” John, a teacher, believes in parent involvement although he knows it can be hard to reach out to parents: “Making that first phone call is always difficult, but I know I need to do it for my students.” Communicating with outside agencies was also a key component of communication. “Without working with outside agencies, my students may not get the help they need,” Dale said.

In the second theme of professional development, key words of yearly updates, updates from outside agencies, and New Teacher Institute were frequently mentioned. Teachers, administrators, and counselors agreed that professional development in some form was relevant to answering each research question. Bill said, “Yearly updates are essential to keeping my staff on the same page.” The New Teacher Institute was an unexpected part of the professional development piece. Teachers, especially, spoke of the importance of the training. Lori said, “I wouldn’t have a clue what to do without that [training].”

In the last third theme of student achievement, the words graduation, attendance, and minority adolescents were frequently used when answering the interview questions. Student achievement was an unexpected subtheme that emerged. Although student achievement seems to be a central role in school, that it would tie into the mental health referral system was unexpected. However, in responses to interview and focus group questions, it became apparent

that student achievement did tie into the mental health referral system. Danie said, “How do I expect my students to graduate high school if their mental health needs aren’t being met?” Jodi, a teacher, shared a similar thought by stating, “I want my students there every day. It’s the only way I can teach, but if they aren’t safe how can I expect that?” The needs of minority adolescents are tied to overall student achievement through the schools’ intervention processes to ensure that all students graduate high school and are adequately prepared for their next stage of life. Ashly, a principal, said, “I want my staff members to treat every student equally and fairly. I don’t want minority adolescents to feel that they aren’t listened to, and that includes their mental health.”

Research Question Answers

Research Question 1

The first research question, What makes one school district referral system in northwest Missouri effectively able to identify students who require mental health referrals? was examined using participant surveys, individual interviews, and focus group interviews. Three overall themes became apparent during data analysis: communication, professional development, and student achievement.

Most of the participants mentioned communication in some capacity. The school administrators discussed how communication is important in their buildings. Harry brought up consistency in communication “within a school to continually monitor and check in on students.” He elaborated by saying that without communication, especially in bigger buildings, “It is hard to truly be targeting the students who need mental health referral.” Kat, an elementary school principal, said, “If everyone in my building is not communicating with each other, then I don’t know how it would be possible to have an effective mental health referral system.” Comments from the teachers were similar. John discussed the importance of communication between all

team members and said, “I’m not sure how I would be able to refer my students if I wasn’t in constant communication with my school counselor and administrator.” Jodi, an elementary school teacher, had similar views. She said,

> I’m not trained to be a mental health provider; however, I do see when one of my students is struggling, I’m able to take those concerns to my school counselor and administrator, and as a team we decide if need to move forward with a mental health referral.

School counselors were often pinpointed as an important part of the communication piece.. Ammee, a new counselor with 2 years of experience, stated that “Without talking to my administrator and other counselors in the district I would not have felt as confidant in being able to use the referral.” Callie believes that her relationships with teachers and her administrator help “make conversations we have to have about our students and their mental health much easier.”

The theme of communication was clearly present when developing an answer to the research question. Comments the participants made included reoccurring key words and terms such as meetings with outside agencies, CARE team meetings, staff member involvement, and parent involvement. Administrator, school teacher, and school counselor participants all discussed meetings with outside agencies. Sue, a high school principal, spoke to the importance of outside agency communication. Even though she did not participate in these meetings, she did know that her counselor was in regular communication with the outside mental health agencies often used as outside resources for parents and students. Additionally, she stated that since her school did not have an SBHC, it was important to be able to “reach out to these agencies so our students receive the mental health care they need.” Sally, an elementary school principal who has a school-based health care program on campus, said,

> I probably do not have as much need for an outside agency conversation because we communicate with our school-based health care providers. However, for a few extreme examples I have had to contact them and because they knew of our district, I think it made communicating easier.

Teachers had a similar viewpoint on the need for communication with outside agencies but the consensus for the most part was that they would not primarily be involved. Melissa, a high school teacher, stated that she was aware of meetings between outside agencies but does not attend any. She said, "I know that they happen because we get an overview of their minutes when we meet in CARE Team. It allows us to have a brief summary of how we are keeping communication open between the two different parties." Samantha, another high school teacher, confirmed these meetings and has been to one herself. She attended the meeting because she would one day like to be a counselor, and said, "It is important for me to get an understanding of how all the pieces work in order to make the mental health referral system work."

School counselors seemed to be the main contributors to the outside agency communication piece. Counselors from both education levels (elementary and high school) confirmed that they are involved in these meetings in various ways. Elaine, an elementary school counselor, discussed the importance of attending the meetings on a quarterly basis, especially if the school does not have a health care center: "We do not have a school-based health care center at our school. I have to send all of my referrals to an outside mental health agency, so it is important to me that I keep those communication lines open." Rachel, a high school counselor, stated that without the help of outside agencies she would not have the resources to help students combat mental health issues. These comments showed that communicating with outside agencies is important for ensuring the mental health referral system's effectiveness.

Parental involvement was another key term mentioned. Administrators, teachers, and school counselors were all adamant in parents being involved the referral process. Harry, an administrator, has seen students receive the mental health care they needed when their parents were actively involved in the process, but that "When parents don't seem to care, it becomes obvious to their child, and we often see no follow through on mental health help." Kat said, "It doesn't seem to change whether I was a teacher or a principal, but if we can't get parents involved it doesn't seem that any of our programs will have any capability of follow through."

Teachers also discussed the family unit's importance. Melissa said that the success of her school's program was partly due to parent interaction. The school frequently holds parent meetings and other activities to ensure parental presence in the building because "it helps put a face to the name, and if we were ever to have to call about their child, we have already built that trust and relationship." School counselors also felt strongly about parental involvement, with Carter and Callie both discussing the numerous activities their schools hold to form relationships with parents and families. Carter stated that it is not just students that counselors have to build trust with but also parents because "If we call them and tell them news that no parent really wants to hear, it is important that isn't the first time they have ever spoken to us."

Another part of the communication theme is the importance of staff buy-in or participation/communication. I did not anticipate the focus on staff as part of the communication piece, but it did become a common theme when discussing the mental health referral system and what makes it successful. Luke, an administrator, spoke on the importance of complete buy-in from his staff members for referrals to work: "If my teachers don't believe that this will help their students and if we aren't having constant conversations about the program in order to keep proving its importance, then it won't work." Ashly talked about allocating time during each staff

meeting to give teachers time to discuss the mental health referral system and said, “It’s a good way to allow teachers/staff to talk about what they are experiencing or seeing in the classroom.”

John, a high school teacher, followed up on the topic of staff meetings by stating that the meetings allow him to ask questions about the referral system because he is not trained in mental health and sometimes “feels as if I really shouldn’t be the only one to interpret whether or not my student is struggling mentally.” Connie, who just completed her first year of teaching, stated that the meetings help her “feel like a part of a community, and I know that I can also go to one of my colleagues and ask for help.”

School counselors discussed the importance of teacher communication/involvement but from a different perspective than the other two groups. Ammee said, “I’m not sure how the program would be effective if we didn’t have teacher buy-in, communication, with us. They see their students every day. They know when they are struggling the most.” Shannon expressed a similar perspective: “I can’t see the entire [student] population on a daily basis, [so] our teachers have to communicate with us to let us know who might benefit from the referral.”

Using CARE teams was the last subtheme under communication and was frequently mentioned. CARE teams are committees that are formed at each school building, usually consisting of an administrator, counselor, nurse, teacher, and social worker (if applicable). Student mental health needs are discussed in weekly meetings. Students can be referred by anyone in the building for discussion. Bill, an administrator, did not believe that the mental health referral system could be effectively implemented without these weekly meetings and said, “I don’t see how any school could ensure that each student is being taken care of. I don’t see how else you could make sure that follow through is happening without weekly check ins.” Daniel said,

> Our CARE team is full of individuals who are invested in the mental health of our students. We have systems in place that allow students to be referred to our committee. Perhaps they aren't in need of a mental health referral yet, but they do need some type of intervention. This committee helps ensure that happens.

Jodi, a teacher, described her experience using a CARE team to help with a student who was struggling.

> [The] CARE team came back with interventions to help my struggling student. She now meets with the counselor once a week for a check-in. We didn't have to use any outside mental health agency, but I know that if we hadn't intervened, she would have continued to get worse."

Matthew has also used the CARE team and said, "We have access to our [school-based] health center so the CARE team immediately took action and began the referral process for my student after they expressed thoughts of harming themselves."

Follow-up questions to the counselors revealed that they all had served on their school's CARE team. Although the counselors noted being pressed for time to get everything done that they needed to during their work days, they knew the importance of CARE team and always made sure to make the weekly meetings. Carter stated that the CARE team

> not only lets us talk about our high-risk students, but it also gives me time to discuss with a group intervention and making sure that we are following up with the students who had been referred earlier. It's a good accountability piece.

Elaine liked the CARE team's coordination and precision. With a weekly agenda, she felt that meetings did not derive from the purpose: "Often meetings get off track, but these don't.

Everyone knows why they are here. It's to make sure our students are getting the help they need."

Professional development was the third theme formed when developing a response to the research question of how a school referral system in northwest Missouri effectively identifies students needing mental health referrals. Professional development in education helps disseminate and provide information on certain topics, in this case the mental health referral system, to shareholders who need it. Kate stated that while she is an administrator, "It doesn't make the need for professional development any less important. If I don't know about something, why should I expect my staff to?" Bart, an elementary school counselor, stated that without professional development, learning "becomes stagnant and we don't continue to grow with our students." Theresa, a new teacher, felt nervous when initially hearing about the mental health referral system she would be actively involved in, and without professional development, "I would have been lost on how to even begin this process."

Study participants frequently mentioned yearly updates in their comments on professional development. Most study participants said their administrators provided some type of update on the mental health referral system at the beginning of the school year. Administrators Ashly and Bill concurred. Ashly said,

> I give a yearly update at the beginning of the year meetings, just to let everyone know if there have been changes and to give a quick reminder of the process. I also like to try and talk about it at our quarterly meetings if I have time.

Bill follows the same format and said he relies on the New Teacher Institute in his school to provide training for new staff.

Melissa, a high school teacher, just finished her 21st year of teaching but still voiced the importance of yearly reminders for the referral system to be effective, stating that "Without the [yearly] updates, I think I'm human and sometimes come back from summer and don't necessarily remember everything." She added that the meetings were a good "tune-up." Connie, a first-year teacher, said she felt the importance of the mental health referral system because on the first day of school, "It was brought up in our staff meeting and our principal was discussing [the importance] in front of everyone."

School counselors also attributed the yearly meetings as another part of teacher buy-in, also identified as part of the communication theme. Callie said, "When staff members are part of the yearly meetings, it helps for them to understand this isn't just an imitative from counselors but the whole building." Yearly meetings seem to be a way to provide annual professional development to staff whether they are new or have been in the building before. It is an essential part of the professional development needed to carry out the mental health referral system and also helps to make the district's mental health referral system successful.

Professional development with outside agencies was also identified as a theme during data analysis. This piece allows all stakeholders involved in the mental health referral system the opportunity to see and understand what happens after an initial referral. There were a few differences on who exactly the outside agencies were pertaining to professional development. Participants with SBHCs attended professional development with the medical caregivers who worked there. Luke, Lexie, and Matthew all have access to an SBHC on their school grounds. However, this access does not diminish the importance of receiving some type of professional development every year. District administrators emphasized the importance of these meetings to

Luke, an administrator new to the district, said, “I was given leeway on when to have the PD [professional development], but to me it made more sense to do it at the beginning of the year.”

Lexie, a counselor, said these meetings help keep everyone on the same page: “I probably have the most contact with the medical staff, but I also feel like it’s important that everyone see exactly what the school-based health care center offers.” She added, “It makes it more real for some staff members.” Matthew, a teacher, shared similar feelings: “If I refer a student, what happens? I know I’ve been told but it’s nice to actually talk to the people who receive the referral.”

Some schools in the district do not have access to an SBHC and have to use outside mental health agencies in the community. These schools operate similarly to those with access to their own SBHCs. Kat, an administrator, conducts updates at the beginning of each school year because it allows everyone, new and returning staff, to receive the same information. Lorie, a teacher, serves on a committee that meets four times a year that consists of staff from schools and outside mental health agencies. She believes these meetings help to problem solve any issues in the mental health referral system: “If we talk about it there and think of something new to help, then it can be brought back to the yearly meetings with these agencies and told to everyone.” Although the meetings with outside agencies may be carried out in different ways, they seemed an important step in ensuring the implementation of a successful mental health referral system.

The last subtheme in the professional development theme was the practice of professional development through the New Teacher Institute. I did not ask about this institute during the interviews, but both participants who were new to the district and those who had been in the district for several years frequently referenced the professional development opportunity in their

interviews. The New Teacher Institute is a 2-day training that all new teachers in the district attend. During these meetings, they learn about programs the district uses and other initiatives that the district has set forth. The mental health referral system is part of this training. Connie, a new teacher, received the training but via Zoom because of COVID-19 precautions. She admitted that the training "was good but definitely could have been better if in person."

Bart, a high school counselor, is part of the team that delivers the professional development at the New Teacher Institute and agreed that training could have been better during the pandemic. "Thankfully, our district realizes this, and we will be having not only the new teachers come this year but those from last year." Study participants who had participated in the New Teacher Institute prior to the pandemic concurred that the training gave them a foundation for understanding the mental health referral system. Jodi, an elementary school teacher, transferred to the subject district. Her previous school district also used a mental health referral system. However, she said, "They were different and without the [New Teacher] training, I think I would not have been a very good identifier and my students who could use the referral." John, a teacher, believes the professional development at these trainings ultimately helps the students the most: "I have children in this district, and it's refreshing to know that they are trying to not let any student fall through the cracks."

Student achievement was the last theme identified during data analysis. Many participants mentioned it, and several other key topics arose from it, including graduation rates, attendance, and minority adolescent success. Study participants emphasized student achievement as it relates to the mental health referral system and what makes it successful. Without the mental health referral system, many participants believe that some students would never achieve what they are capable of.

Jim, an administrator, discussed how schools are deemed to be successful or not based on their overall scores, but without caring about students and their mental health, “Students will never even get to realize their full potential.” He added, “We must care about the person and not what they can do for us as a statistic. If we don’t take care of this at the elementary level, they will struggle throughout school.” Daniel, a high school principal, stated that “It’s a partnership between elementary and high school personnel who have [agreed] that if we don’t take care of our students, they won’t be successful at any level.” Administrators are often tasked with reporting final statistics on student success and face possible professional consequences, like losing their jobs, when student academic achievement is not improving. However, as Ashly said, “If they [students] can’t come to school because of their struggling mental health, how can we expect them to learn? We must have them at school and in order for that to happen we must help them when they are struggling.”

Teachers are no longer are just responsible for teaching the mandated state curriculum, but are also responsible for being able to recognize the signs of mental health struggles in their students. Michelle, a teacher for over 20 years, has seen the rise in mental health concerns and knows that without helping these students “Any type of learning academically is impossible.” She said she feels that she “let students down from previous years because I didn’t see that they were struggling [mentally]. I just thought they didn’t care.” School counselors also stressed the importance of looking at students as people first and not how they fare on their test scores. Shannon said,

> I am most successful with helping students receive the mental health help they need when they [teachers] don’t worry about their student missing class time. If they are more

> worried about them finding help that will continue to be there as they get older, it [the referral system] works.

However, if a teacher does not view mental health as important, students often do not get the help they need. Shannon said,

> If I see this happening, the CARE team will schedule a meeting with the teacher and go over an action plan on what is going to make the student most successful—and that may be missing class time even if the teacher doesn't want them to.

Student achievement can be measured in numerous ways, but graduation rates and attendance were frequently mentioned in the interviews and the focus group. High school personnel mentioned the importance of graduation rates and attendance; elementary school personnel focused on attendance. Sue, a high school principal, believes the mental health referral system's overall effectiveness directly correlates to overall graduation and attendance rates. She said, "Our high-risk students usually have some type of mental health concerns. If we don't address those then there is no way they will walk across the stage at graduation."

John, a high school teacher, has seen fluctuations in classroom attendance during the school year and knows that without the mental health referral system, the fluctuations might be worse.

> I work in a Title 1 school, where students already are moving due to outside factors on a pretty regular frequency. If we didn't have the mental health referral system, I can't imagine how many more students we would lose.

Rachel, a high school counselor, credited administrators and teaches for helping refer students who need mental health help, which in turn allows their graduation and attendance rates increase:

"If we aren't working as a team than we will lose kids in the cracks, and [eventually] you see that translate into graduation and attendance rates."

Elementary-level administrators, teachers, and school counselors may not be as focused on graduation rates, but attendance is still important. Elaine, an elementary counselor, believes that if "students don't want to be at school because they feel unsafe or are struggling," then they simply will not show up. She added, "This will affect our student attendance rate if we do not try to understand why they are not wanting to be at school. If it's a mental health reason, the referral system allows us help those students." Theresa, an elementary school administrator, believes that it is the elementary system's responsibility to help identify students early.

> We are all part of the same district; we must help those in the high school world by helping identify early the students who need mental health needs. Without this, it is presumed that they will continue to struggle and will not make it to high school or their graduation.

Last under the student achievement theme was the overall importance of ensuring that minority adolescents receive proper interventions in order to achieve their best, clearly present when the participants discussed the mental health referral system. Jim, an administrator, serves a student population of roughly 22% minority representation and said, "I have found that sometimes minority students do not seek out the help of our counselors. I feel that it is important to create interventions and protocols in order for them to understand this resource is there." Harry, a high school administrator, serves a similar population and stated that "Education for both the students and parents are essential in order for families to understand that the mental health referral system is there to help and not target."

School counselors also see the importance of reaching their minority adolescent population for the mental health referral system to be effective. Ammee stated that without proper communication about her role in the building, she feels her minority adolescents are sometimes hesitant to reach out to her. She also identified the importance of visibility, of students seeing her in the building.

> I try to make myself visible in the building and that I am a friendly face and not someone who can get them in trouble. I think it helps if I have to refer them for mental health concerns, they know I'm not trying to get them in trouble.

Dale, a counselor, only has a 2.5% of minority population at his school. However, he still understands the importance of reaching out to the minority adolescents in his building. Dale said,

> I think sometimes they [minority adolescents] feel like they don't belong at our school. It is important that the school continue with interventions to make them feel secure and welcomed in our building. [Without that], the mental health referral system will not be effective.

Research Question 2

The second research question asked, What roles do administrators, teachers, and school counselors in the district have in implementing the referral system? The themes of communication, professional development, and student achievement also helped to answer this question. For administrators, their role centers on being leaders in their buildings, promoting the importance of the mental health referral system, and ensuring that the system is properly implemented. In commenting on her role in implementing the mental health system, Katie said, "I believe I am not in charge of the referral process but instead just a part of the entire process. Without each role, I don't think the referral system would work. It's important that I do my part."

Luke said that communicating with his staff is a big part of his role in the referral system and stated, “I need to make sure that each employee knows how the system works and how they would start the referral process if they needed to. If not everyone understands this, then I am not doing my job.” Administrators also help coordinate communication between parents and the school staff. Sally said, “At the beginning of the school year, we send home flyers that has information on the mental health referral system in the flyer. [It helps] let parents know.”

The administrator’s role in implementing the referral system is also evident in their participating in the weekly CARE team meetings in their buildings. Bill said that making the commitment to meet weekly can be “taxing,” but that it is important to show everyone in the building “a commitment to the program.” Administrators do not often start the actual referral process. Sally, an administrator with 18 years of experience, has never started a referral but stated that “I don’t think that makes my role any less important, though.”

In conjunction with communication, professional development is a strong part of the administrator’s role in implementing the referral system. Principals stated that they are often more involved in the mental health referral system at the beginning of the school year. Katie said, “At the beginning of the school year, I help coordinate the yearly updates as well as the meetings with outside agencies.” Helping organize professional development is an important part implementing the referral system even though it may not seem relevant. Ashly said, “If I didn’t plan those events, then how would my staff be knowledgeable and secure enough to refer students?”

Attending the New Teacher Institute is also an important part of implementing of the mental health referral system for some administrators. Sue said, “I don’t have to go, but I need my staff to see that I believe strongly in this program and if they are going to work for me, I need

them to understand the program." Administrators are responsible for collecting data on overall student academic achievement. Although the mental health referral system is not part of the data for these statistics, administrators feel that their role in implementing the mental health referral system directly correlates, as reflected in Harry's comment that "If my staff doesn't identify those students, then eventually that will correlate to low attendance and graduation rates." Luke agreed with Harry's assessment: "I may not help refer students but if I don't ensure that my teachers are doing so, then it will be evident when we start losing students for nonattendance." Overall, while administrators are not involved in student referrals, they still play important roles in delegating information to their staff in order to ensure they are able to do their job of referring students.

School teachers have a more hands-on role in implementing the referral system. Their role consists of identifying students, reporting them to the necessary staff members, and providing any follow-up if needed. Teachers in this study said they often start communications with school counselors on students possibly needing mental health services. Samantha, a teacher, stated, "Communicating with my school counselor is where I always begin. I know my job is to recognize the signs of students struggling and once I see that, I always go talk to her." Connie reiterated the communication piece by discussing her role of talking to parents as well as her counselor.

> I always try to make a phone call home the minute I have a concern. I don't want the first phone call that parents get be from the counselor who is starting the referral process. As a parent, I would wonder where the teacher was during all this.

Matthew, who serves as a CARE team committee member, believes that the CARE team is an essential component in helping him implement the referral system: "Without that team, I

would feel as if I had to make all the judgements on my students mental health. I feel like it helps me not make decisions alone." The CARE team appears to help teachers provide interventions in cases that may not require mental health referrals. It allows teachers to bring forth concerns of students in a confidential environment. Samantha said,

> I like the CARE team because I've had concerns over a student's mental health and after investigation by the CARE team it turned out that the student did not have adequate food at home. They were able to hook the family up with an outside agency and the student started performing much better in the classroom.

School counselor roles in implementing the mental health referral system are a major part of their overall duties as counselors. Carter said, "I feel my role in implementing the mental health referral system is one of importance. I feel that I help ensure that the student gets the mental health help they need." Communicating with all involved parties is the most relevant to counselors as they reported having contact with teachers, administrators, parents, and outside agencies at a higher frequency than the other participants. Carter said, "I communicate with a lot of groups in a given day [especially] if it's in reference to the mental health referral." Open lines of communication help with their role because it allows them to "get the quickest help for their students."

Without proper communication, school counselors cannot properly do their part in the referral process. Scott experienced this during his first year as a counselor and recalled that

> I hadn't [built] the relationships with parents and students yet, and it was obvious. Towards the end of the year, I was able to make those phone calls to parents and have greater success at being able to help them schedule appointments with outside agencies to get their student mental health help.

The school counselor's role in implementing the mental health referral system consists of receiving the referral, conferring with the adult who referred, making contact with the student, making contact with the parent, collaborating with the appropriate outside agency, and follow-up. Unsurprisingly, communication is an important part of all of those roles. School counselors also mentioned the importance of professional development in their job of referring students. Shannon, a counselor for 20 years, expressed her need for continued professional development in the field of identifying and referring mental health services.

> When I went to school for counseling it was to be a vocational guidance counselor and advise on future careers, but that is no longer the case. I need the additional resources in order for me to do a good job at identifying students.

While school counselors did not bring up student achievement frequently when answering the question of their role in implementing the referral system, it was implied at times. Lexie responded when asked about her role, "If I don't do my job, they [my students] may stop coming to school and begin hating school. I want them to see success in school." This was the consensus of the majority of the other counselors who were interviewed.

Research Question 3

The third research question, How does the school district ensure that minority adolescent students' mental health needs are being addressed? was also answered through similar themes of communication, professional development, and student achievement. Administrators heavily stressed the communication piece for helping to ensure minority adolescents receive the proper mental health care. Bill said,

> I think communicating with their parents is an [important] part of the process. I have found that minority adolescents parents, sometimes who do not speak English, are

> untrusting of school officials. I think it is worse if the first time they hear from us is with mental health concerns.

Ethan, a teacher, shared a story from his early educational career.

> I didn't reach out to a parent when I should have. I didn't take the time to find a translator. I thought the student would be fine. They weren't. They ended up being referred to a mental health facility. I no longer wait to call.

School counselor Ammee also discussed the importance of communication with parents and outside agencies.

> I have found that in minority families, with myself not being a minority, there is sometimes a level of distrust in the beginning. [However] having an open line of communication seems to help lessen the hesitancy to understand we are here to help their student not get them in trouble or make judgements against them.

Ammee also talked about the role of communicating with outside agencies: "We need to have them on board if we are going to be successful in referrals. We often see that our minority adolescents do not follow through with appointments."

For the participants who have an SBHC on campus, problems with follow through seemed to be alleviated somewhat because students can attend appointments during school. Lexi, a counselor, who has access to her SBHC, acknowledged fewer follow-through issues with parents as a result of service accessibility. However, she still feels that communication is important: "I still have to get the parent to agree to allow their parent to go, I still need to be communicating."

Professional development played a role in the answering this research question as well. Many teachers, especially those who were new and not of minority descent, expressed concerns

about how to address minority mental health needs. Connie said, “I want to be able to help all my students, but I do know there are cultural differences and I felt uneasy at first on how to approach this.” Mental health is discussed during the New Teacher Institute training, including information on different minorities in the school district that staff may interact with. Connie spoke to the importance of this training: “I had never thought about the role of fathers and mothers in my student’s life, but after professional development I realized that I would more than likely need to contact the father with any mental health needs.”

Minority adolescents and student achievement seemed to link to an understanding of students’ cultures and family norms. Luke explained the importance of understanding different cultural backgrounds in order to help students.

> My first year as an administrator, one of my students was referred for mental health. We began the process, and after several days the student had still not returned to work. Finally, through the use of a translator, we realized that the family thought they were in trouble because they had been contacted by the school [a family member was undocumented]. We explained that was not our purpose, and it took a very long time before we were able to convince them to allow their student to get mental health services. Luckily, we were finally able to.

The participants also believe that minority adolescents are more apt to disengage faster in the classroom than their nonminority peers if facing mental health concerns. Ammee said, “I do see a difference, a quicker shut-down if you will, of their engagement in the classroom.” She elaborated by stating,

> I think it is important that every student be properly monitored and quickly receive the mental health services they need; however, I do think we have to be careful about our own biases on culture and how different backgrounds react in situations.

Ammee believes that continual professional development can help monitor some biases that may not be as noticeable.

Summary

Surveys, interviews, and a focus group were conducted to answer the three research questions formulated for this study. Answers were first developed to address the first research question, which asked what makes one school district in northwest Missouri have an effective and successful mental health referral system. Answers were also developed for the other two research questions, one on the roles administrators, teachers, and counselors have in implementing the referral system, the other on how the school district ensures that minority students' mental health needs are addressed. Participant demographic information was also obtained by using a computer coding system, A three-step coding process was used to help gain insights into the interview and focus group responses and determine emerging themes to help answer the research questions. Answers to the research questions were formulated through generalization and the identification of three themes—communication, professional development, and student achievement. Chapter Five is a summary and more detailed discussion of the study findings.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this qualitative study was to evaluate a referral system in northwest Missouri that effectively identifies students with mental health concerns, helps these students find treatment options, and provides any follow-up needed. Adolescents' mental health needs have grown since the early 1990s and do not appear to be declining (Kieling et al., 2011). More concerning are the continuing mental health treatment disparities between minority adolescents and nonminority adolescents (Cummings & Druss, 2011; Flink et al., 2014; Yucel et al., 2018). In recognition of these contributing factors, schools are taking a larger role in student mental health care. With the continued pressure for schools to implement mental health referral systems, there is a need to investigate what makes these systems successful.

Chapter Five consists of six sections, including an overview of the chapter, a summary of the findings, a discussion of the findings and the implications in light of the relevant literature and theory, an implications section, a discussion on study delimitations and limitations, and recommendations for future research.

Summary of Findings

As previously stated, the purpose of this qualitative study was to evaluate a referral system in northwest Missouri that effectively identifies students with mental health concerns, helps these students find treatment options, and provides any follow-up needed. Research was conducted to answer the questions formulated for this study. The first research question was, What makes one school district referral system in northwest Missouri effectively able to identify students who require mental health referrals? The second research question was, What roles do administrators, teachers, and school counselors in the district have in implementing the referral

system? The third research question was, How does the school district ensure that minority adolescent students' mental health needs are being addressed?

Answer to Research Question 1

The answer to the first research question reflected the district's emphasis on communication, professional development, and student achievement. The district's mental health referral system emphasizes communication to help identify students who need mental health services. This emphasis is shown in policies ensuring that parents and staff communicate throughout the school year, including telephone calls home and informational newsletters.

The school district also uses CARE teams to ensure students are properly identified. During CARE team meetings, counselors, administrators, and other parties discuss which interventions are needed to assist students. The district also effectively identifies students needing mental health care thanks to the time invested in ensuring that all applicable stakeholders have the professional development needed to identify high-risk students. Continuous professional development is provided for all staff members.

Lastly, school district leaders believe that emphasizing student achievement helps to identify students who are struggling with their mental health. The district tracks attendance and academic achievement to identify students who are not progressing or may be missing substantial numbers of school days. These concerns are brought to the CARE team to discuss if there might be other concerns than just academics influencing students' classroom motivation.

Answer to Research Question 2

Question 2 focused on the roles that administrators, teachers, and school counselors have in implementing the referral system. The theme of communication was clearly present in the answer to this question along with professional development and student achievement factored

in. All study participants believe they have different roles in referring students. However, they agreed that without communication between them, the overall referral process would not be fully implemented and therefore not successful.

The participants also felt that without proper professional development at all levels they may not be able to successfully identify students needing mental health assistance and therefore would not be successful in their jobs or in their roles in implementing the referral system. Lastly, though not as explicitly involved in the answer to this question, some participants implied that without their taking an active role and knowing their part in the referral system then student achievement would be greatly impaired. Participants felt that the mental health referral system plays a large enough part in the overall education system that it would greatly impact students academically if they (the participants) did not contribute to the process.

Answer to Research Question 3

For the third research question, How does the school district ensure that minority adolescent students' mental health needs being addressed, the three themes were again present. Communication was a factor in how the district ensures that minority adolescent students' mental health needs are met. Without communicating with parents, cultural biases and perceived indifferences can sometimes get in the way of referral. Additionally, without communicating with outside agencies that may specialize in different cultures, schools may be unable to secure mental health referrals for students. Professional development is needed as well to ensure that minority adolescents' mental health needs are being met because it is the school's responsibility that staff receive up-to-date training on how to properly address minority adolescent mental health. Lastly, the participants viewed an emphasis on minority student achievement as a way to combat mental health concerns in this population. Participants contended that minority

adolescents are often quick to shut down in the classroom, especially if they are in a room full of predominately nonminority peers. It is important to address any barriers, including mental health, that may impede their education as soon as possible.

Discussion

Theoretical Framework

Maslow's hierarchy of needs states that people must satisfy their basic physiological needs, safety needs, belongingness and love needs, esteem needs, and self-fulfillment needs to be their best (Maslow, 1943). People will work throughout their lives to reach their fullest potential or self-actualization. Maslow hypothesized that motivation increases as each need is met while the opposite will occur if needs are not met (Kenrick et al., 2010). However, if lower level needs (psychological, safety, love and belonging, and esteem) are not met, reaching self-actualization is not possible. This theoretical framework applied to the present study's purpose because the research was based on needs, in this case mental health needs, that people must meet in order to continue to work on reaching their highest potential, or self-actualization. When mental health needs are not met, adolescents often struggle with everyday common activities, reflecting Maslow's hierarchy of needs if the lower levels (psychological, safety, love and belonging, and esteem) are not met.

Participants in the present study confirmed the need of having basic needs, like mental health needs, met before any consideration of achieving self-actualization can occur or for educations purpose higher student achievement. The participants repeatedly discussed the importance of the mental health referral system and concerns about what would happen if the mental health referral system was not successfully used. Without the mental health referral system in place, participants discussed the changes they feared they would see in their students.

Drops in motivation in school, low peer interaction, possible attendance issues, increases in behavioral issues, and escalating mental health issues were just a few concerns mentioned. The participants' concerns reflect Maslow's hierarchy of needs; specifically, that if lower need levels are not met, then people may never be at their best. If schools do not put implement interventions to address mental health concerns, a basic necessity in Maslow's hierarchy, then students may not reach their full potential in the classroom or in their lives.

Empirical Literature

Three themes—communication, professional development, and student achievement—emerged from the research conducted for this study. These three themes were reinforced by the literature review in Chapter Two. Previous studies discussed in Chapter Two helped to confirm the basis of understanding why these three themes emerged from the research.

Communication

Communication was identified as a necessary component in understanding what makes a successful mental health referral system. All participants in some way mentioned the importance of continually having open communication with all stakeholders involved in the process. Key elements in this theme were identified as parent communication, staff communication, CARE team meetings, and meetings with outside agencies. The participants believed parent communication crucial because it might be impossible to get students the mental health support they need without their parents' support. Without proper parent engagement in the mental health process, students may be more likely to stop services or not even begin them (Haine-Schlagel & Walsh, 2016).

Lack of communication may also affect parents' trust in the mental health care process. Vito (2020) detailed how organizations that took time to form relationships with adolescents'

families found more success in identifying and addressing adolescents' mental health needs. The present study's findings on the importance of communicating with parents confirm Vito's findings. Some participants discussed how they met distrust or uncertainty from the adolescents' parents because they had not reached out to the parents before the mental health concerns were identified. The participants contended that without forming relationships with parents and having open lines of communication, they met much more resistance from parents on having their children receive mental health support.

Another reason for stressing the importance of parent communication is to ensure that students will follow up with their mental health appointments after the initial appointment. Participants said they noticed that their students, specifically their minority and low socioeconomic status students, were less likely to follow up with their next appointment if school officials did not make calls to remind parents about appointments and offer assistance, if needed, to get the students there.

Minority adolescents are at a higher risk for not seeking continual mental health support after going to one appointment (J. H. Fisher et al., 2018). Overall, participants in the present study felt that having good communication with parents was simply in students' best interests, and when they were actively engaging with parents, they could see a difference in their students. Wilder (2014) confirmed these assumptions by conducting a longitudinal study that showed parental influences the number one predictor of academic achievement.

Staff communication played a part in the overall theme of communication because it demonstrated the importance of staff members directly involved in the mental health referral process to be continually engaging in conversation. Staff communication was useful in ensuring that students were being properly identified as needing mental health referrals. Teachers, in

particular, seemed to use this resource the most. Teachers are able to recognize externalizing behaviors like attention-deficit/hyperactivity disorder but struggle with identifying internalizing behaviors (Undheim et al., 2016). Communication between staff members helps to decrease this problem. Participants discussed how having CARE teams helps keep lines of communication open for the staff.

Baak et al. (2019) discussed many barriers to understanding the complexity of student mental health and recommended taking a holistic approach to addressing student needs in this area. This type of approach would not be feasible without putting together some type of task force, like a CARE team, to oversee the process. The present study's participants concurred with Baak et al. by identifying the importance of having the CARE team as a resource in their buildings to help with their students' mental health needs. Collaboration between invested stakeholders can facilitate new ideas for helping students and also address possible biases against students (Strobel & Harpin, 2020). Participants liked the team atmosphere and said it allowed them to learn about ways to help students that they may previously not have thought of.

Last under the communication theme was the need for communicating with outside agencies. Some participants had access to SBHCs with trained medical professionals on site while others had to use outside mental health agencies. Communication and collaboration levels between staff and these entitites often predicted successs in obtaining appropriate mental health services for students. Communication can take place, but if it is not effective and strict protocols are not in place, positive results are not likely (Cooper et al., 2016). Positive communication with outside agencies can also help ensure that more students will return for follow-up appointments and miss appointments less frequently (Soleimanpour et al., 2010).

The participants discussed how effective collaboration was a positive contribution to making their associations and partnership with outside agencies effective. The participants also liked that with policies in place, students can receive mental health assistance but not miss too much educational time. This finding parallels previous research showing that effective collaboration with outside mental health agencies will help students be in class more and miss less education time (Weist et al., 2012).

Findings from the present study contribute to the body of literature discussed in Chapter Two because they highlight and illustrate the need for communication between different stakeholders in order to provide quality mental health assistance to adolescents. The findings shed light on how communication can be implemented at the school level in order to provide a successful mental health referral system. I believe the findings also extend some of the previous research because of the specific information on how to begin implementing key parts of communication needed for a successful mental health referral system.

Professional Development

The need for professional development was the second theme identified in the data obtained for this study. Professional development can take many forms, but participants frequently mentioned the need for professional development with specifics on the New Teacher Institute, yearly updates, and interaction with outside agencies. Similar to the communication theme, participants felt that without receiving updates from outside agencies, the mental health referral system would become outdated and less effective.

I theorized that the participants know they are not medical professionals and feel insecure about identifying and helping students with mental health needs. Cinotti (2014) detailed this concern, specifically for counselors, as their job has transitioned from providing vocational

guidance to providing more mental health-responsive services in a very short time frame. Participants stated that professional development from outside agencies gave them more confidence in identifying students needing help. Participants also felt that professional development on mental health helped them know to consider some classroom behaviors as indicating possible mental health concerns rather than just being behavioral problems. In a cross-sectional survey, Chauhan and Rupani (2021) found that students who exhibited at-risk behaviors, including acting out in class or engaging in illegal activity, were more likely to also be struggling with depression.

Professional development, according to the participants, needed to be frequent, with once a year the bare minimum. Professional development helped both new and tenured staff members grow in their skills on how to properly refer students. Vieira et al. (2014) stated that over time, professional development can improve staff member effectiveness in correctly identifying students who may need mental health referral services. Participants in the present study expressed similar sentiments that they felt more confident about the school's mental health referral system and their role in the system over time.

One difference in this study's findings from those discussed in Chapter Two is the importance of implementing two specific types of professional development: yearly updates and the New Teacher Institute. All study participants attend a yearly update meeting at the beginning of the school year in which the mental health referral program and its steps are briefly reviewed and any changes made to the program are discussed. The changes are often very insignificant but are still important to the overall process. I believe this key information contributes to existing research on minority adolescent mental health and the role of mental health referral systems

because it shows what schools need to implement to have a successful mental health referral system.

Participants mentioned the New Teacher Institute, specifically those who had just undergone the training or were actively involved in the process in some way, like being a presenter. The participants said the training, provided to all new staff members in the district, featured a session on the mental health referral system. This training provided new staff members an understanding of the system before they began working in their new buildings. Previous studies showed a positive relationship between school officials who received appropriate professional development and their abilities to handle mental health concerns in their schools (Schiele et al., (2014). Staff members lacking proper training have a greater chance of experiencing burnout or leaving the profession during their first 10 years of practice (King et al., 2018). Participants in the present study, particularly those new to education, talked about uncertainties related to identifying and addressing mental health concerns in the classroom. They felt these uncertainties would be even worse without having attended the New Teacher Institute and could have influenced their continuing in education.

I believe the present study extended previous research on professional development. Participants identified very specific protocols and learning experiences that they undergo each year to be able to implement the mental health referral system. It is possible that other school districts desiring to begin mental health referral systems could use these professional development ideas as a blueprint. Despite the specific nature of the professional development the participants discussed, this study's findings reflect the overall need for some type of professional development, also discussed in Chapter Two.

Student Achievement

Student achievement was the last derived theme. Participants felt that student achievement played a key role in the mental health referral system's effectiveness. They reiterated that school must be a safe place for all students and a place where they feel they are valued for more than their academics. Tian et al. (2019) found fewer overall mental health concerns in students who felt that their schools were interested in their academic success and in their overall well-being. Under the theme of student achievement, other key words and terms stood out from the participant interviews and focus group, including attendance, graduation, and the impact on minority adolescents. Participants found that when student mental health needs were not being addressed in school, these students were more likely to stop coming to school.

It is difficult, if not impossible, to help students with their mental health needs if they are not in school. Schools are being asked to be on the frontline of adolescent mental health, so it is imperative that students come to school each day (Chauhan & Rupani, 2021). Results from the present study extend previous research because they show the importance of treating mental health care needs in student success.

Participants also credited the mental health referral system for improving graduation rates. They believe that without helping students with their mental health needs issues would continue to grow and could impact the students' chances of graduation. Hahn et al. (2015) found a link between students currently not enrolled in school (but of school age) and mental health issues. Although students in Hahn et al. might not have been aware of their mental health keeping them out of school, they struggled with some type of unresolved mental health issues. The present study's findings confirm Hahn et al.'s findings and possibly extends them by showing the need for a mental health referral system and correlation to graduation rates.

However, the findings are limited on the overall effectiveness of graduation, and I did not gather data to affirm that graduation rates had improved in the district; the participants just felt that they had seen a difference.

Last under the theme of student achievement is the need to understand, help, and successfully refer minority adolescents. Participants admitted to needing more training on how to understand cultures other than their own and strategies to help their minority students. Breslau et al. (2018) contended that minority adolescents are often perceived to need mental health services more than their White peers but are often not referred. In Nestor et al. (2016), minority adolescents were also less likely to seek treatment until their mental health reached critical points, such as suicide attempts.

The present study's participants believe it is their responsibility to identify and begin the mental health referral system process with their minority students and not wait for these students to seek help. Families and peers of minority adolescents are less likely to encourage to them to seek mental health treatment (Alegria et al., 2012). The present study's results agree with previous research on the importance of identifying and addressing mental health concerns in minorities and not allowing these concerns to continue manifesting.

Implications

Theoretical Implications

Maslow's hierarchy of needs suggests that people work their entire lives to reach self-actualization and function at their highest potential. They can go through five stages throughout their lives: psychological, safety, love and belonging, esteem, and finally self-actualization. However, if people do not meet their basic needs (psychological, safety, love and belonging, or esteem), attaining self-actualization is not possible. The present study's results align with

Maslow's principles because they demonstrated that adolescents' basic needs, in this case their mental health needs, must be met before they can reach self-actualization or succeed in the classroom.

It is important for schools to begin addressing adolescents' mental health needs in the school building and not rely on students reaching out and seeking these services themselves. Adolescents' basic mental health needs are important to address because without appropriate interventions, mental health concerns can increase over time and affect the ability to live a well-functioning life. The present study addressed understanding what makes a mental health referral system successful. Through the research, it is evident that the mental health referral system studied is working because the school district understands the importance of not only understanding but intervening when adolescents' basic needs are not being met.

Instead of waiting for adolescents or parents to address mental health issues, school district leaders instead created a system to begin the process of meeting unmet needs. The hope is to help adolescents address and treat their unmet needs so they can continue to grow into the self-actualization phase. This is beneficial to schools in two ways; most importantly that students are growing up to be functioning, positive members of society. From a more practical viewpoint, schools receive funding based on overall student success, so ensuring that students have all the tools to meet their full potential in their classrooms is a cost-efficient measure.

Empirical Implications

The study purpose was to examine what makes a school-based mental health referral system successful. Adolescent mental health concerns have grown since the 1990s, and there are no signs of these issues declining (Kieling et al., 2011). Minority students are at an even higher risk of not receiving mental health care services (Lê Cook et al., 2017). The present study's

findings show a way to guarantee that all adolescents are referred for mental health services if they need them.

I also examined how a school district can be an appropriate and successful setting for a mental health referral system. Findings also showed how positive collaborative relationships with either outside mental health agencies or an SBHC are essential to the referral process. In Walker et al. (2010), schools with a health care center on site had fewer discipline issues, greater parent satisfaction with the speed of addressing mental health needs, and overall higher attendance. Weist et al. (2012) found that schools that worked with an outside agency saw similar trends of students missing fewer classes and lower rates of discipline issues. Findings from the present study showed that the intervention referral system can be implemented in both settings, in buildings with SBHCs or not, and still be able to help students.

Study findings also suggest the importance of having all stakeholders invested in the referral system in order to be successful. If schools and their staff members do not take an active interest in their students, it can affect the school climate as well as students' overall attitudes (Larson et al., 2017). The present study's findings imply that referral systems can be hindered if staff members are not fully on board with the process and understand its significance. Continuous communication, collaboration, and education ensures that that all staff members are on board and have the most up-to-date information to help their students. Staff must have an active role in order to be invested in the outcomes.

Practical Implications

The study results showed that it is possible to have a successful school-based mental health referral system. According to the U.S. Department of Education (2010), only 40% of adolescents diagnosed with a mental illness graduate high school compared to 76% of peers with

no mental illness. Schools can no longer assume that families will take appropriate steps for their children to receive mental health assistance. Therefore, schools must develop interventions in order to address, pinpoint, and treat student mental health issues. The present study's findings showed the steps and elements of a successful mental health referral system. Similar referral systems could be implemented at the elementary or high school level and would be cost efficient for schools with tight budgets.

The findings also provided information on the different roles that staff members have in the referral process. These findings can provide a blueprint for other districts to begin the implementation process. It is unwise to assume that if an intervention program works in one school, it will translate to success for another school. There are many variables in schools, including student demographics, school location, and local population. However, studies have shown that intervention systems with frameworks that provide detailed instructions and that can be universally used, meaning that they would not have to be changed based on student demographics, locations, or populations, it is possible that intervention systems could be used in any setting (Powers et al., 2010). The present study illustrated the tools for developing a successful intervention system with universal guidelines and implementation procedures that could be used in other schools.

Lastly, the findings showed the importance of professional development in implementing a mental health referral system. A referral system cannot just be put into place without properly training all of the members who will be involved in the process. The findings showed the numerous ways that all staff members are trained each year. The district also implemented a New Teacher Institute that all staff members attend. The training features a segment on the mental health referral system. This not only underscores the mental health referral system's importance,

it also provides practical training for staff who are not familiar with system before the first day of school.

Delimitations and Limitations

Several delimitations were implemented prior to conducting this study to ensure the study's validity. The first delimitation was that participants must be employed by the district that was using the referral process. This delimitation was implemented because the study was based on one school district with a successful mental health referral system. The second delimitation was that participants must understand how the current referral practice was used in a school setting. This delimitation was implemented to ensure that all participants had at least some working knowledge of the referral process and also allowed for administrators, teachers, and school counselors to be involved in the study. The third delimitation was that participants must have used the referral process at some point during the school year. This was an important delimitation as it allowed for updated information on how the referral system was implemented in the school district. The last two delimitations were that participants must be able to articulate or document their answers to open-ended questions and be 18 years of age or older. These delimitations ensured that all participants were of a legal age to participate without any parent approval and that they would be able to go through the different stages of the research process: survey, interview, and focus group.

Limitations included using qualitative case study methodology. Qualitative case studies are used to explore certain phenomenon through identifying factors and how they interact. This methodology is often used for real-life scenarios (Baxter & Jack, 2008). While I chose this methodology for this study, it was possible that a phenomenological study could have been conducted as well. Phenomenological methodology explores a phenomenon through the lens of

one particular group to see what the phenomenon is, not what caused it or how it was caused (Giorgi, 2009). I could have studied administrators, counselors, and teachers collectively as educators and treated them all as one group in order to conduct a phenomenological study. I decided against this approach because of the individual context in which each group of educators handle the referral process. Their individual roles play an important part in what makes the referral process successful, and these roles needed to be evaluated.

Other limitations included the COVID-19 pandemic and its effects on education systems, including their mental health practices. Following forced lockdowns in 2020, school staff are now seeing increases in mental health concerns. Remote learning as a result of the lockdowns was another adjustment educators, administrators, and counselors had to make in 2020. Changes related to the lockdowns may have resulted in study limitations.

One variable I was unable to control was if educators had access to an SBHC. Depending on whether or not a school had one on site, very different responses were given on the steps after the initial referral. I was unable to control the amount of extra support the educators received from the SBHC as opposed to the educators who had to continually rely on outside agencies for support. Another limitation was the difference in levels of educational experience. Staff who had been in the district longer had more years of experience with the referral process and were more assured about the process while those newer to the school system still felt a little unsure about the entire process. Another limitation was that of the school demographics. Some educators worked in buildings with low socioeconomic status and/or minority students, while others reported having few minority students. These limitations influenced some of the research questions and how much the participants could answer questions they were asked, particularly ones on minority adolescent mental health.

Recommendations for Future Research

In consideration of the study findings, limitations, and the delimitations, there are several recommendations for future research. First, a phenomenological qualitative study could be conducted that focuses specifically on participant experiences of using the mental health referral system. This would take away the perspectives of the different stakeholders in the present study and instead focus solely on their experiences using the mental health referral system. Another possibility is conducting a quantitative study. Quantitative studies are used to collect and analyze information in order to find patterns or test causal relationships (Bhandari, 2020). A quantitative study could be done to compare characteristics of the mental health referral system to see which are more important for the successful referrals.

Widening the scope of research to focus on other elements of the school mental health referral system is another possibility. More research is needed on the initial impact of the school referral system. For students who are referred, there needs to be more data on their short- and long-term progress and if there are any changes in their classroom achievement. Another possible research focus could be solely on the impact of SBHCs and the resources provided, including how frequently the facilities are used and for what purposes. Also, follow-up data could be secured on whether students with mental health referrals continued to seek treatment or stopped.

Another research direction could be focusing on schools with higher populations of minority adolescents. Researchers could gather data on the total number of referrals and characteristics of makes programs easily or perhaps not easily accessible to minority adolescents. Finally, future research could involve parents and adolescents. This could allow for different perspectives on the characteristics of mental health referral systems.

Summary

The purpose of this qualitative case study was to evaluate a school-based referral system in northwest Missouri that effectively identifies students needing mental health care, helps students find treatment options, and provides any follow-up needed. Adolescent mental health is no longer just a concern for families. School leaders are beginning to understand the importance of offering interventions at the school building level in order to help students who are struggling. Without intervention, schools may see increases in behavior problems and drops in attendance, both of which could affect graduation rates.

Although school leaders are becoming aware of the need to provide mental health interventions, there is still unease regarding how to implement the systems necessary for doing so. The subject school district in this study, located in northwest Missouri, began implementing a mental health referral system in 2009. Over time, the system has evolved into a reliable resource for accurately identifying and diagnosing students who need mental health services. The research findings reflected three themes that led to success in the mental health referral system. The school district relies on communication, professional development, and student achievement for successful implementation. By focusing on these three areas, the district built a program for identifying students with mental health concerns, helping students find treatment options, and providing follow-up needed.

I believe this study's main implication is that it is imperative to implement some type of mental health referral system in all school districts. A mental health referral system needs to be designed to help all adolescents, regardless of socioeconomic background. In order for the mental health referral system to be effective, professional development for all parties cannot be overlooked. Too many times, programs are implemented but not enough background information

or training is provided to those in charge of the programs. Previous research showed changes in what educators, including school counselors, are being trained for. It cannot be assumed that everyone is fully prepared to assess mental health, especially in adolescents. By providing professional development yearly to staff involved in mental health referral systems, school districts can help their students receive the best mental health resources available and, ultimately, reach their full potential in school and in life.

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APPENDIX A: IRB APPROVAL FORM

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

April 27, 2021

Samantha Davis
Richard Green

Re: IRB Exemption - IRB-FY20-21-733 Minority Adolescents & School Referral: The Importance of School Counselors and the Referral System

Dear Samantha Davis, Richard Green:

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:
101(b):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
[redacted]
Administrative Chair of Institutional Research
Research Ethics Office

APPENDIX B: SCHOOL DISTRICT PERMISSION TO CONDUCT STUDY

[District identifying information removed]

April 27, 2021

Samantha Davis
Doctoral Candidate
Liberty University
1971 University Drive
Lynchburg, VA 24515

Dear Samantha Davis,

After careful review of your research proposal entitled Minority Adolescents & School Referral: The Importance of School Counselors and the Referral System, which will focus on identifying what makes a successful mental health referral system that is being implemented in a population which services minority adolescents. I have decided to grant you permission to contact our faculty/staff and invite them to participate in your study.

Sincerely,

[redacted]
Coordinator of Counseling
[redacted]

APPENDIX C: PARTICIPANT RECRUITMENT EMAIL

April 30, 2021

Dear School District Employee,

As a graduate student in the School of Behavioral Sciences at Liberty University. I am conducting research as part of the requirements for a doctoral degree. The purpose of the study is to help identify the characteristics of a mental health referral system that is successful in servicing the needs of minority adolescents. I am writing to invite eligible participants to join my study.

Participants must be 18 years of age or older, employed as a counselor, teacher, or administrator by a school district that is currently using a mental health referral system, have an understanding of how the current mental health referral system is used in the school, and have used the mental health referral system during the school year.

Participants, if willing, will be asked to participate in a survey, a video-recorded interview, and possibly a video-recorded focus group. After the interview all participants will have a chance to review their interview transcripts for accuracy. Five participants will be randomly selected to attend the focus group. It should take approximately 5 minutes to answer the survey, 15 minutes to participate in the interview, and 25 minutes to participate in the focus group. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

If you are interested in participating, please contact me at [redacted]

A consent document is provided as the first page of the survey. The consent document contains additional information about my research. If you choose to participate, please type your name and the date on the consent form before completing the online survey.

Sincerely,

Samantha Davis
Doctoral Candidate
[redacted]

APPENDIX D: INTERVIEW QUESTIONS

School Administrator Interview Questions

1. What is your current job title?
2. What are your current procedures or interventions, in your building, that helps to assist those with mental health needs?
3. Who, in your building, has a role in helping identify students who need a possible mental health referral?
4. What do you think the district does to ensure everyone is understanding of their role and the process of the mental health referral system?
5. Please describe the process on how a student in your building would be referred for mental health concerns.
6. How does your school ensure follow-up is met with the students referred?
7. How do you feel your particular role in the school impacts the overall school referral system?
8. As an administrator, how do you ensure that professional development is given to the necessary stakeholders in order for them to have an understanding of the mental health referral system?
9. What do you think makes this school districts mental health referral system successful?
10. What, if any, barring does the mental health referral system have on academic student achievement?

School Teacher Interview Questions

1. What is your current job title?
2. What are your current procedures or interventions, in your building, that helps to assist those with mental health needs? Please describe your level of involvement in any of these things.
3. What do you think the district does to ensure everyone is understanding of their role and the process of the mental health referral system?
4. As a teacher, do you feel empowered to refer?
5. If you were to refer, what would be the steps to start that process?
6. How does your school ensure follow-up is met with the students referred?
7. How do you feel your particular role impacts the overall school referral system?
8. Have you received any professional development on how to properly identify a student who has mental health needs being unmet? If yes, what did this PD look like?
9. What do you think makes this school districts mental health referral system successful?
10. What, if any, barring does the mental health referral system have on academic student achievement?

School Counselor Interview Questions

1. What is your current job title?
2. What are your current procedures or interventions, in your building, that helps to assist those with mental health needs? Please describe your level of involvement in this referral process.
3. What do you think the district does to ensure everyone is understanding of their role and the process of the mental health referral system?
4. If a student is referred, what is your role in the process?
5. Is your initial referral given to a school-based health center or an outside mental health agency?
6. What are your thoughts on the referral process to an outside agency? What could be improved on (if anything?)
7. How do you ensure follow-up is met with the students referred?
8. How do you feel your particular role in the school impacts the overall school referral system?
9. Have you received any professional development on how to properly identify a student who has mental health needs being unmet? If yes, what did this PD look like?
10. What do you think makes this school districts mental health referral system successful?
11. What, if any, barring does the mental health referral system have on academic student achievement?

APPENDIX E: SURVEY QUESTIONS

1. What type of school setting do you currently work in?
    a. Elementary
    b. Middle School
    c. High School
2. How many years have you been employed by this district?
    a. 0-5
    b. 5-10
    c. 10-15
    d. 15-20
    e. 20 or more
3. What is your role in the implementation of the mental referral system that the district currently uses?
    a. Administrator
    b. Teacher
    c. Counselor
    d. Other
4. What percentage of your week do you feel is spent on mental health needs of your students?
    a. 0-25%
    b. 25-50%
    c. 50-75%
    d. 75-100%

5. What percentage of your week are you actively working, in some capacity, with your referral system?
    a. 0-25%
    b. 25-50%
    c. 50-75%
    d. 75-100%
6. Approximately, how many students do you refer a month for mental health services?
    a. 0-5
    b. 5-10
    c. 10-15
    d. 15-20
    e. More than 20
7. Does your school have a school-based health center on site or must students travel to another building?
    a. On site
    b. Must Travel

APPENDIX F: FOCUS GROUP QUESTIONS

1. What characteristics of the district's mental health system make it successful?
2. What impact on your students' mental health does the school-based health care have?
3. How does everyone's role in implementing the mental health referral system translate to successfully identifying and helping students?
4. What impact does the district's referral system have on students' academics?
5. What steps, if any, does the district take in order to ensure that minority adolescents with struggling mental health needs are being met?

APPENDIX G: SURVEY QUESTION RESPONSES

Question 1: What type of school setting do you work in?

Elementary	***15***
High School	***15***

Question 2: How many years have you been employed by the school district?

0-5

6-10

11-15

16-20

21 or more

Question 3: What is your role in the implementation of the mental health referral system that the district currently uses?

Administrator	***10***
Teacher	***10***
School Counselor	***10***

Question 4: What percentage of your work week do you feel I spent on addressing the mental health needs of your students?

0-25%	***10***
26-50%	***15***
51-75%	***4***
76-100%	***1***

Question 5: What percentage of work your week are you actively working, in some capacity, with your districts mental health referral system?

0-25%	***12***
26-50%	***14***
51-75%	***4***
76-100%	***0***

Question 6: Approximately, how many students per month do you refer/seek additional resources in the area of mental health? (This could be referral/consultation with a school counselor, social worker, nurse, administrator, or outside agency?)

0-5	***10***
6-10	***10***
11-15	***7***
16-20	***1***
More than 20	***2***

Question 7: Does your school have a school-based health center on site or must students travel to another building?

On Site	***9***
Must Travel	***21***

APPENDIX H: CODING PROCEDURES FOR ADMINISTRATORS

Part A: Open *Coding*

Question 1: What is your current job title?

Data From Interviews:	Code Given:
• Elementary administrator	elementary administrators
• High school administrator	high school administrator

Question 2: ***What are your current procedures or interventions, in your building, that helps to assist those with mental health needs?***

Data From Interviews:	Code Given:
• counselor takes charge	staffing
• CARE Team meetings	staffing
• Interventions in classes	staffing
• PD in buildings	Professional Development
• Calls home to parents	Communication w/ parents
• meeting individually with students	Communication w/ students

Question 3: Who, in your building, has a role in helping identify students who need a possible mental health referral?

Data From Interviews:	Code Given:
• All staff	staffing
• Counselors	staffing
• Teachers	staffing
• Parents	staffing

Question 4: What do you think the district does to ensure everyone is understanding of their role and the process of the mental health referral system?

Data From Interviews:	**Code Given:**
• Talks to parents	Communication w/ parents
• Gives updates to staff to know procedures	Communication w/ staff
• PD	Professional Development
• New Teacher Institute	Staffing/PD
• Google Doc	Communication w/ staff
• No big changes year to year	clerical

Question 5: Please describe the process on how a student in your building would be referred for mental health concerns.

Data From Interviews:	**Code Given:**
• Concerns to CARE Team (if not emergency)	Staffing/Communication
• Counselor appointment	Staffing/Communication
• Call home	Communication w/ parents
• Discuss with student concern	Communication w/ student
• Ask for feedback from previous teachers/admin	Staffing & Communication
• Follow Up in Following Weeks	Staffing

Question 6: How does your school ensure follow-up is met with the students referred?

Data From Interviews:	**Code Given:**
• Call home	Communication w/ parent
• Meet with student	Communication w/ student
• School counselor check in	Staffing

• Give feedback to CARE Team	Staffing
• Teacher Check Ins	Staffing
• Look at trends w/attendance/grades	Graduation, Attendance

Question 8: How do you feel your particular role in the school impacts the overall school referral system?

Data From Interviews:	**Code Given:**
• Overall site coordinator	Staffing
• Job to ensure it is being done	Staffing
• Must continually talk to staff	Communication w/ staff
• Without putting policy in place, may not happen	Clerical
• Not a huge role	Staffing

Question 9: As an administrator, how do you ensure that professional development is given to the necessary stakeholders in order for them to have an understanding of the mental health referral system?

Data From Interviews:	**Code Given:**
• Beg. Of school year with any updates	Communication w/ staff
• Discuss in monthly meetings	Communication w/ staff
• New Teacher Institute	Professional Development
• Ask for feedback	Communication w/ staff

Question 10: What do you think makes this school districts mental health referral system successful?

Data From Interviews:	**Code Given:**
• Teamwork	Communication w/ staff

• Communication	Communication w/ staff
• Best interest of student	Student Interest
• Collaboration with helpful outside resources	Outside Agencies
• Collaboration with parents	Communication w/ parents
• Good working environment	Staffing

Question 11: What, if any, barring does the mental health referral system have on academic student achievement?

Data From Interviews:	**Code Given:**
• Stop coming to school	Attendance
• Loss of focus on school work	Grades
• Graduation in jeopardy	Graduation
• Loss of interest in school	Success
• Minority Student disengagement more noticeable	Minority Students

Step 2: Categorizing

Category	**Codes**
Communication	Communication w/ parents
	Communication w/ staff
	Staffing
Professional Development	Professional Development
Student Achievement	Attendance
	Grades
	Graduation

Success

Student Interest

Minority Students

Foundation

Clerical

Step 3: Emerging Themes (collaborated with out participant groups answers)

- Professional Development
- Communication
- Student Success

APPENDIX I: CODING PROCEDURES FOR SCHOOL TEACHERS

Part A: Open *Coding*

Question 1: What is your current job title?

Data From Interviews:	Code Given:
• Elementary teacher	elementary teacher
• High school teacher	high school teacher

Question 2: What are your current procedures or interventions, in your building, that helps to assist those with mental health needs? Please describe your level of involvement in any of these things.

Data From Interviews:	Code Given:
• Bring concerns to CARE Team	Staffing/Communication
• Talk to student	Communication w/ student
• Talk to counselor	Staffing/Communication
• Call home	Communication w/ parents
• Ask other teachers	Communications w/ staff
• Document concerns	Collaboration
• Attend meetings with agencies	Collaboration w/ agencies

Question 3: What do you think the district does to ensure everyone is understanding of their role and the process of the mental health referral system?

Data From Interviews:	Code Given:
• Lots of PD	Professional Development
• Talk about in our monthly meetings	Communication w/ staff
• New Teacher Institute	Professional Development

Question 4: As a teacher, do you feel empowered to refer?

Data From Interviews:	**Code Given:**
• Sometimes	Confidence
• Yes	Confidence

Question 5: If you were to refer, what would be the steps to start that process?

Data From Interviews:	**Code Given:**
• Talk to Counselor (all answered)	Communication w/ staff

Question 6: How does your school ensure follow-up is met with the students referred?

Data From Interviews:	**Code Given:**
• CARE Team Follow Up	Communication w/ staff
• Call Home	Communication w/ parents
• I check on student in classroom	Student Success
• Concerns in classroom (attendance, grades)	Student Success
• Talk to Counselor	Communication w/ staff

Question 7: How do you feel your particular role impacts the overall school referral system?

Data From Interviews:	**Code Given:**
• Need to be diligent, looking for signs	student success, PD
• I see my students the most, must pay attention	student success
• Student may not be referred without me	student success

Question 8: Have you received any professional development on how to properly identify a student who has mental health needs being unmet? If yes, what did this PD look like?

Data From Interviews:	**Code Given:**
• New Teacher Institute	Professional Development

• Yearly Updates	Professional Development
• PD with outside agencies	Outside Agencies
• Webinars	Professional Development

Question 9: What do you think makes this school districts mental health referral system successful?

Data From Interviews:	**Code Given:**
• Teamwork	Communication w/ staff
• Collaboration	Communication
• Help from school health center	Collaboration w/ agency
• Communication	Communication
• School Environment	Positive Climate

Question 10: What, if any, barring does the mental health referral system have on academic student achievement?

Data From Interviews:	**Code Given:**
• Student doesn't come to school	Student Success
• No interest	Student Success
• Doesn't turn in homework	Student Success
• Lost focus in classroom	Student Success
• Disengaged from classmates	Student Success
• Minority student disengagement	Minority Adolescents
• Behavioral Issues	Student Success

Step 2: Categorizing

Category	Codes
Communication	Communication w/ parents
	Communication w/ staff
	Collaboration w/ agencies
Professional Development	Professional Development
	Outside Agencies
Student Achievement	Student Success
	Minority Students
	Positive Climate

Step 3: Emerging Themes (collaborated with out participant groups answers)

- Professional Development
- Communication
- Student Success

APPENDIX J: CODING PROCEDURES FOR SCHOOL COUNSELORS

Question 1: What is your current job title?

Data From Interviews:	Code Given:
• Elementary school counselor	elementary counselor
• High school counselor	high school counselor

Question 2: What are your current procedures or interventions, in your building, that helps to assist those with mental health needs? Please describe your level of involvement in this referral process.

Data From Interviews:	Code Given:
• I start process.	Staffing
• I call parents.	Communications w/ parents
• I talk to the CARE Team.	Communication w/ staff
• Talk to teachers, see concerns	Communications w/ staff
• Talk to student	Communications w/ students

Question 3: What do you think the district does to ensure everyone is understanding of their role and the process of the mental health referral system?

Data From Interviews:	Code Given:
• Lots of PD	Professional Development
• Communicate process with parents	Communications w/ parents
• Discuss with teachers regularly their role	Communication/PD
• Counselors have continuous PD	Professional Development

Question 4: If a student is referred, what is your role in the process?

Data From Interviews:	Code Given:

• I start process.	Staffing
• Ensure Follow Up	Staffing
• Communicate with parents	Communication w/ parents
• Communicate with teachers	Communication w/ staff
• Let CARE Team know about referral	Communication w/ staff

Question 5: Is your initial referral given to a school-based health center or an outside mental health agency?

• School Based	Collaboration w/ staff
• Outside Agency	Collaboration w/ agencies

Question 6: What are your thoughts on the referral process to an outside agency? What could be improved on (if anything?)

Data From Interviews:	**Code Given:**
• Not effective, without communication	Communication
• Need constant communication	Communication
• Doesn't work without follow up	Follow-Up
• Doesn't work without parent involvement	Communication w/ parents
• Can take away from school curriculum time	Student Success

Question 7: How do you ensure follow-up is met with the students referred?

Data From Interviews:	**Code Given:**
• Plan conference times	Communication w/ student
• Try to not take during core class	Student Success
• Talk to parent a week after	Communication w/ parent
• Bring up in care team to discuss classroom concerns	Communication w/ staff

Question 8: How do you feel your particular role in the school impacts the overall school referral system?

Data From Interviews:	Code Given:
• Wouldn't be functioning	Student Success
• Important step	Student Success
• Piece of the puzzle	Student Success
• Human piece	Student Success
• Trained to do job	Professional Development

Question 9: Have you received any professional development on how to properly identify a student who has mental health needs being unmet? If yes, what did this PD look like?

Data From Interviews:	Code Given:
• New Teacher Institute	Professional Development
• Counselor Meetings	Professional Development
• Beg. Of school year updates	Professional Development
• Monthly Meetings	Professional Development
• Outside Agency PD	PD w/ outside agencies
• Webinars	PD w/ outside agencies
• Graduate School	PD w/ outside agencies

Question 10: What do you think makes this school districts mental health referral system successful?

Data From Interviews:	Code Given:
• Human connection	Student Success
• Teaching everyone their role	Communication w/ staff

• Talking to parents	Communication w/ parents
• Educating students on system	Communication w/ students
• Not afraid to change protocol, if not working	Clerical

Question 11: What, if any, barring does the mental health referral system have on academic student achievement?

Data From Interviews:	**Code Given:**
• Stop coming to school	Attendance
• Peer interaction	Student Success
• Bad grades	Graduation
• Can't focus in class	Student Success
• Don't make friends easily	Student Success
• Behavioral Issues	Student Success

Step 2: Categorizing

Category	**Codes**
Communication	Communication w/ parents
	Communication w/ staff
	Collaboration w/ agencies
	Follow-Up
	Staffing
Professional Development	Professional Development
	PD w/ outside agencies
Student Achievement	Student Success

	Attendance
	Graduation
Foundation	Clerical

Step 3: Emerging Themes (collaborated with out participant groups answers)

- Professional Development
- Communication
- Student Success

APPENDIX K: CODING PROCEDURES FOR FOCUS GROUPS

Part A: Open *Coding*

Question 1: What characteristics of the district's mental health system make it successful?

Data From Interviews:	Code Given:
• Lot of people involved	Staffing
• Commitment to student achievement	Student Success
• Based in success	Clerical
• Lots of opportunities to learn	Professional Development
• Getting involved with other agencies	Collaboration w/ agencies
• School Based Health Care Center	Collaboration w/ staff

Question 2: What impact on your students' mental health does the school-based health care have?

Data From Interviews:	Code Given:
• We don't have one	
• Positive reinforcements	Student Success
• Easier to do follow up	Collaboration w/ agencies
• Easier for parents to get involved	Communication w/ parents
• Less time away from school work	Student Success
• Behavioral Issues	Student Success

Question 3: How does everyone's role in implementing the mental health referral system translate to successfully identifying and helping students?

Data From Interviews:	Code Given:
• If one person doesn't do their job, not effective	Communication w/ staff

• Everyone takes initiative	Communication w/ staff
• The need for PD	Professional Development
• Sense of pride to be involved	School Climate

Question 4: What impact does the district's referral system have on students' academics?

Data From Interviews:	**Code Given:**
• We would lose students to drop out	Attendance
• Students wouldn't graduate	Graduation
• Wouldn't interact with peers	School Climate
• Wouldn't focus in class	Student Success
• Would see school as waste of time	Student Success
• Behavioral Issues/Juvenile Courts	Student Success

Question 5: What steps, if any, does the district take in order to ensure that minority adolescents with struggling mental health needs are being met?

Data From Interviews:	**Code Given:**
• Professional Development	Professional Development
• Emphasis on monitoring ALL students	Student Success
• Cultural PD	PD w/ agencies
• Mandatory Phone Calls In	Communication w/ parents

Step 2: Categorizing

Category	**Codes**
Communication	Communication w/ parents
	Communication w/ staff

	Collaboration w/ agencies
Professional Development	Professional Development
	PD w/ outside agencies
Student Achievement	Student Success
	Attendance
	Graduation
	School Climate
Foundation	Clerical

Step 3: Emerging Themes (collaborated with out participant groups answers)

- Professional Development
- Communication
- Student Success