

Exploring the Lived Experiences of Rural Texas School Counselors Working with
Students' Mental Health After the COVID-19 Pandemic

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Abstract

The purpose of this qualitative descriptive phenomenological study was to describe the lived experiences of rural Texas counselors when working with students' mental health in the aftermath of the COVID-19 pandemic. The study aims to answer questions of what school counselors describe as the mental health environment for students in rural Texas schools prior, during, and after the COVID-19 pandemic and the changes in the mental health environment of rural students. Most existing research has been focused on how COVID-19 changed school counselors' roles and responsibilities and how the pandemic affected students' mental health. The current study concentrated on the experiences the rural school counselors have had in the time following the pandemic to better understand the current mental health environment for rural students. The theory guiding this study is Kurt Lewin's theory of change, which helps to describe the pandemic's effects of change on rural Texas schools' mental health environment in the post-pandemic era by exploring the counselors' lived experiences during that time. Data was collected through semistructured interviews with rural school counselors from different regions of Texas. A conceptual mapping task is the methodology used within the study to examine data and information from the interviews. This method permits a flexible yet distinct data-checking process, allowing the participants a voice that is accurately represented for thorough reporting.

Keywords: COVID-19, pandemic, rural, school counselor, mental health, students

Dedication

I would like to dedicate this research to the school counselors working with children day in and day out to better their lives. Their devotedness to the many roles they play is inspiring and a valuable necessity in children's lives.

Acknowledgements

I would like to thank the ten participants that gave their valuable time to helping me understand their experiences. To my dissertation chair, Dr. Roaten, who was a perfect example of a patient, kind, and encouraging leader who guided me throughout this journey. The direction she gave me will always be looked upon as valuable and a blessing. To Dr. Bartley, thank you for always being available and asking questions that helped guide my research.

I could not have completed this step in my education had it not been for the support of my husband and children. Their understanding when I needed to focus my time and attention on research was always appreciated. My hope is that the love for being educated and for learning new things will not be lost on my children and the next generation.

I would call last year a time of perseverance. I had to balance my many roles, shift priorities, and avoid defeat. My Heavenly Father not only kept my paths straight during this time but gave me the direction and determination I needed. The Lord is my wonderful counselor and my relationship with Him is so precious. I am forever grateful to Him for aligning my path to complete this goal.

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List of Abbreviations

Conceptual mapping task (CMT)

Coronavirus Aid, Relief, and Economic Security Act (CARES)

Institutional Review Board (IRB)

Chapter One: Introduction

COVID-19 affected the world in countless ways. The youth in the United States had to live through unprecedented events during an already challenging time in their social and emotional development. The subject of mental health since the pandemic is one that continues to warrant attention, especially for rural students, given the barriers to their psychological health care (Jensen et al., 2020). Surgeon General Vivek Murthy (2021) stated,

Mental health challenges in children, adolescents, and young adults are real and widespread. Even before the pandemic, an alarming number of young people struggled with feelings of helplessness, depression, and thoughts of suicide—and rates have increased over the past decade. The COVID-19 pandemic further altered their experiences at home, school, and in the community, and the effect on their mental health has been devastating. The well-being of our country depends on how we support and invest in the next generation (p. 4).

The COVID-19 pandemic allowed the world to understand the importance of mental health care, especially for children and teenagers. The American Psychological Association stated that 81% of adolescents ages 13 to 17 experienced increased stress during the COVID-19 pandemic, which was a detriment to their mental health (Rao & Rao, 2021). The need for continued care for youth, programs, and resources, as well as the importance of mental health care in schools, was highlighted throughout the pandemic.

The purpose of the current study was to understand the lived experiences of rural Texas school counselors regarding the mental health environment and its possible changes in the post-COVID-19 timeframe. Lewin's (1947) three step theory of change was used to help understand the changes in the mental health environment for students in rural Texas schools after the

pandemic. The theory was chosen based on the assumption that Lewin's three-step model is "a robust approach to understanding the complexity of human behavior and how it can be changed" (Burnes, 2020, p. 52). Chapter 1 will define the study's purpose and significance, the topic's background, the situation to the researcher, and a problem statement.

Background

According to the U.S. Census Bureau, 60 million Americans, or one in five, live in rural areas (America Counts Staff, 2021). Rural American areas encounter numerous mental health disparities and inequalities in care compared to urban areas (Hodgkinson et al., 2017). In most cases, because of poverty, shortage of resources, and lack of access to care, people living in rural areas tend to be physically and mentally sicker than individuals in urban locations (Morales et al., 2020). This reality is also true for rural youth and their psychological health (Hodgkinson et al., 2017, p. 3). Obstacles to accessibility and availability of community mental health resources are still present for students in many areas. These obstacles are possibly even more predominant for students residing in rural areas due to inadequate public resources as well as financial and medical insurance constraints (Robinson et al., 2017).

Schools provide resources for mental health care to students and are often the first to identify the youth's mental health needs through educated and trained school counselors. Although school-based services have progressed in their capability to meet the mental health needs of youths, for rural schools, this response to aiding in the mental health needs of students is not always accomplished (Summers-Gabr, 2020). Rural schools are less likely to have mental health professionals or mental health programs compared to city and suburban schools (Shelton & Owens, 2021, p. 71). Rural school districts in America are confronted with various obstacles to offering psychological services for students, and this problem intensified during and continued

after the COVID-19 pandemic.

Having the barriers in mental health care that rural youth can experience heightened this population's adverse psychological outcomes from the pandemic. COVID-19 heightened the stress of adolescents' development and the compounding socialization adjustments for youth, especially those in rural areas, due to isolation and social distancing due to the lockdown (Houghton et al., 2022). The youth of the nation were cognitively, developmentally, emotionally, socially, psychologically, and academically negatively impacted by the pandemic (Berasategi Sancho et al., 2021). Developmental theorists have often identified adolescence as a period of tremendous growth in which children mature into adults physically, socially, hormonally, intellectually, and emotionally (Ali et al., 2019). Children and teens also become more socially sensitive during this phase of life. The significance of peers in this life stage is heightened, and the time spent with peers tends to increase tremendously. Schools provide this needed socialization for maturing adolescents, as the time spent with peers helps to develop critical social-emotional abilities, such as problem-solving strategies, empathy, and youth cooperation. Having a sense of belonging is another crucial aspect of an adolescent's maturity for healthy development. The school provides youth with a sense of belonging that is achieved through peer interactions. Having a strong sense of belonging improves psychological and social functioning (Hagerty et al., 2002; Peper & Dahl, 2013). However, the mental health dangers during the pandemic affected youth who were already underprivileged and marginalized (Fegert et al., 2020). This includes young individuals residing in rural areas due to their inequalities in resources and support (Smalley et al., 2012).

Exploring the lived experiences of rural school counselors in the aftermath of the pandemic through the lens of Lewin's theory of change could provide insight into the changes in

the mental health environment for students in rural communities. School counselors can help support students' mental health development by providing services and resources to youth in the education system, as they are trained to assist students with academic, social, and emotional needs (American School Counselor Association, 2014, para. 2; Council for Accreditation of Counseling and Related Educational Programs, 2016). These professionals are also trained in group, individual, and crisis counseling, and they can identify students struggling with mental and behavioral disorders (Council for Accreditation of Counseling and Related Educational Programs, 2016). Data from the interviews of the participants can help to fill gaps in the literature on the rural school's mental health environment after COVID-19.

COVID-19 School History

COVID-19 hit the United States on January 19, 2020, with the record of the first illness documented. A month later, in February, schools began to plan for an inevitable disruption to learning. The first school in the United States closed its doors to in-person learning on February 27, 2020. In March 2020 COVID-19 was proclaimed a global pandemic by the World Health Organization. With a lockdown in place, schools worked to continue educating students with a virtual format while accruing emergency costs for online learning. The Coronavirus Aid, Relief, and Economic Security (CARES) Act was implemented to help negate costs for school technology and virus protective equipment. When it came to state testing, in April, the U.S. Department of Education excused every state from administering standardized tests. By May, nearly all schools across the country closed for the remainder of the school year.

Rural Youth Mental Health History

When looking at mental health disorders in rural areas for youth, there is a higher frequency of mental health complications among rural children and young people compared to

urban areas (Richter et al., 2022). For example, the incidence of mental, cognitive, and developmental problems among children ages 2 to 8 is significantly greater in rural areas than in metropolitan ones (Richter et al., 2022, p. 3). Other researchers have confirmed that mental, behavioral, and developmental disorders are significantly greater among rural, low-income children than among their urban counterparts (Morales et al., 2020).

For youth in rural areas, many factors increase mental health challenges. The availability of mental health services is, at times, located far away and cannot be accessed. Affordability is another barrier that keeps youth in rural areas from receiving care as some might not be able to pay the cost of health insurance or afford out-of-pocket care (Butkus et al., 2020). Availability is another issue that rural communities are challenged with as rural communities are prone to shortages of mental health care workers. In rural communities, there can also be the stigma of needing mental health care that can prevent individuals from receiving care (Fullen et al., 2020).

Mental Health Environment

For the current study, depending on the topic and context, the term *mental health environment* will be clarified to better understand the themes encompassing rural school students' mental health. One primary subject in the mental health environment is the various diagnoses affecting children and teenagers. Depression, anxiety, and attention deficit hyperactivity disorder are widespread diagnoses in school-aged youth (Collinshaw, 2014). Other mental health issues affecting children and adolescents include non-suicidal self-harm, suicidality, and substance use (Collinshaw, 2014).

When addressing mental health and schools, topics incorporated in the mental health environment could be numerous. Mental health services provided to students, such as individual counseling, therapy groups, or school-wide training, are included. Other mental health

professionals working with the students in the educational setting, in addition to school counselors, could include social workers, school psychologists, adjustment counselors, and behavioral interventionists. Additionally, the school's mental health environment is influenced by the community, culture, diversity of the residents in the community and awareness of social service issues (Cauce et al., 2002). Other outsourced mental health professionals such as licensed professional counselors, psychologists, or qualified mental health professionals working in agencies in the community are included in the description for the mental health environment of students. Evaluating the efficiency of these services, the student's participation in them, and the success of the services can also be incorporated as a part of the mental health environment of students. Chapter 2, the literature review, further describes some of the mental health environment topics that involve rural school counselors, rural students, and COVID-19 themes. The discussions with rural school counselors presented in Chapter 3 also give a unique look into these mental health topics pertinent to the school counselor that were explored during the interviews.

Situation to Self

As a resident of a rural town in Texas, a licensed professional counselor, the wife of a rural schoolteacher, and a mother to children in a Texas rural public school system, this researcher felt the need to investigate the effects the pandemic had on the mental health of rural students in this demographic. After spending a year in a Texas rural school district conducting therapy with students during the pandemic and post-pandemic, the researcher felt there needed to be a better understanding of possible changes after the pandemic in the mental health environment for rural students. An exploration of psychological changes in the mental health environment of rural students after the pandemic is necessary to inform appropriate care and

services to meet rural students' mental health needs. The researcher has lived abroad and in several areas of the United States, due to being in the military, and her children have attended all types of schools. However, even with frequent moves and changes in schools previously experienced, when COVID-19 hit, the interruption in school was the most disruption the researcher's children have experienced in learning and the most stress they have endured in their adolescent stage of life.

Due to the researcher's lived experiences, bracketing the researcher out of the research of the phenomenon is essential to the validity of the study. Bracketing is a process where biases or assumptions are withheld (Gearing, 2004). While bracketing does not remove the researcher from the study, it does set their experiences apart so that the focus can be on the lived experiences of the participants (Creswell & Poth, 2018). For the current phenomenological study, bracketing entailed the researcher setting aside pre-determined preconceptions, biases, and judgments, along with previous knowledge of the subject matter, to better create a new understanding.

Problem Statement

There is much to be learned on how the COVID-19 pandemic affected mental health in the United States, especially for the youth in rural Texas schools. Students were among the greatest population impacted by COVID-19 (Elbay et al., 2020). Research is showing overall for the youth of this world, their holistic well-being was threatened and affected, and the effects may persist for years (Johnson & Randall, 2021). However, rural youth have more disparities than urban areas that could lead to more mental health problems due to a lack of available, affordable, and suitable mental health care (Mongelli et al., 2020). Therefore, it is necessary to examine whether there were changes in the mental health environment for rural students' needs after the

COVID-19 pandemic to better inform future resources. In rural areas, sometimes schools are the only place students receive mental health services (Hoffman & Miller, 2020, p. 301). Looking directly at the lived experience of counselors who assist children with all aspects of their growth and development, including emotional and social well-being (Graham, 2020), would be beneficial to exploring changes in the youth's mental health in the period after COVID-19. This could reveal implications for improvement in the mental health environment for Texas rural students.

Purpose Statement

The purpose of the current qualitative descriptive phenomenological study was to explore the lived experiences of rural Texas school counselors when working with students' mental health in the aftermath of COVID-19. Due to barriers in mental health care, rural areas pose many mental health challenges and difficulties for residents (Morales et al., 2020). There is a lack of providers and mental health care in rural areas, which creates delays in diagnosis and care (Guerrero et al., 2018). The barriers to mental health care in rural areas affect children and teenagers in these areas. For rural youth, schools and school counselors are often the primary resources that can support their psychological needs (Waxman et al., 1999). The current study used Lewin's theory of change, along with the methodology of conceptual mapping task (CMT; Impellizzeri et al., 2017), to explore the lived experiences of rural Texas school counselors after the COVID-19 pandemic to better understand the changes within the mental health environment of students.

Significance of the Study

The current study is significant because it fills gaps on how the mental health environment changed in rural Texas schools after the COVID-19 pandemic. To date there has

not been a study examining Texas rural school counselors' experiences in working with students throughout the pandemic and the possible changes in the mental health environment that came out of this. Previous research has provided an understanding of what changes in the mental health environment of youth were experienced during the pandemic, but little research has examined the aftermath of the pandemic and if the changes that took place were sustained or altered (Kecojevic et al., 2020).

With the necessity of continually assessing the mental health needs of students and delivering appropriate services, especially in a rural setting when barriers to care are experienced, the current study can shed light factors of the mental health environment for rural youth after the pandemic ended based on the information from interviews with school counselors. The data from the study could inform future resources and programs for rural school counselors to implement to help the mental health environment for their students. This study could also contribute to research and help researchers obtain a better understanding of how COVID-19 affected the rural student population's mental health.

Research Questions

The current study was conducted to provide an understanding through the lived experiences of Texas rural school counselors of the mental health environment for students after COVID-19. Four research questions were investigated using Lewin's theory of change three-step model. Using Lewin's theory of change provided a lens to examine the lived experiences and perceptions of change since the pandemic ended in the mental health environment of school counselors' students (see Korstjens & Moser, 2017).

Research Question 1

Research Question 1 was "What do school counselors describe as the mental health

environment for students in rural Texas schools prior to COVID-19?” This question was designed to understand what changed after the pandemic by looking at the mental health environment prior to COVID-19. Allowing the rural Texas school counselors to describe the mental health environment preceding the pandemic provided a baseline to view the changes that took place during COVID-19 and compare them to the current time after the pandemic.

Research Question 2

Research Question 2 was “How do rural Texas school counselors describe their lived experiences working with students’ mental health during the pandemic?” The COVID-19 pandemic has already been shown to have caused changes in the mental health environment for students. This research question allowed for a better understanding of the lived experiences of rural school counselors during this period. This question gave the participants a voice to describe the changes in the mental health environment they experienced during the pandemic to better understand the change after the pandemic.

Research Question 3

Research Question 3 was “How do rural Texas school counselors describe their lived experiences working with students’ mental health after the pandemic?” This question addresses school counselors’ lived experiences of working with rural students and mental health issues after the COVID-19 pandemic in their schools and the new status quo. The broadness of this question allowed the participants to focus on what was important to their experiences in working with students and their mental health during a definitive time. This qualitative, open-ended question is inductive and allowed for an emerging design, as the phenomenological study aims to “provide an in-depth understanding of real-world problems by a thorough understanding from the lived experience of a participant” (Korstjens & Moser, 2017, p. 275).

Research Question 4

Research Question 4 was “What do rural Texas school counselors describe as possible changes in the mental health environment of students in the present time period?” This question allowed the participants to explore the changes they perceived in the mental health environment of their students after the COVID-19 pandemic. The responses to this question address the purpose of the study, providing a more detailed view of the lived experiences of rural Texas school counselors when working with students’ mental health in the aftermath of COVID-19.

Summary

This chapter detailed the reasons for the study and how this qualitative research is supported by Lewin’s theory of change along with the descriptive and detailed methodology of CMT. The chapter discussed the background of the topics of inequalities in rural mental health for youth, the roles of schools, mental health literacy, and school counselors with regard to students’ mental health along with the life-stage mental health needs and environment of students. The research questions were also presented, which were designed to allow the researcher to better grasp the lived experiences of Texas rural school counselors working with students’ mental health in the aftermath of the pandemic.

Definitions

Bracketing: Bracketing is when researchers are cautious not to place their own ideals or beliefs on the participants of the study (Wertz, 2005).

Conceptual mapping task (CMT): CMT is an interviewing technique that includes four separate member verifying elements for qualitative counseling research (Impellizzeri et al., 2017).

COVID-19: COVID-19 is an “acute respiratory illness in humans caused by a coronavirus capable of producing severe symptoms and, in some cases, death, especially in older people and those with underlying health conditions. It was originally identified in China in 2019 and became a pandemic in 2020” (Ciotti et al., 2020, p. 365).

Mental health literacy: “The understanding and opinions about mental disorders which aid their identification, management, or prevention” (Jorm, 2000, p. 396).

Post-pandemic: The time in the education system that schools were re-opened for in-person education after the COVID-19 pandemic. For most Texas schools in-person learning began again in August 2020 (Williams et al., 2021).

Rural: The Texas Higher Education Coordinating Board (2017) defined a district as rural if it is not located in a metropolitan statistical area, which is a geographic unit used to collect statistics in metropolitan areas of the United States.

Chapter Two: Literature Review

The closure of schools across the United States around March 2020 due to the COVID-19 pandemic triggered a rush to produce interventions to mitigate the pandemic's impact on students, teachers, parents, and communities. The school closures prompted a struggle to find ways to educate students from a distance. Classes went virtual, school meal distribution was disrupted, and extracurricular activities and other services were stopped (Ferren, 2021). School closures led to the isolation of children and teenagers. During this stressful time of social isolation, there was an increase of poorer mental health in youth (Bonsaksen et al., 2022). Not only did school closures disrupt students' lives, but the unknowns about COVID-19 produced anxiety and worry in children (Elbay et al., 2020), such as the uncertainty of how the virus would affect them and their families (Vasileva et al., 2021).

Research studies have looked at the effects of COVID-19 on students, but they have primarily focused on teacher preparation and have not investigated rural school counselors' experiences working within the mental health environment in the aftermath of the pandemic. School counselors are tasked with improving students' academic, social, emotional, and career needs. Studies on rural school counselors and the changes in the mental health environment from the COVID-19 pandemic are vital to the development of effective interventions for students to address the rise in mental health issues. In rural areas, schools and school counselors are often the only resources for mental health issues in students (Morales et al., 2020). School counselors can play a role in prevention and bring awareness to students' mental health problems. Advocating for and providing services to students are other vital roles of a school counselor (Fazel et al., 2014). COVID-19 increased the prevalence and intensity of students' mental health issues (Marques de Miranda et al., 2020) and created even greater inequality in care for rural

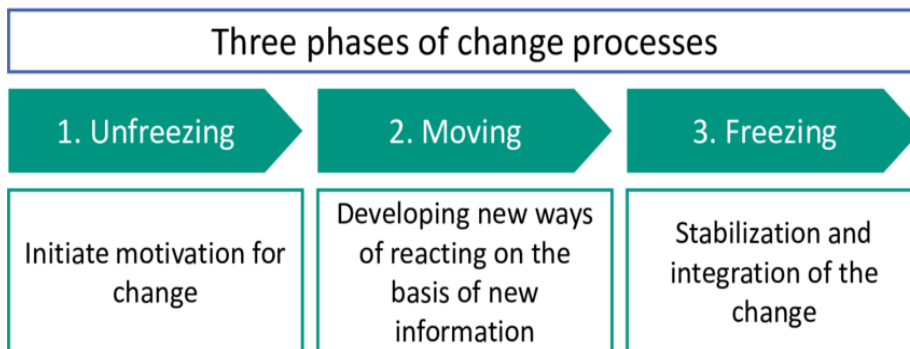
students. Therefore, it is crucial to investigate the effects the pandemic had on rural schools and students’ mental health through the lived experiences of school counselors. This chapter helps the reader to understand the theoretical framework the study is based on and the related literature.

Theoretical Framework

Kurt Lewin is regarded as the “father of social change theories” (Huarng & Mas-Tur, 2016, p. 4725). He was initially interested in Gestalt psychology and ultimately expounded on and applied Gestalt’s theories to human behavior (Cherry, 2020). Lewin’s (1947) theory of change describes change in three steps: unfreezing or motivation for change, moving toward change, and freezing to the new change. Figure 1 details the three phases of change (Heimicke, 2021).

Figure 1

Three Phases of Change



Lewin’s model describes a long-utilized methodology to change processes, and his theory is frequently regarded as the original work on change theory (Hussain et al., 2018). The three-stage model’s first step is the unfreezing process. Lewin found that the balance within a system or behavior needs to be disrupted, or “unfrozen,” so that new behaviors or processes can be adopted in preparation for change. Unfreezing does not in itself generate change; rather, it

creates the needed environments for an individual to learn new behaviors (Schein, 1996). Unfreezing does not predict or control the direction of change. The second step of Lewin's model is a movement toward change. This involves the idea that complex forces are at work to implement the desired level of change within a system. Movement is an active process in which the advantages and disadvantages of change are explored (Schein, 1996). The last stage of Lewin's model is refreezing. Refreezing seeks to solidify the new change and sustain the new norm once the change has been implemented (Hussain et al., 2018).

The current study used Lewin's three-step model of change to investigate how COVID-19 affected Texas rural schools' mental health environment for students. The interviews with rural Texas counselors include a discussion of the mental health environment, its status before COVID-19, and how it has changed since the pandemic and its stabilization. The pandemic itself reflects Stage 1 of Lewin's model of unfreezing and the movement toward change. The second phase of the model focuses on the changes that then occurred in the mental health environment of youth and the movement of change to meet mental health needs. Most of the literature discussed in the current study is concentrated on these two phases and changes that happened in the mental health environment before and during the pandemic. The current study, however, focused on the time after the pandemic to identify the changes that came out of the pandemic and how Lewin's refreezing Stage 3 was perceived.

Significant literature has been constructed from Lewin's model; it has also been expanded on by others (Kin et al., 2018). Hayes (2002) endorsed Lewin's model and explained how leaders can use it to impact change. Lewin's theory of change illustrates the effectiveness with which individuals, environments, and organizations are able to modify their structures, strategies, and processes (Hussain et al., 2018, p. 123). Examining the mental health environment

in rural Texas schools after the pandemic through the lens of Lewin's theory of change three-step model can help identify changes and how they are perceived by the lived experiences of the school counselors.

Related Literature

Rural Mental Health

The absence of access to mental health services in rural communities in the United States is a concern (Hodgkinson et al., 2017), as rural residents with a mental health disorder do not receive needed mental health services (Fortney et al., 2015). Mental health professional shortage areas are frequently in rural and underserved regions and impact vulnerable residents, who may need a diagnosis or treatment for a mental illness (Allen et al., 2011; Summers-Gabr, 2020). Rural communities suffer poorer social and mental health results than urban and suburban areas due to a combination of issues such as disparities across the rates, seriousness, and results of mental illness (Smalley et al., 2012). The smaller populations in rural areas and the deficiency of career opportunities keep specialized professionals from being available in these areas (Hastings & Cohn, 2013; Johnson & Brookover, 2020). These shortages of mental health professionals can influence the mental health culture and resources in rural areas (Cheesmond et al., 2019). Rural adolescents encounter challenges in getting mental health treatment due to a lack of available, affordable, and suitable mental health care (Mongelli et al., 2020).

Apart from the absence of trained and certified mental health providers, there are other circumstantial and cultural factors that contribute to the lack of access to mental health treatment in rural populations. Cultural factors can include religion, social support, and stigma (Morales et al., 2020). Gaps in mental health care are also increased in those who have certain traits such as feeling alone and despondent, have lower education levels, or suffer from chronic health

conditions (Morales et al., 2020). Differences in mental health between rural and urban areas also strongly correlate with the socioeconomic status of rural and urban residents (Morales et al., 2020). Compared to metropolitan areas, rural areas have a higher rate of poverty, higher unemployment, and a larger share of the population that relies on public assistance or is uninsured (Karim & Chen, 2020; Sano & Mammen, 2022). It is a challenge for rural health systems to address behavioral and mental health inequities rooted in socioeconomic factors and geographically isolated areas.

For youth in rural communities, schools can be a resource for mental health care through the programs and services offered by a school counselor or contracted mental health worker. However, gaps in care and referrals in rural areas can exist even in schools due to a number of factors. Many rural schools have no mental health specialist or programs available (Shelton & Owens, 2021). Based on a study of school providers' perspectives, the primary obstacles to health care programs or services provided in schools are financial (O'Malley et al., 2018). Budget restrictions were discovered to be a significant obstacle to employing mental health employees or implementing mental health programs in schools. In the distribution of federal resources, a school's designation as rural or nonrural is not considered (Johnson & Howley, 2015). An increase in funding can assist mental health counselors in schools that focus on mental health illnesses in students (Shelton & Owens, 2021). Another obstacle found was the lack of mental health training among school personnel, leading to a lack of understanding students' mental health needs (O'Malley et al., 2018, p. 801).

Another challenge for mental health services in schools is finding and keeping enough qualified people to meet demand, as there is a short supply of these professionals in rural areas (Hastings & Cohn, 2013). This is an important consideration when rural schools do choose to

execute mental health programs, as specialists in the mental health field would possibly be hard to employ due to the lack of professionals in rural areas. Not only is there a lack of school counselors and other mental health specialists, but in rural communities, their credentials may be subpar due to the lower requirements for training and continued education (Demissie & Brener, 2017).

In Texas specifically, there has been a massive deficit of school counselors and mental health practitioners (New & Hacker, 2022, para. 11). Texas is the second most populated state in the nation and has the greatest number of uninsured individuals (Dunkelberg, 2022). There is a need to expand the number of mental health practitioners and counselors in rural communities and schools, including in Texas (Bain et al., 2011; Pincus et al., 2021). In Texas, the Hogg Foundation supports and promotes mental health and well-being for individuals in Texas. The foundation has identified rural areas as an underserved population (Hogg Foundation for Mental Health, 2015, para. 3).

Educational Mental Health Resources for Youth

Schools

A common experience for most youth is their involvement in an educational setting. There is agreement among researchers that strong social support is crucial in decreasing the prevalence of mental problems, highlighting the importance of schools to the mental health of youth. Schools also influence youths' futures by facilitating peer relationships students make with their classmates. The peer network includes a microsystem in which youth interact with others, assess themselves, progress in understanding themselves and their world, and acquire and modify their actions, opinions, and values (Farmer & Farmer, 1999), thus contributing to mental health development (Bronfenbrenner, 1979).

Schools can also offer students contact with resources and services that can help with academic, emotional, behavioral, and developmental needs. Stephan et al. (2007) stated, “With more than 52 million youths attending over 110,000 schools and more than six million adults working in schools, one-fifth of the U.S. population can be reached in schools” (p. 1331). Ali et al. (2019) also found that “3.2 million adolescents in the United States received mental health services in an educational setting” (p. 394).

Because adolescence has often been acknowledged by developmental theorists as a period of stress, concentrating on mental health in schools offers opportunities for promoting positive and helpful messages related to students’ mental health while encouraging activities for mental wellness (Cicchetti & Rogosch, 2002). By removing barriers such as scheduling conflicts, transportation, and costs, schools can help students access mental health services. Schools can provide the means for early identification of mental health symptoms, resources, literacy, and treatment for the students enrolled; this makes a difference in the lives of youth with mental health issues. School-based mental health interventions have been shown to reduce symptoms (Karukivi et al., 2021). Schools can also reduce the stigma around mental health issues by offering a neutral environment for students and families to pursue aid for mental health needs. Compared to conventional public mental health settings, which may be seen as detached from a family’s daily environment, schools can present an ecologically useful option, offering services directly in children’s educational environment (Stephan et al., 2007).

Mental Health Literacy

Adolescence represents a crucial life phase for mental health and a time to better understand mental health. This life stage is a time in which youth are particularly responsive to educational interventions that encourage mental health literacy (Meleis, 2010). The term *mental*

health literacy can be defined as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention” (Jorm, 2000, p. 396). Having better literacy of mental health at an early age has a positive influence on adult life by helping them manage their thoughts, emotions, and relationships (Nobre et al., 2019). Without a healthy level of mental health literacy, and the information and skills to prevent mental health issues, children and teenagers will be at risk of developing into healthy adulthood.

Mental health literacy development benefits adolescents by contributing to positive mental health and well-being as well as enabling timely access to suitable help when mental health difficulties arise (Caims & Rossetto, 2019). Schools provide a place for improving mental health literacy (Jorm, 2000). Adolescents may need the help of supportive adults such as school counselors to help identify and acknowledge that what they are experiencing is a mental health issue and reduce stigma around seeking help (Kutcher et al., 2016). School counselors can ensure a positive, safe school environment by educating staff and students on mental health issues and providing developmental classroom guidance. Teaching and reinforcing positive decision-making and healthy behaviors to students, along with psychoeducation on mental health, are additional preventative responsibilities of school counselors.

School Counselors

School counselors are specialists who seek to aid children in the education system by implementing services to support students through each developmental period. School counselors assist students with their academic, professional, social, and emotional growth beginning in kindergarten and continuing through high school (Bain et al., 2011; O’Connor, 2018). Through a comprehensive school counseling program, school counselors offer prevention, education, and intervention activities, which are all incorporated into the educational

environment of students (American School Counselor Association, 2014). School counselors are educated and trained to assist children with all aspects of their growth and development, including emotional and social well-being (Graham, 2020). Key responsibilities of school counselors include helping students who are struggling academically; advising students on how to stay on track for career advancement, degree completion, and postsecondary plans; and counseling students who are experiencing negative feelings like loneliness, anger, anguish, stress, or anxiety (O'Connor, 2018).

These professionals can be the first line of access to mental health resources for students with mental health issues. School counselors help identify mental health issues, provide resources, and deliver interventions that can support students' mental health while they are enrolled in school. Counselors in schools can provide students with information about effective coping mechanisms and self-help methods or provide them with a safe environment to implement coping skills independently. School counseling has been shown to reduce externalizing behaviors and improve emotional and social skills (Marsh & Mathur, 2020). Counselors can also refer students to medical or mental health professionals when they feel that further support outside of the educational setting would benefit the student (O'Connor, 2018).

Another responsibility of a school counselor is to report child abuse and neglect. As mandated reporters, counselors are "required by law to report suspected abuse within 48 hours of first suspecting that a child has been or may be abused or neglected" (Texas Family Code § 261.101(b)). The World Health Organization (2022) reported that 5%–20% of children are sexually abused and 25%–50% are physically abused. Counselors in educational settings can help combat abuse by reporting suspected abuse and educating students on abusive behaviors.

In rural areas, school counselors' awareness of the identified disparities is vital for the

implementation of mental health services or programs to better aid the mental health environment for the students. Rural school counselors can be advocates for change in addition to coordinating services (Wimberly & Brickman, 2014, p. 28). Collaboration between administrators and school counselors plays a significant role in addressing students' mental health (Nichols et al., 2018).

School Telehealth

Due to the increased need for the nonacademic resources provided by schools during the pandemic, telehealth became important to the mental health of individuals. In studies preceding the pandemic, researchers challenged the need for telehealth services in schools to fill gaps in obtaining care (Stephan et al., 2016). But additional research was needed to explain how telehealth procedures are implemented in school settings and their probable advantages (Love et al., 2019). However, telehealth resources have become more commonly used since the pandemic, leading to more current literature on the methods of telehealth increasing access to mental health services. Some studies looked at the access to resources telehealth brings to those in rural areas specifically. Telehealth programs administered by schools could assist rural students and their families in accessing medical and mental health resources (Williams et al., 2021). A telehealth model provides a system of support that links individuals with available medical and mental health services, despite locality or access to facilities. School-based telehealth can benefit from current infrastructure to offer preventive, essential, and urgent care as required deprived of the costs of physically transporting the student to a facility or other location (Williams et al., 2021).

There is a need for telehealth specifically in rural communities, as it increases access to mental health care (Nelson et al., 2022). During the COVID-19 pandemic, school counselors were encouraged to provide remote counseling to students. The Texas Education Agency

included many services that school mental health personnel could provide virtually such as providing assessments, diagnosis, counseling, academic counseling, support and check-ins with students, the support provided specifically for special vulnerable populations, and information, referral, and connection to community resources (Texas Education Agency, 2020). These student support services were allowed to be provided remotely with flexibility due to the nature of the pandemic and the closures of schools. However, the support services that school counselors provided during the pandemic were dependent on the student's availability of internet and computers, creating additional barriers to care. A number of students not in the classroom due to COVID-19 did not have access to a personal computer or internet service. In Texas alone, it was estimated that 1.8 million students did not have access to a computer at home during the pandemic (Martin, 2020). Internet access was also limited for students, while others lived in areas not served by mobile networks (Janssen, 2022). Nationwide, "26.4% of rural Americans lack access to broadband compared to only 1% of urban Americans" (Tomascik, 2020).

COVID-19 Pandemic's Effects

The COVID-19 pandemic affected students' mental health, caused social isolation, exposed vulnerable student populations, and increased child abuse. Students also developed unhealthy coping skills, their school attendance declined, and the pandemic negatively impacted the family system. These negative effects of COVID-19 are discussed in the following sections to better understand the pandemic's effects on youth.

Youth Mental Health

COVID-19 led to a marked increase in the amount of mental stress in society, especially for the youth. About a quarter of children and teenagers in the United States have a medically diagnosed mental health problem (Climie & Altomare, 2013). Young people were further at risk

for increased stress because of their inexperience in dealing with disruptive situations (Elbay et al., 2020). Depression, anxiety, and stress increased in youth because of disruptions to their way of life due to lockdowns, online learning, and suspension of studies (Al Omari et al., 2020; Karaman et al., 2021). Similarly, loneliness and poor well-being were noted (Bonsaksen et al., 2022). The COVID-19 pandemic also disrupted many healthcare services, resulting in a greater prevalence of mental problems, especially for children and teenagers in schools due to their closures (Parikh et al., 2019).

The restrictions intended to contain the spread of COVID-19 caused mental health issues for many young people across the world. COVID-19 presented new stressors in the lives of youth (Rosen et al., 2021). Quarantine restrictions and school closures resulted in increased symptoms of mental challenges (Karaman et al., 2021). Some of the triggers for these mental challenges included fear of the death of friends and family, unsafe feelings, fear of contracting COVID-19, disruption of social connections, interruption to routines, and feelings of loss of control (Karaman et al., 2021; Liang et al., 2020; Rousseau & Miconi, 2020). A high occurrence of COVID-19-related fear was observed among young individuals, as well as additional anxiety and depressive issues, compared with pre-pandemic estimations (Samji et al., 2021). A deteriorating mental health trend for youth during the pandemic was discovered in numerous research studies, demonstrating the COVID-19 pandemic and its disruptions had a considerable adverse impact on the mental health of children and teenagers from all over the world (Rider et al., 2021), especially for those with preexisting mental health problems (Penner et al., 2021).

Social Isolation

Isolation resulting from the pandemic affected students' mental health immensely. The increase in mental health problems during COVID-19 was influenced by social isolation (Wade

et al., 2020). Due to social distancing and school closures, children and teenagers were isolated from others. Social isolation can increase anxiety and depression in adolescents (Almeida et al., 2022). Schools can provide inclusive and supportive environments, but the pandemic meant this was not available (Eithier, 2022). Mental well-being has deteriorated since the beginning of the COVID-19 pandemic due to the loss of social connectiveness (Dedryver & Knai, 2021).

Vulnerable Student Populations

The COVID-19 pandemic worsened health and social inequities within society (Van Dorn et al., 2020). Vulnerable populations, including students who are lesbian, gay, bisexual, transgender, or questioning (LGBTQ), homeless, or in foster care were especially disadvantaged during the pandemic due to school closures. LGBTQ adolescents have greater probabilities of poor mental health and well-being, and they are at a disproportionate risk for adverse health and other social and educational outcomes in comparison to their non-LGBTQ and cis peers (Hafeez et al., 2017). COVID-19's social isolation increased this population's issues. For many, being stuck at home with unsupportive parents affected them negatively, as did losing the support they had at school (Fish et al., 2020). Additionally, virtual mental health support was not always utilized due to fears that they would be overheard in their conversations with the mental health provider. The loss of social environments that provided safe, supportive, and affirming relationships for LGBTQ youth during the pandemic exacerbated risks of depression, self-harm, and suicide, as these environments and relationships have been found to be key protective factors for youth (Taliaferro et al., 2018).

Homeless youth are also at risk for poor mental health. The negative effects of the pandemic were disproportionately dispersed and most severely felt among those who have been marginalized, including youth suffering from homelessness (Noble et al., 2022). A global team

of scholars declared that youth experiencing homelessness have been further burdened by COVID-19 and merit greater awareness of their unique needs (O'Brien et al., 2021). The data reflected the numerous ways in which homeless youth suffered losses due to instability and unavailability of resources (Rew et al., 2021).

Youth in foster care also are at risk for mental health issues (Ringeisen et al., 2011). For this population, a sense of normalcy can be crucial to their well-being. When the pandemic hit, normalcy in all individuals' lives was impacted (Collins & Badigar, 2020). For youth in foster care with increased vulnerabilities, the influence of COVID-19 disruptions was far more severe and long-lasting as this population already fared worse in educational achievements than their peers. Chronic absences, school transfers, court hearings, and lower graduation rates are examples of issues that often hinder education in youth in foster care.

Child Abuse

When COVID-19 shut the doors of schools, counselors were no longer face-to-face with children and teenagers, so detecting abuse became more difficult. But the pandemic caused stress on caregivers due to the erosion of the family support system and the exposure to multiple contextual stressors, which worsened child abuse on a global scale (Cuartas, 2020). In a review of patients from the Johns Hopkins Pediatric Trauma Registry, findings showed that physical child abuse was significantly higher during the pandemic (Kovler et al., 2021, p. 3). A review of 16 recent literature articles on child abuse during the COVID-19 pandemic supports these findings as well as the increase in psychological maltreatment (Karbasi et al., 2022). However, during the COVID-19 pandemic, child abuse reports actually decreased due to the primary reporters of educators and counselors not having access to students in person during school closures (Baron et al., 2020).

Unhealthy Coping by Youth

The outbreak of COVID-19 in 2019 and its related disruptions had a toll on the mental health of youth and produced unhealthy coping skills. Epidemiological data from population-based studies indicated that the mental well-being of youth has been severely influenced by the COVID-19 pandemic itself as well as by the social distancing applied (Ravens-Sieberer et al., 2021). More than a third of high school students reported poor mental health (Centers for Disease Control and Prevention, 2022; Jones et al., 2022). Students enrolled in school were among the most affected by the pandemic because most of them had not previously experienced a health problem leading to extensive disruption of everyday life (Elbay et al., 2020). COVID-19-related stressors such as school closures, social distancing, fear of being infected by the virus, and disruptions to routines and support, taxed adolescents' mental health and raised their risk of psychological difficulties such as depression, anxiety, posttraumatic stress, and deliberate self-harm (Robillard et al., 2021).

The stress of the pandemic led some children and teenagers to use unhealthy coping mechanisms such as substance abuse, self-harming behaviors, and suicide. In rural areas, COVID-19 led to a surge in substance abuse among youths, which was already a significant problem for this demographic (Richter et al., 2022). In addition to higher rates of poverty, financial instability, social and geographic isolation, and community standards more accepting of the use of alcohol or other substances, students living in rural areas are also at a higher risk for substance abuse (Richter et al., 2022; Rhew et al., 2011). Further, suicide, which is the act of harm with the intent of death, or non-suicidal self-injury, which is deliberate self-harming behavior that does not intend death, increased during the pandemic (Yard et al., 2021). Almost 20% of high school students reported contemplating suicide, and 9% attempted suicide (Jones et

al., 2022). Additionally, those reporting suicidal ideation rose from 69% to 84% and those reporting self-harm behaviors rose from 31% to 48% (Berger et al., 2022, p. 1).

Despite the indication that psychiatric symptoms appeared to increase among youth during this time, research showed a substantial reduction in the use of psychiatric services by individuals aged 0–24 throughout the early phase of the COVID-19 pandemic (Wan Mohd Yunus et al., 2022). Reasons behind this reduction as described by previous research could have been the concurrent widespread implementation of COVID-19 mitigation measures such as stay at home orders and facility closures (Leeb et al., 2020). The COVID-19 pandemic emphasized the need for strategies to preserve children’s and young people’s access to mental health services as future pandemics and crises may arise. Technological developments may be integrated into mental health services, and the differences in the way that youth use services may alter conventional help-seeking models (Wan Mohd Yunus et al., 2022).

School Attendance

School attendance was a concern during the pandemic due to the adverse impacts of school absenteeism on youth. According to data collected by the U.S. Department of Education, preceding the pandemic, “about one in seven students nationwide were chronically absent” (Blad, 2022, para. 10). During the COVID-19 pandemic, attendance was predominantly low for youth with special educational requirements and preexisting anxiety difficulties (McDonald et al., 2022). It was also discovered that many caregivers observed that their children, including individuals with no preexisting anxiety difficulties, had experienced school attendance problems due to anxieties exclusively associated with catching and spreading COVID-19 (McDonald et al., 2022). Adolescents with increased absenteeism may be at an increased risk for conduct problems (Wood et al., 2011). Poor school attendance is correlated with low academic achievement, school

drop-out, unemployment, and mental disorders (McDonald et al., 2022). Further, research has supported the significance of school attendance on adolescent mental health, with mental health issues leading to more absenteeism (Lawrence et al., 2019). School absenteeism was a dilemma before the COVID-19 pandemic. The intermittent school closures, social isolation, and increasing academic and anxiety problems that were produced by the pandemic created a situation for youth to miss school (Sparks, 2022).

Familial Impact

Family life was also impacted by the COVID-19 pandemic (Marzilli et al., 2021). Family life has been influenced since the preliminary stages of the pandemic due to the enactment of physical distancing, quarantines, and stay-at-home orders to curb the spread of the virus. Children's well-being is intricately linked to the mental, physical, and social health of their caregivers and therefore was directly affected by the caregivers' stress related to the virus and mitigation efforts (Prime et al., 2020). Research found a link between parents' and children's peritraumatic stress due to the pandemic (Chartier et al., 2021). Caregivers with children, especially those from early childhood to middle adolescence, were the demographic at the greatest risk from the psychological effects of COVID-19 due to the amplified responsibility related to the needs from these children (Marzilli et al., 2021).

Family systems were also challenged due to disruptions to finances, employment, caregiving, and routines (Prime et al., 2020). Throughout the pandemic, many families spent an increased amount of time together. In some cases, this increased amount of time with family produced a negative impact on youth (Magson et al., 2021). Adverse family coping approaches and parental anger and frustration were found to put youth at an increased risk of heightened stress during the initial pandemic period (Achterberg et al., 2021). Correspondingly,

“dysfunctional parenting” was a considerable influence in children’s deteriorating mental health (Ezpeleta et al., 2020). Conflict with parents projected an increase in mental health difficulties among young people (Magson et al., 2021). With children and teenagers at home during school closures, the family unit as a whole was affected and impacted directly by the pandemic.

COVID-19’s Mental Health Consequences

Data provides a look into the long-term consequences that will possibly arise from the pandemic. The associated physical and educational issues that can surface from long-term mental health problems in childhood could provide possible negative outcomes from COVID-19. Additionally, the roles and responsibilities of school counselors and the long-term consequences for these professionals are important to explore.

Long-Term Consequences of Mental Health Issues

Mental health problems experienced during childhood can have a long-lasting impact on a person’s life into adulthood (Goodman et al., 2011). Mental health issues such as diagnosed anxiety and depression can worsen over time, which can lead to financial and interpersonal problems in adulthood (LoParo et al., 2022). Youth depression is associated with future negative consequences, including adulthood functional impairments (LoParo et al., 2022, para. 5). Further, untreated psychological disorders can result in unwarranted disability, joblessness, homelessness, substance abuse, imprisonment, and suicide, as well as a poorer quality of life (Dubose, 2020). During the COVID-19 pandemic, mental health interventions for adolescents were decreased due to school closures, which could cause long-term consequences for this population (Goodman et al., 2011).

Physical Consequences of Mental Health Issues

For youth, mental health issues can also hinder physical health. The interplay between

physical and mental health affects overall well-being in this age group (Nelson et al., 2012). Elevated levels of adolescent psychopathology, particularly anxiety, are related to greater risk of a comorbid medical problem (Nelson et al., 2012). One longitudinal study that assessed adolescents over a period of 20 years indicated that “psychiatric comorbidity in youth may be linked with worsened physical health in adulthood” (Chen et al., 2009, p. 871). Persistent stress can worsen healthy immune functioning, escalating susceptibility to prolonged medical ailments (Segerstrom & Miller, 2004). This link between mental and physical health can also affect youth in school, as educational goals are more difficult to reach when a student’s attendance is low (Kearney, 2019).

Educational Consequences of Mental Health Issues

Educational targets are less likely to be met when a child is suffering from a mental health condition (Wickersham et al., 2021). Some youth with a mental health disorder have a challenging time succeeding in school due to the emotions, thoughts, and behaviors related to the disorder that interferes with their ability to do well academically (DeSocio & Hootman, 2004). Issues such as attention deficits, cognitive disorders, mood disorders, and other mental health issues all adversely affect scholastic development. There is a direct relationship between depression and lower educational attainment (Wickersham et al., 2021). Students are also less likely to complete their education due to suffering from a mental disorder (Breslau et al., 2008). When children who are suffering from mental health issues do not have their mental health needs met, their education accomplishments can be a challenge. COVID-19 further impacted the educational milestones and goals for students not only because of the change in learning from in-person to virtual but also due to the increase in mental health issues students experienced (Nandlall et al., 2022).

COVID-19 Impact on School Counselors

When attempting to help students, school counselors have traditionally had to work around issues like large caseloads, multiple professional identities, and unclear roles and duties (O'Connor, 2018). Given the growing demands of today's students and their families, school counselors must overcome new obstacles to provide quality services through a well-planned school counseling program. Recent events such as the COVID-19 pandemic, rising social and racial turmoil, and a tense political climate have contributed to these demands (Grove & Laletas, 2020).

Meeting students' mental health needs during the COVID-19 pandemic was difficult for school counselors due to changes to their roles and duties (Savitz-Romer et al., 2021). When the pandemic began, school counselors were often tasked with administrative or non-counseling duties outside, which led to feeling overloaded (Blake, 2020). A 2020 survey by the American School Counselor Association (2021) of 7,000 school counselors indicated that many had assisted as substitute teachers, conducted temperature checks, and took on other tasks as a result of the COVID-19 crisis. The participants' responses also indicated that having contact with students only in a virtual setting was their greatest daily challenge at work (American School Counselor Association, 2021). Counselors had to develop methods to monitor students' psychological health, provide counseling for students when requested, interact with students who may be hesitant to ask for help, follow up on virtual participation and those not attending virtually, and secure learning materials for their online learners. Lack of in-person interaction with students and the increase in additional duties created substantial difficulties in providing school-based support (Limberg et al., 2022; Savitz-Romer et al., 2021). Other challenges were funding for school counselor resources and concern for students' 504 case management. On top

of these added challenges and roles and responsibility changes, school counselors indicated that looking after their own mental health was a challenge (American School Counselor Association). Despite these challenges, the responsibility of school counselors to support children and teenagers in schools is of great significance at a time when many students are experiencing developmental and pandemic stress (O'Connor, 2020). During the pandemic, there was never a more crucial time to promote continuous professional development and supervision for school counselors (Wen et al., 2020).

Post-COVID-19 Findings

In the period after the pandemic, studies have begun to emerge about the impacts the pandemic had on young individuals. For youth, their holistic well-being was threatened, and the effects may persist for years (Johnson & Randall, 2021). Given the fact that the mental health system in the United States was not able to manage the demand for services for youth prior to COVID-19, it is unlikely it will be able to withstand the rise in demand in the time after COVID-19 (Hoagwood et al., 2021). To target needed actions by youth mental health stakeholders, the American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics, and the Children's Hospital Association jointly issued a declaration of national emergency in in October of 2021. The organizations called on advocates and policymakers to take action by promoting mental health programs that improve access to care, funding priorities, and safeguarding policies to impose a requirement of services. For the current study, findings on rural youth mental health from school counselors' experiences in the aftermath of the pandemic can inform mental health practices, resources, and services for this population.

Summary

Mental health care for youth is important for the health of the next generation. Residents

of rural communities, including youth, are at risk for many mental health problems as well as barriers to access to care. This literature review explored the disparities in mental health care between rural and urban communities and identified the barriers to care. Mental health issues during COVID-19 on students and school counselors were also discussed. Research on the state of rural students' mental health issues post-pandemic is necessary. Much is still needed to be studied in regard to the impacts of COVID-19 on mental health. For rural schools especially, research is needed to identify the effects of the COVID-19 pandemic on the mental health environment in schools to improve mental health resources and services for these students. It would be beneficial to know what rural school counselors experienced after the pandemic to fill in gaps in research on the mental health of rural students.

Chapter Three: Methods

The purpose of this qualitative descriptive phenomenological study was to understand the lived experiences of Texas rural school counselors in the aftermath of COVID-19 and potential changes in the mental health environment for students. Research shows that barriers to mental health care are most pronounced in rural areas (Howell & McFeeters, 2008). Because schools can directly combat these barriers by providing mental health care to youth (Ali et al., 2019), researching how the COVID-19 pandemic changed the mental health environment in schools through examining the experiences of the school counselors is important to inform mental health program and service practices. This chapter informs the reader of the research design, research questions, data collection method, participants, analysis, and trustworthiness of the study as well as ethical considerations.

Qualitative Phenomenological Design

The current study is qualitative in nature. A qualitative study provides a method for the description of lived experiences and narratives while the researcher remains reflexive, which helps understand the study problem (Creswell & Poth, 2018). Further, phenomenology is used to explain the fundamental nature of a phenomenon by studying it from the viewpoint of those who have experienced it (Creswell & Poth, 2018). The objective of phenomenology is to illustrate the meaning of an experience by equally exploring what and how it was experienced (Teherani et al., 2015). Transcendental phenomenology is used to explain the phenomenon instead of interpreting the phenomenon, as in hermeneutical phenomenology (Creswell & Poth, 2018). Using a descriptive phenomenological design allowed for a more detailed look into the lived experiences of rural Texas school counselors regarding the mental health environment for their students after COVID-19.

Research Questions

Research Question 1: What do school counselors describe as the mental health environment for students in rural Texas schools prior to COVID-19?

Research Question 2: How do rural Texas school counselors describe their lived experiences working with students' mental health during the pandemic?

Research Question 3: How do rural Texas school counselors describe their lived experiences working with students' mental health after the pandemic?

Research Question 4: What do rural Texas school counselors describe as possible changes in the mental health environment of students in the present?

Setting

In-person interviews were conducted to research the lived experiences of rural Texas school counselors after the COVID-19 pandemic. Sites were selected based on participants' location in rural Texas communities with the intentionality of selecting diverse areas of the state. Considering convenience and confidentiality, the school counselors' offices or a neutral site agreed upon by the researcher and participant were used to conduct the interviews. After a potential participant was identified through the survey, the researcher made a phone call to introduce herself, create rapport, introduce the study, and explain the reasons for the needed interview. The researcher traveled to the site to conduct interviews after the preliminary phone interview was conducted. Informed consent was also thoroughly covered by the researcher, and once an understanding was reached between the potential participant and the researcher, an informed consent document was provided to the participant. This detailed communication helped to establish the risks and benefits of the study with the counselor (Nusbaum et al., 2017).

Participants

It is recommended that a phenomenological study includes up to 10 participants (Creswell & Poth, 2018). Twelve counselors were selected from diverse rural areas of Texas to help to represent the entire state; two extra participants were chosen to ensure that at least 10 interviews could be completed. To elicit participants of the study, the researcher located rural independent school district websites of towns from the list of rural schools on the Texas Education Agency website. The rural school counselors were contacted initially by email to assess participation and explain the study (Appendix A), and then a follow-up phone call was made to make certain that the email was received and to determine interest (Appendix B). If the school counselor did agree to participate in the current study, they were invited to answer a few questions to see if they met the criteria for the study (Appendix C). After the phone call, the school counselors were chosen based on the following criteria:

1. The counselor must be working within a school district labeled as rural by the Texas Education Agency, defined as an enrollment between 300 and the median district enrollment for the state and an enrollment growth rate over the past 5 years of less than 20% or an enrollment of fewer than 300 students (Texas Education Agency, 2020).
2. The counselor must have been working full time in a school from at least 2018 to the current date at the same location.
3. The counselor must provide mental health services to the student through a comprehensive school counseling program, which includes direct services to students (individual, group, or crisis counseling).

Procedures

No data were obtained for the current study until approval from the institutional review board (IRB). Once approval was obtained, the researcher reached out to potential participants selected by their rural locations through email (Appendix A). When the researcher was able to confirm a participant met criteria, a phone interview (Appendix B) was conducted to gather initial data and set the interview day, time, and place.

A week before the interview, a reminder email (Appendix C) was sent along with a consent form (Appendix E) and a list of questions that will be asked in the interview. The informed consent form allowed the researcher permission to record the interview, provided benefits and risks associated with the study, outlined the inclusion criteria, and described confidentiality procedures. The researcher then traveled to the school or neutral location and conducted the interview. A recording device was used in all interviews with the participants' permission. Interviews lasted approximately 60 minutes. A week after the interview, a thank you email was sent to each participant.

The Researcher's Role

The role of the researcher in qualitative research is to access the thoughts and reflections of study participants. As a licensed professional counselor in Texas, the researcher has seen firsthand the mental health needs of youth especially after the COVID-19 pandemic. Being a citizen in a rural county and having children in a rural school district, the researcher felt exploring this population's possible changes after the pandemic would be beneficial. However, bracketing was used by excluding the researcher's roles, experience, assumptions, traits, and interests to understand best the lived experiences of the study's participants (Creswell & Poth, 2018). Rather than understanding experiences with predetermined notions and justifications,

phenomenology alters the focus on the contributors' experiences by removing researcher input and focusing on the essence of participants' experiences and removing (Martirano, 2016, p. 58).

For the current study, the researcher conducted an in-depth interview with Texas rural school counselors on their experiences with the mental health environment of students before, during, and after the COVID-19 pandemic. There was no previous relationship, connection to, or power being held between the researcher and participant. Each interview followed an arranged method to ensure that the qualitative data of the participants were derived from the same format. A neutral setting was agreed upon between the researcher and participant that allowed for a private area where confidentiality could be upheld.

Data Collection

The researcher used a thorough interview protocol to assist with collecting data. In a qualitative phenomenological study, an individual, in-depth interview "allows the interviewer to delve deeply into social and personal matters" (DiCicco-Bloom & Crabtree, 2006, p. 315). The current study used a CMT, which is a qualitative phenomenological research method that is intended to assist researchers capture the nature of a phenomenon (Impellizzeri et al., 2017). CMT aids in understanding the core of a person's lived experience through an additional visual representation of a concept. The CMT protocol entails four phases. Leitch-Alford (2006) established a preliminary phase to highlight the significance of rapport building at the start of the interview. The next two phases were adapted from Martin et al. (1989), which involve the narrative interview from the participant and note taking by the researcher. Leitch-Alford conceived the fourth phase to improve meaning-making and to include a supplementary verification process to the methodology. For the current study, the researcher used CMT to help uncover a more abstract and richer level of conceptualization within the core of each of the

Texas rural school counselor's lived experiences.

As noted, Phase 1 of CMT is building rapport between the researcher and participant. Rapport building throughout this phase is vital, as it lays the foundation for a robust working relationship between the researcher and participant (Seidman, 2006). In this phase, the researcher explained the purpose of the study and reviewed the consent form and consent to record (Appendix E) with the participant, obtained a signature, and answered any questions about the information on the form to lessen any anxiety about the interview. For more information on the interviewer steps, please refer to Appendix D for the full script the researcher used.

Phase 2 is the interview itself. To begin each interview, the researcher began the recording and made the following statement:

I would like you to spend some time giving me your lived experience of working with your students' mental health in the time period before, during, after COVID-19 and the changes that you perceived in the mental health environment, including what you were feeling and thinking during these experiences. As you are speaking, I will be writing notes of the main concepts or themes verbalized onto post-it notes (one main statement per note) which we will evaluate for accuracy in the next phase.

Once this step was completed, to help with the robustness of the interview, structured questions were also asked to explore the research questions to help fill in gaps.

In Phase 3, the researcher reviewed the post-it notes taken from the interview with the participant. The researcher stated, "I would now like you to check these post-it notes for accuracy, and if there is anything else that comes to mind, please let me know." As the researcher reviewed the post-it notes, the participant could then make a more clarifying statement or modify the existing statements to help clarify, revise, enhance, or simplify the statement. Once

the participant concluded their interview, the researcher presented the notes for member checking, which allows for additions or modifications (Impellizzeri et al., 2017). The conceptual map was created after the post-it notes were checked for accuracy. Step 1 involved the participant creating a visual map of the main statements by organizing the sticky notes onto a white board and arranging them in groups according to their perceived themes or similarities. Step 2 allowed the participant to draw geometric shapes around the groupings of themes or clusters that are related to each other. Step 3 followed, in which the researcher asked the participant to label the groups with a word or phrase (King, 2013). After this step, the participant was invited to draw arrows to expand and visually show how and in what ways these clusters of thoughts and experiences seem to associate and flow between each topic.

Phase 4 involved the participant reflecting on the completed map. To conclude the interview, the researcher provided the participant with an opportunity to discuss any further details they would like to explore and discuss what they found as they worked through those experiences and what topics they feel is the most important. The researcher concluded the interview with the statement:

Thank you very much for sharing your lived experiences with me and I am appreciative of the time you have spent to help me with this research. As stated, this interview has been recorded and I assure you that the recording and conceptual map will be destroyed to protect your confidentiality. Please contact me to discuss any concerns you might have in the future. Thank you again for your time.

The researcher then taped down the post-it notes to secure them to the board and took a picture of the board for further reflection. One week after the interview, the researcher sent out a thank you email to the participants and asked if they would like a copy of the data results of the study

when completed (Appendix F).

Data Analysis

Data analysis was done to increase the understanding of the phenomenon studied by methodically reviewing and organizing the interview transcriptions and other data (Bogdan & Biklen, 1997). The purpose of this qualitative descriptive phenomenological study was to understand the lived experiences of Texas rural school counselors in the aftermath of COVID-19 and potential changes in the mental health environment for students. To address this purpose, qualitative data analysis included five phases: compiling data into a database, disassembling the data, reassembling the data, interpreting the meaning of the data, and concluding the data (Yin, 2011). The researcher read over the transcripts multiple times and looked over the conceptual maps. The researcher repeatedly read the interviews, examined the conceptual maps, and made notes of major themes and observations. To ensure thorough data analysis, the researcher also had the software program NVivo compile the data by transcribing the interviews and disassembling the data by coding the data into a word cloud. Analysis was done by clustering core themes from the interviews and the conceptual maps along with the software's coding. The researcher attempted to identify themes that emerged from the review and CMT that showed connectedness and similarities between the participants. The data were also reviewed against additional literature in the field to fill any gaps in research (Leitch-Alford, 2006).

Trustworthiness

The trustworthiness of a study indicates the “degree of confidence in data, interpretation, and methods applied to ensure the quality of a study” (Polit & Beck, 2014, p. 641).

Trustworthiness is a way researchers can show that the study findings are worthy of attention (Guba & Lincoln, 1985). In the current study, trustworthiness was ensured through a deliberate

method of procedures taken by the researcher. The school counselors' interviews were recorded to ensure the interviews are precisely transcribed by a software program. Trustworthiness in the data is also conditional upon the level of ethical application and preparation during the implementation of the study's methods (Merriam & Tisdell, 2016). Member checking through the CMT method in Phases 3 and 4 was another way to ensure trustworthiness, as participants examined and verified the accuracy of the verbal statements noted (Impellizzeri et al., 2017).

Credibility

The study's credibility rests on the thoroughness in the methodology, the aims of the research, the procedures taken to gain data, the researcher's and participants' backgrounds, and the richness of the data obtained. Credibility corresponds to internal validity (Guba & Lincoln, 1989). It concentrates on creating a match between the constructed realities of participants and realities described by the researcher. In the current study, the participants were asked to verify the accuracy of the researchers' notes before grouping them in thematic groups, showing relatedness to each other to create the concept map and help provide credibility (Impellizzeri et al., 2017).

Dependability and Confirmability

Dependability in research is obtained by providing sufficient information so that other researchers can replicate the study through the same type of protocols. Dependability is a condition regarded as equivalent to reliability and is equally concerned with the strength of the results over time (Sinkovics et al., 2008). Confirmability of data is ensured when data obtained in the study are verified during data collection to make certain outcomes would likely be repeatable by others while ensuring the neutrality of the interviewer in interpreting data (Nyirenda et al., 2020). Both dependability and confirmability in research incorporate aspects of the research

design, including the focus of the study, the background, the choice of participants, and the method and amount of data collection, which can all impact how accurately the research questions can be answered (Graneheim & Lundman, 2004). The CMT method helps to produce dependability and confirmability due to the step-by-step methods of gaining data, member checking, and recording and transcribing of the interviews (Impellizzeri et al., 2017).

Transferability

Transferability is a form of external validity and suggests to the degree to which the findings or phenomenon found in one study are relatable and applicable to future research (Guba & Lincoln, 1985). Transferability suggests whether findings can be used in policy and management (Moon et al., 2016, p. 17). Criteria for transferability in a study include providing rich data, conducting a multisite investigation, and using a systematic approach (Slevin & Sines, 2000). For the current study, transferability might show different results due to the specific state of Texas being researched. However, the rural subject of the study could show transferability.

Ethical Considerations

Ethical considerations of a research study are important to avoid any psychological harm to the participants (American Counseling Association, 2014). The study followed ethical practices by ensuring that data were not collected before the IRB approval was obtained due to human subjects being involved in the current study. The Texas rural school counselors understood their involvement was voluntary and could choose to no longer participate at any time with an informed consent form that was explained and signed before the interview took place. The anonymity of the counselors was assured as the participants' names were not used in the current study along with the name or location of the school or district they were employed in. Before the research began, the participants were also informed that the researcher would be the

only one with access to the interviews. Data were stored in a locked filing cabinet and on a password-protected computer to help with confidentiality.

Summary

The methodology explained in this chapter helps the reader understand the design of the current phenomenological study. The procedures and the use of CMT were described and revealed how this method helps to ensure rich and thoroughly checked data. Research questions were identified as:

- Research Question 1: What do school counselors describe as the mental health environment for students in rural Texas schools prior to COVID-19?
- Research Question 2: How do rural Texas school counselors describe their lived experiences working with students' mental health during the pandemic?
- Research Question 3: How do rural Texas school counselors describe their lived experiences working with students' mental health after the pandemic?
- Research Question 4: What do rural Texas school counselors describe as possible changes in the mental health environment of students in the present?

Chapter Four: Findings

Overview

The purpose of the current qualitative descriptive phenomenological study was to describe the lived experiences of rural Texas counselors when working with students' mental health in the aftermath of the COVID-19 pandemic. This chapter presents the results of the data analysis. The current chapter will also present the demographics of each counselor and discuss the interview findings. Next, the contextual map of each participant will be evaluated. The CMT method was used to deepen the description of their lived experiences and provide an organized representation of themes discussed (Impellizzeri et al., 2017). The transcripts of the interviews and the conceptual maps were both used in the data analysis. In the next section, an analysis of the themes that were discovered while interviewing each of the participants will be discussed. Five themes emerged from the analysis of the data gathered from the interviews: (a) students' anxiety increased after the pandemic; (b) students were not coping as well with stressors; (c) school counselors have roles and responsibilities that are numerous, vary, and have changed; (d) there was more mental health awareness; and (e) increased technology use have affected students negatively. Participants' stories are presented with direct quotes to help the reader understand their experiences. The last section of this chapter will conclude with an analysis of responses with respect to the research questions.

Demographic Data

The 10 Texas school counselors who participated in the study were selected with the criterion of working within a school district labeled as rural by the Texas Education Agency (2020). The counselor must have also been working directly with students and their mental health. Participants also had to meet the requirement of working before, during, and after the

COVID-19 pandemic at the same location.

Due to the size of Texas and attempting to encompass various areas of the state, the researcher selected participants from different regions and counties of Texas to help with the validity of the study (see Table 1). Counties that had selected participants were from regions of central, south, north, coastal, east, and west Texas. The participants also worked in a variety of schools with varied grade levels, which helped to not only enrich the findings but also add generalizability to the study. The assorted schools allowed the findings to be thorough in diverse age groups of the students and the effects of the pandemic on the school counselors' experiences when working with the different ages of students.

Table 1

Participant Demographics

Participant #	Region of Texas	Type of School	Years as a school counselor
1	Central	Middle School 6-8	5 years
2	Central	Middle and High 6-12	15 years
3	Central	Middle 7-8	17 years
4	South	High 9-12	6 years
5	North	All K-12	5 years
6	West	Middle 6-8	9 years
7	East	High 9-12	6 years
8	Central	Intermediate 4-6	20 years
9	South	Elementary PK-5	6 years
10	South	All K-12	16 years

CMT Method

The current study used CMT, which is a qualitative phenomenological research method that assists researchers in capturing the nature of a phenomenon (Impellizzeri et al., 2017). CMT aids in understanding the core of a person's lived experience through an additional visual representation of a concept. The CMT protocol entails four phases. Phase 1 of CMT is building rapport between the researcher and participant. Rapport building lays the foundation for a robust working relationship between the researcher and participant (Seidman, 2006). In this phase, the

researcher explained the purpose of the study and reviewed the consent form and consent to record (Appendix E) with the participant, obtained a signature, and answered any questions.

Phase 2 is the interview itself. To begin each interview, the researcher began the recording and as the participant was speaking, the researcher took notes of the main concepts or topics verbalized onto post-it notes (one main statement per note). The same set of structured questions were used with all participants to ensure validity. The questions asked of participants were associated with the research questions with the hope of understanding the lived experiences of each one.

In Phase 3, to further provide validity for the study, the researcher reviewed the post-it notes taken from the interview with the participant. As the researcher reviewed the post-it notes, the participant could then make a more clarifying statement or modify the existing statements to help clarify, revise, enhance, or simplify the statement (Impellizzeri et al., 2017). In the next step the researcher had the participant create a visual map of the main statements by organizing the sticky notes onto a white board and arranging them in groups according to their perceived themes or similarities. The researcher then asked if the participant would like to draw geometric shapes around the groupings of themes or clusters that are related to each other and label the groups with a word or phrase (King, 2013). The participant was then invited to draw arrows to expand and show how and in what ways these clusters of thoughts and experiences seem to associate and flow between each topic. Lastly, the researcher asked the participant to reflect on his/her conceptual map for a moment and discuss what they found as they worked through those experiences.

Participants

Participant 1

The first participant was a school counselor in central Texas. She worked at a middle

school with Grades 6-8 and had been a school counselor for 5 years. The interview lasted 49 minutes and took place in her school office. She described the rural town as a small bedroom community in which people did not work in that town but instead in bigger cities, and only lived in the town. To help build rapport, the researcher asked the participant about her job responsibilities. The participant described her role as a school counselor and the tasks she was charged with. She also provided some background information regarding her job duties and the age group of the students she worked with at the school.

Textural Description

The participant explained the time before the COVID-19 pandemic when working with her students' mental health. She explained that before the pandemic was a time that included light mental health job duties for her. She described her experiences as more focused on the students' social skills, focusing on friendships, getting along with each other, and resolving conflicts. Groups and clubs were also a big part of her role, with lunch groups formed to help with the dynamics of socialization of students. She described the mental health needs during this time as a "15-minute fix and move on."

During the time of the pandemic when school was still in session, the participant explained she was still utilizing groups with her middle school students, but the topics were now around anxiety and stress. She described an increase in anxiety symptoms in her students with some experiencing panic attacks, avoidance, and being more emotionally fragile, which made them struggle to be in school. The environment she described was one of kids not wanting to be in school but rather at home where they felt safe. Educationally she stated that she began to notice setbacks in the students' academics.

After the pandemic, the participant explained the changes she had noticed. One issue she

described was the increase in technology use by middle school students since COVID-19. Technology such as computers in the school had continued to be utilized, and she found this to be a negative on students academically and mentally. She explained that this continued technology use “has been a disservice to kids.” Another topic she expressed was the wearing of masks. She stated that after the pandemic students continued to wear masks due to self-esteem issues rather than safety concerns.

A mental health change she communicated was how the new normal, in her experience, was that children are more willing to reach out for help with their mental health. She noticed that the vocalizing of mental issues such as increased anxiety has been on the rise and has become more discussed within the student population. She also explained that there has been an increase in students coming into her office for help with mental health symptoms they are experiencing, mostly related to anxiety. She attributed this to the normalizing of their mental health struggles as the students became more comfortable reaching out to discuss these issues.

Conceptual Mapping Task

When creating her conceptual map, the participant ordered her concepts in intervals of time before, during, and after the pandemic (see Figure 2). In the first grouping of “before the pandemic,” her main topics included her role of facilitating conflict management groups, helping students with peer issues, and getting along. She also noted less anxiety in students in this period. In her grouping of “during the pandemic,” she placed sticky notes with topics of an increase of technology and the increase in mental health resources that came about during this time. She also placed topics of a continued role of her facilitating groups and that her students were wearing masks and not eating while trying to protect themselves from the virus. She explained the experience as:

Students would never take their masks off, even in the cafeteria. I remember seeing some of them take these big bites of food, quickly pulling their masks down to take the bite, then immediately pulling the mask back up. You could tell they were worried.

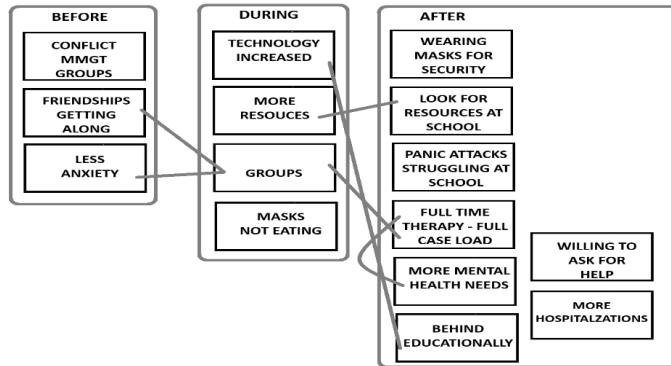
The last thematic grouping the participant put on her map was “after the pandemic.” In this group she put notes with topics of students still wearing masks for security, students looking for resources in the school, and an increase in panic attacks with the struggle of being at school. Additional topics under this group included her role of a more full-time therapy responsibility and a fuller caseload as a result. She explained the change in job responsibilities as meeting the mental health needs of students and having to shift this to include more of a mental health focus. Other topics included a more mental health need now, students being academically behind, their willingness to ask for help and reach out now, and an increase in mental health hospitalizations.

After the participant created the groupings, she drew lines connecting some of the topics to help better understand how these issues coincided with each other. In terms of her roles, she drew lines connecting the fact that she would help students with peers and friendships before the pandemic and continued this during the pandemic with running groups. She added the topic of anxiety in this connection as this topic became more discussed in these groups during COVID-19. Another connecting line to her running groups was that her role became more focused on mental health after the pandemic, and she had a fuller case load of students needing this resource of groups. The topic of the increased technology use was connected with a line to a decrease in academics, which she stated was an obstacle to the education of children. Masks worn during the pandemic was connected to masks worn after COVID-19 for the added security it provided. She made the topic of resources a connection from “during” to “after the pandemic” with students looking to the school for recourses that they provided. The participant stated, “Because of the

lack of resources in the community, or the time and money it took to receive them, many families looked to the school to help with the mental health needs.” She also attributed the fuller caseload she has currently to the increased mental health needs for students.

Figure 2

Participant 1’s Conceptual Map Representation



Participant 2

The next participant was a school counselor in a small rural central Texas school district and had been a counselor for 15 years. She was employed in the district as a counselor for Grades 6-12. The interview was 59 minutes and took place in her school office. The first part of the interview included rapport building. She described her role as a rural school counselor as having a small caseload of students and having seen them grow up, and because of the small rural community, knowing most of her students by name.

Textural Description

Before the COVID-19 pandemic, Participant 2 explained the mental health environment of her students as being talkative and social and not always forthcoming with any mental health issues. While she did note there were some mental health issues being dealt with under the surface, the participant explained, “the hallways looked and felt different before the pandemic with children seemingly happy.” Pride and drive were also an observed area she labeled as being

noticeable attributes in students before the pandemic.

During the pandemic the school counselor noted the frustrations of trying to get students involved in academics and checking in with her. Online meetings were held, but little communication from students was initiated. She stated, as a counselor, for the months that the schools were shut down, “not being able to see their faces was really hard.” She took part in many home visits to students they had not heard from to check in on them. She stated that not having eyes on her students hindered helping them in issues that she had seen in the past with her students such as self-harming behaviors, substance abuse, and physical abuse. Working in a smaller rural setting had in the past allowed these issues to “be a bit more visible and I could see signs easier because your eyes are on them a lot more.” The counselor also noted that many students had taken on more responsibilities during this time and this added burden was “weighing heavy on them.” She noted that kids were taking care of siblings, were living with other family members, and were deficient in socialization: “Socialization was needed 100%. The connection between children that is essential, was lacking.”

After the pandemic, the participant described the mental health environment of her students as having more issues to deal with which caused them to struggle mentally. She noted that because of the economy, financial struggles were affecting the children. Doubling families up in households was another issue the counselor saw. During this time, students were living with more people and resources were lacking. She stated, “I think a lot of those family and financial burdens are put on the kids. So, it’s a lot of heavy stuff for someone so young.” The participant also brought up that some children were left not knowing where their next meal would come from. The basic needs that were not met in some children added more stress and left a mark on them mentally.

Another pressure she saw affecting students was the academic side of school. She explained that there was so much time that they lost teaching kids that bridging that gap academically was stressful for students. The school counselor believed that the stress of catching up would affect them mentally and for the rest of their life intellectually.

Her explanation of a new norm in the mental health of her students was focused on the stress she sees now. While she explained that in her opinion, children do need some stress to learn how to mature and grow emotionally balanced, but some of these students are overwhelmed by all the stress now. She explained that in order to meet students' needs, the school district has now increased their need mental health resources by adding a social worker to the staff and utilizing a virtual counseling program. Students talking about these mental health needs has become more normalized. She stated, "I guess you can say kids are a little bit more vocal as far as voicing their mental health concern. I think a lot of them acknowledge they have something going on."

Conceptual Mapping Task

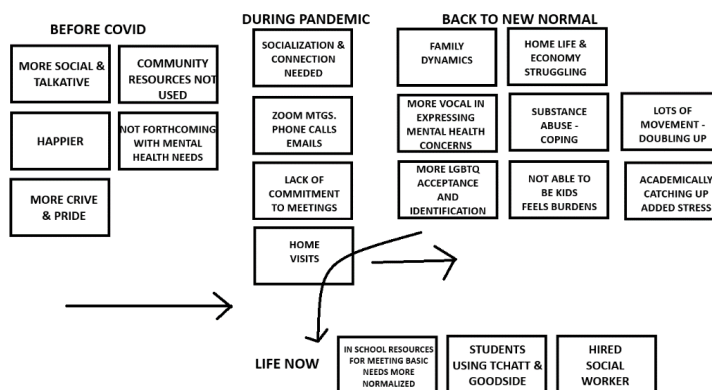
The participant created her conceptual map linearly. She had groupings of "before COVID-19," "during the pandemic," "back to new normal," and "life now" (see Figure 3). In her group of "before COVID-19," she had sticky notes identifying students as more social and talkative and generally happier. She also identified they had more drive and passion. Another topic she placed in this group was that students were not as forthcoming with their mental health needs. Resources was another focus in that community resources were unused at this point due to time, cost, and a general fearful attitude to using them. Under the "during the pandemic" group, the participant identified topics of a needed socialization and connection among students, her role facilitating online meetings along with phone calls and emails to check in on students, and

their lack of commitment to meeting with her. She also placed her responsibility for home visits as a focus during this time.

Labeling the next group as “back to a new normal,” she had several topics placed under this group. These consisted of a change to family dynamics, the stressful economy, coping with substance abuse, the burdens felt by the students not allowing them to be kids, more LGBTQ+ acceptance and identification of these students, and an increase of vocalizing of mental health concerns by her students. She also placed a topic of academics and students having more stress with catching up with their education in this group. Also in this grouping, she placed the perception that there was a lot of moving and doubling up of families in households. The last grouping was labeled “life now” in which she placed post-it notes with topics of students using online mental health resources, a hiring of a school social worker, and in-school resources that aid in basic needs for students that has become more normalized to use. Lines she drew helped see the flow of changes through the timeline of the pandemic. She stated that the progression of changes could easily be seen now by stepping back and looking at the timeline progression of the headings of before the pandemic, during the pandemic, back to a new normal, and life now.

Figure 3

Participant 2’s Conceptual Map Representation



Participant 3

The third participant was a junior high school counselor in a small rural central Texas town who had been in this role for 17 years. The interview lasted 52 minutes and took place in her office. After spending some time rapport building, participant three explained the junior high she worked at consisted of seventh and eighth graders. When asked about her experience as a school counselor before COVID-19 and the mental health environment of her students, she described her role as one that helped guide this life stage through their confusion, peers, and academic issues. Much of her time was spent managing conflicts between students and “girl drama.” She mentioned that being in a small community was sometimes difficult for these students because they knew almost everyone and had grown up with each other. She stated this could be difficult at times for new students as they were unwelcoming to anyone new to the school district. The counselor revealed that her role with mental health issues, such as students with trauma or mental illnesses, was resourced out to a social worker or an outside counseling service that came into the school to meet with kids.

Textural Description

During the pandemic, the participant was conflicted with checking in on her students via virtual ways because of confidentiality. Coming from a licensed professional counselor role in the past, she felt she needed to be careful when speaking with children outside of school without ensuring confidentiality when doing so because they were at home with other family members. When school went back into session during the pandemic, she noticed many students did not want to be in her office and the masks worn were disruptive to communication. She stated, “People weren’t being close to one another. They weren’t looking at people’s faces or in their eyes, and I think there was a lot of misunderstanding as to how people were actually doing

mentally.” She also noticed a great amount of fear of the virus that came from her students and everyone being on high alert. The fact that the outside mental health services were also not involved during this time made her worried about her students’ mental health needs and basic needs.

After the COVID-19 pandemic, when asked about the mental health environment of her students, she felt anxiety and fear was still evident in the students. Death and dying were topics brought up more by her students at this time, which added a layer of fear. Being from a smaller community, word got out more quickly about those who had passed away from the virus, and this worried the children. She also noticed more suicidal ideation from the students than before the pandemic. Her role during the aftermath of the pandemic altered to more of teaching coping skills and calming her students down with tools such as deep breathing, games, and psychoeducation on coping with stress. As far as resources are concerned, the school counselor felt there were more resources now for the children in her school. Since the end of the pandemic, new mental health services have become obtainable with free virtual sessions available for students along with more in-person mental health therapy options around the area.

The participant discussed the new norm she has seen since the pandemic. She has noticed a more “normalized” view of mental health from the students. She recalled an older student doing a presentation on mental health to younger children and how to seek help. She stated that being more educated in this area has been helpful. Another issue she saw as a new norm is the “female students especially carrying around burdens for the other kids, basically being ‘little counselors’ which adds a layer of stress on them.”

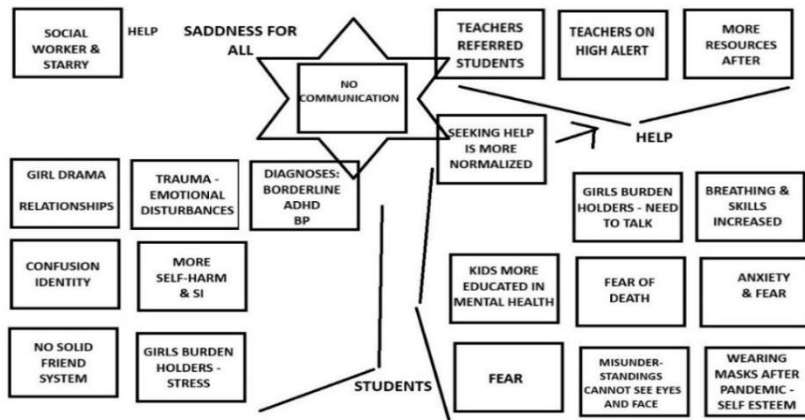
Conceptual Mapping Task

The participant organized her conceptual map in groups of how the pandemic affected

students and the help that was utilized (see Figure 4). In one grouping labeled “students,” the participant put notes with identity confusion, more self-harm and suicide ideation, girl drama and friendships, trauma and emotional disturbances, diagnosis of borderline, ADHD, and bi-polar, no solid friend system, and girls being burden holders. She identified that these were the “issues that the pandemic brought to light” for her. One issue that she focused on, which was a pivotal point in her map, which she drew a star around, was the fact there was no communication during COVID-19, and this produced sadness for all, including herself, the students, and the teachers. The last section she identified as the direct issues that came to light during and after the pandemic had several topics. Problems that arose included girls who were burden holders now needing to talk to her, self-esteem issues in students, misunderstandings as masks affected eye contact and seeing each other’s face, and a fear of death and the virus. Also noticed by the school counselor was her need to teach coping skills such as breathing techniques after COVID-19, an increase of anxiety and fear in students, and students still wearing masks after the pandemic. She also noted that the youth are more educated in mental health. She identified that seeking help is more normalized for these kids and the things that helped this was that more mental health resources, and teachers were more alert and apt to refer students to her for mental health issues. Lines she placed on the map conjoined all the issues that students deal with and then the topics that helped the students with the issues.

Figure 4

Participant 3's Conceptual Map Representation



Participant 4

The fourth participant was a school counselor with 6 years of experience. She was employed in a rural south Texas county in a high school with Grades 9 through 12. Her interview lasted 53 minutes and took place in her workplace office.

Textural Description

The participant described her experience in the period before COVID-19 when working with her students' mental health as a time of "typical teenage issues" such as peer relationships, romantic relationships, conflicts, and stress about academics. She did state even before COVID-19, some students were experiencing mental health issues such as trauma and suicidal ideation. Diagnosis of depression and anxiety were seen but not prevalent. Mental health resources were scarce and not consistent, and there were no local services to help students.

During the pandemic, the biggest struggle the counselor experienced was the anxiety from the students and the fact they were too anxious to come to school and be around others. She even mentioned the students who were normally very social did not attend school much. The counselor did note that some would use their mental health struggles as an excuse to not comply

with academic standards, and it was hard to identify the ones who were truly struggling. She also noted that basic needs were not being met, and financial troubles were a noted stress for some of her students.

After the pandemic ended, the participant noticed more suicidal ideation, self-harming behaviors, and withdrawal from the children. She also observed that the students were not able to cope with the normal daily stressors as well as they had before. When discussing isolation and its effect on socialization, the participant stated, “I don’t know if it’s an effect of being in solitary-confinement for so long during COVID-19 that they no longer know how to socialize or even know how to interact with each other anymore.”

The participant noted that while she noticed more mental health resources, they were not always readily available in the rural area where the school was located. Many online options were made accessible to the students, but even those were not always utilized due to the cost. There was also a lack of out-of-town resources in the bigger cities close by for mental health needs as they were overwhelmed with the number of individuals needing help.

AS for the new norm, the participant has experienced with the mental health of her students, she noted that parents are more aware now of their children’s mental health needs and take it more seriously. The acknowledgement of these needs is more apparent, and the awareness has increased for mental health information: “So, I think there’s more information out there to tell people that is what’s going on, and this is what to look for. I think that has helped, and I think the conversation is happening more.”

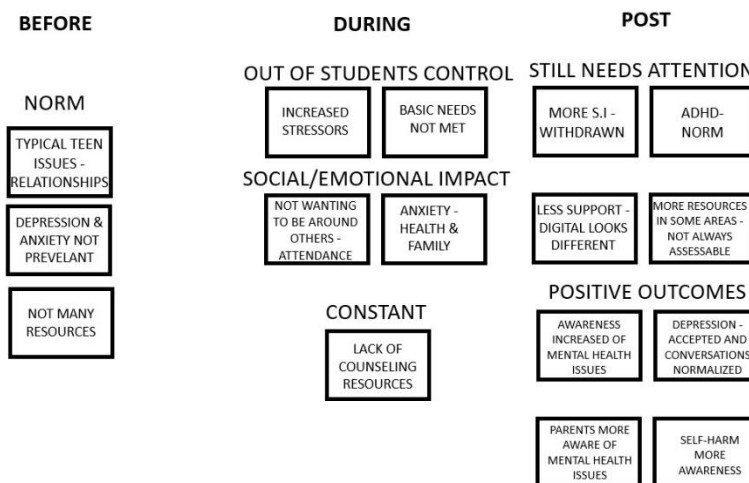
Conceptual Mapping Task

Participant 4 arranged her conceptual map with clusters of topics under the headings of before, during, and post (the pandemic; see Figure 5). Under “before,” she had another heading

labelled “norm” in which notes with topics of typical teen issues, depression and anxiety not prevalent, and not many resources were placed. Below “during” she had three subheadings. Under “out of student’s control,” she placed increased resources and basic needs not being met. Under “social and emotional impact” she put topics of not wanting to be around others affecting attendance and anxiety about health and family. A topic categorized as “constant” had a note labeled “lack of counseling needs.” The post pandemic heading had two subheadings. One that was labeled “still needs attention” had topics of more suicide ideation, ADHD being a norm, less support/digital (help) looks different, and more resources in some areas not always assessable. Under the subheading of “positive outcomes” she placed awareness has increased of mental health issues, conversations about depression are more normalized and accepted, parents being aware of mental health, and self-harm being more aware of. The participant did not choose to draw lines connecting topics as she felt the groupings showed her experience well.

Figure 5

Participant 4’s Conceptual Map Representation



Participant 5

Participant 5 was a school counselor who had been working for 5 years in a small rural

town in north Texas at a school that consisted of all the grades kindergarten to 12th grade. The school she worked in was in a tiny rural low-income town in the panhandle of the state. The interview took place in her office and lasted 48 minutes.

Textural Description

She explained that most children before the pandemic had hard home lives and poverty was high. Basic needs were not always met, and she was aware of much abuse and substance abuse in the school. Her experience with her students' mental health prior to the pandemic was the basic level anxiety that she described as a "normal level." She felt like before COVID-19, she was used to "put a patch on" struggling students' mental health issues until they could get to a licensed professional who could provide more intensive therapy. There were resources in a larger neighboring city that she could refer students to but none local.

The school counselor stated that her roles during COVID-19 changed some, and she was utilized in other academic areas of the school. She stated she "wore many hats," and mental health was not her primary responsibility. This was also primarily because the town did not have a good internet infrastructure, so when the schools closed, meeting students virtually to check in on them was hard. She remembered being worried about some of her students who were struggling before the pandemic and concerned for their mental health during the shutdown.

When discussing the period after the pandemic, the counselor stated that she now sees an influx of anxiety in her students, reporting "I mean, in all reality, we are living in a different world, and there is a severity to mental health issues now." She has experienced more anxiety and depression in her students along with even more severe diagnoses, so much so that she felt ill-equipped to handle what she is dealing with now with her students. There are still resources she can call on in neighboring communities, but after COVID-19, waitlists were extended, or

parents could not handle the costs. As she noted, “I feel we have a lack of resources and so we are kind of just trying to keep our heads above water when it comes to helping these kids.”

The participant explained the new normal for the mental health environment of students as highly anxious with this stress that gets focused on. She stated, “The kids focus on their stress, and then it kind of festers. They now have a really hard time handling stress.” One maladaptive coping strategy that continues to be a problem for the school is the constant issue of students vaping, which has increased after the pandemic. She attributed this to the need for coping skills by students and them trying to find a quick fix through vaping, reporting, “It’s just the managing of their lives seems so much harder for them now.”

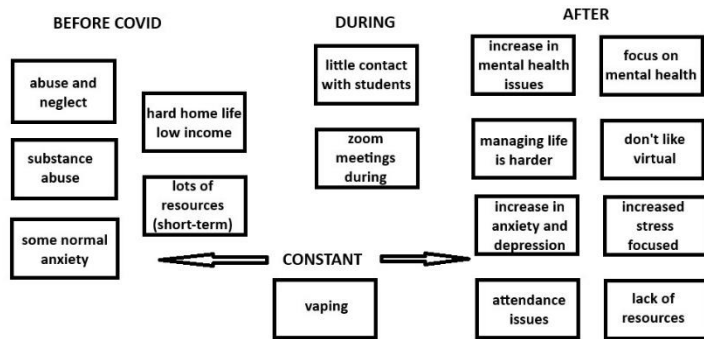
Conceptual Mapping Task

The conceptual map created by the participant was grouped in a timeline fashion of “before COVID-19,” “during,” and “after” (see Figure 6). For the topics on the post-it notes she placed under these groupings, she identified abuse and neglect being an issue “before the pandemic” along with substance abuse, some normal anxiety, lots of short-term resources, and low-income and hard life of her students. “During the pandemic” she placed topics of little contact with students and the need for Zoom meetings. “After the pandemic” she identified topics of an increase in mental health issues, a focus on mental health, students being stress-focused, their managing of life is harder, and an increase of anxiety and depression in the students. She also had labels of attendance issues, the fact that students do not like virtual options for help, and a lack of resources in this category. One other grouping she recognized was labeled “constant.” In this group she placed vaping as this is a problem that has been a constant issue and continues to be an issue for the school. After placing all the post-it notes in groups, she added a line with arrows showing the constant issue of students’ vaping she dealt with during all parts of

the timeline of the pandemic.

Figure 6

Participant 5's Conceptual Map Representation



Participant 6

The next participant was a school counselor who was working in a small rural west Texas town. She had been in this role for 9 years and was working at a middle school that consisted of sixth-eighth graders. The interview was conducted in her office at the school and the interview lasted 48 minutes.

Textural Description

When asked about the period before the COVID-19 pandemic, the participant explained the mental health environment of her students as “typical preteen issues.” She did individual and group counseling with students at this time, and much of the stressors discussed came from the academic side, social media safety, and from peer relationship issues. While she stated she had learned a lot about mental health in her education, she did not have to use much of it as she “never heard the words anxiety or depression coming from my students’ mouths.”

During the pandemic, she remembered wanting to see her students when the schools shut down, and while they had video capabilities at the school, this was not always true for the kids in

the town due to internet accessibility. She recalled it being really “hard emotionally” on her not seeing the students, so she had a counselor’s online classroom where kids could check in with her. She tried to research what other counselors and schools were doing and eventually resorted to social media to reach out to her students, as this was a great way to send out announcements and reach out offering her services. She also recalled being anxious and saddened about her eighth-grade students and not getting to help them plan their high school courses.

After the pandemic, when asked about the mental health environment of her students, she stated, “Now, there is a lot of change. Now I feel my role has gone way more into a mental health side.” One issue she is seeing a big increase in is self-harming behaviors from her students. Finding resources for these kids is frustrating for her as she has to send them out of town, and even if the parent can get them there, there is a waitlist to be seen and many students do not have insurance. The school did try a virtual therapy option, but with the long wait lists, confidentiality concerns, and other barriers, it did not seem to help. She stated, “Resources are slim. When we go to counselor workshops we are just begging for more places and people to refer students out to.”

When discussing the new mental health norms she experiences now, she described that she went to school to be a counselor years ago and after the pandemic had to do her own research to brush up on treatments for the mental health concerns she was encountering in her students. She sees much more anxiety in kids currently. The participant stated, “I have never heard the word ‘anxiety’ so many times from students and parents. I hear that word all the time now.” Another topic she sees as a new normal is the increase in social media use by students. She has noticed after the pandemic, most of the kids, including the entire sixth grade, came back with phones with access to social media. She has experienced these ages of students in middle school

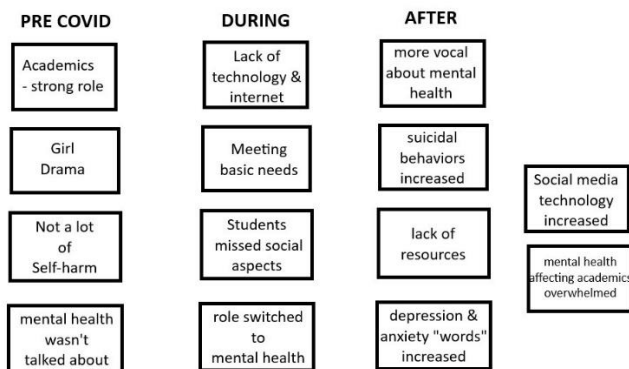
already going through awkward social growth, and social media does not help with how they cope with this development. She attributed all this screen time to COVID-19 due to all the technology needed to teach kids during the school shutdown.

Conceptual Mapping Task

The participants’ conceptual map was organized by periods of “pre-COVID-19,” “during,” and “after” (see Figure 7). Under the “pre-COVID-19” title, she placed sticky notes with the topics of her strong role on the academic side of counseling, the girl drama that was common, not a lot of self-harm was noticed, and the fact that mental health was not talked about. Under the “during” heading, the participant placed topics such as her helping to meet students’ basic needs, the use of technology and Internet, the students missing the social aspects of school, and her role that switched to more of a mental health responsibility. In the “after” column, she identified topics of an increase in suicidal behaviors, a lack of resources, an increase in depression and anxiety, an increase in social media and technology use, students being more vocal about their mental health, and students being overwhelmed which affected their academics. After placing all the post-it notes in groups, she did not feel she needed to add lines or shapes to the depiction of her interview topics.

Figure 7

Participant 6’s Conceptual Map Representation



Participant 7

Participant 7 was a school counselor in a rural east Texas county high school and had been in this role for 6 years. The interview was conducted in a hotel's secluded area, which offered confidentiality, and lasted 39 minutes. She described her role as a counselor as one that dealt with the academic and mental health side of her students.

Textural Description

Her experiences with the students' mental health environment before the pandemic were typically depression, suicide ideation, and their stress over their next phase of life after graduation. A big stressor at this time she had to deal with was the issues that came about from social media use by her students. She recalled that this took up a lot of her time. The mental health resources she was utilizing were a licensed professional counselor (LPC) and a licensed specialist in school psychology (LSSP) both of whom were employed by the school district. She stated that all of the professionals would work together to help students with their mental health.

During COVID-19, when the school was shut down, she noticed the added stress of staying up with academics while at home was difficult for her students. For some it did help them to be home, but she recalled for many it was not a positive influence on their mental health or academics. One example in particular that stood out to the participant was one of her academically top 10 senior's grades plummeted, who then attempted suicide during this year of COVID-19.

When asked about her experiences after COVID-19, she stated that "students' behaviors have gotten worse." She has had to deal a lot with the problem of vaping and using substances in these vape pens that have even caused emergency medical issues for students. The participant explicitly named fentanyl being a big issue within the school district, and she is involved in

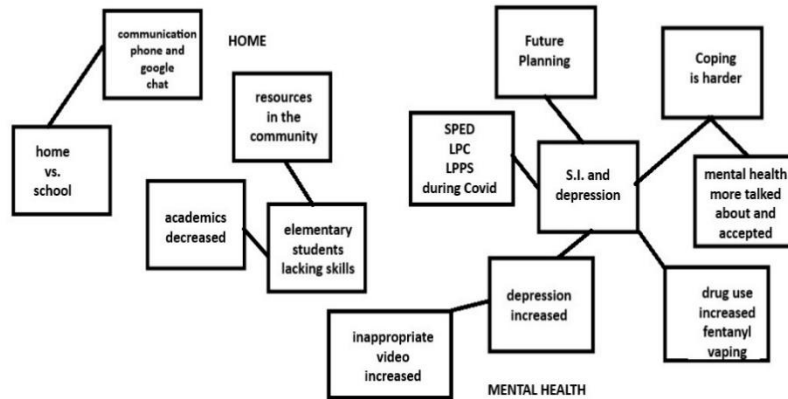
educating students about being cautious with its lethality. Because of the small district, she also sees what is going on with the younger grade levels. She stated that elementary aged children are struggling with being behind in basic skills. The new normal in the mental health environment of her students, in the participant's experience, includes a normality of mental health topics, reporting, "Before the pandemic, people were embarrassed I think to discuss their mental health problems, but now people are more open with what they are suffering with."

Conceptual Mapping Task

The conceptual map of Participant 7 had two groupings labelled mental health and home as she stated that all the topics she discussed correlated and tied to each other (see Figure 8). The connectedness of topics such as a decrease in academic achievements, the differences in home and school education, the younger children lacking basic skills, resources in the community, and the communication through technology all had an aspect that dealt with home as shown by her drawn lines. As far as the label of "mental health," she connected lines with topics that included an increase in depression, an increase in suicidal ideation, coping that was more difficult, the use of other mental health professionals, an increase in inappropriate videos being shared among youth, an increase in vaping and drugs, and the fact that mental health was more talked about and accepted all related to each other and were and linked together by her depiction.

Figure 8

Participant 7’s Conceptual Map Representation



Participant 8

The eighth participant was a school counselor out of a rural central Texas area. She had been a counselor for 20 years and was working in an intermediate school that consisted of fourth through sixth graders. The interview was held in her school office and was 58 minutes long. The participant explained that her role through her lengthy 20 years mostly entailed “scheduling, dealing with parents, dealing with teachers, working with at-risk kids, helping kids get their basic needs met, and being an advocate for the students.” She described the rural area as one that enrolled many students labeled “at-risk”, lower IQ students, and had many families that moved in and out. There is also a high number of low-income families and poverty, which prevents some children from having their basic needs met. She described the community as tight knit and one that supports each other.

Textural Description

The participant described the period before the pandemic as a time of innocence. A big issue that she saw changing before COVID-19 was the use of the internet and cell phones by her students. The challenges that have come out of social media use have taken a toll on the students’

mental health. Once social media became a norm for younger students, she saw more unhealthy coping such as cutting and self-harm and suicidal ideations. Before the pandemic she stated there was some substance use in the school and child abuse that she knew of.

When discussing the time during COVID-19, the school counselor explained that an entire year was lost academically for her students due to most children being home alone, no oversight by their parents, and the lack of a functioning internet structure for the town. She explained that when schools shut down it started out okay but then she noticed these students got lazy doing schoolwork, there was too little oversight, and children lost social skills. She remembered being worried about some of her students not having their basic needs met and the possibility of abuse that could be going on at home. She recalled an incident where a younger student's parents were both in the hospital and the child had to stay at home by themselves. At this point there was an intense fear of contracting the virus among the administration of the school, so she had to rely on Child Protective Services to check on the child.

Once school returned to in-person learning, she recalled it being a weird time of having hundreds of faceless children and teachers in the school wearing masks. Academically there were challenges during this time as some students did not return to school. The participant explained that everyone was terrified because in the small close-knit community, everyone knew who was getting sick or passing away from the virus, which affected the kids. She expressed, "It was completely and totally nuts and we as adults didn't know how to deal with it. The kids really didn't know how to deal with it."

As far as resources utilized during these times, she explained that during COVID-19 and after the pandemic the programs and people that would do presentations on mental health awareness were no longer providing this resource. Virtual help has been normalized, but she

identified there are boundaries to this way of helping kids such as internet availability, age requirements, and parental support. Another resource that she remembered lacking was the availability of medical and mental health care that hindered students from having their mental health medications or counseling. Since all these resources were at least a 45-minute drive to a larger city, many did not want to travel during the pandemic for fear of contracting the virus.

New norms she has seen in the mental health environment of her students she does not attribute to COVID-19 as much as she does social media use. This topic was extensively discussed in the interview because she remembered a time when “there was no such thing as cell phones in children’s hands.” She identified gender identity confusion with many students now, pornography use, and basic exposure to adult topics that has changed children and “worsened their mental health especially since COVID-19 due to the downtime and lack of oversight.”

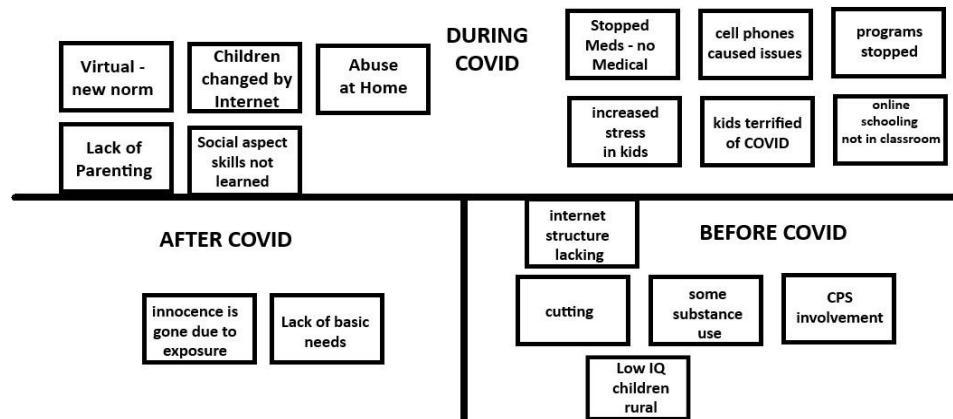
Conceptual Mapping Task

The participant’s conceptual map was blocked off into groups that showed a progression of issues from before COVID-19, during, and after (see Figure 9). She drew lines grouping topics that coincided with each other. The topics she identified “before the pandemic” were internet structure was lacking, students cutting (self-harm), some substance abuse, CPS involvement, and rural low IQ (children). In her grouping titled “during “COVID,” she placed notes of virtual a new norm, children changed by the internet, abuse at home, lack of parenting, cell phones caused issues, and social aspect and social skills were not learned, stopped meds and no medical care, programs stopped, kids were terrified of COVID-19, increased stress in kids, online schooling and lack of children in the classroom. The category labeled “after COVID-19” included notes of innocence is gone and a lack of basic needs. The participant drew lines around the different headings helping to separate and show the sections of time and the topics that were

within the headings.

Figure 9

Participant 8’s Conceptual Map Representation



Participant 9

The ninth participant was a rural school counselor in a south Texas county. She had been a counselor for 6 years in an elementary school with grades from pre-kindergarten to fifth grade. The interview was 45 minutes in length and was conducted in a private classroom in her school. The participant described her role as one that worked with the students’ mental health, with counseling and 504 planning, gifted and talented services, and special education services. She described knowing many of the families in the town as it was small but also had lots of migrant workers coming and going throughout the school year. There were many low-income families and individuals living in poverty.

Textural Description

The participant described resources that she had before the pandemic as a co-op that was shared with other districts to provide life skill classes and a behavioral unit for the students. They had mental health services provided through another resource for mental health in the form of residential and outpatient services. A family services nonprofit was also utilized for some of her

students to aid in basic needs getting met. She described being surprised with all the available resources for her students when she was first hired.

Before the COVID-19 pandemic she remembered having seven students with an actual mental health disorder diagnosis whom she would meet with each regularly. Her experience with working with her students' mental health needs consisted of individual and group counseling and teaching coping and calming skills. She did notice some maladaptive coping in her students such as self-harm during this time period, For these students, the participant would refer the child out to local providers to receive more intensive help.

During the pandemic, she experienced a shift of her role to trying to meet children's basic needs. Food banks were utilized throughout the school, and her focus was on feeding her students. She continued to see the seven students who had a mental health disorder diagnosis even when school was shutdown. Students were brought into the school for continued services such as mental health, speech, and occupational therapy. She stated that they did not get on board with virtual meetings as this resource was so new. She also helped to conduct a parenting class to help educate parents about their children's social and mental needs.

Her campus was one of the first to open in the county during the pandemic. She stated that the district prioritized in-school learning, so they created many safety measures to provide this to students. Her focus was getting the kids the needed socialization and to build those skills. Because her campus had such young children, and those foundational years are so important, they provided lots of extra support academically and socially to get the students back on track after missing months of school. The school district also hired two new social workers to come in and work with the kids. She remembered that year being "totally chaotic" and did not notice the negatives effects of the pandemic.

When asked about the time after the COVID-19 pandemic, she did notice some shifts in the mental health of her young students. However, she noticed it was more from the uptick in technology use and social media use than anything else. Cyber bullying and false information were spread digitally that would negatively harm the kids. The participant stated she felt like the students were not being monitored at home while on their devices, which produced lots of problems. She stated that she was frustrated with students taking mental health advice that they learned from social media, which was not always helpful.

Participant nine reported new resources were implemented in the community as new mental health counselors began working, but the waitlists were extremely long after the pandemic. This has become frustrating to her, as she stated.

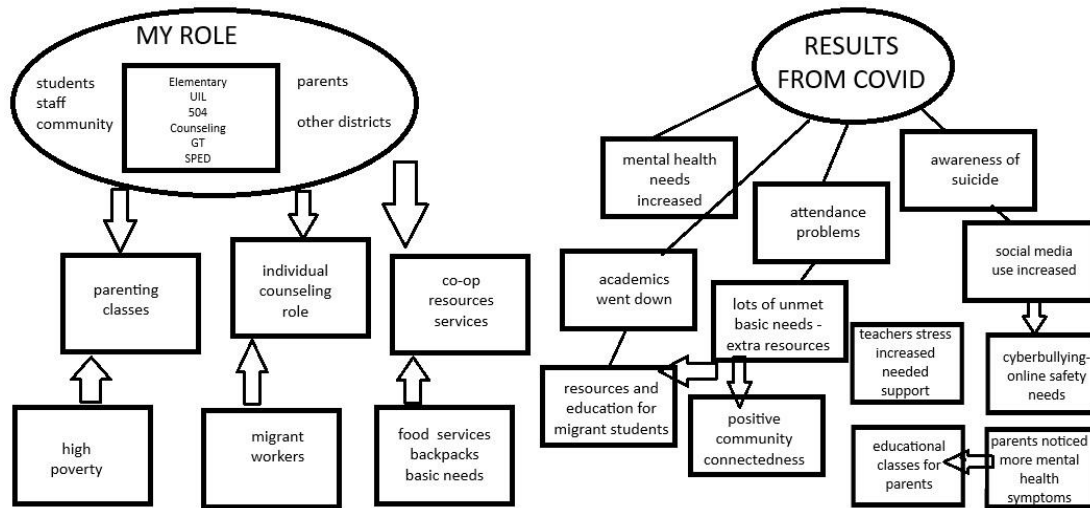
I am very honest with my families. I am here to support you socially and emotionally, but if it is something that is of a greater need and it needs more in-depth counseling, I have to give you a referral because I just can't, especially if it is any kind of trauma.

The participant's conceptual map was grouped into two different main topics of her role and the results from COVID-19 (see Figure 10). In the group labeled "my role" she placed the students, STARR, with community, other districts, and parents inside this circle. There were also post-it notes with UIL, 504, counseling, GT services, and SPED. Direct connecting lines were then drawn from this topic group to post-its labelled co-op services/resources, food bank/food services/back packs/basic needs, migrant workers, individual counseling role, parenting classes, and high poverty. The other topic heading of "results from COVID-19" had direct lines to labels of mental health needs increased after COVID-19, academics decreased, resources and education for migrant workers increased, attendance problems, lots of unmet basic needs after COVID-19, positive community connectedness, an increase of awareness of suicide, teachers stress increased

that needed support, educational classes for parents during COVID-19 to meet social and emotional needs, an increase in social media use, cyberbullying and online safety needs, and parents noticed more mental health symptoms.

Figure 10

Participant 9’s Conceptual Map Representation



Participant 10

The last participant was a school counselor in a rural south Texas town. She had been a school counselor for 16 years and worked as the counselor for the whole district including all the grades. The interview was conducted in her school office and lasted 40 minutes. She described the town as supportive and the district as small and had lower income families enrolled.

Textural Description

The participant described her experiences in working with students’ mental health before COVID-19 in that, while there was some self-harming, substance use, and issues with getting along with others, for the most part “kids were pretty good. Their emotions and behaviors were good.” She described her role as “reactive” in that she had to be on call for any issue that she had to deal with within all the schools from peer conflicts to giving out graduation and scholarship

information to seniors.

During the pandemic the participant explained that many of her kids did not have any individual mental health problems before the school shut down. But once schools did close, she did notice increased negative changes in the students' mental health as they experienced fear and anxiety over the situation and not having normalcy with in-person school. With the children stuck at home, she stated she was worried about them getting their basic needs met, the financial problems the parents might have, possible abuse at home, and the loss of education. She remembered she tried to be at the school as much as possible passing out schoolwork and computers and check in on the students and see them face to face. The academics of the students declined, and the number of scholarships decreased, which troubled the counselor as this was a responsibility of her job.

After the pandemic, the participant explained that kids are not coping as well as they had previously. She even noticed that they kept their masks on far longer than needed to continue to protect themselves. She stated, "What I am noticing is some of the kids it seems like they are more needy, as in they want me to do more things for them than in the past." She also mentioned anxiety has increased, which also concerns her:

I'm worried, because if you have anxiety now, what are you going to do when you get out into the real world? There is college and work ahead for some of these students and I worry they don't know how to cope with normal life stressors.

The new norms in the mental health environment that she has noticed is an awareness of mental health issues for young people. However, her concern is not only for the ones who actually need mental health support but for the ones who say they have these issues such as anxiety, and in reality, it is just stress. She did state there are more resources for meeting mental

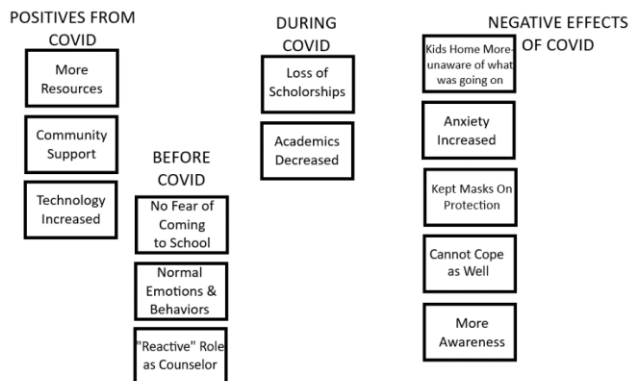
health needs in the surrounding towns since COVID-19, and the community is supportive of what the school district needs to help the students since the pandemic.

Conceptual Mapping Task

The conceptual map of the participant was done in a linear fashion with headings of: “positives from COVID-19,” “before COVID-19,” “during COVID-19,” and “negative effects of COVID-19” (see Figure 11). In the column of “positives of COVID-19,” she placed notes with topics of more resources, community support, and an increase of technology use. The group labelled “before COVID-19” had topics of no fear of coming to school, normal emotions and behaviors, and her reactive role as a counselor. The topic heading of “during COVID-19” had two subjects that included loss of scholarships and a decrease in academics. The “negative effects of COVID-19” had the most notes with topics of an increase of anxiety, kids being home more, the kids keeping masks on (after the pandemic) to protect themselves, anxiety increased, kids not being able to cope as well, and more awareness which she stated was a negative from the normalization of using words such as “anxiety.” After placing all the post-it notes in groups, she did not feel she needed to add lines or shapes to the depiction of her interview topics.

Figure 11

Participant 10’s Conceptual Map Representation



Results

The school counselors were representative of several different grade levels and regions of the state, thus making the current study generalizable to other school counselors in the state and rural populations in general. Trustworthiness in the data was conditional upon the level of ethical application and preparation during the implementation of the study's methods (Merriam & Tisdell, 2016). To aid in analyzing participants' interviews, and ensure trustworthiness, the text was captured by a recording app, Voice Recorder, that recorded the audio and then transcribed the interview. The CMT method was utilized in all the interviews to help represent the participants' experiences. The four stages of CMT were completed with the main topics discussed in each interview being member checked by the participant and then used to create a visual map of their interview. The member checking through the CMT method was another way to ensure trustworthiness, as participants examined and verified the accuracy of the verbal statements noted (Impellizzeri et al., 2017). The pictorial representation of each participant's conceptual maps are found in Appendix G. To help with readability, visual computerized images of each map were created along with a description as found in the current chapter. These were all used in the discovery and determination of themes.

Trustworthiness and Validity

Trustworthiness is a way researchers can show that the study findings are worthy of attention (Guba & Lincoln, 1985). The current study enhanced validity and trustworthiness by utilizing multiple data collection methods such as the interviews, transcriptions, conceptual maps, drawings, and participant confirmation (Creswell & Poth, 2018; Heppner et al., 2016; Moustakas, 1994). In this process, the researcher explored the methodical varying of the potential structural meanings that underlie textural meanings using both researcher rigorous

analysis and NVIVO qualitative software to determine themes (Lindseth & Norberg, 2004). To aid in finding themes, the researcher kept an accounting of the main topics discussed in the interviews and identified the themes numerically. If the topic was discussed more than six times in the interviews, it was labeled as a theme of the research. After finding foundational themes that accounted for the phenomenon, the researcher used the analysis of concepts from NVIVO and combined them into key concepts that related directly to the research questions. These concept words are created by the statements of the participants and are represented in a concept cloud (see Figure 12) which provided another layer of trustworthiness in the data analysis. The larger the word, the more frequently the concept was used by the participants.

Figure 12

Concept Cloud



Theme Development

The researcher formulated the ideals of the participants and clustered them into common

themes aided by the qualitative software, transcripts, and conceptual maps. Following the data analysis of the audio-recorded interviews, transcripts, and the conceptual maps, five themes emerged: (a) students' anxiety has increased since the pandemic; (b) students are not coping as well with stressors since the pandemic; (c) school counselors have roles and that are numerous, will vary, and change; (d) there is now more mental health awareness; and (e) increased technology use has affected students negatively.

Theme 1: Students' Anxiety has Increased Since the Pandemic

Throughout most of the interviews, the word "anxiety" to describe students' psychological state was used numerous times. This mental health problem that arose from the pandemic was seen by the counselors in their students especially during and after the pandemic. Anxiety symptoms such as being overwhelmed, difficulty concentrating, and anxiety attacks were intensified and more apparent as many of the counselors described. Because the pandemic was an experience no child had ever gone through, the school counselors' experiences with students' increase in anxiety, which was also found in previous literature, was not unexpected. Some of the issues that were explained as a proponent to anxiety included economic stressors, lack of communication, lack of resources, health fears, academic stressors, and other compounding stressors. Participant 5 explained her experience with an increase in anxiety as,

I mean, it is just really a completely different world that we're living in with mental health issues and the severity of them. There is more anxiety, and those that did not have anxiety before the pandemic have anxiety now.

Participant 6 recalled, "I never heard the word anxiety from students before the pandemic. Now I hear it all the time." Similarly, Participant 6 stated, "I hear about anxiety so much from parents and students now – so much more than I used to."

When exploring the changes and why anxiety increased, Participant 8 stated, I think the kids were very afraid during COVID-19. They saw a lot on the news, they read a lot on-line, and they heard all the stress of it from adults. This intensified their stress increasing anxiety symptoms. And now, all this anxiety has stuck around.

When discussing her role in aiding her students with anxiety, Participant 3 found her responsibilities shifted to helping children with anxiety. “I did more breathing exercises, playing games, and teaching them skills so they can calm themselves down. And I am still having to implement this into my role.”

Anxiety was a common theme among the interviews and on the conceptual maps. The changes in the anxiety in students as experienced by the school counselors correlates to what current research is showing about this problem. Not only did school closures disrupt students’ lives, but the unknowns about COVID-19 produced anxiety and worry in children (Elbay et al., 2020). The uncertainty of how the virus would affect them and their families increased children’s anxiety (Vasileva et al., 2021). These factors of anxiety from the unknowns of the pandemic and the social isolation it brought impacted the youth of the United States and world.

Theme 2: Students are Not Coping Well with Stressors Since the Pandemic

The ways students are not coping as well now with stressors was observed by several of the participants. The added pressures of catching up academically since the pandemic, the loss of socialization skills, and all the negative outcomes of COVID-19 have affected the ways students are coping with everyday stressors. An increase of maladaptive behaviors by the students were noticed by the counselors after the pandemic. Participant 2 stated,

After COVID-19, there seemed to be more suicide ideations, withdrawing, and not socializing for my students. They had all these heavy burdens, and now they cannot

handle daily stressors of something like “I haven’t finished my homework.” I don’t think they blame it on COVID-19, but after the pandemic, they seem to be worried all the time and don’t know how to handle that stress anymore.

Participant 5 similarly stated that “Students are one hundred percent stressed out. Everything stresses them out, just everything. They focus on that stress and it kind of festers. At this point, it’s as if managing their lives is so much harder for them.”

Self-harm and suicide ideations were both unhealthy maladaptive coping mechanisms used by students in response to stress that some counselors brought up. In addition to the two maladaptive coping mechanisms previously mentioned, the use of alcohol, drug use, and an increase in vaping were all mentioned by the participants, illustrating unhealthy coping in kids in response to stressors. This correlates with recent literature that has come out of the pandemic regarding poor coping in children and teens. The decline of mental health for youth during the pandemic produced unhealthy ways of coping youth have engaged in. According to Jones et al. (2022), “More than one in three high school students (37.1%) experienced poor mental health during the COVID-19 pandemic. In addition, 44.2% of students experienced persistent feelings of sadness or hopelessness, almost 20% seriously considered suicide, and 9.0% attempted suicide” (p. 16). Richter et al. (2022) also found that in rural areas, COVID-19 led to a surge in substance abuse among youths which was already a significant problem for this demographic. The mitigation of COVID-19 measures such as stay at home orders and medical facility closures was also shown to reduce the number of children receiving mental health care at the beginning of COVID-19 (Leeb et al., 2020).

Theme 3: School Counselors Have Roles That are Numerous, Will Vary, and Have Changed

Because the study looked at the school counselors’ lived experiences, one theme that

emerged was their roles and responsibilities with their respective schools. The researcher ascertained that not all job responsibilities looked the same for each participant, and the roles shifted and morphed through the pandemic's timeline. No two counselors' job duties looked the same. All types of obligations of the job were mentioned in the interviews such as conducting group therapy, teaching basic skills, completing special education duties, scheduling classes, aiding in graduation requirements, passing out food, educating parents, individual counseling, home visits, and many others. Participant 4 stated the following about her job working through the pandemic:

So, with school counselors, not only were we trying to deal with the academic side but also the social and emotional sides. We were dealing with our own stress but also trying to support faculty and staff. We were trying to play all the roles. We wear many hats. But during this time there were a lot of hats and they got really heavy.

Corresponding with this account, Participant 2 stated,

Our job role as a school counselor is kind of like a trash can. We do literally anything the administration wants us to do while also still trying to balance our everyday responsibilities. We are stretched thin at times and was extremely overwhelmed during the pandemic.

Many of the school counselors also stated that their job altered into a more mental health role when COVID-19 hit as they saw the need for their students. Participant 5 explained, "The mental health issues I'm seeing, it is something that we as school counselors are not equipped to handle. I feel we are kind of trying to keep our head above water essentially." Participant 6 also stated that she had gotten her education to become a school counselor over 20 years ago, had a break from counseling to teach, and had been back in the school counselor role for 6 years. Due

to this long period of time from when she was in school to now, when she came back to school after the pandemic, she had to refresh her training and do research on how to go about helping these students with their mental health issues.

These lived experiences that were told through the interviews illuminate how important and versatile school counselors are in working with youth with mental health issues. Literature on school counselors through the years reflects the evolution of their roles and duties. In particular, rural school counselors “promote systematic change in a small district because coordinating services, advocating for change, and consulting with stakeholders is consistent with the daily routine of the school counselor. In so doing, the counselor becomes a leader for the school” (Wimberly & Brickman, 2014, p. 28).

Theme 4: There is Now More Mental Health Awareness

Among many of the participants, there was a consensus that there is now a better understanding of mental health issues for students. Students are more vocal about mental health, and there seems to be more normalization of mental health issues and less stigma around it. Participant 1 stated, “Kids reach out now, they are more willing to ask for help. I think they are just more aware of their mental health now.” Likewise, Participant 3 suggested that kids are more educated in mental health symptoms and diagnosis, which makes them more apt to find ways to get help. She also gave an account about when the schools reopened after the pandemic, her school had older high school students come give presentations on mental health to younger students to help normalize it. This is in line with other studies in which normalization was also found as an outcome of the pandemic (Radez et al., 2021). Participant 9 also found that not only students are normalizing mental health issues, but she has seen an uptick in parents reaching out for help and resources. This came after the pandemic when she felt mental health awareness

increased.

Theme 5: Increased Technology use has Affected Students Negatively

A theme that came out of asking the participants about the changes in the mental health environment of their students was in reference to technology use. Several of the school counselors mentioned an increase in the use of technology use during COVID-19, and most stated this was a negative outcome. While online learning had to be implemented, this also introduced more time on screens for children, and this appeared to the participants to open the door to more social media use. Participant 8 spoke about how unsupervised online use by younger students, cyberbullying causing issues, and inappropriate videos introducing children to pornography has played a big part in the increase of mental health issues for students, especially during the pandemic when being online was more normalized. She stated, “We don’t know what these kids are looking at and what will affect them negatively. It’s like they are digging through a trash can and what they are finding and exposed to can change them forever.” Participant 6 also discussed,

Being on a screen is the new norm. When COVID-19 hit, students were supposed to be on a screen, they were watching a teacher on a screen, they were doing homework on a screen. Now we want to go back to not being digital, but that is all they know, and this cannot be good for them mentally.

Participant 9 had a problem with social media use by her students in that a lot more students were on social media after the pandemic and not getting good advice:

This is what really upset me. There were a lot of people on social media giving advice and saying they were these special counselors and kids were listening to that. But then they would come talk to me, and the advice was not healthy or age-appropriate for the

students. It was frustrating what the kids were exposed to and believing online.

Guided Interview Questions

Participants were asked open-ended questions during the interview to help inform the researcher of their lived experiences. The following questions helped to grasp a picture of the progression of the mental health environment through the pandemic:

- “I would like you to spend some time giving me your lived experience of working with your students’ mental health in the time period before COVID-19 and the changes that you perceived in the mental health environment, including what you were feeling and thinking during these experiences.”
- “I would like you to spend some time giving me your lived experience of working with your students’ mental health in the time period during COVID-19 and the changes that you perceived in the mental health environment, including what you were feeling and thinking during these experiences.”
- “I would like you to spend some time giving me your lived experience of working with your students’ mental health in the time period after COVID-19 and the changes that you perceived in the mental health environment, including what you were feeling and thinking during these experiences.”
- “What have you experienced as the new normal or status quo in the mental health environment of the students in the post-pandemic time?”

Research Question 1: What do School Counselors Describe as the Mental Health

Environment for Students in Rural Texas Schools Prior to COVID-19?

This question was one in which most participants would explain the roles and responsibilities of their job and what they were doing with students during this time. Many stated

that this was a period that encompassed working with students' academic and graduation requirements, scheduling, helping children get along, and providing conflict management. Participant 8 stated "It was more of the social stuff, the normal stress about teachers and schoolwork, and scheduling that I was dealing with." Participant 3 explained, "Before COVID-19, I feel I was working with normal girl drama, some identify confusion- students not knowing who they really are, and conflicts with friends." It was the time the common issues that they had been dealing with for years prior to the pandemic were described and then based on how they saw change happen.

Research Question 2: How do Rural Texas School Counselors Describe Their Lived Experiences Working With Students' Mental Health During the Pandemic?

During the pandemic, the participants' answers all varied as to what they were charged with during school closures and what they saw in the mental health environment of their students. Resources were often explored, and through the exploration of their lived experience, what worked for students and what did not was discussed. The diverse experiences the participants reported were based on what their focus was on during this period. For some, meeting basic needs was important, so their duties adapted to making sure children had food and supplies. For others, it was alleviating the fear and unknowns that students were experiencing along with their own worries. Participant 7 explained "We were managing day by day. I was working some from home and this was very difficult personally. I would try to talk to my students online, but even that was a challenge." Others explained this time as "chaotic," "stressful" and "terrifying." During the pandemic time frame is when most of the participants started explaining how their roles and duties began changing. Finding creative ways to meet students' needs while navigating the unknowingness of the pandemic was detailed in interviews.

Research Question 3: How do Rural Texas School Counselors Describe Their Lived Experiences Working With Students' Mental Health After the Pandemic?

This question was explained by most with what the counselor's role looks like now and what job duties they are doing currently. The shifting of priorities was explored by a few of the school counselors in that the mental health of students has changed, and therefore their job responsibilities changed. Participant 9 stated that her role after the pandemic was to primarily support the students emotionally and help them get back to feeling safe and secure at school. Some participants spoke about the addition to resources and the positives and barriers to these. Social media use was also a topic that came about as more children had become exposed to being online.

The increase in anxiety and the decrease of coping in students, as experienced by the rural school counselors, were other topics discussed in the interviews when addressing working with students after the pandemic. Anxiety and its manifestation in students as witnessed by the participants increased after the pandemic. Coping with stress in the students also looked different after COVID-19. The change in the mental health of youth during the pandemic produced more maladaptive coping skills used by students in response to everyday stress as indicated by the participants.

Research Question 4: What do Rural Texas School Counselors Describe as Possible Changes in the Mental Health Environment of Students in the Present?

The "new normal" that the counselors are experiencing was discussed in great length by all the participants. The descriptions by the school counselors allowed the researcher to determine if changes did come about in the mental health environment of students through the participants' lived experiences. Mental health changes in students were verified in the interviews.

Participants described mental health issues that have changed, such as an increase in anxiety in students, which was a substantial change for most of the participants. According to most participants, unhealthy coping with everyday stressors was also a factor that was mentioned many times. The awareness and normalization of mental health issues for students was a take-away from the findings that has changed throughout the pandemic. The results from the data showed that there were alterations in the mental health environment of students, confirming changes that were brought to light through the interviews exploring the lived experiences of the participants.

Summary

The research findings embodied the lived experiences of the ten Texas rural school counselors as they recalled their time working with their student mental health before, during, and after the pandemic. Each participant completed an in-depth interview and formed a conceptual map using the CMT method that helped amplify their description of their lived experience. The data was analyzed by the researcher and reviewed multiple times and ways to help pull out important themes. The following five themes emerged from the data: (a) student's anxiety has increased since the pandemic; (b) students are not coping as well with stressors since the pandemic; (c) school counselors have roles and that are numerous, will vary, and change; (d) there is now more mental health awareness; and (e) increased technology use has affected students negatively. These themes were explored along with the research questions. Participant quotes and a pictorial representation of the maps were presented to help increase the validity of the study and represent the school counselors' lived experiences.

Chapter 5: Summary, Conclusions, and Recommendations

The purpose of the current qualitative descriptive phenomenological study was to describe the lived experiences of rural Texas counselors when working with students' mental health in the aftermath of the COVID-19 pandemic. The study aimed to answer questions about what school counselors describe as the mental health environment for students in rural Texas schools before, during, and after the pandemic, and the possible changes in the mental health environment of rural students. This chapter will include a summary of findings, discussion of the findings, implications, delimitation and limitations, and recommendations for future research. In addition, the researcher will make specific recommendations to primary stakeholders when training and employing school counselors.

Summary of Findings

The participants provided the researcher with a thorough and detailed description of their lived experiences detailing the mental health environment of students in the time before, during, and after the COVID-19 pandemic. In summary, many changes in the mental health environment of Texas rural students have come out of the pandemic. The experiences described by the participants illustrated similarities that showed the development and progression of their roles and their work with the mental health environment of their students. Being able to compare the different time periods, before, during, and after, gave insight to the impact of the pandemic regarding their role as well as the effects on the mental health of their students.

There were five themes that emerged during the interviews with all participants. These themes highlighted what has changed for the students and their mental health, as well as what has changed for themselves. The changes that came out of the pandemic were dynamic in that they highlighted how mental health issues among students were exacerbated, an increase in poor

and even maladaptive coping among students, and how the roles and responsibilities of the participants varied and changed.

The structured interviews with participants illuminated the ways students were coping with the added stress and the increased mental health concerns the school counselors witnessed. The participants described the heightened anxiety that was being experienced by the students as well as the negative in which they were coping with stressors. There was a prominent theme of anxiety in students that appears to have increased as a result of the many stressors they experienced due to the pandemic. Student withdrawal, self-harming behaviors, suicidal ideation, and the lack of coping skills, even with small stressors, surfaced as part of the lived experiences of the participants. Most participants spent considerable time focusing on this aspect that changed through the pandemic.

Another theme that was apparent was the fact that school counselors are now hearing much more about their students' mental health. Not only are the students discussing mental health issues more, but they hear more about mental health from them. Mental health is also discussed more frequently with parents and teachers and seen more prominently on social media (Alonzo & Popescu, 2021). For many of the counselors, this outcome was explained as a positive result of the pandemic. As explained in the interviews exploring their lived experiences, the participants reported an increase in awareness of mental health issues and decrease in the stigma of the same has produced a normalization of seeking help for mental health issues that has been seen in the aftermath of the pandemic. For this reason, the current study shows that school counselors are now working with students in areas of mental health more than they previously did during the pandemic.

An increase in technology use by students was also found to be a change in the mental

health environment as a result of the interviews. This occurrence was observed by the school counselors as a necessity to continue learning, but as time passed, it became a negative impact on the student's mental health. With school closures, there were few ways to continue educating students and the prominent one used was through technology. Screen time for children, as described by the participants has increased; this was an adverse consequence of the pandemic. It was explained by the participants that the student's online use was not always protected or monitored by the caregivers. Children were exposed to the dangers of the internet such as frightening information on the pandemic and social media that was not age-appropriate.

One theme that was found but was not necessarily a specific question asked of the participants, was that the school counselors' jobs were all different. Their job responsibilities varied, and their roles changed and morphed with time during and after the pandemic as did their obligations. The researcher noticed that not many participants described similar responsibilities during and after the pandemic. This emerging data demonstrated that the school counselors had to be flexible in meeting their students' needs as time went on. As changes presented themselves, and students' needs were exposed, the school counselors demonstrated their versatility and willingness to aid as needed.

Connection of Themes

The current study illuminated five themes that were in retrospect all connected and tied to each other. The progressive nature of the COVID-19 pandemic and the changes it produced in the mental health environment of students were described by the participants. The themes all connected due to the changes the pandemic caused in the mental health environment by different factors. The theme of increased anxiety in students that was described by the participant was stated to have happened due to the isolation, lack of resources, less in-person interactions, and

fear during and after the pandemic. This increased anxiety then produced the theme of an increase in maladaptive coping by the students. The counselors explained that an increase in technology usage was also a theme that contributed to an increase of anxiety in students. The themes that highlighted the changes in the student's mental health led to the changes in the school counselors' roles and responsibilities, which was identified as another theme. Due to the predominant topic of mental health changes during the pandemic, an increase in awareness of mental health issues was emphasized and identified as a theme. The connectedness of themes in the current study illustrates the pandemic's effect on changes in the mental health environment of students and the interconnectedness of those changes. This connection also allows for a better understanding of Lewin's theory of change and how the last stage of refreezing has yet to occur as noted that there are still changes taking place in the student's mental health within Texas rural schools.

Discussion

The findings in this study reinforce much of the empirical and theoretical literature from previous research explored in Chapter 2. However, the research findings also offer unique contributions that point to increased impacts on students' mental health and school counselors' responsibilities after the pandemic with theoretical implications through Lewin's Theory of Change as it is applied to the participants' lived experiences.

Confirmation of Previous Research

The findings in the current study confirmed previous research about school counselors, rural school needs, and the mental health of students in regard to the pandemic. These topics were all incorporated in the current study that allowed a deeper look into each and how these topics operated collectively. Exploring the findings of this study along with preceding research

helps to corroborate the themes that came out of the research.

When looking at the school counselor's roles and responsibilities, previous research has shown that the profession is charged with helping to identify mental health issues, provide resources, and deliver interventions that can support students' mental health while they are enrolled in school (Bain et al., 2011). Counselors in schools can provide students with information about effective coping mechanisms and self-help methods or provide them with a safe environment to implement coping skills as part of their role in implementing a comprehensive school counseling program (Marsh & Mathur, 2020). Counselors may also refer students to medical or mental health professionals when they feel that further support outside of the educational setting would benefit the student (O'Connor, 2018). All these responsibilities of the school counselor and more were described by the participants, showing the many duties of a school counselor. Literature on school counselors also reflects the evolution of their roles and duties (O'Connor, 2018). Further, research identified rural school counselors as influential in being advocates for their students and mental health services needing support (Wimberly & Brickman, 2014). This was apparent in the current study as many participants had an important role in how the school dealt with the changes that the pandemic brought upon their students.

The mental health decline of students that was due to the pandemic confirmed previous research. One previous study pointed out that due to the pandemic, anxiety and stress increased in youth because of disruptions to their way of life due to lockdowns, online learning, and suspension of studies (Al Omari et al., 2020). The information gleaned from the interviews with the participants and the emergent themes from the current study correlate and confirm that students' mental health was negatively affected by COVID 19. More specifically the theme of the increase of anxiety in students was parallel to previous studies on the subject (Samji et al.,

2021). Not only did school closures disrupt students' lives, but the unknowns about COVID-19 produced anxiety and worry in children along with the social isolation the pandemic brought, which impacted them (Elbay et al., 2020). This fact was expressed repeatedly by the participants in the current study in that anxiety was heightened in students.

Previous literature also shows the importance of the education system to the mental health of students. The interviews exploring the lived experiences of Texas rural school counselors similarly illustrated that schools can also offer students contact with resources and services that can help with mental health needs. Stephan et al. (2007) stated, "With more than 52 million youths attending over 110,000 schools and more than six million adults working in schools, one-fifth of the U.S. population can be reached in schools" (p. 1331). Ali et al. (2019) also found that "3.2 million adolescents in the United States received mental health services in an educational setting" (p. 394). The focus of the current study and the emergent themes showed that schools do play a role in the mental health needs of students.

Lewin's theory of change (1947) describes change in three steps: unfreezing or motivation for change, moving toward change, and freezing to the new change. Lewin's theory of change was utilized in the current study with the notion that COVID-19 did lead to the first stage described in the theory, the "unfreezing" stage. Lewin suggested that unfreezing does not predict or control the direction of change. The pandemic brought many unknowns, which was evident through the interviews with all the participants that could not be predicted or controlled within the mental health environment of students. The second step of Lewin's model is a movement toward change. Change was demonstrated within the data that the participants all saw changes in the mental health environment for students when the pandemic hit and the school counselor's roles starting to change to meet the needs of the students. The idea that complex

forces are at work to implement the desired level of change within a system was explained by the participants by voicing the changes that occurred through the pandemic. The current study also examined the time after the pandemic to identify the changes that came out of the pandemic. The last stage of Lewin's model is refreezing. Refreezing strives to solidify the new change and sustain the new norm once the change has been implemented (Hussain et al., 2018). The changes that were found in the current study illuminate the lack of the "refreezing" stage, or the solidifying of sustained change. The ever-shifting roles and responsibilities of the school counselors that were noted, and the continued changes in the mental health environment of the students as experienced by the participants, illuminated the present stage of change, and the absence of refreezing.

Divergence From or Extension of Previous Research

The participants' opinions that the students' increased technology use negatively affected students' mental health in previous research, but other studies revealed that technology was a positive attribute for children during the pandemic. Rimel et al. (2023) found that although parental worries concerning adolescent mental health and technology use are reasonable, technology can benefit adolescent well-being. Correspondingly, a large-scale study with hundreds of thousands of youth found that technology use did not significantly decrease well-being and contributes to a small percent of overall adolescent well-being (Orben & Przybylski, 2019). While it has been found that adolescents engage with technology as a way to foster and maintain connection in a time of extended isolation, there are studies that support the current study's finding that on the negative outcomes of student technology. A post COVID-19 study found that, compared with children with lower levels of screen use, children with higher levels of screen use had significantly higher levels of mental health symptoms during the COVID-19

pandemic (Li et al., 2021). From the interviews, the participants in the current study did not confirm any positive effects of technology use in the students.

Another divergence found in the current study was that virtual mental health resources were not identified as a theme. Previous literature indicated this was an outcome of the pandemic. The Texas Education Agency included many services that school mental health personnel could provide virtually to students such as providing assessments, counseling, academic counseling, support and check-ins with students, the support provided specifically for special vulnerable populations, and information, referral, and connection to community resources (Texas Education Agency, 2020). Virtual services were only described in two of the interviews, showing that working virtually with a student's mental health for the rural school counselors was not a prominent experience. Further, previous literature showed that the intermittent school closures, social isolation, and increasing academic and anxiety problems that were produced by the pandemic created a situation for youth to miss school (Sparks, 2022). This was mentioned in passing by only a few of the participants, but there was not a theme within the data that showed the counselors focused on this happening and their experience with attendance issues with students.

New Contributions from this Research

The current study is the first to examine the lived experiences of Texas rural school counselors before, during, and after the COVID-19 pandemic in relation to their students' mental health environment. With the continual need of assessing the mental health needs of children and adolescents, this qualitative study allowed a look into the professionals directly working with this population and how they perceived the mental health environment has changed throughout the pandemic. Attending school in a rural area of Texas was shown to produce some barriers to

mental health care for students such as a lack of local resources and programs to aid the mental health environment, financial or health insurance obstacles, or long wait lists for mental health care. This factor, along with how the pandemic affected the mental health environment for students, helps to guide future mental health efforts for this specific population and the school counselors working directly with them.

Theory of Change Illuminations

Exploring the lived experiences of rural school counselors in regard to the students' mental health environment in light of the pandemic through the lens of Lewin's theory of change provided insight into the changes experienced by the participants. The theory integrated into the study was chosen based on the assumption that Lewin's three-step model is "a robust approach to understanding the complexity of human behavior and how it can be changed" (Burnes, 2020, p. 52). Lewin's three-stage model helped to describe the active method through which change emerged within the Texas rural students' mental health environment (Lewin, 1947).

The three-stage model's first step, according to Lewin, is the unfreezing process. He found that the balance within a system or behavior needs to be disrupted, or "unfrozen," so that new behaviors or processes can be adopted in preparation for change. Unfreezing does not in itself generate change; rather, it creates the needed environments for an individual to learn new behaviors (Schein, 1996). In reflecting on the COVID-19 timeline and the interviews with the participants, the unfreezing of the mental health environment of students started at onset of the pandemic. This disruption of normalcy allowed for an unfreezing of how processes took place due to its disruption of students and counselors' lives. Due to the way the participants explained their unawareness of how to aid students' mental health when the pandemic began, this created a responsiveness about upcoming possible changes, which demonstrates this unfreezing stage.

The second step of Lewin's model is a movement toward change. This involves the idea that complex forces are at work to implement the desired level of change within a system. Movement is an active process in which the advantages and disadvantages of change are explored (Schein, 1996). Looking at the changes that the participants identified, this stage would have been during both the pandemic and after. The changes in roles and responsibilities of the rural school counselors, along with the changes that were identified in the mental health environment of students, showed the movement of modifications of roles and adjustments to work that had to be made by the school counselor to meet the needs of students. In the change stage, the actual implementation happens to support the transition. The flow of the data from before, during, and after the pandemic demonstrates the changes that came about in the rural school counselors' experiences and how they had to implement changes to their roles to meet the changing mental health needs of the students.

The last stage of Lewin's model is refreezing. Refreezing seeks to solidify the new change and sustain the new norm once the change has been implemented (Hussain et al., 2018). It was the researcher's impression when beginning the study that this would be the stage the counselors are in, but after hearing the lived experiences of the rural school counselors and discussing the "new norms," it appears that there has not been a refreezing of the changes from the pandemic. The "new normal" that was explained by the interviewees illuminated the fact that there are continuing changes or adjustments in the mental health environment of students. While the pandemic has ended, the changes the counselors described are still affecting students and have not been set, or "refrozen," and are changing still. The roles of rural school counselors have also yet to freeze to meet the mental health changes for students according to the data and emergent themes from the current study.

Implications

Theoretical Implications

The mental health environment for students has not been refrozen to sustain the new norm, so a look into what changes need to be made in the schools to better aid their mental health needs may be needed. A key finding of this study is the increase in anxiety for students. But there might be more time needed to find if this will be in the new normal or if it will continue to increase or decrease with time further from the onset of the pandemic. In addition, other contextual factors may be at play in the lives of students' increased anxiety. Looking at the baseline of anxiety for kids coming to school could change the way school counselors operate to offer aid in this area. The same goes for the other theme that was found in that students are not coping with stressors as well as before. Examining other factors other than the pandemic that might be affecting the mental health of students would also prove beneficial. The effects that this is causing in the educational environment could be examined by looking at whether this will be the new normal or if this will change more with time. Through the lens of Lewin's theory of change and the current study's finding that there has not been a "refreezing" stage, so further examination of the student's anxiety levels and coping with stressors in the future would be beneficial.

Empirical Implications

An important finding that the school counselor's role is ever adjusting and encompasses many responsibilities is a known fact about this profession. All the participants explained some type of change in the mental health environment through their lived experiences. Previous research shows the many facets of change due to the COVID-19 pandemic and the need to expand the number of counselors in rural communities and schools (Pincus et al., 2021). Looking

at the day-to-day actions taken by the counselors to aid in this area shows how influenced their roles can be.

Practical Implications

A practical implication of this study would be to require all school counselors to obtain continuing education in meeting students' mental health needs post pandemic. There could also be research into what their roles are and ensuring there is allotted time for them to help with the mental health environment of their students. Another practical implication would be to continue to normalize and be aware of mental health issues in young people, providing a way to advocate for their needs. Having a school counselor be a campus and community leader and advocate for change for the children's mental health and continue to allow for the awareness of change would help the future trajectory of the mental health environment for students (ASCA, 2019).

Recommendations for Stakeholders

The education of students can be impacted by how they are doing emotionally and mentally. For school districts, assessing the effectiveness of mental health aids, programs, resources, and other measures to positively influence students' mental health would be ideal and would take the counselor's role and responsibilities into account. Having the administration guide the needed obligations and duties for the school counselors to allow them to have the time and resources to help the mental health of students would be ideal to free up their time to take on this responsibility.

For resources and professional mental health workers in the community of rural towns, being aware of how the pandemic has produced mental health changes in students is important. Providing the needed resources in the town that are lacking would be valuable to the overall health of the community. The shortage of mental health care and resources for children in rural

towns does not help the schools. While grants such as the Elementary and Secondary School Emergency Relief Funds (ESSER) were available for Texas schools post-COVID to help with many facets of needs, these funds may not be available continuously. Many Texas school districts reported utilizing ESSER funds for mental health, chiefly to help with rough transitions for students because of the pandemic. Schools are now concerned that when those funds terminate at the end of 2024, nothing will be available to replace them (Simpson, 2023). Looking into grants and programs that would continue to help fight this deficiency in mental health aids in the schools, especially for rural schools, would be necessary to help the growing mental health needs of students.

Delimitations and Limitations

When researching the changes in the mental health environment in the timeline of COVID-19, the only voice that was taken into account belonged to school counselors. Having a stakeholder answer the research questions brought bias into the research. While school counselors are trained professionals, they are not around every student on an individual daily basis, so hearing only one stakeholder about the mental health environment of students reduces the study's validity. There may have also been volunteer bias due to the fact that the participants had their own reasons for completing such a lengthy and involved interview with monetary compensation, which also enhances a potential sample bias. Another limitation was not having any male participants, and a high female ratio may have increased variance between interviews. There was also a limitation culturally, in that all participants were Caucasian women. Researching Texas schools, and no schools in other states was a limitation as the pandemic might have looked different in other states. Researching only rural schools rather than urban schools also was a limitation.

A delimitation was the use of the CMT and the acquired validity checks in the interview with the participant. Being that CMT is an in-depth interviewing tool and used during the interviews to collect necessary information (Heppner, et al, 2016), the interviews required an in-person setting to ensure the validity checks and thorough data collection. To complete the CMTs in person, a limitation was found in regard to the controlled conducting of the interviews. Being able to conduct interviews virtually would have possibly given the study more data. Due to the largeness of the state, and the many rural areas, the small participant number was a limitation. A study that allowed for a wider view of the mental health environment of students with more participants would be a good source of information.

When exploring the rural piece of this study, not having a baseline of what urban cities have for resources for the mental health of their students was an additional limitation. The counselors did not have anything to go on when comparing the rural variables since all the participants had only worked in a rural setting. It would be illuminating to look at the resources in rural communities and compare them to what urban areas had while looking at the mental health environment of students.

Recommendations for Future Research

The participants described their experiences in relation to what they knew of rural life and the resources they had. Comparing this data to the lived experiences of school counselors working in urban areas could shed light on what differences are seen in the mental health environment of youth. Researching other states or regions of the United States would also give a more thorough look into the mental health environment of students. The researcher recommends looking at the mental health environment for students in rural Texas areas in the future to see if the changes are consistent with the findings or if they have altered with time. As the mental

health environment changes are still being experienced by the counselors from the pandemic, finding if these will be the new normal for children or if they continue to change would be important for future research. Looking at Lewin's theory of change in the future would help to find if the changes experienced are the new status quo, which could direct the school district's perspective on the mental health needs of students and the roles of rural school counselors. Exploring the mental health changes in regard to academic achievements and challenges and mental health for rural students would also be important to look at in the future. Tying the concepts of educational goals to the mental health norms of the student body would help direct school resources for mental health aid to students.

Summary

The current study followed a phenomenological approach to explore the lived experiences of rural Texas counselors when working with students' mental health before, during, and after the COVID-19 pandemic. The study demonstrated the ways the pandemic has changed the mental health environment in rural schools for students through the lens of the rural school counselors who were interviewed. One take away from the study is that mental health issues among students in Texas have increased through the pandemic and have continued to remain a problem. Awareness of mental health issues is another key factor that has come out of COVID-19 along with the decreased stigma of reaching out for help by students. Another takeaway from the research is how the needs of students influence the roles and responsibilities of the school counselor. If the findings are applied by stakeholders, then the educational system can assess some of these factors of change in the mental health environment and help school counselors address these issues while giving them the tools and aid to achieve this.

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Appendix A: Email Survey to Potential Participants

Hello,

My name is Lanessa Allman, and I am a doctoral candidate at Liberty University working on my dissertation. I am contacting you because you are a Texas rural school counselor and may fit the qualifications for my participant pool. To see if you might qualify, please answer the following survey questions about your job and needed requirements to become a participant:

1. Are you a certified school counselor?

YES or NO

2. Have you been employed as a school counselor since 2018?

YES or NO

3. Have you been employed as a school counselor since 2018 in a rural district?

YES or NO

4. Are you willing to participate in a face-to-face interview for 60 minutes?

Definitely would

Probably would

Probably would not

Definitely would not

5. In case you are selected as a potential participant for this study, how can I contact you?

Name:

E-mail address:

Phone number:

Appendix B: Phone Interview for Potential Participants

Hello, “My name is Lanessa Allman, and I am a licensed professional counselor currently working on my Doctor of Education degree in Community Care and Traumatology at Liberty University. I am contacting you to discuss a major research project that entails rural students’ mental health environment before, during, and after the COVID-19 pandemic. I recently sent out emails to potential rural school counselor participants to discuss the possibility of participating in a dissertation with Liberty University. Thank you for selecting that you would be interested in participating. Do you have some time right now for a couple of follow-up questions to determine if you might be a good fit for the study?” If they agree:

1. “In your role as a school counselor, have you provided a comprehensive school counseling program that includes aiding students’ mental health concerns”?
2. “Were you actively working during the COVID-19 pandemic in this role”?
3. “Tell me a little bit about why you decided on a career as a school counselor”?

“Are you willing to move forward with the interview? If so, I would like to go ahead and discuss a date, time, and place to complete the interview.”

Appendix C: Follow-Up Email Notification of Study Participation

Hello _____,

Thank you for being willing to participate in the following study: Exploring the Lived Experiences of Rural Texas School Counselors Working with Student Mental Health After the COVID-19 Pandemic. I wanted to send you a reminder of the date, place, and time that we set up and to see if you had any further questions.

I also want to send you the type of questions that will be asked during the study so that you have time to think about your responses. And to let you know that our time together will be recorded so that nothing will be missed when it comes time to compile the data for the final results of the dissertation. All recordings and notes will be destroyed once the research is complete.

Thank you again,

Lanessa Allman

Questions:

1. What are your lived experiences of working with your students' mental health in the time period before, during, after COVID-19 and the changes that you perceived in the mental health environment of students, including what you were feeling and thinking during these experiences?

2. In your experience, how has the mental health environment changed throughout the years that include pre-pandemic, during the pandemic and post-pandemic?

Appendix D: Interview Script

Phase I – Informed Consent, and Recording Consent

“Thank you for taking the time to meet with me. As we begin, I would like to share an Informed Consent Document with you. We will read through this document, and I can answer any questions you might have before signing it”. (Read through Informed Consent and answer questions. Have them sign the consent form and ask if they would like a copy).

“I also would like to get your consent to record this interview for transcription purposes. The data recorded will be destroyed after the dissertation is completed” (Read through form and have participant sign).

Phase II

“I will now start the audio recording. “For the first phase of this interview I want to read to you the interpretation of “mental health environment” that I have come up with for my study and get any comments or suggestions you might have about this topic. (Researcher will read the mental health environment term).

“For the purposes of this study, the term “mental health environment” will be clarified in terms to better understand the themes that encompass rural school student’s mental health. This definition could encompass different branches of mental health subjects depending on the topic discussed. One major subject included in the “mental health environment” term is the various diagnoses that affect children and teenagers. Depression, anxiety, and attention deficit hyperactivity disorder are common diagnoses seen in school- aged youth (Collishaw, 2014). Other themes of the mental health environment that impact children and adolescents include non-suicidal self-harm, suicidality, and substance use (Collishaw, 2014).

When addressing mental health and schools, topics incorporated in “mental health

environment” could be numerous. Mental health services provided to students such as individual counseling, therapy groups, or school-wide training would be included. Evaluating the efficiency of these services, the student’s involvement in them, and the success of the services would also be incorporated as a part of the mental health environment of students.

Other mental health professionals working with the students in the educational setting in addition to school counselors could include social workers, school psychologists, adjustment counselors, and behavioral interventionists. Additionally, the school’s mental health environment is influenced by the community, culture, diversity of the residents in the community, and the awareness of social service issues (Cauce et al., 2002). Other outsourced mental health professionals such as licensed professional counselors, psychologists, or qualified mental health professionals working in agencies in the community would be included in the description for the mental health environment of students.

“We are now going to spend the next 60 minutes in an interview where I will be inquiring about the topic and we will complete a conceptual mapping exercise, which is basically a quite simple visual assignment that will help organize the experiences you have had.

As a researcher, I am extremely interested in your account about the mental health environment for students before, during, and after the COVID-19 pandemic. At times, I will possibly ask questions to explore more into your story. Are you ready to begin?”

“I would like you to spend some time giving me your lived experience of working with your students’ mental health in the time period before COVID-19 and the changes that you perceived in the mental health environment, including what you were feeling and thinking during these experiences.”

“I would like you to spend some time giving me your lived experience of working with your

students' mental health in the time period during COVID-19 and the changes that you perceived in the mental health environment, including what you were feeling and thinking during these experiences.”

“I would like you to spend some time giving me your lived experience of working with your students' mental health in the time period after COVID-19 and the changes that you perceived in the mental health environment, including what you were feeling and thinking during these experiences.”

Possible questions to ask to gain more insight:

In your experience, how has the mental health environment changed throughout the years of pre and post-pandemic?

What have you experienced as the new normal or status quo in the mental health environment of the students in the post-pandemic time?

In your lived experiences, what changes have you perceived in the mental health environment since the pandemic ended?

Appendix E: Informed Consent

Exploring the Lived Experiences of Rural Texas School Counselors Working with Student Mental Health After the COVID-19 Pandemic

Lanessa Allman

Liberty University

Department of Community Care and Counseling, Liberty University

You are invited to be in a research study that seeks to describe the lived experiences of rural Texas school counselors in regard to the mental health environment and its possible changes in the post COVID-19 timeframe. You were selected as a participant because of your role as a school counselor in a rural school.

Principal Investigator: Lanessa Allman, LPC, EdD Candidate, - Liberty University

If you agree to be in this study, I will ask you to do the following things:

- 1.) Complete a survey to collect information as a pre-screening procedure. Estimated time: 5 minutes.
2. Complete an initial phone call as a preselected potential participant. Estimated time: 15 to 20 minutes.
3. Participate in a face-to-face in-depth interview where you will share your lived experiences as a rural school counselor. Estimated time: 60 – 90 minutes.

Risks and Benefits of being in the Study:

There are minimal risks that exist in this study, and these minimal risks are no more than would be encountered in everyday life. There are no known direct benefits of participating in this study. However, the benefit to understanding the lived experiences of rural school counselors could influence the student mental health environment.

Compensation: No one will be compensated for participating in this study.

Confidentiality:

The records and identities of the participants of this study will be kept anonymous. Steps will be taken to protect the participants such as: Initial phone calls to potential participants will be done in a private office and interviews will occur in private room; identifiable information will not be used; the report will use pseudonyms when referencing the participant; recordings, photos, and transcripts will be destroyed immediately if the participant withdraws. Research records will be stored securely, and only the researcher will have access to the records.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study:

If you choose to withdraw from the study, please contact the researcher at the email address included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study. Participants will be allowed to read through the findings and data collected prior to publication if they choose to do so.

Contacts and Questions:

The researcher conducting this study is Lanessa Allman. You may ask any questions you have now. If you have questions later, you are encouraged to contact her at [REDACTED]. If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the

Institutional Review Board, [REDACTED]
[REDACTED]

Statement of Consent:

I have read and understood the above information. I consent to participate in the study.

The researcher has my permission to audio-record me as part of my participation in this study.

Participant Signature: _____

Date: _____

Researcher Signature: _____

Date: _____

Appendix F: Follow-Up Email

Hello _____,

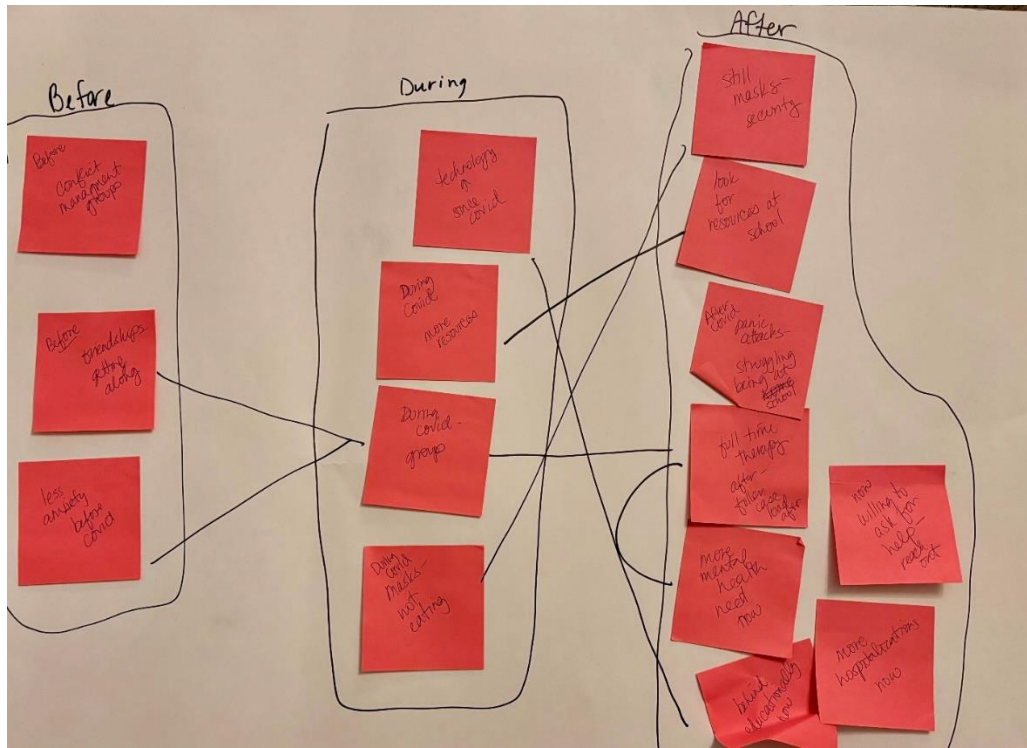
Thank you for participating in the following study: Exploring the Lived Experiences of Rural Texas School Counselors Working with Student Mental Health After the COVID-19 Pandemic. I appreciate the time you spent with me to help me understand your lived experiences. As stated, the interview has been recorded and I assure you that the recording and conceptual map will be destroyed to protect your confidentiality. If you would like a copy of the final data report once the study has been completed, please let me know.

Thank you again,

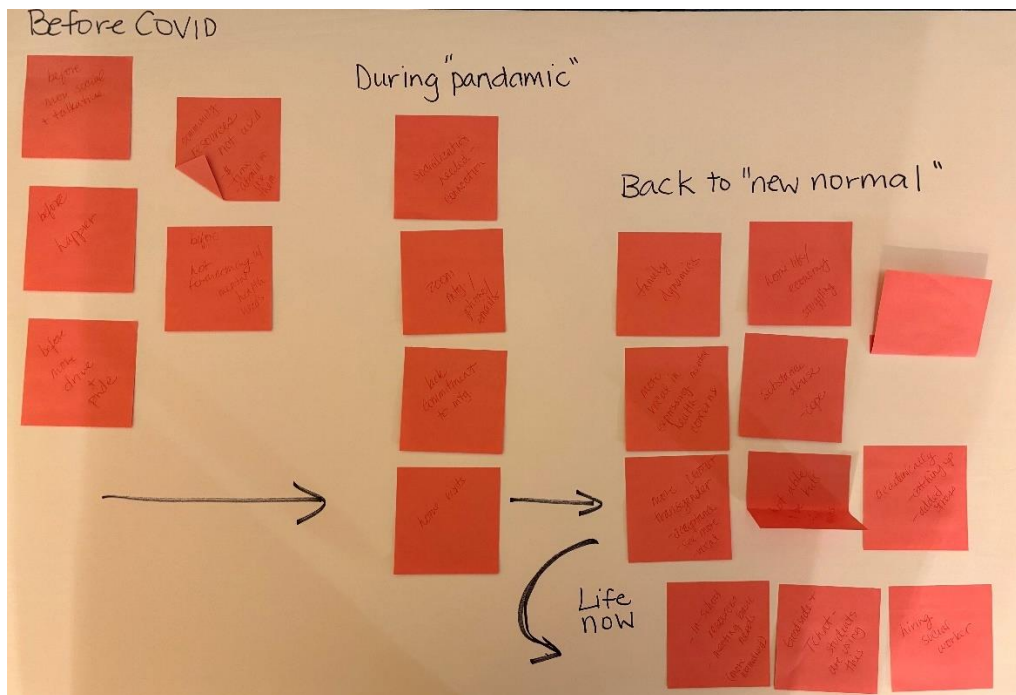
Lanessa Allman

Appendix G: Conceptual Map Photos

Participant 1's Conceptual Map



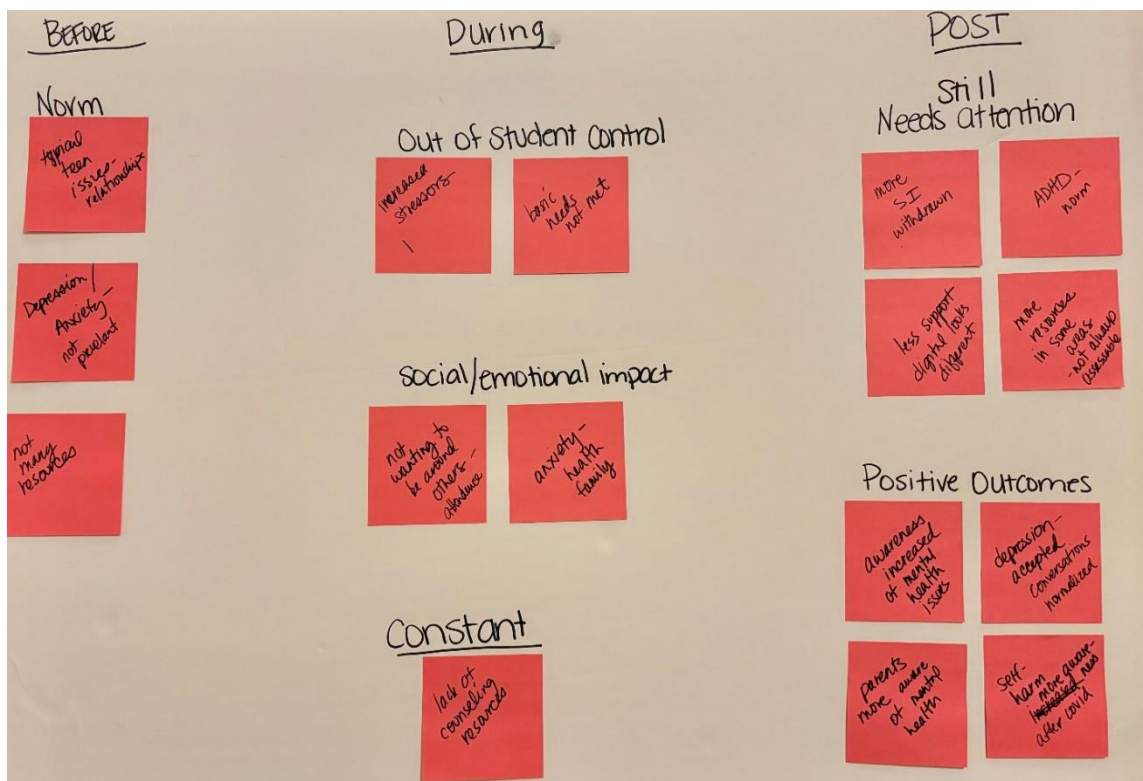
Participant 2's Conceptual Map



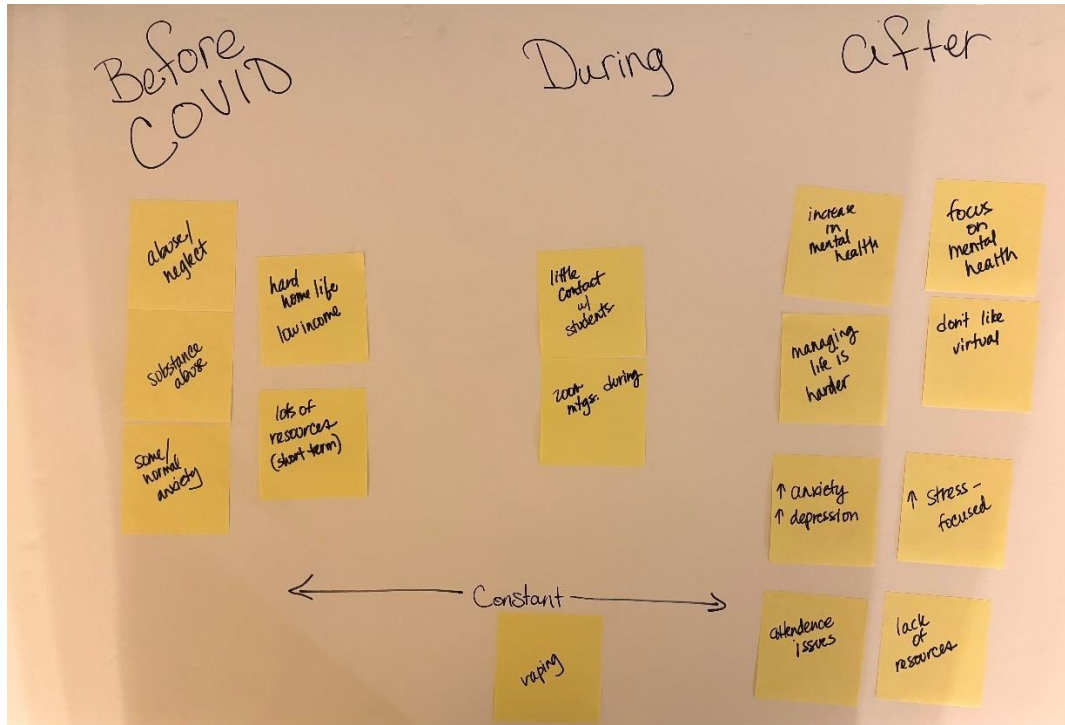
Participant 3's Conceptual Map



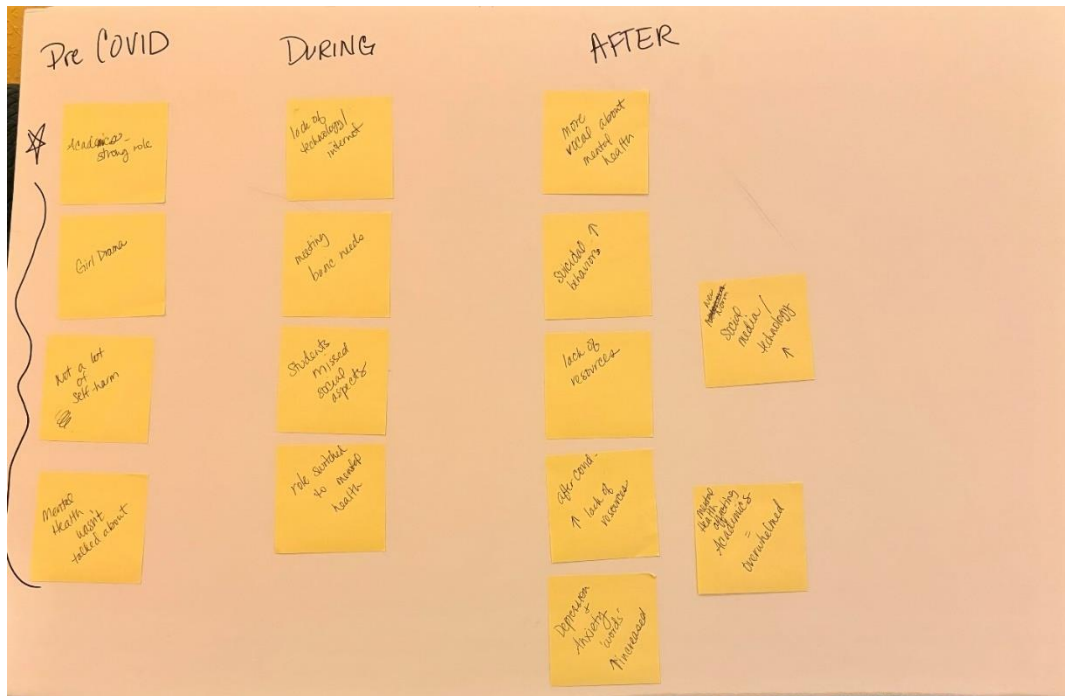
Participant 4's Conceptual Map



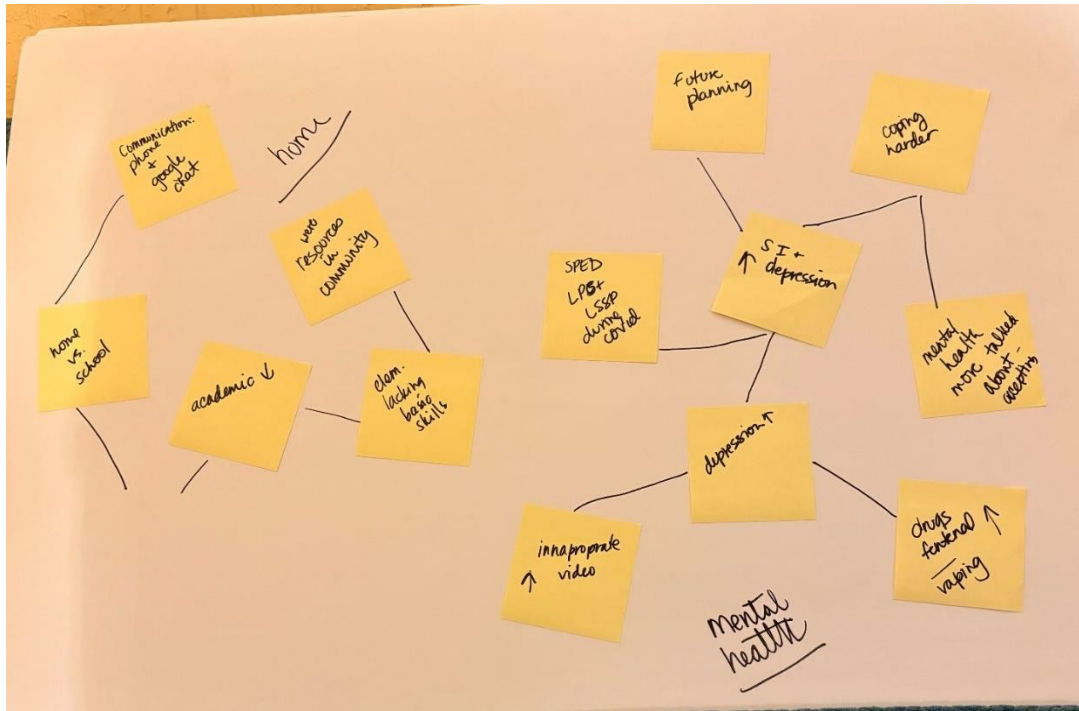
Participant 5's Conceptual Map



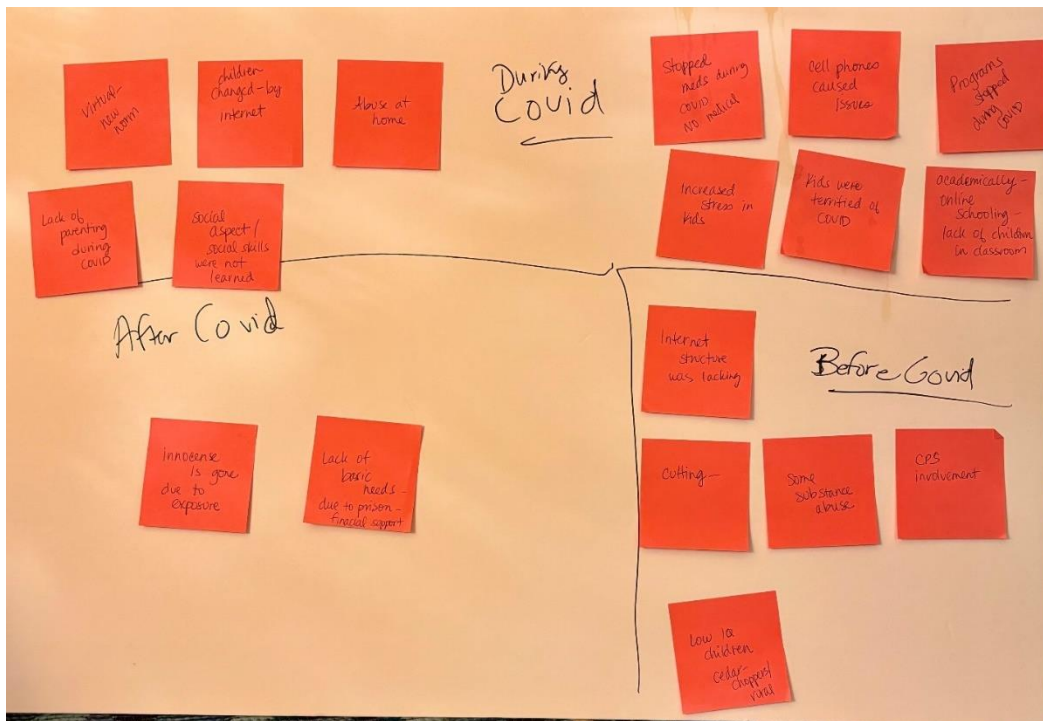
Participant 6's Conceptual Map



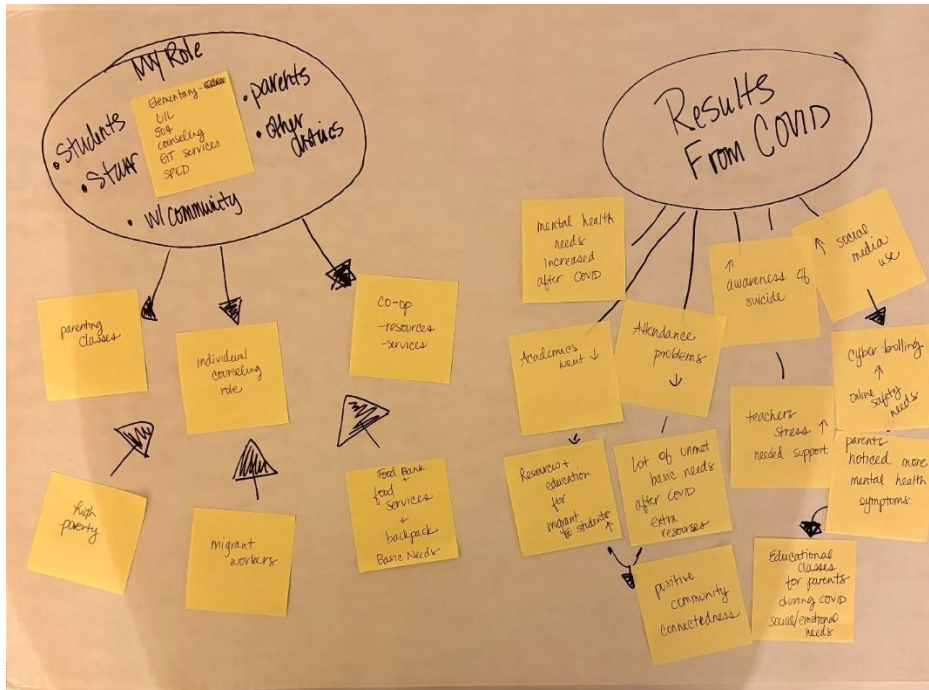
Participant 7's Conceptual Map



Participant 8's Conceptual Map



Participant 9's Conceptual Map



Participant 10's Conceptual Map

