2023

Mental Health Professionals' Perceptions of Referrals to School-Based Mental Services Among Elementary Students

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Abstract

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by

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MA, Howard University, 2014

BS, Kennesaw State University, 2005

Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Developmental Psychology

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May 2023

Abstract

Barriers exist to the referral process for mental-health services among elementary-school students from the perspective of school-based mental-health service professionals. The problem addressed in this study was that lack of mental-health referrals can delay or prevent treatment of mental-health issues, causing those mental-health problems to worsen over time. The purpose of this phenomenological study was to explore the lived experiences of school-based mental-health service professionals regarding these barriers to mental-health referrals. Pescosolido's theory of the revised network model was the guiding conceptual framework for this study. The study was guided by research questions focused on how school-based mental-health professionals perceived barriers to student services and recommendations for addressing those barriers to mental health services. Seven elementary-school-based mental-health professionals were recruited through purposeful sampling and interviewed using a semistructured interview format. Moustakas's steps to phenomenological research analysis were used to analyze the data and report emergent themes. The six themes that emerged from the data were difficulty scheduling, teachers' misunderstanding or reluctance, stigma, education, increase availability, and streamline to care. These findings of the study can contribute to reducing barriers to the mental-health referral process among elementary school students. Positive social change may result from improved access to mental health services among elementary school students.

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Dedication

I dedicate this study to my loving niece and nephew, who supported and believed in me even when I felt I could not take one more step. I also dedicate this journey to my mom and Dwayne Hubbard who remained patient and understanding when I needed to spend so much time on my computer and away from family events. I love you. Your sacrifice and support throughout this long journey kept me going. I would like to thank myself for giving myself grace throughout this hard and lonely journey. We did it, Daddy!

Acknowledgments

I thank the Almighty God for giving me strength and placing all the right people in my life who contributed to the completion of this study. I want to thank my dissertation committee chair, Dr. Robin Friedman, for her patience, understanding, encouragement, and close guidance throughout this journey. I am grateful to my dissertation committee member, Dr. Lyons, for her contributions, motivation, support, and helpful recommendations during the dissertation process. Their attention and joint interest in my success made the completion of this dissertation journey possible. I also want to recognize and express my sincere appreciation to all mental health professions who agreed to share their stories for this study. Without their personal contributions, this study would have remained an unfinished idea. I acknowledge my friends and family for their prayers, support, and motivation throughout this demanding journey.

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Chapter 1: Introduction to the Study

Students who require mental health services but do not receive them are often vulnerable to negative academic and social outcomes (Swick & Powers, 2018). Such outcomes suggest that students should receive mental health support. Schools can deliver this kind of support, but students often have difficulties being referred to these needed services (Nadeem et al., 2019). This study, I examined this phenomenon by gauging the experiences of stakeholders in the school system.

The current study has several societal implications. Rowan et al. (2013) indicated that access to mental healthcare could help address common mental health issues, such as depression. When people have access to such care, they are better able to manage their mental health illnesses. This can make them more productive and improve their well-being. Barriers to mental healthcare exist throughout society (Rowan et al., 2013). However, these barriers have previously been identified among adult populations and there has not been research into the barriers to mental health referrals within schools, which constitutes a gap in the literature. Schools could be a source of mental health support if students received the appropriate referrals they required (Nadeem et al., 2019). The findings of the current study could help inform policy changes that increase referrals and the early management of mental illness.

In this chapter, I include a background of the problem, a discussion of the problem and purpose statements, a discussion of research questions, and the study's conceptual framework. I review the nature of the study, pertinent definitions,

assumptions, delimitations, and limitations. Finally, I provide the significance of the study and a summary of the chapter.

Background

Elementary school children experience barriers to referrals within school-based mental health (SBMH) services. Because schoolchildren are not easily able to access these services, they may find themselves unable to achieve to the best of their abilities academically and socially within their schools (George et al., 2018). Kang-Yi et al. (2013) indicated that the use of such services was linked to improvements in academic outcomes. These outcomes were maximized when school personnel noted the value of mental health programs and demonstrated intense interest in improving these programs. However, such programs were not only of value in improving academic outcomes but also helped reduce substance abuse and the risk of suicide in the student population (Paschall & Bersamin, 2018).

Despite the noted benefits of SBMH services, students are not always able to access these services. George et al. (2018) investigated rates of access to mental healthcare services for children with behavioral and emotional disorders resulting from trauma, including rates of access to SBMH services. Following this investigation, the researchers concluded that students with mental health needs did not receive the referrals required to address their needs. Referrals to services that may result in barriers to access can include parental decisions that negatively impact mental health outcomes. Reardon et al. (2017) indicated that parents act as key gatekeepers to treatment access. As such, while students may not receive the number of referrals they needed, their ability to get

such referrals may be impacted by parents who do not want their children to receive mental health treatment.

Notable repercussions occur when mental health needs are left untreated. Swick and Powers (2018) analyzed the consequences of untreated mental health issues among elementary children, the obstacles to receiving mental health treatment, and how schools currently address children's mental health issues. Left unaddressed, the mental health problems of students may result in problems socializing in schools, leading to poor social outcomes for students. Nadeem et al. (2019) indicated that SBMH services may improve access to mental health services for students. This may have the effect of improving academic and social outcomes for students.

Problem Statement

The problem is that a lack of mental health referrals can delay or prevent treatment of mental health issues, causing those mental health problems to worsen over time (Centers for Disease Control and Prevention [CDC], n.d.; James, 2013; Rowan et al., 2013). Previous research has examined the problem of mental health and mental health referrals using statistical methods to determine the prevalence of referrals for mental health problems (CDC, n.d.; George et al. 2018, James, 2018; Locke et al., 2017). Research has been conducted on what the barriers are to receiving services (Rowan et al., 2013). However, researchers have paid little attention to mental health referrals within schools. This constitutes a gap in the literature to address.

The lack of attention to student mental health referrals in schools is an issue because student mental health needs often go overlooked (van Vulpen et al., 2018). This

is part of a larger phenomenon in the United States in which individuals encounter barriers to mental healthcare access (Cohen & Zammitti, 2016; Rowan et al., 2013). For students, this sometimes occurs because students lack access to counselors (Gagnon & Mattingly, 2016). However, there may be barriers to referrals that are currently unknown. Researchers suggested that barriers to mental health referrals need to be identified and addressed to improve the mental health outcomes of individuals (George et al., 2018; Locke et al., 2017; James, 2017). This study will help fill in the gap in the literature by gauging the perspective of participants who provide mental health services to elementary students in the school setting.

Purpose Statement

The purpose of this phenomenological study was to understand SBMH professionals' experiences regarding barriers to the referral process to mental health services for elementary school students. I collected data through individual, semistructured interviews of SBMH professionals using Zoom. Following the data collection and analysis, I made recommendations for practice and theory.

Research Questions

This qualitative study was guided by the following research questions:

RQ1: How do SBMH professionals perceive and describe the barriers to the referral process for mental health services for elementary school students?

RQ2: What are the recommendations from SBMH professionals to overcome the barriers to mental health services for elementary school students?

Conceptual Framework

The phenomenon I studied was barriers to mental health service referrals for students. The conceptual framework guiding this study was Pescosolido's (1992) theory of the revised network episode model (REV NEM). The REV NEM theory indicates that some people are less disposed to seek mental healthcare (Boydell et al., 2008). This inability to receive mental healthcare has much to do with one's lived social context. Whereas some people may have sufficient social resources that lead them to seek out mental healthcare, others lack those resources. When people have the appropriate social support system, they are more likely to receive mental health help (Boydell et al., 2008).

Perry and Pescosolido (2015) noted that people respond to health problems by strategically engaging with members of their social networks to support themselves during periods of crisis. Social relationships constitute a safety net that can support people during these critical periods. However, not everyone accesses their networks when these periods of crisis occur. Whereas Boydell et al. (2008) suggested that people failed to access social networks because they lacked sufficient resources, Perry and Pescosolido indicated that this phenomenon may occur for other reasons. Social networks may be unsupportive of receiving medical care, for instance. In such cases, the individuals may not receive the appropriate support from their networks required to facilitate health care.

The framework relates to the study because school counselors, parents, and others adult stakeholders are members of a student's social network. However, this network may still not be sufficient for helping students receive support. Perry and Pescosolido (2015) hinted at this and suggested that research into why social networks do not always

facilitate help seeking and health care should be examined. I provide a more thorough explanation of the framework in Chapter 2. Conducting such research could make it possible to develop policies and interventions that address these barriers.

Nature of the Study

The problem is that a lack of mental health referrals can delay or prevent treatment of mental health issues, causing those mental health problems to worsen (CDC, 2019; Rowan et al., 2013). I chose a phenomenological research design for this study. Moustakas (1994) indicated that phenomenological research can be used in a wide variety of fields, such as psychology, health care, and gender studies. It is useful for understanding how individuals make meaning of their experiences and the phenomenon that they witness. Experience leads to individual interpretations of reality, rather than a single objective reality. As such, different individuals may report experiencing an event differently from someone else, though there may be commonalities that emerge by comparing descriptions of those lived experiences. Phenomenology attempts to describe a phenomenon from the perspective of those who have experienced it (Neubauer et al., 2019). Using this approach, participants describe the experience from their perspectives. Not only do they describe what was experienced but also how it was experienced.

I chose this approach to better understand the phenomenon of referring students for SBMH services, with the goal of understanding the barriers to such referrals and approaches to overcoming those barriers. This approach required the generation of qualitative data. Consequently, the participants in this study were SBMH professionals. I assumed that these individuals, given their roles working with students and addressing

their mental health needs, had insight into common barriers regarding referrals for mental healthcare. I collected data using semistructured interviews (see Moustakas, 1994). Semistructured interviews rely on a protocol that allows for a consistent set of questions to be asked of all participants while allowing participants to explore their experiences and discuss related topics that have not been specifically asked. This allows for the generation of novel and unanticipated information. I transcribed the interviews for later review and data analysis. During the data analysis phase, I summarized the major themes of each participant's experiences (see Moustakas, 1994). These themes arose as a process of horizontalization, which required reading all interviews to identify significant statements that are then arranged into themes. These themes typified the experience of the participants. In identifying these themes, I described what the participants experienced and how they experienced it.

Definitions

Mental Health: Psychological, emotional, and social well-being (CDC, n.d.).

Mental Illness: Mental conditions that impact mood, thoughts, and behavior (CDC, 2020).

Mental Health Referrals: A referral for mental healthcare not to a general practitioner but to a specialist in addressing mental illness (Verhaak, 1993).

REV NEM: The revised episode network model describes the use of services and is often influenced by the degree of social support provided encouraging this utilization (Pescosolido, 1992).

School-Based Mental Health (SBMH) Services: Mental health services provided within schools to students who require such support (Nadeem et al., 2019).

Assumptions

I assumed that the participants would be honest and truthful in their answers. Participants may have felt a need to answer in a way they believe I wanted them to. I minimized this bias by interrupting during the interviews only minimally for the purpose of clarifying questions and answers. I assumed that reality is subjective and open to multiple internal interpretations. As such, the use of a qualitative study might have been helpful because it allowed me to explore each perspective of the process of referring students for mental health services.

Scope and Delimitations

I delimited the scope of the study to a single school district. Within that district, I asked SBMH professionals about their perceptions regarding barriers and facilitators of student mental health service referrals. I limited the study to a single district partly to accommodate existing resource limitations. However, given the small sample size that is a part of qualitative research, I delimited the research to a single district because it is anticipated that a sufficient sample will be generated from that district. Qualitative research tends to have limited transferability in its findings. However, transferability is not an objective of qualitative research (Leung, 2015). Rather, qualitative research examines human perceptions, emotions, and experiences in ways typically considered undesirable in quantitative research.

Limitations

The major limitation of the study was that the participant sample came from a single school district. First, the findings were limited geographically. Therefore, the findings may not be applicable to other groups or areas. Second, the findings were limited by the fact that the participants did not represent the larger SBMH professional population. The low number of participants means that the sample is not representative of the demographic characteristics of all SBMH counselors.

Moustakas (1994) noted that generalizability is not the goal of a phenomenological qualitative investigation. The findings of this study are not meant to be generalizable to other settings. However, they provided insight into the barriers to referrals for elementary school children within the district. Moustakas indicated that insights into a phenomenon drawn from such a small population and setting are not intended to be transferred to other settings, even if the findings can be used to inform the creation of future studies in similar contexts.

Significance

SBMH professionals perform various functions, including psychological assessments, prevention, and processing referrals. Often the SBMH professional concentrates on how emotional well-being influences learning and academic success for elementary school-age children who have been identified as having behavior issues in the classroom (American School Counselor Association, 2015). The purpose of this phenomenological study was to understand SBMH professionals' experiences regarding barriers to the referral process to mental health services for elementary school students.

I assumed that increased knowledge of SBMH professionals' perceptions of conditions in which SBMH referrals are made could help identify barriers to referral. With such barriers identified, it could be possible to recommend improvements to school practices that reduce these barriers and facilitate mental health referral recommendations to these professionals. SBMH professionals have the training to recognize student behaviors that may indicate a need for mental healthcare services, and they have the familiarity with school conditions necessary for reconciling school and teacher needs and barriers with students' mental healthcare needs (American School Counselor Association, 2015). An exploration of SBMH professionals' perceptions, therefore, has the potential to be a source of insight into ways in which students with mental healthcare needs can be more effectively recognized in schools and referred for the appropriate evaluation and care.

The positive social change that may arise from this study is that students may find themselves more easily able to receive mental health support in their schools. These students often face barriers to such referrals that can negatively influence their well-being. Easing the referral of students to professional services may help address the mental health needs of at-risk elementary students and improve their academic and social outcomes.

The prevalence of psychological needs of elementary students justifies the need for more efficient SBMH services, and the study's findings could help educate SBMH partners about elementary students' access to and use of SBMH services. Knowledge of mental health professionals' experiences gained from this study may help regional

principals, parents, and elementary teachers develop more effective SBMH services to help students achieve better academic outcomes.

Summary

The purpose of this phenomenological study is to understand SBMH professionals' experiences regarding barriers to the referral process to mental health services for elementary school students. I collected data using Zoom interviews, semistructured interviews. The sample consisted of SBMH professionals. The research is significant because it could lead to insight regarding referrals to SBMH services, including the barriers to such referrals and the means for overcoming these barriers.

Researchers previously suggested that the use of such services can be beneficial and improve academic and social outcomes (Nadeem et al., 2019; Swick & Powers, 2018). Despite these benefits, students often do not receive referrals for the support they need. I examined this phenomenon by gauging the experiences of SBMH professionals in the school system. In Chapter 2, I review the literature to identify the body of research that has previously characterized this topic.

Chapter 2: Literature Review

The problem that exists is that a lack of mental health referrals can delay or prevent treatment of mental health issues, causing those mental health problems to worsen over time (CDC, 2019; Rowan et al., 2013). The purpose of this phenomenological study was to explore SBMH professionals' perceptions regarding barriers to the referral process to mental health services for elementary school students. In the United States, almost 20% of children between 13 and 18 years of age live with mental health conditions (National Alliance on Mental Illness, 2016). Mental health problems are negatively related to academic achievements (Brännlund et al., 2017; Frauenholtz et al., 2017; Jourdan et al., 2016).

When students' mental health needs are not met, they can find it difficult to concentrate on their academics. Yet students often do not have the access they require. Very few professionals are available to help connect students to mental health services (Gagnon & Mattingly, 2016). This was part of the larger trend in the United States of those with mental health issues lacking appropriate access to services (Ali et al., 2019; Cohen & Zammitti, 2016). These individuals often struggle daily to conduct themselves due to their inability to have their conditions addressed.

In this chapter, I address the previous research on access to mental healthcare. I review the literature search strategy and discuss the conceptual framework underlying the study. I discuss the major literature variables and constructs. Finally, I present a scholarly summary of the literature.

Literature Search Strategy

I began the literature review by searching scholarly databases, including Academia, Elsevier, Google Scholar, JSTOR, LierbertPub, Research Gate, Sage Pub, Springer, Taylor & Francis Online, The American Journal of Psychology, and Wiley Online Library. I reviewed the American Psychiatric Association and the National Institute of Health for articles related to the topic.

I used several keywords to find the reviewed literature. These keywords included *mental health, mental health services, access to mental health services, student access to mental health services,* and *school mental health services.* These keywords served as the basis for identifying the appropriate literature for inclusion.

I made the final selection of literature from various articles and books. Each selected piece of literature related to the concept of mental health, barriers to mental health, and issues that individuals have about receiving mental healthcare. I then grouped these articles for presentation by theme.

Conceptual Framework

The conceptual framework for exploring SBMH professionals' perceptions was Pescosolido's (1992) theory: the REV NEM. Researchers used this model to emphasize social as opposed to individual action in understanding the help-seeking process. REV NEM highlights two issues: (a) exploring the patterns of use of mental health services, and (b) reformulating how the availability and content of social networks influence patterns of care (Boydell et al., 2008). Within this framework, barriers to receiving

mental health referrals can be conceptualized as a result of social influences and mental health staff.

The model focuses on social networks, such as parents and mental health professionals, and suggests that pathways to mental healthcare are not fully explained by individual characteristics or predisposing risk factors for children suffering from mental health issues (Boydell et al., 2008). This social influence can operate as a utility in an active, rational choice by individuals or take the decision out of the individual's hands and place it with family members or others in the community, including the police. As such, it does not negate the role of the individual or theories that focus on the correlation or contingencies of service use (Boydell et al., 2008).

Perry and Pescosolido (2015) noted it was common for individuals to draw from their social networks to help them through crises in response to health issues. People commonly consult with others in the face of mental illness and leverage those connections to help them through their issues. Perry et al. (2020) argued that while people maintain agency in the face of a mental health crisis, their recovery can depend on their ability to draw upon others to address those issues successfully. Help seeking is a vital component of addressing mental health issues (Pescosolido & Boyer, 2010). Individuals have a better chance of recovering when they have access to others that can support them through their mental health issues. Commonly, people look to informal social networks to address such issues, but proper professional care is also considered within the model. As such, widening access to mental health services can help individuals better recover from mental health problems.

Consistent with the above idea, making a mental health referral for a child in a school setting may be complicated by social and staffing factors. Children's mental health issues may be difficult to identify; due to social factors, children may not be willing to express their specific mental health needs (Pescosolido & Boyer, 2010). However, within the same model, children may be difficult to refer because the system in place makes it difficult to refer them. Since REV NEM suggests that some mental health systems are better at identifying and treating mental health issues—and therefore both admitting and retaining individuals who require mental health services—it may be that some schools and school districts are better designed to support the mental health needs of students, including making initial referrals for such services (Boydell et al., 2008).

Researchers have examined network theory regarding its relationship to stigma (Pescosolido & Manago, 2018). Perry et al. (2020) suggested that networks could encourage or discourage help seeking based on beliefs regarding getting medical help. Some networks may carry negative opinions regarding help seeking, particularly for certain disorders that generate stigma and reduce help seeking. This negative outlook toward medical help seeking—specifically toward addressing mental health issues—can be reduced and stigma overcome when individuals within the network have a mental health problem (Perry et al., 2020). Social networks can potentially encourage help seeking if someone or multiple individuals have problems that need to be addressed and provide a human face to the larger medical issue. In either case, the findings are consistent with Pescosolido's (1992) research that indicated that social networks were

powerful tools for facilitating help-seeking and treatment. Recent studies have indicated that such networks benefit from including individuals with related health problems.

Some of the population is at greater risk of not seeking out mental health support. Ethnic minorities are at higher risk of living in neighborhoods with minority density, lower levels of education, and less mental health-seeking patterns (Cook & Santos, 2016). The mental health situation in the United States must be considered alongside the ethnic and racial disparities that occur concerning receiving mental healthcare. Minorities live in neighborhoods where there is less likelihood for people to seek help (Cook & Santos, 2016). Treating this population requires expanding access and addressing ethnic minorities specifically to encourage their help-seeking behavior. Pescosolido and Alegria (1997) noted that demographic factors such as ethnicity and gender might influence help-seeking behavior. Addressing mental health disparities requires addressing the demographic factors that influence help-seeking behaviors. The use of REV NEM indicates that people seek out mental health support from others, but studies into health-seeking behaviors indicate that demographic factors will partly shape this.

Barriers to Mental Healthcare

Lack of Access

Gagnon and Mattingly (2016) found that students have difficulty accessing their school counselors. Most school districts have low access to school counselors in the United States, and diverse, poor, and city school districts are especially impacted (Gagnon & Mattingly, 2016). The modern school counselor plays a role in addressing students' mental health (King & Dakota, 2019). Gagnon and Mattingly identified social

and emotional issues affecting academic achievement. School counselors are often called upon to make data-driven decisions regarding how to improve academic performance. While counselors once provided school and career guidance, counselors currently work closely with psychologists and social workers to support the mental health of students (King & Dakota, 2019). Consequently, they play a major role in providing mental health services to students.

Across the United States, the recommended ratio of student to school counselor is 250:1 or lower, yet only 17.8% of districts meet that, as the median ratio is 411:1 (Gagnon & Mattingly, 2016). Rural school districts are less likely to have school counselors. Only 25.5% of rural school districts meet the recommended ratio, with the medium caseload at 380:1. The median city districts nationwide have a ratio of 499:1, with only 4.2% meeting or exceeding the recommended ratio of 250:1. The median ratio for students per counselor is over 1000:1 in Arizona and California, while Montana, New Hampshire, North Dakota, and North Carolina have ratios of under 250:1 (Gagnon & Mattingly, 2016). The counselor-to-student ratio is important because counselors and other support services personnel play significant roles in identifying potential mental health concerns (Simons, 2017).

Bornheimer et al. (2018) examined barriers to the use of child mental health services, specifically among families living in poverty. The researchers found concrete, identifiable obstacles to receiving such care. These obstacles were not merely perceptual, such as families assuming there would be negative outcomes from using those services. Instead, there are practical problems, including situations where children live a

significant distance from a location where they would be treated for mental health issues, lessening the chance that they would go there for help (Bornheimer et al., 2018). Lower attendance for mental health services was linked to critical events such as a child's moving out of the home, moving too far away from the clinic, or parents changing jobs (Powell, 2017). One suggestion to better reach this population is by using technology to deliver treatment (Bornheimer et al., 2018).

An estimated one out of five uninsured people in the United States have a mental health condition (Ali et al., 2019). These same individuals are at a greater risk of having reduced access to services, in addition to poor health outcomes (Cohen & Zammitti, 2016). Recent research has shown that the Medicaid expansion provision included in the Affordable Care Act may have led to increased use of treatment services among those with serious psychological distress conditions (Creedon & Cook, 2016). The results of a study conducted by Novak et al. (2018) contributed to the emerging literature on the influence of the Affordable Care Act (Gonzales & Henning-Smith, 2017; James et al., 2016; Saloner et al., 2017), which suggested that the use of services and access to health insurance has increased (Wherry & Miller, 2016). Furthermore, healthcare-connected financial burdens have decreased (Ali et al., 2019) and barriers to paying for health services have decreased (Chen et al., 2016). The results of research by Novak et al. were consistent in that they found that people with serious psychological distress were more likely to have health insurance coverage and were experiencing reduced barriers to accessing services after 2014. This study complemented Creedon and Cook (2016), whose research increased service use with those with a mental health condition.

I conducted a literature review consisting of 21 articles that focused on U.S. college athletes' mental health (Moreland et al., 2018). I compared operationalization and conceptualizations of mental health services. I examined and summarized barriers and facilitators. Moreland et al. found variations in operationalization and conceptualizations and mental health services use, making cross-comparison and interpretation challenging. However, results showed that college athletes are willing to use mental health services. Still, perceived stigma, gender, coaches-plus service availability, and peer norms for athletes impact their mental health services utilization (Moreland et al., 2018).

Help-Seeking Behaviors

Rickwood and Thomas (2012) defined help seeking for mental health services as a coping process meant to attain help for mental health issues. This includes informal networks, such as friends and family. However, Rickwood and Thomas noted that students are not likely to look for help. Hunt and Eisenberg (2010) argued that one of the biggest barriers for mental health across the United States is linking the most vulnerable individuals with the appropriate support. Understanding the barriers, challenges, and facilitators to help seeking is important for developing programs and strategies to support individuals with mental health problems. Hammer et al. (2018) investigated the facilitators and barriers to help-seeking behaviors among young people suffering from mental problems. The authors found that stigma, lack of emotional intelligence, and negative attitudes towards help seeking were the most prominent challenges. Individuals with low emotional intelligence are at high risk of developing mental problems.

Emotional competence can influence help-seeking behaviors (Lynch et al., 2018). Schnyder et al. (2017) reviewed the existing literature regarding help seeking for mental health services and found that stigma was the main challenge for seeking help in young people. A systematic literature review by Hammer et al. (2018) focused on help seeking among self-harm individuals and revealed similar findings. Hammer et al. established that in addition to stigma, negative comments and reactions from other people made young people shy away from seeking help. Those seeking help were viewed as weak and attention seeking (Lynch et al., 2018). Existing studies revealed positive interventions for those seeking help to enhance their mental health. However, many of these reviews did not focus on young individuals, including elementary students. Despite this, World Health Organization (WHO) data indicated a high prevalence rate of mental health issues in young people (Lynch et al., 2018). More than 20% of adults in the United States are more likely to experience problems with their mental health (Twentyman et al., 2017). The role and concerns of family, tutors, and peers are significant in helping young students seek help to overcome mental problems. These various influences can positively or negatively impact whether a person seeks help for their mental health issues (Schnyder et al., 2017). According to Arnado and Bayod (2020), behaviors such as eating problems, isolation, lack of confidence, and concerns about the image indicate mental health issues among elementary students.

Gorczynski et al. (2017) shared that the lack of unity in mental health organizations on handling common mental health problems is not helping young adults access the services. Practitioners need to understand that those seeking help may have

trouble articulating their concerns about their mental health or may find it difficult to do so due to the stigma surrounding mental health issues (Gorczynski et al., 2017). Hammer et al. (2018) reported negative attitudes by young individuals in consulting a general practitioner when suffering from mental problems. A general practitioner is perceived as appropriate for physical illness. Hammer et al. found that community-based support using youth services, guidance, counseling, and education can provide better sources that elementary students need to overcome mental health issues. Skilled practitioners can make risk assessments to identify students at risk of suffering mental problems. Twentyman et al. (2017) established that over 35% of young people living with mental health problems failed to seek help, making it difficult for institutions to develop appropriate strategies to address this problem. To research more into facilitators of mental health problems, Twentyman et al. recommended that practitioners understand the differences between help seekers and nonhelp seekers.

Cai et al. (2020) highlighted that self-reliance and independence play a key role in addressing mental health issues in children. Supportive families and communities are important in encouraging help-seeking behavior, and those families and communities should be proactive about reaching out to those who may be at risk for mental health issues (Rickwood & Thomas, 2012). Primary care providers should consider these factors when asking young children about their mental and physical health.

Chen (2018) investigated online mental health help-seeking behaviors of young children. Across the United States, over 91% of individuals aged 16–24 own smartphones and interact using social networks. Chen highlighted that 73% of young people across the

United States depend on television and radio to receive information about self-harm, compared to only 11% who seek professional help from healthcare centers. Different online communities and groups provide support for young children regarding mental health—a great opportunity for mental health providers to chip in (Cai et al., 2020). Gorczynski et al. (2017) suggested that online and mobile services be integrated with the daily lives of individuals so that mental health providers can more easily provide their expertise. According to Chen (2018), the biggest advantage of online mental health help-seeking behavior is increased anonymity and confidentiality, which reduces concerns about stigma among young children. Access to online services is easier than face-to-face access to healthcare providers. The ways through which information is accessed and shared online can empower users (Arnado & Bayod, 2020). However, the disadvantages of online help seeking have included cyberbullying and loss of private information (Arnado & Bayod, 2020). Hammer et al. (2018) revealed that online help seeking does not facilitate offline help seeking. However, young individuals were more satisfied with online services and would recommend them to their family members and friends. While research supports online services for addressing mental health problems, more caution should be taken due to the lack of regulatory control of online programs and websites.

Help-Seeking Minorities

Help-seeking must consider the disproportionate provision of mental healthcare among ethnic minorities (Cook & Santos, 2016). This part of the population is least likely to seek out help from mental health providers. The National Institutes of Health (2016) determined that those in ethnic and racial minorities in the United States have a

disproportionately higher burden and an increased risk for mental, behavioral, and physical health problems. It is important to understand why this is so, along with whether and how this population accesses mental health services, especially among children. A mere 8.7% of Latinos use mental health services, and most of them obtain help from their primary care physician (Lopez et al., 2018). Pinedo et al. (2018) found that among Latinos, accessing mental health treatment was considered a personal failure. Latino adolescents are more likely to experience depressive symptoms, yet less likely to receive mental health treatment than White equals (Stafford et al., 2020). The results of this qualitative descriptive study by Stafford et al. revealed that the barriers included (a) negative experiences with treatment, (b) beliefs about depression and its treatments, and (c) logistical problems (Stafford et al., 2020). According to Pinedo et al., Latino communities face barriers to mental health treatment that include language, mistrust of providers, socioeconomic status, lack of awareness, stigma, lack of health insurance, and inconvenience.

Black individuals are less likely to seek mental health services (Planey et al., 2019). Planey et al. conducted a systematic narrative review to examine the barriers to, and facilitators of, mental health service utilization and help-seeking for Black youth. A total of 15 articles (six quantitative, eight qualitative, and one mixed method) met the inclusion criteria (Planey et al., 2019). The researchers identified seven themes about barriers: (a) child-related factors; (b) clinician and therapeutic factors; (c) stigma; (d) religion and spirituality; (e) treatment affordability, availability, and accessibility; (f) the school system; and (g) social network. Seven themes were identified as facilitators: (a)

child mental health concerns, (b) caregivers' experiences, (c) supportive social network, (d) positive therapeutic factors, (e) religion and spirituality, (f) referrals and mandates by parents and gatekeepers, and (g) geographic region. Together, these barriers to and facilitators of mental health help-seeking among Black youth related to multiple scales are on individual, interpersonal, and structural levels and are socially embedded. The themes reflected service help-seeking and, for Black youth, a contextual, complex, and relational process. The results support the necessity for decreasing barriers to mental healthcare access and service use for a population whose need often surpasses actual use of services (Planey et al., 2019).

Liang et al. (2016) stated that misdiagnoses of racial- and ethnic-minority youth's mental health issues likely contribute to improper mental healthcare. Therefore, the researchers conducted a systematic review focusing on contemporary theory and empirical research to answer two questions. The first was, What evidence supports or disputes that racial and ethnic minority youth's mental health issues are misdiagnosed? The second question was, What are the sources of misdiagnoses? (Liang et al., 2016). Evidence supported the likelihood of misdiagnosis of ethnic-minority youth's behavioral and emotional issues. Yet, the evidence is limited such that the researchers could not determine whether racial and ethnic differences were due to differences in mental health biases, psychopathology, or inaccurate diagnoses. Cultural and contextual factors and processes may play a critical role in contributing to misdiagnosis in this group of youth, such as cultural variations in conceptualizations about mental illness and differences in expression, experience, and reporting of psychopathy (Liang et al., 2016). Liang et al.

stated that focusing on symptoms and disease neglects the sociocultural aspects of the mental illness experience. It can be challenging to accurately identify the etiology of the mental illness and understand what maintains it. This may lead to an inaccurate evaluation of a person's issues, resulting in misdiagnosis. Moreover, various cultural factors might help explain why the misdiagnosis occurred (Liang et al., 2016), which other research confirms (DeVylder et al., 2018; Garrett et al., 2017; Memon et al., 2016; Park et al., 2018). Cogua et al. (2019) established that race and ethnicity intersect with socioeconomic status, making it difficult to identify the source of misdiagnosis.

The trend In mental health help-seeking continued from adults to younger ethnic minorities. Minority adolescents typically receive mental health support in the school setting (Barlis, 2018). These individuals often face stigmas that prevent them from seeking out help for mental health issues. These students often were disinclined from seeking help, though this trend was alleviated as barriers were lowered to finding mental health support. Such barriers consisted not only of institutional issues but also personal attitudes toward finding mental health services.

Efforts to improve mental health support for minority adolescents with mental health issues include partnering mental health services with health centers based within the schools themselves (Ijadi-Maghsoodi et al., 2018). Low-income minority youth, who often were not likely to seek mental health services, increased their help-seeking behaviors when additional support was provided. Teachers were often the first line of support, but peers were also a strong source. Mental health counselors were the last source of support adolescents sought out. Increasing trust and an environment of support

made it more likely that students would seek professional help or discuss their mental health issues with teachers and peers. Salerno (2016) noted that SBMH awareness programs could play a significant role and help students accept mental health issues. Such programs helped create awareness of mental health problems and acceptance, leading more students to seek out help when needed.

Parents

Radez et al. (2021) conducted a systematic review of prior literature about why children and adolescents do not seek and access mental health services; however, parental perspectives made up the majority of the studies. Studies about university students were excluded, as their barriers may differ from those of younger people (Radez et al., 2021). Of the total 52 studies, 22 were quantitative and 30 were qualitative studies. The major barriers reported were a lack of mental health knowledge, mental health stigma and embarrassment, and negative perceptions of help-seeking and the inability to trust a person they did not know, in addition to financial costs, availability of professional help, and logistical barriers (Radez et al., 2021). Other researchers found similar themes, although the labeling was slightly different (Blackstock et al., 2018; Chavira et al., 2017). Stigma was a barrier to students who experienced a natural disaster (Kranke et al., 2017).

Studies show that one in five youths in schools today have diagnosable mental health disorders (van Vulpen et al., 2018). However, close to 70% do not receive the services they need. This gap in mental healthcare has a significant impact on youths' emotional, academic, and social well-being. Parent involvement is crucial in bridging services; however, parents frequently face barriers in accessing mental healthcare for

their children. This study explored parent perceptions of barriers and needs to SBMH services. The sample consisted of 607 parent and guardian respondents (van Vulpen et al., 2018). The results revealed that parents were supportive of schools being involved in addressing the student's mental health needs. Bullying, depression, and anxiety were the top behavioral and emotional problems that parents identified as the primary challenge for their children. Lack of supportive school programs, lack of parent support, and not understanding that mental health issues even exist in their child were the key factors that place youths at risk of not receiving the mental health services they need (van Vulpen et al., 2018).

Huber et al. (2016) found that stigma was a barrier to mental health services. Parents were afraid their child would be labeled crazy, asked by other children why they were going to counseling, or teased (Chavira et al., 2017). Parents were afraid their child would be put in special education or that a mental health disorder would eventually affect their child's ability to obtain employment. Many parents had negative views about giving their children medications and potential addictions. Some parents from ethnic minorities were concerned about medications because of their culture and talked about the fact that their grandmothers and great-grandmothers never took medications, so their children did not need them. The results showed that Latinos reported higher rates of stigma than nonLatino White parents (Chavira et al., 2007). Disparities also exist concerning Black and ethnic minorities regarding their access to mental healthcare (Memon et al., 2016).

Memon et al. (2016) placed their results into two groups; however, some reported differences from studies in the United States. And participants reported several similar

expressions of negativity. The first theme was labeled "personal and environmental factors," which included (a) negative perception of and social stigma against mental health and financial factors, (b) reluctance to discuss psychological distress and seek help among men, (c) cultural identity, (d) inability to recognize and accept mental health problems, and eights positive impact of social networks (Memon et al., 2016). The second theme was factors affecting the relationship between the healthcare provider and client. These consisted of (a) language barriers, (b) inadequate recognition or response to mental health needs, (c) cultural naivety, (d) discrimination and insensitivity towards the needs of Black and ethnic minorities, (e) long waiting times for initial assessment, (f) imbalance of power and authority between client and providers, (g) lack of awareness of different services among both clients and providers, and (h) poor communication between clients and providers (Memon et al., 2016). Huggins et al. (2016) explored the role of stigma in students' underutilization of school mental health services. In South Carolina, 15 school personnel and students were interviewed from three high schools. The results revealed that students were embarrassed and feared being stereotyped due to receiving school counseling (Huggins et al., 2016).

Since permission for treatment rests with parents, Reardon et al. (2017) focused on parents' lack of facilitated access to mental health treatment for children and adolescents. A total of 44 studies were included in the systematic review and assessed in detail. The barriers that parents perceived were all related to (a) systemic and structural issues, (b) family circumstances, and (c) knowledge and understanding of mental health problems along with the help-seeking process (Reardon et al., 2017). The majority of data

were collected from parents that obtained access to mental health treatment for their children; therefore, it is unknown what parents would report about why they had not sought treatment. The results could have changed if parents who did not have children in treatment were included. This omission weakens the study, as does the fact that this review was not comprised of any studies beyond 2014.

The aim of this study was for parents to describe barriers to and facilitators for parenting healthy lifestyle habits in children and adolescents with neurodevelopmental and mental health disorders (Bowling et al., 2019). Researchers had the goal of developing practical strategies to counteract those barriers. Interviews focused on contextual parenting, physical activity, sleep, diet, and screen habits for questions. Interviews were transcribed and double-coded—employing constant comparative methods—then summarized into themes (Bowling et al., 2019). The sample consisted of 24 parents with children betweeightsght and 15 years with neurodevelopmental and mental health disorders that attended a therapeutic day school serv[in]g K–10th grades in the Boston area. The majority had a son (75%) with multiple neurodevelopmental and mental health disorders (88%). A variety of diagnoses were reported, including attention deficit-hyperactivity disorder (67%), anxiety (67%), autism spectrum disorder (50%), and other mood disorders (58%) (Bowling et al., 2019). The parents disclosed that the major barriers they experienced were child dysregulation, depleted parent resources, medication side effects, and lack of supportive programming available to children with neurodevelopmental and mental health disorders. The major facilitators included adaptive community programs and schools, specialized therapeutic opportunities, and parents'

social capital (Bowling et al., 2019). Effective parenting strategies consisted of using positive reinforcement, allowing agency by presenting healthy choices, setting clear and often structural boundaries, and role modeling to promote healthy habits. Nearly one-third of parents discussed the role of pets or therapy animals as key to establishing and maintaining healthy routines, especially physical activities and screen-time management. Parenting healthy habits in children with neurodevelopmental and mental health disorders is difficult and frequently undermined by conflicting demands on parenting resources. Researchers concluded that what parents needed was for research to focus on adapting health promotion programs and materials to provide practical support in schools, in community organizations, and at home (Bowling et al., 2019). Assuming that interviews were conducted ethically and data analyzed using double coding, the data is most likely dependable considering the large sample as qualitative studies require much less than 24 participants.

Student Awareness and Access to Services

Croft et al. (2020) compiled a report for ACT Center for Equity in Learning that highlighted students' perceptions in high school about the mental health services available at their schools. A large majority (97%) said they had access to a health professional at their school, although it could be a nurse, social worker, or school counselor (Croft et al., 2020). Yet, when asked about particular kinds of mental health services those professionals could deliver, only 67% said these professionals could provide basic mental health services such as managing anger, bullying, or drug and alcohol abuse. Twenty-three percent did not know whether their school offered any help

for these problems, and 9% said that their school did not offer that kind of assistance (Croft et al., 2020).

In a descriptive qualitative study, Ijadi-Maghsoodi et al. (2018) sought to understand the perceptions of low-income ethnic-minority middle and high school students about barriers and help-seeking regarding mental health services at school-based health centers. In 2014, researchers conducted focus groups with 76 students at nine school-based health centers. The collected data were thematically analyzed. The students reported that teachers were the primary source of support for mental health issues (Ijadi-Maghsoodi et al., 2018). They said they relied on peers along with mental health counselors if teachers did not assist them. Students felt that connection and trust were fundamental for help-seeking. Barriers to using school-based health centers consisted of fear of judgment, lack of awareness, embarrassment, concerns about confidentiality, and a sense that they should keep things inside (Ijadi-Maghsoodi et al., 2018).

In Norway and other Western countries, adolescent mental health problems are considered a public health issue, yet few adolescent boys obtain help (Granrud et al., 2020). To find out why, Granrud et al. focused on adolescent boys' experiences visiting the public health nurse. Twelve adolescent boys were interviewed for a short period to collect data for this qualitative study, and the interviews were then subjected to content analysis. The researchers noted that access to help must be accessible and that the taboos around seeking mental healthcare had to be discarded. The confidentiality of these boys needed to be respected and trust built regarding the individual providing mental healthcare.

Some boys overcame this barrier by visiting the nurse for a physical health problem and then shared about their mental health problems. Confidentiality was considered important to the boys as they reported not talking to their peers about the visits. After barriers to visiting the public health nurse were overcome, the visits were reported as trusting and positive (Granrud et al., 2020). In connection with anxiety specifically, the barriers were similar in a study conducted by Clark et al. (2018), although the most important barrier was different. Stigma—especially about the social norms of masculinity—was the primary barrier. Other barriers were that they had limited knowledge or awareness of the symptoms of anxiety. By seeking help, boys felt confronted by emotions they considered private (Clark et al., 2018). Social contact was the most effective intervention type to improve stigma-related attitudes and knowledge in the short term. However, more studies are needed to provide evidence for longer-term benefits (Thornicroft et al., 2017). For improving attitudes in the medium to long term, the evidence does not show that social contact is the more effective kind of intervention (Thornicroft et al., 2017).

Many mental health problems occur in adolescent years and are severely undertreated (Haavik et al., 2017). To inform early intervention for adolescents, the researchers examined the effect of education type and gender on the perception of barriers to mental health literacy, help-seeking, and the awareness and utilization of mental health services. The researchers administered surveys online. These surveys consisted of vignettes and open-ended and multiple-choice items. These surveys were administered among 1249 Norwegian students (Haavik et al., 2017). The findings

suggested that females were better able to identify trauma and anxiety-rooted psychological problems. Females were also more aware of mental health services and barriers to help-seeking, such as cost and waiting time. More education was associated with greater use of mental health services among males and females. Gender played a significant role in determining who sought professional help for mental health issues (Haavik et al., 2017).

Ferlatte et al. (2019) examined barriers to mental health services among Canadians. These barriers were explored among sexual and gender minorities. These minorities were screened and identified as high risk for suicide and depression. The collected survey data indicated that 73.6% of those surveyed were at risk of suicide, while 37.5% were at risk for depression. Those surveyed indicated that the most frequent barrier to mental health services access was the inability to pay. Other barriers included insufficient insurance, while others simply waited for the problems to go away. Others felt uncomfortable discussing their feelings due to shame and embarrassment about their mental health (Ferlatte et al., 2019).

Although many attend school, accessing needed mental health services can be especially difficult for newly arrived refugees and asylum-seeking adolescents (Fazel et al., 2016). This study examined young refugees' experiences and impressions of mental health services included within the school system. The sample consisted of 40 adolescent refugees over the age of 16 discharged from their mental health services in Cardiff, Wales; Glasgow, Scotland; and Oxford, England (Fazel et al., 2016). The results showed that two-thirds would rather be seen at school. Although worry and rumination about

insecurity in the asylum procedures negatively affected the adolescents' ability to focus at school and their social functioning, they reported that teachers played a key role in supporting them and facilitated contact with mental health services, which the interviewees valued (Fazel et al., 2016).

I found a lack of research concerning mental health from the perspectives of elementary students. However, Whitaker et al. (2019) focused on the use of mental health services by high school students. Because school-based health centers are critical sources of mental healthcare for youth, Whitaker et al. focused on the predictors of service use of school-based health centers by the kind of service provided, such as general counseling, behavioral health counseling, and medical services. A sample of 658 large urban high school students completed surveys, and secondary data was collected from student-level administrative records (Whitaker et al., 2019). The results showed that the strongest predictors of utilization were GPA, race, and special-education participation.

Regarding behavioral health services, demographic background was the highest used predictor: for example, Black and Latino, violence victimization or perpetration, and special education participation. Being female was the strongest predictor of general counseling service use for medical services, special-education participation, and age-predicted use (Whitaker et al., 2019). Based on school records only, Bains et al. (2017) found that student utilization of mental health services in a school-based health center in New Haven, Connecticut was the highest for those eights years of age, at 42.8%. The results showed pronounced nonrandom variation in age and other demographic characteristics regarding usage. Black students had a higher proportion of mental health

visits than Hispanic students at 35.8% vs. 23.5% in all but two age groups (Bains et al., 2017).

In Sweden, professionals composed a student welfare team (Odenbring, 2019). The team met roughly once a week to review students' mental health to find solutions for students who needed extra support and help. The team included the headmaster, school counselors, school nurses, school psychologists, and special-education teachers (Odenbring, 2019). Odenbring interviewed key professionals working in three secondary schools. The objective was to understand how the school professionals explain and describe students' mental health regarding gender and the type of support offered to vulnerable students (Odenbring, 2019). The collected narratives revealed that the girls' parents were afraid their daughters might be perceived as less intelligent if they received a diagnosis. The girls were expected to perform respectable femininity. Another prominent theme was how masculine macho ideals affect boys' behavior, keeping them from talking about their mental problems. As the school nurse at Queen's School explained, boys were likely to demonstrate machismo, becoming physical with one another and verbally abusive, though they may feel bad afterward (Odenbring, 2019). The professionals indicated that teachers frequently play a principal role in identifying when students are suffering from health-related problems and when they need support and help (Odenbring, 2019).

Professional Perspective

Mental health professionals are important to student success, and availability is essential. In a national sample of students, Croft et al. (2020) found that a little more than

half (54%) reported that they could reach out to a teacher if they needed mental health support. However, only a few students are referred for support. Less than half (40%) said that they could reach out to a school counselor. Students of color were less likely to state they could reach out to a counselor or teacher. For instance, barely 48% of Black students said they could reach out to a teacher, while 57% of White students said they could (Croft et al., 2020). Ijadi-Maghsoodi et al. (2018) found that students reported that teachers were the primary source of support for mental health issues. Yet three out of four do not receive the support they need (Croft et al., 2020).

Teachers are one of the main sources of referrals for mental health services for children, and they frequently make referrals based on their perspectives of their students' mental health needs (Yates, 2017). This coincides with the students' perspective: 54% indicated they could reach out to a teacher for mental health support (Croft et al., 2020). However, teachers typically do not have mental health training. Yates' objective was to increase insight into the perceived necessities of teachers in Title I funding. However, despite the funding being beneficial academically, it is not utilized in assisting children with mental health problems. The researchers collected data from interviews with 12 elementary school teachers. Important themes comprised the school's current plan to help children, barriers to services, support at school for mental health, the school's role in mental health, quality of mental health services, reasons for referrals, behavioral management systems, administration training, classes on mental health, and beneficial changes to classrooms that will help children with mental health problems (Yates, 2017).

The school counselor's role is no longer limited to guidance but also supports the mental health needs of students while working collaboratively with mental health professionals in the community. Winburn et al. (2017) explained that students bring various mental health problems to school, potentially impacting their academic success if not addressed. The researchers discussed how school counselors could be facilitators of therapeutic healing to support students with mental health concerns (Winburn et al., 2017).

Failure to Seek Mental Help

While mental health is a serious health problem that needs immediate intervention, many young people are not willing to seek such help (Gagnon et al., 2015). Radez et al. (2021) identified the following reasons that young people resist seeking help: stigma, discrimination, fearing treatment, and the thought that they do not need treatment. Some people were unwilling to seek medical help for their mental problems. Bennett (2019) found that community judgment, pride, fear, doubt, and misinformation contributed to some people not seeking mental help. Bennet argued that some people were not ready to accept that they needed treatment for their health condition because of pride and doubt. Like Radez et al. (2021), Bennett (2019) observed that people hesitated to seek help due to misinformation about the treatment process, how they will be perceived, and the type of mental treatment assigned to them. While people do not seek mental help for many reasons, stigma, fear, and misinformation are the main reported reasons people fail to seek mental help.

Effectiveness of Mental Health Services for Children and Adolescents

Telemental Healthcare

According to Fletcher et al. (2018), telemental healthcare has evolved as an important technology to allow innovative approaches to delivering services remotely to clients' homes. A prevalence of a complex collection of mental health problems exists across social, economic, age, and ethnic groups, along with an increasingly critical shortage of mental health professionals (Bashshur et al., 2016). Telemental healthcare could ameliorate these issues (Bashshur et al., 2016). Telemental healthcare increases access to mental healthcare for clients with depression who are restricted by travel burden, and lessens costs if clients own appropriate technology (Bounthavong et al., 2018; Tamukong & Schroeder, 2017). Through telemental healthcare, individuals can be given referrals to specialists. Bounthavong et al. (2018) found that clients suffering from depression were satisfied with telemental healthcare. Authoritative information about the value of telemedicine intervention and its applications is of paramount importance among providers of care, policymakers, payers, researchers, program developers, and the public (Bashshur et al., 2016). Comer and Myers (2016) asserted that ongoing efforts were needed to optimize children's telemental healthcare and optimize their outcomes regardless of income or geography.

However, clear guidelines for telemental healthcare are needed. Hilty et al. (2013) focused their research on that issue, especially concerning children and adolescents, although they had some overlap with adult telemental healthcare guidelines. After an exhaustive review of existing literature, they revealed key considerations based on school

site modifications for sound and space, family involvement, and developmental status (Hilty et al., 2016). Another clinical issue included specifying who is the "client": is it the entire family, the child, or other stakeholders? Modalities of care include play therapy for young children, behavior management for older children, and psychopharmacology. The basis for such guidelines should be a careful review of the evidence garnered from research and expert consensus processes (Hilty et al., 2016).

Bashshur et al. (2016) assessed the state of scientific knowledge about the merit of telemedicine interventions regarding mental disorders. They focused on cost, effects on medication compliance, health outcomes, and feasibility/acceptance. The researchers' observations considered technological configuration, the specific content and nature of the intervention, clinical focus, the research methodology, and the modality of the intervention. The results revealed consistent and strong evidence of the feasibility of this modality and acceptance by its intended users. Patients across an extensive range of diagnostic and demographic groups showed a uniform indication of the quality of life and improvement in symptomology. Likewise, positive trends were shown in terms of cost savings. Bashshur et al. (2016) found evidence indicating that telemedicine could be useful for helping patients with mental disorders.

Stephan et al. (2016) described the potential and limits of using school telemental healthcare for mental health intervention, especially for students less likely to access mental healthcare within the community healthcare system. The researchers reviewed prior literature about school telemental healthcare and model programs, in addition to data from a sample of child-psychiatry fellows that participated in focus groups. The goal

was to inform best practices and future directions for telemental healthcare in schools (Stephan et al., 2016). Results showed that school telemental healthcare with adolescents and children was promising and well-received even though psychiatrist fellows utilize various models for conducting school-based school telemental healthcare. Literature review and focus group data showed that the advantages of school telemental healthcare were the capacity for higher volume, greater efficiency, and increased access to care for students unlikely to access traditional community mental healthcare because of barriers involved, such as healthcare coverage and transportation (Huber et al., 2016; Stephan et al., 2016). The disadvantages of school telemental health service consisted of patient concerns about privacy and concerns related to the psychiatrist fellow's ability to engage families while not being present in person efficiently. Psychiatrist fellows noted two important issues: the training experience of physically being in the school building (Stephan et al., 2016) and that experiencing the school culture and expectations helped them move regarding more understanding and appreciation of the policies, structures, challenges, and opportunities for schools and school-based professionals. Most participants agreed that a hybrid model of care, meaning some in-person and some telemental healthcare, might be most beneficial for themselves and their clients while promoting efficiency and engagement. Researchers concluded that school telemental healthcare should be part of a comprehensive service delivery system to address gaps and shortages in specialty child and adolescent mental healthcare and maximize productivity and efficiency (Stephan et al., 2016). According to Mojtabai and Olfson (2020), in recent years, the prevalence of adolescent internalized mental health problems such as

depression increased, while external problems decreased. These changes prompted researchers to examine national trends in the services for different mental health problems and different treatment settings concerning adolescents. The results suggested that the ever-growing number of adolescents receiving services for internalizing mental health problems, in addition to the increase in those who receive services in specialty outpatient locations, are putting new demands on specialty adolescent mental health services (Mojtabai & Olfson, 2020).

Bashshur et al. (2016) showed a positive evaluation of telemental healthcare, and Fletcher et al. (2018) found that treatment adherence, clinical effectiveness, and patient satisfaction were comparable for the video-to-home and in-person delivery of psychiatric consultation and psychotherapy services. Researchers found that clinical applications for connecting video to a home expanded to provide mental healthcare to difficult-to-reach and underserved populations. Video to home is less costly than in-person mental healthcare, assuming that clients could utilize existing personal technologies (Fletcher et al., 2018).

Summary

In this chapter, I covered the key concepts of the REV NEM, student attitudes toward mental health services, and the institutional obstacles toward making mental health referrals. The REV NEM indicates that there are patterns of mental health service usage (Pescosolido, 1992). People use these services based on their availability and quality and as a result of social influences. This manifests in certain ways within schools. Students often lack easy access to a school counselor who can refer students for mental

health services (Gagnon & Mattingly, 2016; King & Dakota, 2019). Consequently, institutional obstacles exist to students receiving such services. However, people may not be inclined to seek help for mental health issues (Rickwood & Thomas, 2012). Young people can have negative attitudes toward seeking help for mental health problems (Hammer et al., 2018). This problem is more acute among young minority individuals (National Institutes of Health, 2016; Pinedo et al., 2018; Planey et al., 2019). Students are often disinclined to seek mental health assistance, and many do not seek it (Croft et al., 2020; Gagnon et al., 2015). The literature proposed a solution in the form of telemental health support (Fletcher et al., 2018). This technology makes providing referrals easier and may help students (Stephan et al., 2016). Such technology allowed for more students to be addressed through widened access while maintaining student privacy. In Chapter 3, I describe the research methodology, design, and process to explore the problem of mental health referrals to elementary students.

Chapter 3: Research Method

The purpose of this phenomenological study was to understand SBMH professionals' experiences regarding barriers to the referral process to mental health services for elementary school students. Historically, some students have found it difficult to get a referral to SBMH services (Neubauer et al., 2019). As such, exploring what barriers there are to referral may lead to school-based changes that ease this process.

I laid Chapter 3 out in the following manner. First, I present the research design and rationale, and the rationale behind the research design's use. Next, I explain the role of the researcher and the methodology. I then discuss the instrumentation and data-analysis method. I present issues of trust and ethics and end with a chapter summary.

Research Design and Rationale

The research questions for the study are as follows:

RQ1: How do SBMH professionals perceive and describe the barriers to the referral process for mental health services for elementary school students?

RQ2: How do SBMH professionals describe recommendations to overcome the barriers to mental health services for elementary school students?

I used a phenomenological qualitative research design in this study. Moustakas (1994) noted that phenomenological research can be adapted to multiple fields ranging from psychology to gender studies. Phenomenology is best applied when exploring how individuals make meaning of their experiences and the phenomenon they have been exposed to (Moustakas, 1994). Individual experience leads to interpretations of reality that differ between individuals rather than adding up to a single and shared objective

reality. Different individuals may interpret the same experiences differently, and a commonality between them may be achieved by reviewing the reports of different individuals.

I justified the use of phenomenology in this case because it can produce data that describes a phenomenon from the perspective of those who have lived it (see Neubauer et al., 2019). I asked participants to participate in interviews and describe their perceptions and experiences. Such an approach is best used when there is a lack of understanding or context regarding the phenomenon (see Hammarberg et al., 2016). A lack of context and research makes quantitative research impossible since there are no concrete variables to study and establish relationships between. In such an instance, the qualitative approach is preferable.

Role of the Researcher

I functioned as the primary means of data collection for the study and the primary lens through which the data was interpreted. As such, there was the potential for bias to influence the conclusions of the study. I averted this through bracketing (see Husserl, 1977). Bracketing means setting aside trust in the objective world common in the natural sciences. In phenomenology, this means identifying personal experiences and assumptions of what constitutes the world that might influence interpretation of the study data. Fischer (2009) noted that bracketing requires remaining self-aware through the data analysis process to identify cognitive biases that may distort the interpretation of the data.

The researcher must regularly examine their biases and how they view the data that they collect (Neubauer et al., 2019). I continuously reviewed my biases, recording

my thoughts in a journal throughout the process. I approached the collection and analysis of the data openly, having set aside my preconceived ideas and biases. By weighing all data collected equally, in a process of horizontalization, I was better equipped to analyze the data with minimal bias.

Methodology

Participant-Selection Logic

The target population of the current study was SBMH professionals. The sample for the current study was drawn from this population. I recruited 7 participants to reach data saturation, which is typical in phenomenological research (see Korstjens & Moser, 2018). Saunders et al. (2018) noted that data saturation refers to the point at which no new information will arise from the data. Further data collection would only be redundant. When no additional information can be found, collecting further data will no longer add to a better understanding of the phenomenon.

I used participation criteria to screen potential participants for inclusion in the study. The participants had to be employed elementary school counselors or former counselors who left the position no more than 12 months prior to the interview. Participants had to have worked as elementary school counselors for a minimum of 3 years. During that time, participants needed to experience student-encountered barriers to referrals to mental health professionals. Participants were fluent in English and willing to describe their experiences involving counseling services provided to elementary students.

Since most schools only maintain one or two counselors, I identified several schools from which recruitment could be conducted. I worked within one school district,

and the exact number of schools I worked with was 5. That is because recruitment numbers may be met easily in the first wave of participation requests or be met in subsequent requests made. I contacted school administrators and informed them of the nature of the study. I asked administrators to email my study flyer to counselors in the district (see Appendix A). Potential participants contacted me directly and went through screening questions to ensure they met the participant criteria for the study (see Appendix B). Once they met the participant criteria, I provided the participants with informed consent. Finally, I established a mutually agreeable time for the interview. Given current COVID conditions, meetings were conducted using Zoom.

Instrumentation

I was the primary instrument of data collection for this study. My influence on the participant's responses was minimized by adhering to the interview protocol that developed prior to the interviews (Edwards & Holland, 2013). The protocol is the second instrument in this instance (see Appendix C). The interviews allowed the participant to explore tangentially related information rather than adhere to strictly answering the questions. However, I adhered to the same set of questions among all participants in the study. This ensured that the data collected was consistently about the same issues between participants, which made the data better suited for addressing the research questions guiding the study.

Procedures for Recruitment, Participation, and Data Collection

Procedures for Recruitment

School administrators distributed the study flyer to all school counselors. Interested participants contacted me, and I went through the screening questions to make sure they were eligible for the study. If eligible, I informed the counselor of the full nature of the study, including their right to withdraw and assurances of anonymity, to ensure they have provided fully informed consent. I then established a time and means of conducting the interviews.

I collected the data from SBMH professionals working in various schools within a school district. I collected the data by conducting and recording interviews with the participants. These interviews occurred after school so that the school mental health professionals were available. Interviews lasted approximately one hour. I recorded the interviews using a digital audio recorder, the Sony ICD-PX370, which has a USB attachment that allows for an easy transfer of the digital files to computer. I transcribed each interview. If the first round of recruiting did not yield enough participants, I was prepared to identify another site at which to conduct further interviews. Snowball sampling is another means of obtaining participants. This involves having existing subjects recruit future subjects from among those they know and who meet the criteria for participation (Johnson, 2014).

At the conclusion of the interviews, I debriefed the participants. This debriefing involved reviewing the purpose of the study and how the interview data would be used. I had follow-up calls with participants if any interview information needed clarification. I

emailed each participant a summary of their interview for review. This was a process of member checking, which ensured the interview data reflects the intent of the participants (Birt et al., 2016). This process helped mitigate any bias that may have impacted the data analysis process.

Data Analysis

Moustakas (1994) indicated that data analysis begins with epoch, which allowed me to examine any biases that influenced later interpretations of the evidence. Moustakas outlined eight steps to follow in data analysis. First is horizontalization, during which each statement from each interview is assigned an equal value. Statements are listed according to the phenomena they describe. Next is reduction and elimination. Only if statements are necessary for describing the phenomena and able to be labeled will those statements be retained. Otherwise, they are eliminated. Groups of similar statements are clustered together, creating a theme. Next, each theme must be reviewed to ensure that they reflect the participants' intent and experiences. If not, they should be eliminated.

Moustakas (1994) noted that a textual description of the phenomena should be created for each participant in the study from the themes. These are vivid individual structural descriptions taken from the transcript data. These descriptions are meant to describe the dynamics beneath the experience and how they made the participants feel. I developed a textural-structural description for each participant that captured the experience's meaning to each participant. These descriptions incorporate the developed themes. Finally, I created a composite description in which the textural-structural descriptions were combined to describe the meaning and essence of all the participants'

experiences. I did not exclude discrepant cases from the thematic analysis. I determined a theme when a majority of participants described that theme. Discrepant cases are important to consider because opposite views must be explained. Themes are determined when a majority of participants describe that theme.

Issues of Trustworthiness

Credibility

Credibility can be achieved using member checks. Member checking refers to checking the arrived-at themes against the participant's perspectives. Participants must judge the legitimacy of the researcher's work. I accomplished this over email. I provided a summary of each interview for the individual participant to review. Participants provided additional feedback or information if they felt the summary of the interview differed from their intended message.

Transferability

Transferability refers to the degree to which results can be generalized to other contexts (Korstjens & Moser, 2018). However, transferability is not the goal of qualitative research, which captures a specific phenomenon. Such phenomena and conditions can be captured using thick descriptions. Thick descriptions describe actions and phenomena and explicitly describe social and cultural relationships occurring in a given context (Kirchin, 2013).

Although transferability is not the goal of qualitative study, there are ways in which the study results can be applied outside of the current study context (Collier-Reed et al., 2009). The researcher cannot know to which other contexts the study results might

be transferred. However, that does not mean that the results will not be drawn upon by other researchers for future studies. Consequently, the researcher must make all efforts to describe how they conducted their study to the greatest degree possible. By providing this detailed information, future researchers can make a judgement regarding whether the study findings can be used to inform future research.

Dependability

Dependability is similar to reliability (Korstjens & Moser, 2018). In qualitative research, any changes are described that may occur in the setting of the investigation. Doing so can help contextualize how shifts in those contexts may prompt different responses from participants.

Dependability has been described as consistency across studies, should the current study findings be used to inform future studies (Collier-Reed et al., 2009). In such cases, the researcher does not have control over the use of the study findings in future studies. As with transferability, the goal of the researcher is to develop as robust a study as possible with as detailed descriptions of the study construction and how study findings were arrived at. Future researchers make the judgement to use the findings to inform their research, and the degree to which those findings are consistent with the current study may demonstrate the dependability of the current study's findings.

Confirmability

Confirmability can be demonstrated using reflexivity (Adler, 2022). Reflexivity involves a researcher remaining aware of how their background influences what they pay attention to and how they interpret the data they collect. How I am biased can influence

my interpretation unless I remain aware of how those biases are influencing my choices. I used a reflexive journal to document the decisions I made as I compiled statements and arrived at the themes to characterize the perceptions of my participants.

Validity has traditionally been characterized as the degree to which a study measures what the researcher claims it measures (Collier-Reed et al., 2009). Consistent with the above indications from Dodgson (2019), a researcher cannot claim that a phenomenological study gauged the perspectives of participants if the researcher's bias heavily influenced the study. In that case, the researcher only gauged their own perspectives on the phenomenon. This is what makes reflexivity so important throughout the phenomenological process. Minimizing one's bias heightens the confirmability of the research.

Ethical Procedures

The ethical procedures for this study followed the four-step process according to the Walden University Institutional Review Board (IRB). I completed Form A to enable the IRB to provide tailored guidance for the study. After the proposal was approved by my doctoral committee, I reviewed, revised, and submitted the IRB application. Once I received IRB approval, I began collecting data. The IRB approval number is: #04-12-22-0173263 Finally, I reviewed the updated and final documents to confirm the final set of study procedures. I retained no identifying information of participants in the data. I assigned each participant a code, such as P1, P2, and so on. I stored data on a password-protected computer and flash drive that only I can access. Any written materials were

stored in a locked file that only I can access. I destroyed all written materials, and stored data will be permanently deleted after five years.

Summary

The purpose of this phenomenological study is to understand SBMH professionals' experiences regarding barriers to the referral process to mental health services for elementary school students. I asked school district administrators to distribute the study flier by email to all school mental health counselors. I collected data using interviews that followed a predeveloped interview protocol to ensure that consistent questions were asked across interviews.

I analyzed the collected data using the eight-step process outlined by Moustakas (1994), which includes reflection, horizontalization, and the development of themes. To ensure that the findings reflected the participants' views, I compared the thematic conclusions against the participants' perceptions in the process of member checking. I present the findings of the study in Chapter 4.

Chapter 4: Results

The problem that exists is that a lack of mental health referrals can delay or prevent treatment of mental health issues, causing those mental health problems to worsen over time (CDC, 2019; Rowan et al., 2014). The purpose of this phenomenological study was to understand SBMH professionals' experiences regarding barriers to the referral process to mental health services for elementary school students. To address this purpose, I asked the following research questions:

RQ1: How do SBMH professionals perceive and describe the barriers to the referral process for mental health services for elementary school students?

RQ2: What are the recommendations from SBMH professionals to overcome the barriers to mental health services for elementary school students?

I present the results of the study in this chapter. This includes a description of the participants and the steps I followed to perform the data analysis. Then, I present the results of the data analysis. I end the chapter with a summary.

Data Collection

Participants

The participants of this study included seven SBMH professionals working within various schools within the target school district. Each participant met the following inclusion criteria for the study: (a) either currently employed elementary school counselors or former counselors who left the position no more than 12 months before the interview, (b) worked as elementary school counselors for a minimum of 3 years, (c) experienced student encountered barriers to counseling services, and (d) fluent in English

and willing to describe their experiences involving counseling services provided to elementary students. Table 1 describes the participant demographics in this study.

Table 1

Participant Demographics

P1	Gender	Years of experience	Degree
P1	Female	5	Masters
P2	Female	8	Masters
P3	Female	12	Masters
P4	Female	15	Masters
P5	Female	3	Masters
P6	Female	3	Masters
P7	Female	10	Masters

Data Analysis

To begin data analysis, I uploaded all interview transcripts to NVivo 12, a data-analysis software, to assist in the organization of the data for coding. I followed the data-analysis process outlined by Moustakas (1994). Horizontalization was first, during which I assigned each statement from each interview equal value. I listed statements according to the phenomena they described. Next came reduction and elimination. I retained statements only if they were necessary for describing the phenomena and were to be labeled. Otherwise, I eliminated them. I clustered together groups of similar statements, creating a larger theme. Next, I reviewed each theme to ensure that it reflected the participants' intent and experiences. If not, I eliminated it. I did not exclude discrepant cases from the thematic analysis. I determined themes when several participants described that same theme. Six themes emerged from the data through the coding process, including difficulty scheduling, teacher misunderstanding or reluctance, stigma,

education, increased availability, and streamline time to care. I created these themes from an amalgamation of smaller contributing codes. For example, the "parent work schedules," "lack of providers," and "counselor availability" codes were combined to make the "difficulty scheduling" theme. I describe the code/theme relationships and the relevant research questions in Table 2.

Table 2

Themes, Codes, and Relevant Research Questions

Theme name	Contributing codes	Relevant research question
Difficulty scheduling	Parent work schedules, lack of providers, counselor availability	1
Teacher misunderstanding or reluctance	Teacher reluctance to reduce class time, teacher training	1
Stigma	Parent refusal, stigma among students	1
Education	Educating parents, reducing stigma, counselor follow-up with parents, teacher education	2
Increased availability	Telehealth, community partnerships, in-house services	2
Streamline time to care	Shorten school referral process, student self-referrals, contact all students	2

The "difficulty scheduling" theme indicates that the difficulty of scheduling with mental health providers or school counselors was a barrier in the referral process to mental health services for elementary school students. An example of this theme came from P1, who said, "The time and effort involved can make it harder for parents to get mental healthcare for their child . . . Sometimes lack of providers in the area could be a barrier. Maybe a long waiting list could be a barrier for parents to receive care."

The “teacher misunderstanding or reluctance” theme indicates that teacher misunderstanding, or reluctance was a barrier in the referral process. This is exemplified by P7, who said, “The teachers also need to realize that we can’t come at the drop of a hat. So, I think just knowing and being patient and waiting, although I think our teachers are pretty good about that.”

The “stigma” theme described that stigma felt around receiving mental health services was a barrier in the referral process. As an example of this theme, P1 explained that “If parents refuse to seek outside help, right there, that’s a barrier. They are like, well, you know what? This is our business. We don’t want anyone to know.”

The “education” theme indicated that providing additional education to teachers and/or parents would help overcome barriers in the referral process. An example of this theme is from P3: “Parental support, educating parents on the importance of the mental health need of their kids. Educating, I think. Educating teachers, educating parents, educating the community.”

The “increased availability” theme indicated that increasing the availability of services would help overcome barriers in the referral process. An example of this is from P3: “I think with CVS now, having therapists available in their agencies now, I think that’s a big plus for families.”

The “streamline to care” theme indicated that streamlining the time to take from need recognition to care receipt would help overcome barriers in the referral process. This is exemplified by P6, who said, “I don’t know that the intervention process can be shortened, but I think possibly training teachers, I guess from the beginning.”

Evidence of Trustworthiness

The trustworthiness of qualitative research is compared to the validity of quantitative assessment. Creswell and Poth (2018) identified other terminology for establishing trustworthiness more consistent with qualitative research, including credibility, authenticity, transferability, dependability, and confirmability. According to Creswell and Poth, validation in quantitative research is an effort to evaluate the veracity of the findings as presented by the researcher, the participants, and the readers or reviewers. Peoples (2020) said that even though there are several approaches that may be used to ensure validity, researchers must select the most relevant one for their study. Creswell and Poth proposed that researchers implement a minimum of two of the validation procedures. The following techniques were employed to strengthen the trustworthiness of this study. First, I engaged in reflexivity, which is when a researcher reveals his or her understanding of the biases, values, and experiences that he or she brings to a qualitative research study from the beginning of the study so that readers can understand the researcher's position within the study (Creswell & Poth, 2018). I did this by cataloging my potential biases and stating them clearly. Second, I performed member checking. Peoples suggested that researchers ask participants to verify the authenticity of the transcripts but not the accuracy of the interpretations, as some participants may not agree with the conclusions, but this does not imply that the findings are inaccurate. Participants verified the accuracy of summaries of the transcripts for member checking.

Results

Research Question 1

Research Question 1 was "How do SBMH professionals perceive and describe the barriers to the referral process for mental health services for elementary school students?" Themes related to Research Question 1 were "difficulty scheduling," "teacher misunderstanding or reluctance," and "stigma." One discrepant case emerged, where P1 indicated that the cost of care for the parents was a barrier. However, P1 was the only participant to discuss cost, so it was not included as a theme.

Table 3

Participants Contributing to Research Question 1 Themes

Theme	Contributing participants
Difficulty scheduling	P1, P3, P4, P7
Teacher misunderstanding or reluctance	P5, P4, P6
Stigma	P1, P2, P3, P5, P6

Theme 1: Difficulty Scheduling

Four of the seven participants indicated that the difficulty of scheduling with mental health providers or school counselors was a barrier in the referral process to mental health services for elementary school students. For some participants, such as P1, the primary barrier was getting the child in to see the mental health professional. Like P1, P3 also reported scheduling difficulties with mental health providers. P3 said, "Every parent I've talked to has said, 'I've called all the people on your list. There's a 6-month wait.' So, it's a huge barrier . . . So, the fact that there are so many people who are

needing mental health services and there are not enough providers is a problem." P7 reported similar difficulty as P3, saying,

> I think since the pandemic when referring students out because there is a limit to what we can do here in the school, it's harder to get an appointment with an outside therapist for our students as well that need it…. Our time is a barrier. Especially this year, after the pandemic, the need has increased a lot, and being able to get it all in and get it done has been hard this year, so I think just an increase in need and not as much time to get to all the students because we've had our behaviors this year as well too, which has been a barrier.

For P4, the scheduling difficulty was based on the school counselor's time, rather than the mental health practitioner's:

> So, a lot of times, there's two of us here in this school, and a lot of times, neither one of us are available because if, we're on the Encore schedule, and so if one of our teammates is out, then we have to cover, and so then we have classes. And it's either he has a class, or I have a class, and if he has a class and I'm on a Zoom or in with another student, then the teachers are like…. We will get calls and then be like, "Sorry, we're not available." And so that's one of the biggest barriers, is that the teachers feel like we don't have time to focus on the students that may need additional support in the classroom.

Theme 2: Teacher Misunderstanding or Reluctance

Three participants indicated that teacher misunderstanding or reluctance was a barrier in the referral process. These participants indicated that teachers did not

understand how to effectively refer students or did not know how to contact school counselors effectively. P5 said, “Then also sometimes we have teachers who don’t want kids to miss out on learning, so they tell them they can’t come and see us.” P4 said,

> Another barrier is the teachers won’t give us time, so outside of Encore, “Why do their kids need to see us?” That’s how a lot of the teachers feel…. A lot of the teachers don’t know our role. They think of us as another teacher. I always tell them, “I’m not a teacher, I never went to school for teaching, I don’t know how to teach. So don’t expect me to take a class and teach them anything except for social-emotional needs.” It’s hard. It’s just hard for counselors because the teachers do not know our role, and no matter how many times we tell them, it doesn’t fit their needs, so we don’t fit their needs.

P6 said,

> The main barriers are just a lack of awareness or education. Oftentimes, I think teachers aren’t aware that some of the emotional things, or maybe some of the signs and symptoms. I hate to say that, because we have some fabulous teachers that are very in tune with that, but you don’t know what you don’t know, so I feel that a huge barrier is just that one, there’s a lack of training out there for identifying those things. Identifying certain things to look for or behaviors that might be indicative of a mental health concern, there’s not a lot of training for teaching teachers how to identify problematic behaviors.

Theme 3: Stigma

Five participants indicated that the stigma felt around receiving mental health services was a barrier in the referral process. Participants reported that the students felt this stigma themselves, but the parents felt it more often. This caused parents to be reluctant to seek support for their children. P1 said,

> Parents say, "We don't want anyone to get involved. We will handle it ourselves." So, parents and families themselves can be a barrier. Some countries just don't believe in seeking outside help to address family issues, because it's their practice, it could be their practice to work things out on their own.

P2 said, "Parents refuse outside help because they don't believe in mental health."

P3 said,

> I'd say another is parental understanding, parental involvement, and support. So, I think that is hard because you'll refer a kid and you'll say, "This kid needs it." And then you'll follow up two weeks later and they're like, "Oh, we haven't called anyone." Okay, well, this is important to your child's development and success, and you're not doing anything about it. So, I think that's another really big one.

P5 said,

> There is the issue that some parents don't want their kids to see the school counselor . . . Then there's time, and time management within the school day between their academics and their mental health. There is the stigma that if they

come to see the school counselor, then they are in trouble and they don't want to be in trouble. So, a lot of the time, the littles don't reach out.

P6 said,

So, I feel like a lack of education training and oftentimes at the parent piece as well. Parents aren't aware, so they don't . . . they're not aware that there is an issue until we bring it forward, and I guess that I've seen these go very lengthy where maybe we feel from the onset there is something that might be a mental health concern, but because of the processes. So sometimes the process itself is a barrier because, in the end, they do get the support, but the length of time it takes…the biggest issue is time, the time it takes to get all these people to the table, the time it takes to get parental permissions, the psychologists really can't get involved without the parent's permission, so that's a whole other piece to that, but the time is a great barrier.

Research Question 2

Research Question 2 was, What are the recommendations from SBMH professionals to overcome the barriers to mental health services for elementary school students? Themes related to Research Question 2 include education, increase availability, and streamline time to care.

Table 4

Participants Contributing to Research Question 1 Themes

Theme	Contributing participants
Education	P7, P3, P4
Increased availability	P1, P3, P7
Streamline time to care	P5, P6, P7

Theme 4: Education

Three participants said that providing additional education to teachers and/or parents would help overcome barriers in the referral process. P3 said,

> [Education is important], following up, making sure that you're following up with them . . . If the parents aren't following up with getting you the service . . . getting their kids the services, then you just keep bothering them 'till they do it.

P4 said,

> A lot of the teachers don't know our role, and if we try and tell them . . . they think of us as another teacher and we should be doing that kind of stuff . . . I always tell them, "I'm not a teacher, I never went to school for teaching, and I don't know how to teach. So don't expect me to take a class and teach them anything except for social-emotional needs. . . It's just hard for counselors because they don't know . . . The teachers do not know our role, and no matter how many times we tell them, "Hey, baby," no matter how many times we tell them, they just . . . it doesn't fit their needs, so we don't fit their needs.

Theme 5: Increased Availability

Three participants indicated that increasing the availability of services would help overcome barriers in the referral process. P1 indicated that providing telehealth services was one way of increasing provider availability. P7 indicated that partnerships within the community were a way to increase access to services. Finally, P3 said that integrating mental health services into common spaces could help families access care.

P1 said,

> Sometimes parents may not have the time, but because of telehealth now, I think that's, that takes care of that. The time factor . . . Parents may not be able to take off work, because a lot of the services are provided, well now you have telehealth. So that's not a barrier anymore, but it does sometimes, depending on if it's going to be in person or if it's going to be, virtual. But if it's going to be in person, sometimes, parents may not have the time, but because of telehealth now, I think that's, that takes care of that. The time factor.

P7 said,

> Partnerships between primary medical practices, medical care practices, and mental healthcare, specialists can also make mental health services more accessible to families. So those are the two big things, policies that can connect more families and partnerships between primary medical care, practices, and mental healthcare provider.

P3 said,

> I think with CVS now, having therapists available in their agencies now, I think that's a big plus for families not feeling, they may feel less intimidated having a provider right there on site I think is convenient and I think it would be, helpful to have families have access.

Theme 6: Streamline Time to Care

Three participants indicated that streamlining the time to take from need recognition to care receipt would help overcome barriers in the referral process. P5 and

P7 both indicated that this could be done by empowering students to be more involved in the referral process. P6 said that there were several ways the referral process could be shortened, including training teachers to recognize problems sooner and collecting actionable data.

P5 said,

> I think some steps that could be taken, and we've tried them here, are letting the kids refer themselves, giving them the advocacy skills to reach out and say when they would like to be seen, and not leaving it up to the adults in the building. So, the kids can either do it on our canvas, they can self-refer on our canvas, we have slips around the school that they can fill out and refer themselves to, and we try to keep an open communication, open relationship with the student, so that way they feel comfortable coming up to us in the hallways.

P6 said,

> So part of the intervention process once a child is referred is the data collection, so sort of maybe informing teachers that as soon as they even consider there might be some type of situation or an issue to begin taking data then, to begin taking data right at the start, so that when we come to the table in intervention, there already is a significant amount of data that we can look at to maybe go ahead and make some decisions to move forward, as opposed to just beginning to collect data at that intervention point. Cause as you understand, once you get to intervention, many things have happened before you come to that place.

P7 said,

> I think the bigger barrier, personally, is when students need a little bit more than what we can do here. I know the student I was giving you an example for with the refusing to come to school, it was very difficult to get her the help that she needed because we would go through attendance and attendance would tell us it was a mental health problem, and we would go through . . .. And there were issues there, so we would go through CPS because that could have been looked at too, and then they would tell us that it was a school attendance issue when truly it was all three working together, and I know for myself it was very frustrating trying to get all that to work and that it took so long to get the student the help that we needed her to get. And by the time we got it all then the pandemic hit, and we shut down. So, she had just started to come back to school when we were out again. So, I think that part, I think better communication between the different departments of the school that isn't just in the school too. So, like up to the hill and not just here at the elementary school.

Summary

The purpose of this phenomenological study was to understand SBMH professionals' experiences regarding barriers to the referral process to mental health services for elementary school students. The participants of this study included seven SBMH professionals working within various schools in the target school district. Six themes emerged from the data, including difficulty scheduling, teacher misunderstanding or reluctance, stigma, education, increased availability, and streamline time to care. Research Question 1 was, How do SBMH professionals perceive and describe the

barriers to the referral process for mental health services for elementary school students? Themes related to Research Question 1 included difficulty scheduling, teacher misunderstanding or reluctance, and stigma. One discrepant case emerged, where P1 indicated that the cost of care for the parents was a barrier. Research Question 2 was, What are the recommendations from SBMH professionals to overcome the barriers to mental health services for elementary school students? Themes related to Research Question 2 included education, increased availability, and streamline time to care. In Chapter 5, I discuss these results. This includes a description of how these themes relate to the published literature.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this phenomenological study was to understand SBMH professionals' experiences regarding barriers to the referral process to mental health services for elementary school students. The problem I addressed in this study was that there exists a lack of mental health referrals that can delay or prevent treatment of mental health issues, causing those mental health problems to worsen over time (see CDC, 2019; Rowan et al., 2014). Previous research examined the problem of mental health and mental health referrals using statistical methods to determine the prevalence of referrals for mental health problems (CDC, 2019; George et al., 2018; Locke et al., 2017). Further, research was conducted into what the barriers were to receiving mental health services (Rowan et al., 2014). However, little attention has been paid to mental health referrals within schools. This constituted a gap in the literature that had not been addressed. Data collection was through individual semistructured interviews of SBMH professionals, using Zoom.

I employed data analysis for this study as described by Moustakas's (1994) eight-step process, indicating that data analysis begins with epoche, which allows the researcher to examine any biases that may influence later interpretations of the evidence. To begin data analysis, I uploaded all interview transcripts to NVivo 12 data-analysis software to assist in the organization of the data for coding. I then followed the data-analysis process outlined by Moustakas (1994).

After analysis, the findings indicated that the difficulty of scheduling with mental health providers or school counselors was a barrier in the referral process to mental health

services for elementary school students. In addition, the findings indicated that teacher misunderstanding or reluctance and the stigma felt around receiving mental health services were barriers in the referral process to mental health services for elementary school students. A theme that arose because of stigma and lack of knowledge regarding mental health was the need to educate parents and teachers on the importance of mental health services. The results indicated that increasing the availability of services would help overcome barriers in the referral process. Additionally, the findings indicated that streamlining the time taken from need recognition to care receipt would help overcome barriers in the referral process. In this chapter, I present the discussion and interpretation of findings, limitations of the study, and the implications of the study, as well as the recommendations for future research. Finally, I provide the conclusion of the study.

Interpretation of Findings

My discussion of findings is based on the following research questions:

RQ1: How do SBMH professionals perceive and describe the barriers to the referral process for mental health services for elementary school students?

RQ2: How do SBMH professionals describe recommendations to overcome the barriers to mental health services for elementary school students?

RQ1 Discussion

The findings indicated that the difficulty of scheduling with mental health providers or school counselors is a barrier in the referral process to mental health services for elementary school students. Inconvenience in terms of scheduling issues makes it difficult for students to access or attend mental health services in school. The findings

support Pinedo et al.'s (2018) findings, indicating that Latino communities face barriers to mental health treatment that include language, mistrust of providers, socioeconomic status, lack of awareness, stigma, lack of health insurance, and inconvenience. The results demonstrated that the primary barrier is getting the child to see a mental health professional and that the time and effort required can make it harder for parents to get mental healthcare for their child. Lack of providers in the area could be a barrier as well.

The findings above agree with previous literature findings, indicating that inadequate recognition or response to mental health needs, cultural naivete, discrimination and insensitivity towards the needs of Black and ethnic minorities, long waiting times for initial assessment due to difficulty scheduling, imbalance of power and authority between client and providers, lack of awareness of different services among both clients and providers, and poor communication between clients and providers are key barriers to referrals to mental health services among students in schools (Memon et al., 2016). In contrast, Hammer et al. (2018) contradicted the findings of my study that stigma, lack of emotional intelligence, and negative attitudes towards help seeking were the main challenges. Individuals with low emotional intelligence are at high risk of developing mental problems and that emotional competence can influence help-seeking behaviors (Lynch et al., 2018). However, Schneider et al. (2017) found that stigma was the main challenge for seeking help in young people. The findings have added to the literature by establishing that difficulty of scheduling with mental health providers or school counselors is a barrier in the referral process to mental health services.

The findings concur with previous literature results, indicating a negative perception of and social stigma against mental health and financial factors, reluctance to discuss psychological distress and seek help, cultural identity, and inability to recognize and accept mental health problems (Memon et al., 2016). The results support previous literature findings indicating that Latino communities face barriers to mental health treatment that include language, uncertainty of providers, socioeconomic status, lack of awareness among teachers, stigma, lack of health insurance, and inconvenience (Pinedo et al., 2018). However, the findings contradict prior literature findings revealing that the trend in mental health help seeking continues from adults to younger ethnic minorities, and that minority adolescents typically receive mental health support within the school setting (Barlis, 2018). Nevertheless, these individuals often face stigmas that prevent them from seeking out help for mental health issues. Such barriers consist not only of institutional issues but also personal attitudes toward finding mental health services among students (Barlis, 2018).

The mental health professionals indicated stigma as a barrier to the mental health referral process. The findings demonstrate that the stigma felt around receiving mental health services is a barrier in the referral process to mental health services among students in schools. Although students feel stigmatized, parents more often feel stigma from letting the mental health problem among their children become known. The results imply that mental health service referral is hampered by the stigma felt among students and parents.

The findings agree with prior literature findings indicating that stigma is a barrier to mental health services. In general, parents were afraid their child would be labeled crazy or teased when other children asked why they were going to counseling (Chavira et al., 2017). Many parents had negative views about giving their children medications and potential addictions. Some parents from ethnic minorities were concerned about medications because of their culture and thought that since their grandmothers and great-grandmothers never took medications, their children did not need them either (Chavira et al., 2017). The results showed that Latinos reported higher rates of stigma than nonLatino White parents (Chavira et al., 2017).

Parental involvement, understanding, and support of their child's mental health issues are an issue in ensuring student referral for mental health support. According to participants, this could be a result of lack of education training and oftentimes working with the parents. The findings imply that parents fail to get involved in seeking mental health services for their children in the referrals process. According to Reardon et al. (2017), parents attributed lack of knowledge to facilitated access to mental health treatment for children and adolescents since permission for treatment rest with parents. Barriers that parents perceived were related to family circumstances as well as knowledge and understanding of mental health problems. They also identified the help-seeking process and views and attitudes towards services and treatment (Reardon et al., 2017). The findings add to past research by revealing that parental involvement, understanding, and support of their child's mental health issues are an issue in ensuring student referral for mental health support.

Like in Theme 1, Theme 3 indicated that the length of time it takes to get mental health support is a barrier to the mental health referrals process among students and teachers in schools. According to participants, the biggest issue is time: the time it takes to get all these people to the table and the time it takes to get parental permission (the psychologists cannot get involved without the parent's permission). The findings imply that difficulty in getting time to visit the mental health counselor may be a key barrier to mental health support referrals. The findings support previous literature findings indicating that females also had better awareness of mental health services and perceived more barriers to seeking help, including cost and waiting time (Haavik et al., 2017). The findings added to previous literature findings by establishing that the length of time it takes to get mental health support is a barrier to the mental health referrals process among students and teachers in schools.

RQ2 Discussion

The findings demonstrated that providing additional education to teachers and/or parents would help overcome barriers in the referral process. The results indicated that parental support through educating parents on the importance of the mental health needs of their kids would assist to ensure students are referred timely for mental health support services by the teachers and parents in schools. This can be achieved through educating teachers and educating parents, as well as educating the community. Parents and teachers may lack knowledge of their roles in getting student referrals to mental health counselors. The findings imply that educating teachers and parents regarding the importance of

mental health support among students may help in preventing barriers to mental health service referrals among students in schools.

The results are consistent with prior literature findings indicating that negative attitudes by young individuals in consulting a general practitioner when suffering from mental problems may hinder access to mental health services (see Hammer et al., 2018). However, Hammer et al. indicated that community-based support using youth services, guidance and counseling, and education can provide better sources that elementary students need to overcome mental health issues. In addition, skilled practitioners can make risk assessments to identify students at risk of suffering from mental problems (Hammer et al., 2018). Teachers are one of the main sources of referrals for mental health services for children, and they frequently make referrals based on their perspectives of their students' mental health needs (Yates, 2017). The following will help children with mental health problems: support at school for mental health, the school's role in mental health, quality of mental health services, reasons for referrals, behavioral management systems, administration training, classes on mental health, and beneficial changes to classrooms (Yates, 2017).

Based on the results, I found that barriers to mental health service referrals can be curbed by increasing the availability of services, which would help overcome barriers in the referral process. For instance, P1 indicated that providing telehealth services was one way of increasing provider availability. P7 indicated that partnerships within the community were a way to increase access to services. The findings indicate that integrating mental health services into common spaces could help families access care.

The results align with previous literature findings indicating that child-related factors, clinician and therapeutic factors, stigma, religion and spirituality, treatment affordability, availability and accessibility, the school system, and social networks can affect referrals to mental health services (Planey et al., 2019). According to Planey et al. child mental health concerns, caregivers' experiences, supportive social network, positive therapeutic factors, religion and spirituality, referrals and mandates by parents and gatekeepers, and geographic region help prevent barriers to mental health referrals. The findings have contributed to the current empirical literature by establishing that increasing the availability of services would help overcome barriers in the referral process.

Partnerships between primary medical practices, medical care practices, and mental healthcare and specialists can make mental health services more accessible to families by having therapists available in their agencies, thereby reducing barriers to mental health referrals. In contrast, Granrud et al. (2020) noted that access to help must be accessible and that the taboos around seeking mental healthcare had to be discarded. The confidentiality of those receiving mental health services needs to be respected and trust built regarding the individual providing mental healthcare (Granrud et al., 2020). As a result, the findings have added to the body of knowledge by establishing the need for the link between major medical practices, medical care practices, and mental healthcare and specialists as well as mental health services to make them more accessible to families by having therapists available in their agencies, thereby reducing barriers to mental health referrals.

Through the findings, I found that streamlining the time from need recognition to care receipt would help overcome barriers in the referral process, which could be done by empowering students to be more involved in the referral process. For instance, P6 reported that there were several ways the referral process could be shortened, including training teachers to recognize problems sooner and collecting actionable data. Better communication between the different departments of the school can help manage the barriers to ensure they are prevented from hindering access to mental health services among students. The findings implied that restructuring the period from need recognition to care reception would help overcome barriers in the referral process, which can be completed by permitting students to be more involved in the referral process.

I found that the findings agree with the literature, which indicated that improved awareness of mental health services and perceived barriers to seeking help, such as cost and waiting time, can be streamlined to prevent barriers in mental health service referrals (Haavik et al., 2017). However, the findings disagreed with Haavik et al., who revealed that for the use of all mental health services, the impact of education type needs to be greater than the impact of gender, indicating that education is key to ensuring adherence to mental health support referrals among students and teachers (Haavik et al., 2017). The findings were inconsistent with previous literature in finding that school telemental health with adolescents and children was promising and well-received even though psychiatrist fellows utilize various models for conducting school-based school telemental health (Stephan et al., 2016).

Increased access to care for students unlikely to access traditional community mental healthcare because of barriers involved—such as healthcare coverage and transportation—can result in the prevention of various barriers to referrals for mental health services among students and teachers in schools (Huber et al., 2016; Stephan et al., 2016). The findings have added to the literature by revealing that reorganization of time from essential recognition to care reception would aid in overcoming barriers in the mental health service referral process, which can be accomplished by authorizing learners to be more engaged in the referral process in schools to seek for mental health support.

Comparison of Findings to Conceptual Framework

The framework I used to guide the study was Pescosolido's (1992) REV NEM theory. The model suggested that people are often not disposed toward seeking mental healthcare (Boydell et al., 2008). Further, the ability to receive such care was partly a product of the social context in which one lived. When insufficient resources were present, people were less likely to find needed mental health support. Further, appropriate social systems were necessary for helping people find mental health help.

The findings of the current study are consistent with Pescosolido's (1992) recommendations. First, a lack of resources was indicated as one reason that students did not connect with needed mental health services. For this reason, the participants indicated that schools shorten the time necessary to refer students for services and increase the availability of those services in the form of everything from telehealth services to community partnerships. Increasing availability and streamlining care may help address the difficulties reported in scheduling students for services.

Pescosolido (1992) noted the importance of the social context for assisting individuals in getting mental health services. The findings in the current study are consistent with that idea. The participants indicated the importance of reducing stigma and increasing awareness of the importance of mental health services among teachers and parents. In doing so, the appropriate social context may be developed for encouraging the use of mental health services when necessary.

Limitations of the Study

The major limitation of the study was that the participant sample was drawn from a single school district. First, the findings were limited geographically. Therefore, the findings may not be applicable to other groups or areas. Second, the findings were limited by the fact that the participants were not representative of the larger SBMH professional population. The low number of participants means that the sample was not representative of the demographic characteristics of all SBMH counselors.

Moustakas (1994) noted that generalizability is not the goal of a phenomenological qualitative investigation. The findings were not meant to be generalizable to other settings. However, the findings provide insights into the barriers to referrals for elementary school children within the district. Moustakas indicated that insights into a phenomenon drawn from such a small population and setting were not intended to be transferred to other settings, even if the findings can be used to inform the creation of future studies in similar contexts.

Given the small sample size that was a part of qualitative research, the research was also limited to a single district because it was anticipated that a sufficient sample

would be generated from that district. Qualitative research tends to have limited transferability in its findings. However, transferability was not an objective of qualitative research (Leung, 2015). Rather, qualitative research examines human perceptions, emotions, and experiences in ways that are typically considered undesirable in quantitative research.

Recommendations for Future Research

Future researchers should examine the factors resulting in increased barriers to mental health help-seeking among students in schools using a quantitative research design and larger sample size. To enhance transferability of study findings, I recommend conducting more studies using different geographical locations by increasing the scope of the study to include other district schools. The data source should be expanded for future studies to include data from students, teachers, and school mental health counselors to find a long-lasting solution to mental health service referral barriers.

Implications for Positive Social Change

SBMH professionals perform various functions, including psychological assessments, prevention, and processing referrals. Often the SBMH professional concentrates on how emotional well-being influences learning and academic success for elementary school-age children who have been identified as having behavior issues in the classroom (American School Counselor Association, 2015). The findings of this study may help to understand SBMH professionals' experiences regarding barriers to the referral process to mental health services for elementary school students, thereby

formulating various strategies to prevent future barriers to mental health service referrals among students and teachers.

Increased knowledge of SBMH professionals' perceptions of conditions in which SBMH referrals are made may help identify barriers to referral. With such barriers identified by these study findings, it may be possible to recommend improvements to school practices that reduce these barriers and facilitate mental health referrals recommendations to these professionals. SBMH professionals have the training to recognize student behaviors that may indicate a need for mental healthcare services, and they also have the familiarity with school conditions necessary for reconciling school and teacher needs and barriers with students' mental healthcare needs (American School Counselor Association, 2015). The findings from the exploration of SBMH professionals' perceptions, therefore, provide a fruitful source of insights into ways in which students with mental healthcare needs can be more effectively recognized in schools and referred for the appropriate evaluation and care.

The positive social change that may arise from this study finding is that students may find themselves more easily able to receive mental health support within their schools. These students often face barriers to such referrals that can negatively influence their well-being. Easing the referral of students to professional services may help to address the mental health needs of at-risk elementary students and improve their academic and social outcomes. The findings have therefore provided solutions to barriers facing students in accessing mental health support in schools.

The prevalence of psychological needs of elementary students justifies the need for more efficient SBMH services, and the study findings may help educate SBMH partners about elementary students' access to and use of SBMH services. Knowledge of mental health professionals' experiences gained from this study may help regional principals, parents, and elementary teachers develop more effective SBMH services to help students achieve better academic outcomes.

Conclusion

The problem I addressed in this study is a lack of mental health referrals, which can delay treatment or result in no treatment of mental health issues, causing those mental health problems to worsen over time (CDC, 2019; Rowan et al., 2014). The purpose of this phenomenological study was to understand SBMH professionals' experiences regarding barriers to the referral process to mental health services for elementary school students. The findings indicated that the difficulty of scheduling with mental health providers or school counselors was a barrier in the referral process to mental health services for elementary school students.

Teacher misunderstanding or reluctance and the stigma felt around receiving mental health services are barriers in the referral process to mental health services for elementary school students. The results indicate that increasing the availability of services would help overcome barriers in the referral process. Streamlining the time from need recognition to care receipt would help overcome barriers in the referral process. This study establishes the barriers to the referral process and offered solutions to such barriers to increase accessibility to mental health services among students in schools.

Future researchers should consider examining the various factors resulting in increased barriers to mental health help-seeking among students in schools using a quantitative research design and large sample size.

References

Adler, R. H. (2022). Trustworthiness in qualitative research. *Journal of Human Lactation*, *38*(4), 598–602. https://doi.org/10.1177/0890334422111662

Ali, M. M., West, K., Teich, J. L., Lynch, S., Mutter, R., & Dubenitz, J. (2019). Utilization of mental health services in educational setting by adolescents in the United States. *Journal of School Health*, *89*(5), 393–401. https://doi.org/10.1111/josh.12753

American School Counselor Association. (2015).

Arnado, J. A. S., & Bayod, R. P. (2020). Help seeking behavior of young Filipinos amidst pandemic: The case of Cor Jesu College students. *Eubios Journal of Asian and International Bioethics*, *30*(8), 463–466. https://philpapers.org/rec/ARNHSB

Bains, R. M., Cusson, R., White-Frese, J., & Walsh, S. (2017). Utilization of mental health services in school-based health centers. *Journal of School Health*, *87*(8), 584–592. https://doi.org/110.1111/josh.12528

Barlis, J. E. C. (2018). Mental health literacy, stigma, and attitudes toward help-seeking at school for Asian-and Latino-American adolescents. [Master's thesis, University of Maryland].

Bashshur, R. L., Shannon, G. W., Bashshur, N., & Yellowlees, P. M. (2016). The empirical evidence for telemedicine interventions in mental disorders. *Telemedicine Journal and E-health: The Official Journal of the American Telemedicine Association*, *22*(2), 87–113. https://doi.org/10.1089/tmj.2015.0206

Bennett, T. (2019). *Why do people avoid mental health treatment? Here's a look at how judgment, doubt, pride, fear, and misinformation come into play*. Thriveworks. https://thriveworks.com/blog/why-people-avoid-mental_health-treatment/

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research*, *26*(13), 1802–1811. https://doi.org/10.1177/1049732316654870

Blackstock, J., Chae, K. B., Mauk, G. W., & McDonald, A. (2018). Achieving access to mental health care for school-aged children in rural communities. *Rural Educator*, *39*(1), 12–25. https://doi.org/10.35608/ruraled.v39i1.212

Bornheimer, L. A., Acri, M. C., Gopalan, G., & McKay, M. M. (2018). Barriers to service utilization and child mental health treatment attendance among poverty-affected families. *Psychiatric Services*, *69*(10), 1101–1104. https://doi.org/10.1176/appi.ps.201700317

Bounthavong, M., Pruitt, L. D., Smolenski, D. J., Gahm, G. A., Bansal, A., & Hansen, R. N. (2018). Economic evaluation of home-based telebehavioural health care compared to in-person treatment delivery for depression. *Journal of Telemedicine and Telecare*, *24*(2), 84–92. https://doi.org/10.1177/1357633X16678147

Bowling, A., Blaine, R. E., Kaur, R., & Davison, K. (2019). Shaping healthy habits in children with neurodevelopmental and mental health disorders: Parent perceptions of barriers, facilitators, and promising strategies. *International Journal of Behavioral Nutrition and Physical Activity*, *16*(1), 1–10. https://doi.org/10.1186/s12966-019-0813-6

Boydell, K., Addington, J., Gladstone, B., Goering, P., Krupa, T., McCay, E.,…Volpe, T. (2008). Using the network episode model as a framework to understand pathways to care for youth experiencing first episode psychosis. *Early Intervention in Psychiatry*, *2*, A8–A8.

Brännlund, A., Strandh, M., & Nilsson, K. (2017). Mental health and educational achievement: The link between poor mental health and upper secondary school completion and grades. *Journal of Mental Health*, *26*(4), 318–325. https://doi.org/10.1080/09638237.2017.1294739

Cai, Q., Feng, H., Huang, J., Wang, M., Wang, Q., Lu, X,...Liu, Y. (2020). The mental health of frontline and nonfrontline medical workers during the coronavirus disease 2019 (COVID-19) outbreak in China: A case-control study. *Journal of Affective Disorders*, *275*, 210–215. https://dx.doi.org/10.1016%2Fj.jad.2020.06.031

Centers for Disease Control and Prevention. (n.d.). *Mental health*. https://www.cdc.gov/mentalhealth/index.htm

CDC. (2019).

CDC. (2020).

Chavira, D. A., Bantados, B., Rapp, A., Firpo-Perretti, Y. M., Escovar, E., Dixon, L.,…Palinkas, L. A. (2017). Parent-reported stigma and child anxiety: A mixed methods research study. *Children and Youth Services Review*, *76*, 237–242. https://doi.org/10.1016/j.childyouth.2017.03.013

Chen, J. (2018). Some people may need it, but not me, not now: Seeking professional help for mental health problems in urban China. *Transcultural Psychiatry*, *55*(6), 754–774. https://doi.org/10.1177/1363461518792741

Chen, J., Vargas-Bustamante, A., Mortensen, K., & Ortega, A. N. (2016). Racial and ethnic disparities in health care access and utilization under the Affordable Care Act. *Medical care*, *54*(2), 140. https://doi.org/10.1097%2FMLR.0000000000000467

Clark, L. H., Hudson, J. L., Dunstan, D. A., & Clark, G. I. (2018). Barriers and facilitating factors to help-seeking for symptoms of clinical anxiety in adolescent males. *Australian Journal of Psychology*, *70*(3), 225–234. https://doi.org/10.1111/ajpy.12191

Cogua, J., Ho, K. Y., & Mason, W. A. (2019). The peril and promise of racial and ethnic subgroup analysis in health disparities research. *Journal of Evidence-Based Social Work*, *16*(3), 311–321. https://doi.org/10.1080/26408066.2019.1591317

Cohen, R., & Zammitti, E. (2016). Access to care among adults aged 18–64 with serious psychological distress: Early release of estimates from the National Health Interview Survey, 2012—September 2015. *National Center for Health Statistics*.

Collier-Reed, B. I., Ingerman, Å., & Berglund, A. (2009). Reflections on trustworthiness in phenomenographic research: Recognising purpose, context, and change in the process of research. *Education as Change*, *13*(2), 339–355. https://doi.org/10.1080/16823200903234901

Comer, J. S., & Myers, K. (2016). Future directions in the use of telemental health to improve the accessibility and quality of children's mental health services. *Journal of Child and Adolescent Psychopharmacology*, *26*(3), 296–300. https://doi.org/10.1089/cap.2015.0079

Cook, J., & Santos, P. (2016). Three phases of mobile learning state of the art and case of mobile help seeking tool for the health care sector. *Mobile Learning Design: Theories and Application,* 315–333. https://doi.org/10.1007/978-981-10-0027-0_19

Creedon, T. B., & Cook, B. L. (2016). Access to mental health care increased but not for substance use, while disparities remain. *Health Affairs*, *35*(6), 1017–1021. https://doi.org/10.1377/hlthaff.2016.0098

Creswell & Poth (2018).

Croft, M., Hayes, S., & Moore, R. (2020). *Supporting the mental health well-being of high school students*. ACT Center for Equity in Learning. https://www.act.org/content/ dam/act/unsecured/documents/R1798-mental health-2020-01.pdf

DeVylder, J. E., Jun, H. J., Fedina, L., Coleman, D., Anglin, D., Cogburn, C.,...Barth, R. P. (2018). Association of exposure to police violence with prevalence of mental health symptoms among urban residents in the United States. *JAMA Network Open*, *1*(7), e184945–e184945. https://doi.org/10.1001/jamanetworkopen.2018.4945

Dodgson (2019).

Edwards, R., & Holland, J. (2013). *What is qualitative interviewing?* Bloomsbury Academic. https://doi.org/10.5040/9781472545244

Fazel, M., Garcia, J., & Stein, A. (2016). The right location? Experiences of refugee adolescents seen by school-based mental health services. *Clinical Child Psychology and Psychiatry*, *21*(3), 368–380. https://doi.org/10.1177%2F1359104516631606

Ferlatte, O., Salway, T., Rice, S., Oliffe, J. L., Rich, A. J., Knight, R.,...Ogrodniczuk, J. S. (2019). Perceived barriers to mental health services among Canadian sexual and gender minorities with depression and at risk of suicide. *Community Mental Health Journal*, *55*(8), 1313–1321. https://doi.org/10.1007/s10597-019-00445-1

Fischer, C. T. (2009). Bracketing in qualitative research: Conceptual and practical matters. *Psychotherapy Research*, *19*(4-5), 583–590. https://doi.org/10.1080/10503300902798375

Fletcher, T. L., Hogan, J. B., Keegan, F., Davis, M. L., Wassef, M., Day, S., & Lindsay, J. A. (2018). Recent advances in delivering mental health treatment via video to home. *Current Psychiatry Reports*, *20*, 1–9. https://doi.org/10.1007/s11920-018-0922-y

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

Gagnon, D. J., & Mattingly, M. J. (2016). Most U.S. school districts have low access to school counselors: Poor, diverse, and city school districts exhibit particularly high student-to-counselor ratios. *Carsey School of Public Policy at the Scholars' Repository*, 286. https://dx.doi.org/10.34051/p/2020.275

Gagnon, M. M., Gelinas, B. L., & Friesen, L. N. (2015). Mental health literacy in emerging adults in a university setting: Distinctions between symptom awareness and appraisal. *Journal of Adolescent Research*, *32*(5), 642–664. https://doi.org/10.1177/0743558415605383

Garrett, J. K., Clitherow, T. J., White, M. P., Wheeler, B. W., & Fleming, L. E. (2019). Coastal proximity and mental health among urban adults in England: The moderating effect of household income. *Health & Place*, *59*, Article 102200. https://doi.org/10.1016/j.healthplace.2019.102200

George, M. J., Russell, M. A., Piontak, J. R., & Odgers, C. L. (2018). Concurrent and subsequent associations between daily digital technology use and high-risk adolescents' mental health symptoms. *Child Development*, *89*(1), 78–88. https://doi.org/10.1111/cdev.12819

George, M. W., Zaheer, I., Kern, L., & Evans, S. W. (2018). Mental health service use among adolescents experiencing emotional/behavioral problems and school impairment. *Journal of Emotional and Behavioral Disorders*, *26*(2), 119–128. https://doi.org/10.1177/1063426617710240

Gonzales & Henning-Smith, (2017)

Gorczynski, P., Sims-Schouten, W., Hill, D., & Wilson, J. C. (2017). Examining mental health literacy, help seeking behaviours, and mental health outcomes in UK university students. *Journal of Mental Health Training, Education and Practic*e, *12*(2), 1111–1120. https://doi.org/10.1108/JMHTEP-05-2016-0027

Granrud, M. D., Bisholt, B., Anderzèn-Carlsson, A., & Steffenak, A. K. M. (2020). Overcoming barriers to reach for a helping hand: Adolescent boys' experience of visiting the public health nurse for mental health problems. *International Journal of Adolescence and Youth*, *25*(1), 649–660. https://doi.org/10.1080/02673843.2020.1711529

Haavik, L., Joa, I., Hatloy, K., Stain, H. J., & Langeveld, J. (2017). Help seeking for mental health problems in an adolescent population: The effect of gender. *Journal of Mental Health*, *28*(5), 467–474. https://doi.org/10.1080/09638237.2017.1340630

Hammarberg, K., Kirkman, M., & de Lacey, S. (2016). Qualitative research methods: When to use them and how to judge them. *Human Reproduction*, *31*(3), 498–501. https://doi.org/10.1093/humrep/dev334

Hammer, J. H., Parent, M. C., & Spiker, D. A. (2018). Mental Help Seeking Attitudes Scale (MHSAS): Development, reliability, validity, and comparison with the ATSPPH-SF and IASMHS-PO. *Journal of Counseling Psychology*, *65*(1), 74–74. https://doi.org/ 10.1037/cou0000248

Hilty, D. M., Ferrer, D. C., Parish, M. B., Johnston, B., Callahan, E. J., & Yellowlees, P. M. (2013). The effectiveness of telemental health: A 2013 review. *Telemedicine and e-Health*, *19*(6), 444–454. https://doi.org/10.1089/tmj.2013.0075

Huber, B. J., Austen, J. M., Tobin, R. M., Meyers, A. B., Shelvin, K. H., & Wells, M. (2016). Overcoming barriers to rural children's mental health: An interconnected systems public health model. *Advances in School Mental Health Promotion*, *9*(3–4), 219–241. https://doi.org/10.1080/1754730X.2016.1224121

Huggins, A., Weist, M. D., McCall, M., Kloos, B., Miller, E., & George, M. W. (2016). Qualitative analysis of key informant interviews about adolescent stigma surrounding use of school mental health services. *International Journal of Mental Health Promotion*, *18*(1), 21–32.

Hunt, J., & Eisenberg, D. (2010). Mental health problems and help-seeking behavior among college students. *Journal of Adolescent Health*, *46*(1), 3–10. https://doi.org/10.1016/j.jadohealth.2009.08.008

Husserl, E. (1977). A reply to a critic of my refutation of logical psychologism. *Readings on Edmund Husserl's Logical Investigations*, 33–42. https://doi.org/10.1007/978-94-010-1055-9_4

Ijadi-Maghsoodi, R., Bonnet, K., Feller, S., Nagaran, K., Puffer, M., & Kataoka, S. (2018). Voices from minority youth on help-seeking and barriers to mental health services: Partnering with school-based health centers. *Ethnicity & Disease*, *28*(Suppl 2), 437–437. https://doi.org/ 10.18865/ed.28.S2.437

James, (2013).

James, (2017).

James, (2018).

Johnson, T. P. (2014). Snowball sampling: Introduction. *Wiley StatsRef: Statistics Reference Online*. https://doi.org/10.1002/9781118445112.stat05720

Jourdan, D., Simar, C., Deasy, C., Carvalho, G. S., & McNamara, P. M. (2016). School health promotion and teacher professional identity. *Health Education*, *116*(2), 106–122. https://doi.org/10.1108/HE-07-2014-0078

Kang-Yi, C. D., Mandell, D. S., & Hadley, T. (2013). School-based mental health program evaluation: Children's school outcomes and acute mental health service use. *Journal of School Health*, *83*(7), 463–472. https://doi.org/10.1111/josh.12053

King & Dakota, (2019).

Kirchin, S. (2013). Thick concepts and thick descriptions. *Thick Concepts*, 60–77.

Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, *24*(1), 120–124. https://doi.org/10.1080/13814788.2017.1375092

Kranke, D., Weiss, E. L., Gin, J., Der-Martirosian, C., Brown, C., Saia, R., & Dobalian, A. A. (2017). A "culture of compassionate bad asses": A qualitative study of combat veterans engaging in peer-led disaster relief and utilizing cognitive restructuring to mitigate mental health stigma. *Best Practices in Mental Health*, *13*(1), 20–33.

Leung, (2015).

Liang, J., Matheson, B. E., & Douglas, J. M. (2016). Mental health diagnostic considerations in racial/ethnic minority youth. *Journal of Child and Family Studies*, *25*(6), 1926–1940. https://doi.org/10.1007/s10826-015-0351-z

Locke, J., Kang-Yi, C. D., Pellecchia, M., Marcus, S., Hadley, T., & Mandell, D. S. (2017). Ethnic disparities in school-based behavioral health service use for children with psychiatric disorders. *Journal of School Health*, *87*(1), 47–54. https://doi.org/10.1111/josh.12469

Lopez, V., Sanchez, K., Killian, M. O., & Eghaneyan, B. H. (2018). Depression screening and education: An examination of mental health literacy and stigma in a sample of Hispanic women. *BMC Public Health*, *18*(1), 1–8. https://doi.org/10.1186/s12889-018-5516-4

Lynch, L., Long, M., & Moorhead, A. (2018). Young men, help-seeking, and mental health services: Exploring barriers and solutions. *American Journal of Men's Health*, *12*(1), 138–149. https://doi.org/10.1177/1557988315619469

Memon, A., Taylor, K., Mohebati, L. M., Sundin, J., Cooper, M., Scanlon, T., & de Visser, R. (2016). Perceived barriers to accessing mental health services among Black and minority ethnic communities: A qualitative study in southeast England. *Lancet*, *388*(S76). https://doi.org/10.1016/S0140-6736(16)32312-1

Mojtabai, R., & Olfson, M. (2020). National trends in mental healthcare for US adolescents. *JAMA Psychiatry*, *77*(7), 703–714. https://doi.org/10.1001/jamapsychiatry.2020.0279

Moreland, J. J., Coxe, K. A., & Yang, J. (2018). Collegiate athletes' mental health services utilization: A systematic review of conceptualizations, operationalizations, facilitators, and barriers. *Journal of Sport and Health Science*, *7*(1), 58–69. https://doi.org/10.1016/j.jshs.2017.04.009

Moustakas, C. (1994). *Phenomenological research methods*. Sage.

Nadeem, I., Rahman, M. Z., Ad-Dab'bagh, Y., & Akhtar, M. (2019). Effect of probiotic interventions on depressive symptoms: A narrative review evaluating systematic reviews. *Psychiatry and Clinical Neurosciences*, *73*(4), 154–162. https://doi.org/10.1111/pcn.12804

National Alliance on Mental Illness. (2016). *Mental health by the numbers.* https://www.nami.org/Learn-More/Mental_health-By-the-Numbers

National Institutes of Health. (2016). *NIH health disparities strategic plan and budget fiscal year 2009–2013.* https://www.nidcd.nih.gov/about/strategic-plan/health-disparities /2009-2013

National Rural Education Association. (2018). *National rural education association (NREA) research agenda—2016–2021.* http://toolbox1.s3-website-us-west-2.amazonaws.com/site_0439/NREAResearchAgenda081116_082416.pdf

Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education*, *8*, 90–97. https://doi.org/10.1007/s40037-019-0509-2

Novak, P., Anderson, A. C., & Chen, J. (2018). Changes in health insurance coverage and barriers to health care access among individuals with serious psychological distress following the affordable care act. *Administration and Policy in Mental Health and Mental health services Research*, *45*, 924–932. https://doi.org/10.1007/s10488-018-0875-9

Odenbring, Y. (2019). Strong boys and supergirls? School professionals' perceptions of students' mental health and gender in secondary school. *Education Inquiry*, *10*(3), 258–272. https://doi.org/10.1080/20004508.2018.1558665

Park, I. J., Du, H., Wang, L., Williams, D. R., & Alegría, M. (2018). Racial/ethnic discrimination and mental health in Mexican-origin youths and their parents: Testing the "Linked Lives" hypothesis. *Journal of Adolescent Health*, *62*(4), 480–487. https://doi.org/10.1016/j.jadohealth.2017.10.010

Paschall, M. J., & Bersamin, M. (2018). School-based health centers, depression, and suicide risk among adolescents. *American Journal of Preventive Medicine*, *54*(1), 44–50. https://doi.org/10.1016/j.amepre.2017.08.022

Peoples (2000).

Perry, A., Lawrence, V., & Henderson, C. (2020). Stigmatisation of those with mental health conditions in the acute general hospital setting. A qualitative framework synthesis. *Social Science & Medicine*, *255*, Article 112974. https://doi.org/10.1016/j.socscimed.2020.112974

Perry, B. L., & Pescosolido, B. A. (2015). Social network activation: The role of health discussion partners in recovery from mental illness. *Social Science & Medicine*, *125*, 116–128. https://doi.org/10.1016/j.socscimed.2013.12.033

Pescosolido, B. A. (1992). Beyond rational choice: The social dynamics of how people seek help. *American Journal of Sociology, 97*(4), 1096–1138. https://www.journals.uchicago.edu/doi/abs/10.1086/229863

Pescosolido, B. A., & Boyer, C. A. (2010). Understanding the context and dynamic social processes of mental health treatment. *A handbook for the study of mental health: Social contexts, theories, and systems*, *2*, (pp. 420–438). https://doi.org/10.1017/CBO9780511984945.026

Pescosolido, B. A., & Manago, B. (2018). Getting underneath the power of "contact": Revisiting the fundamental lever of stigma as a social network phenomenon. *The Oxford handbook of stigma, discrimination, and health*, (pp. 397–411).

Pinedo, M., Zemore, S., & Rogers, S. (2018). Understanding barriers to specialty substance abuse treatment among Latinos. *Journal of Substance Abuse Treatment*, *94*, 1–8. https://doi.org/10.1016/j.jsat.2018.08.004

Planey, A. M., Smith, S. M., Moore, S., & Walker, T. D. (2019). Barriers and facilitators to mental health help-seeking among African American youth and their families: A systematic review study. *Children and Youth Services Review*, *101*, 190–200. https://doi.org/10.1016/j.childyouth.2019.04.001

Powell, T. (2017). The mental health handbook: A cognitive behavioural approach. https://doi.org/10.4324/9781315168791

Radez, J., Reardon, T., Creswell, C., Lawrence, P. J., Evdoka-Burton, G., & Waite, P. (2021). Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. *European Child & Adolescent Psychiatry*, *30*(2), 183–211. https://doi.org/10.1007/s00787-019-01469-4

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

Rickwood, D., & Thomas, K. (2012). Conceptual measurement framework for help-seeking for mental health problems. *Psychology Research and Behavior Management*, *5*, 173–183.

Rowan, K., McAlpine, D. D., & Blewett, L. A. (2013). Access and cost barriers to mental health care, by insurance status, 1999–2010. *Health Affairs*, *32*(10), 1723–1730.

Rowan et al., (2014).

Saloner et al. (2017).

Salerno, J. P. (2016). Effectiveness of universal school-based mental health awareness programs among youth in the United States: A systematic review. *Journal of School Health*, *86*(12), 922–931. https://doi.org/10.1111/josh.12461

Saloner, B., Bandara, S., Bachhuber, M., & Barry, C. L. (2017). Insurance coverage and treatment use under the Affordable Care Act among adults with mental and substance use disorders. *Psychiatric Services, 68*(6), 542–548. https://doi.org/10.1176/appi.ps.201600182

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity*, *52*(4), 1893–1907. https://doi.org/10.1007/s1115-017-0574-8

Schneider et al. (2017).

Schnyder, N., Panczak, R., Groth, N., & Schultze-Lutter, F. (2017). Association between mental health-related stigma and active help-seeking: Systematic review and meta-analysis. *British Journal of Psychiatry*, *210*(4), 261–268. https://doi.org/10.1192/bjp.bp.116.189464

Simons, (2017).

Stafford et al. (2020).

Staiger, T., Waldmann, T., Rüsch, N., & Krumm, S. (2017). Barriers and facilitators of help-seeking among unemployed persons with mental health problems: A qualitative study. *BMC Health Services Research*, *17*(1), 1–9. https://doi.org/10.1186/s12913-017-1997-6

Stephan, S., Lever, N., Bernstein, L., Edwards, S., & Pruitt, D. (2016). Telemental health in schools. *Journal of Child and Adolescent Psychopharmacology*, *26*(3), 266–272. https://doi.org/10.1089/cap.2015.0019

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

Tamukong, D., & Schroeder, S. (2017). *Rural behavioral health*. Rural Health Research Recap. Federal Office on Rural Health Policy.

Thornicroft, G., Chatterji, S., Evans-Lacko, S., Gruber, M., Sampson, N., Aguilar-Gaxiola, S.,...Kessler, R. C. (2017). Undertreatment of people with major depressive disorder in 21 countries. *British Journal of Psychiatry, 210*(2), 119–124. https://doi.org/10.1192/bjp.bp.116.188078

Twentyman, J., Frank, M., & Lindsey, L. (2017). Effects of race and ethnicity on mental health and help-seeking amongst undergraduate university students. *Journal of Undergraduate Ethnic Minority Psychology, 3*(6), 2332–9300. http://www.juempsychology.com/wp-content/uploads/2017/11/JUEMP_Twentyman-et-al-2017_final.pdf

van Vulpen, K. S., Habegar, A., & Simmons, T. (2018). Rural school-based mental health services: Parent perceptions of needs and barriers. *Children & Schools, 40*(2), 104–111. https://doi.org/10.1093/cs/cdy002

Verhaak, P. F. (1993). Analysis of referrals of mental health problems by general practitioners. *British Journal of General Practice, 43*(370), 203–208.

Wherry, L. R., & Miller, S. (2016). Early coverage, access, utilization, and health effects associated with the Affordable Care Act Medicaid expansions: A quasi-experimental study. *Annals of Internal Medicine, 164*(12), 795–803. https://doi.org/10.7326/M15-2234

Whitaker, K., Stone, S. I., Anyon, Y., Blankenbaker, S., & Rozum, A. (2019). Academic, psychosocial, and demographic correlates of school-based health center utilization: Patterns by service type. *Child & Youth Care Forum*, *48*, 545–562. https://doi.org/10.1007/s10566-019-09495-8

Winburn, A., Gilstrap, D., & Perryman, M. (2017). Treating the tiers: Play therapy responds to intervention in the schools. *International Journal of Play Therapy*, *26*(1), 1–11. http://dx.doi.org/10.1037/pla0000041

Yates, N. (2017). Teachers' perspectives on children's mental health service needs in Title I elementary schools.

Appendix A: Study Invitation Flyer

Understanding Barriers to Referrals for School-Based Mental Health Services to Elementary Students

Study Qualifications

- You are an elementary school counselor or former counselor who left the position no more than 12 months prior to the interview.
- You worked as an elementary school counselor for a minimum of 3 years.
- You experienced school-based barriers to counseling services for elementary students.
- You are fluent in English.

The purpose of this phenomenological study is to understand school mental health professionals' experiences regarding barriers to the referral process to mental health services for elementary school students. The study will focus on your professional experiences, including the barriers and facilitators for helping elementary students receive school-based mental health services. Sharing your story may help improve awareness regarding how those barriers and facilitators impact the ability for elementary students to receive mental health services, which may have a subsequent impact on their academic and social success.

What will Participants Do?

Participate in one audio recorded interview lasting about 60 minutes. Interviews will take place by phone or online at a mutually agreed upon date and time. A follow-up contact with you may be needed and may take place by phone.

All information will be kept confidential and used only for the purpose of the study.

This research project is part of a dissertation study conducted by Adrienne Stephens, a Walden University doctoral candidate.

If interested, please contact Adrienne Stephens.

Appendix B: Screening Questions

1. Name: _____ Phone: _____
2. Email:
3. Are you fluent in English Language? Yes: _ No: _
4. Are you currently an elementary school counselor, or have you held that position in the last 12 months?
5. Have you spent at least three years working as an elementary school counselor?
6. Have you experienced student encountered barriers to counseling services?
7. Are you willing to describe your experiences involving counseling services provided to elementary students?

Appendix C: Interview Questions

1. What is your role as a counselor in an elementary school?
2. How do mental health issues negatively impact children's academic performance or socialization?
3. How can teachers refer students who are struggling emotionally?
4. How do teachers facilitate or encourage referrals for school based mental health services?
5. What barriers are you aware of for referrals for school based mental health services?
6. What steps might be taken to more easily refer children for mental health services?