School-Based Mental Health Provider Perspectives on Social Capital Networks

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Abstract

School-based mental health services have become an integral component of comprehensive educational support systems, especially for students who are culturally and linguistically diverse. This article provides results from a qualitative study on the efforts of school-based mental health providers (SBMHPs) to address the behavioral and social-emotional needs of students and families in multicultural settings. A cohort of school psychology graduate trainees enrolled in a counseling course conducted 39 semi-structured interviews on the use of social capital networks by SBMHPs to promote access to mental health services. Findings revealed SBMHPs limited use of related and available networks to provide in school supports as well as link students and families to community resources and services.

In the United States, nearly 20% of children and adolescents experience mental health challenges that can impact their overall functioning, family and social relationships, and school performance. These mental health problems are most likely to be identified and treated within the school setting (SAMHSA, 2009; U.S. DHHS, 2001). This emphasizes the need for school personnel such as the school psychologist, school counselor, and other providers to be knowledgeable about and trained in related facets of mental health service delivery; such as universal screening, prevention, evidence-based treatments and service access (NASP 2010; Perea-Diltz, Moe & Mason, 2010). Similarly, the need for enhanced collaboration with specialty mental health providers and community resources is also paramount if schools are to develop and sustain viable mental health service models (Atkins, Hoagwood, Kutash & Seideman; 2010; Center for Mental Health in Schools, 2014; Kataoka, Rowan & Hoagwood, 2009)

While there have been improvements in collaboration between school counselors, school psychologists, mental health providers in the community, as well as other professionals, more seamless integration of services is needed (Stanton & Gilligan, 2003), in order to improve access and enable families and students to receive a broad range of mental health services in public schools.

Empowerment and Social Capital Networks of SBMHP

In promoting service access for minority students, a discussion about "empowerment" (Sadan, 2006) must come to the forefront in order to provide school psychologists and other SBMHPs a useful construct for addressing long standing disparities in mental health access and quality of services (Stevenson, 2003). Paulo Freire (1970), in his influential work with low status urban youth in Brazil, observed greater educational outcomes through collaboration, reciprocal education, and understanding of barriers, such as poverty, racism, and classism that limit educational opportunities. For Sadan, (2006) "empowerment is a process by which people struggle for control of their lives and their environments." Research on empowerment currently provides program leaders few models for using their training and social capital to promote empowerment, social justice and equity, academic achievement, and wellness for the youth they serve (Stanton-Salazar, 2001; 2006). In the field of social work, for example, social capital has been vital to their service delivery; however, very little literature has examined the extent that mental health providers in communities or schools use their social capital networks on behalf of the students and families they serve (Stanton-Salazar, 2001).

According to Lin (2001), "social capital consists of resources embedded in social relations and social structure, which can be mobilized when an actor wishes to increase the likelihood of success in a purposive action" (p. 24). Furthermore, Stanton-Salazar (2001) discuss social capital "as a set of properties existing within socially patterned associations that, when activated, enable them to accomplish their goals or to empower themselves in some meaningful way. Such associations occur between individuals, in a group…and between groups within a community (p. 265)".

An example of social capital within the practice of school psychology might involve a school psychologist who knows a doctor and calls to consult (confidentially) when there is a possible medical concern about a referred student. Although they may not refer that child and their family to that specific doctor, the insight provided by the doctor could be invaluable to further assessment or links to community services. Furthermore, the information might empower parents who might otherwise be unfamiliar with a medical condition to follow-up with a professional in that area. Similarly, if a psychologist knew a lawyer or college professor and used this knowledge to help a student gain access to better quality legal advice or admission tips to college, that provider would have a highly valued network or more precisely stated, high social capital. Some SBMHPs know many people and have a network of outside contacts, but do they use these resources directly on behalf of their students, and especially for the purpose of improving mental health services?

In the current study, SBMHPs were asked about several aspects of their service provision, especially for minority youth. More specifically, the lens of social capital was used to examine other available resources or networks that may assist in providing mental health services in schools. Included were questions about specific people they connect and collaborate with as "institutional agents" (Stanton-Salazar, 2001). The research questions were general in nature and explored minority access to mental health from the perspective of the SBMHPs. For this study, we asked the following research questions:

- Are social capital networks/contacts used to promote access to mental health services?
- When social capital networks are used, do providers use them directly or indirectly on behalf of their students?

Methods

Participants

Thirty-nine school-based mental health providers (SBMHPs) were interviewed in the current study. The SBMHPs consisted of school psychologists (n=36), school counselors (n=1), and clinical therapists (n=2). Of the 33 SBMHPs who responded to the question on gender, 64% were female. The racial/ethnic breakdown of the SBMHPs was 33% Latino, 35% Caucasian, 1% Asian Pacific Islander, and 31% did not disclose their race/ethnicity.

Schools Served

As discussed in a previous publication (Gamble & Lambros, 2014), the SBMHPs served 12 public school districts in Los Angeles and Orange Counties in California. Children across 39 schools were served by the SBMHPs, with some of these providers working at multiple sites (16 high, 7 middle, 12 elementary, 2 K-8, and 2 not indicated). A majority of the school populations were comprised of culturally and linguistically diverse students (25 schools with the a population of 45% or more Latino, 4 schools with the a population of 45% or more Asian/Asian Pacific Islander, 3 schools with the a population of 45% or more Caucasian and 7 schools multicultural – no racial/ethnic group over 45% and more than 4 groups represented). Across all schools, the Academic Performance Index (California Department of Education, 1999) scores ranged from 619 to 926, with 800 as the average. A school's API score was not indicative of the amount of services offered or provided by SBMHP's.

SBMHP Qualitative Interview

The interview protocol used with SBMHPs was developed from a previous pilot study (Gamble, 2007; Gamble, Huff, & McQueen, 2010) about the social capital networks of program leaders and how they are used on behalf of the youth they serve. This qualitative interview protocol was informed and developed from The Best Practices in mental health services from the National Association of School Psychologists (NASP, 2010), and the California Association of School Psychologists (Beam, Brady, & Sopp, 2011).

An open ended question was asked, "What other professionals were contacted to support mental health services (social capital networks)?" In order to assess the SBMHP's awareness about and use of social capital networks, a list of five types of service professionals (institutional agents or social capital contacts) who could potentially provide support to SBMHP in helping increase access to quality mental health services for youth and their families, was developed based on previous studies (Stanton Salazar, 2001; Gamble, 2007; Gamble, Huff, & McQueen, 2010). More specifically, each service profession type was chosen based on the middle to high degrees of social capital indicated by the Socioeconomic Index Scores for Major Occupation Groups or the Duncan scales (Featherman & Hauser, 1976). All profession types were chosen for this study based upon their potential to help students and families access mental health services and ultimately improve the children's wellbeing.

Pilot Study

In 2008 and 2009, a pilot study using a preliminary version of this qualitative interview protocol was conducted with graduate students in school psychology enrolled in a counseling course. The survey results were presented at the California Association of School Psychologists' annual convention (Gamble, Huff & McQueen, 2010). Interview questions were analyzed via item response design and the protocol was updated with more explicit directions for the graduate student interviewers as well as the development of follow-up probes if needed.

Interview Administration and Inclusion Criteria

Graduate students were asked to interview a mental health provider who worked at the school site (and self-identified as a SBMHP). For the majority of interviews, school psychology supervisors or someone recommended by supervisors such as a school counselor or therapist (e.g. Marriage and Family Therapist or Licensed Clinical Social Worker) was identified. Interviews were conducted at school sites and interview inclusion criteria in the final analysis required: a) administration of all interview questions, and b) collection of school indicators (Academic Performance Index, school demographics).

Research Design

In this study, interviewers used a qualitative interview protocol (Gall, Gall & Borg, 2003), which involved asking all participants identical questions that were intentionally open-ended. This format allowed participants to contribute detailed information in their own words and from their perspective and also allowed the researcher to ask follow-up questions as needed. Qualitative interviews are often used to uncover the subjective interpretations of social phenomena, including opinions, experiences, and shared understandings (Mertens, 2010).

Data Analyses

Survey responses were reviewed and coded by a team of graduate students based on the most frequently occurring responses and their instructor reviewed the data for consistency. As often occurs in qualitative interviewing, responses were not limited to one per each respondent, and some providers gave more than one response per question. Responses were re-examined by the lead author to identify patterns, themes, distinct differences between subgroups, and common sequences relating to the provision of mental health services in schools.

Results

SBMHP's and Social Capital Networks for Mental Health Services

The SBMHPs were asked about their awareness and relationship with providers in the following service sectors or expertise areas: (a) Medical/Health, (b) Legal or Civil Rights, (c) School-based Discipline, (d) College Readiness/Access, (e) Bilingual/Multicultural, (f) Business, and (g) Faith-Based. Table 1 illustrates responses that fell across these major categories as well as responses within each major category.

Medical/Health. Within the Medical/Health domain, a total of 32 responses were given and the school nurse was the most frequently denoted professional to help with access to mental health services; a clinic or pediatrician was the next most frequently indicated (N=12). Various other mental health professionals including a psychiatric evaluation team, therapist, school psychologist, or school counselor were also indicated, albeit less frequently. Two SBMHPs did not indicate knowing anyone in this area, and one suggested 911 as a resource.

Legal or Civil Rights. Within this category, a total of 29 responses were listed. District administration via a "supervisor or attorney who works for the district" was listed most frequently. Next, a lawyer or Alternative Dispute Resolution Attorney was listed, along with Legal Aide. The Police, Probation Officer, and/or Child Protective Services were also mentioned. Within this category, one SBMHP did not specify access to any legal resource.

School-based Discipline. In the area of discipline, a total of 27 responses were given with Assistant Principals or Principals most often consulted to access mental health services. School counselors and police were listed by a few (n=3), while consultation with the teacher and/or parent was listed only once. Two SBMHPs did not indicate networks in this domain.

Business. This category contained widest ranging responses, with a high number of "no" responses (n=10). Only 11 total responses were indicated in this area, with district office personnel (i.e., Chief Financial Officer) as the most frequently accessed network. On occasion, a grant writer, local business, or school secretary were indicated as resources in this area.

College Readiness and/or Access. Fifteen responses were noted, with School/Career Counselor as the most frequently cited. Specific colleges were mentioned, as was the college staff members that came to the SBMHP's campus to provide direct services. The following were accessed infrequently: college preparation teacher, SAT teacher, and transition specialist. There were seven SBMHP's that did not indicate knowing anyone in this category.

Bilingual or Multi-Cultural. Within this domain, a total of 19 responses were given and the most frequently accessed resource was the bilingual school staff (site translator, bilingual school psychologist, English Language Development administrators). Additionally, Title One programs were mentioned as well as a multi-cultural center. Four SBMHPs indicated that they did not know any contact in this area.

Faith-Based. Within the faith-based area, a total of 20 responses were given. Just over one third of SBMHPs knew of someone or a specific agency and some used school parents with knowledge in this area as a resource. This social network question elicited the highest amount of non-responses by SBMHPs (n=19). For some, the discussion of religion or "faith" was uncomfortable within a school services context. For example, one SBMHP made the following comment as he/she chose not to answer this question: "*There are lots of sensitive issues at the school and I do not think I should use the school and district resources for these. I would not want to get reprimanded or disciplined for advising students or sharing beliefs on touchy topics such as God/religion and culture."*

Table 1.

*School Based Mental Health Provider types of social capital of relationship*s

	Medical	***Legal***	***Discipline***	***College***	***Bilingual/MC***	***Business***	***Faith***
	School Nurse (16)	Supervisor who works for district (16)	Principal or Assistant Principal (20)	School or Career Counselor (8)	Site Translator or Community Liaison (7)	District Administration in Finance (5)	A Leader or Specific Agency (14)
	Pediatrician or Doctor (12)	Lawyer (5)	School Counselor (2)	Specific College (2)	Bilingual School Psychologist (5)	Grant Writer (2)	Parents (5)
	PET Team (1)	Police or Probation (3)	Police (2)	College Prep-Teacher (1)	ELL or ELD Admin (3)	Local Business (2)	School volunteer (1)
	Therapist (1)	Child Protective Services (2)	Advisor/Teacher (1)	SAT Prep Teacher (1)	Title One (2)	Secretary (2)	-
	School Psychologist (1)	Professional Organizations (2)	Parent (1)	Teachers in general (1)	Multi-cultural Center (1)	-	-
	School Counselor (1)	Books (1)	Discipline Document (1)	Transition Specialist (1)	Self (1)		-
				Self (1)			
Total Contacts	32	29	27	15	19	11	20
No Contacts	(7)	(10)	(12)	(24)	(20)	(28)	(19)

Discussion

In the current study, SBMHPs were interviewed about aspects of their social capital networks as they endeavored to provide mental health services. Thus, the lens of social capital was used to examine other available resources or networks that may assist in providing mental health services in schools. SBMHPs were asked to identify colleagues they know and could contact for medical, legal, disciplinary, business, college, or cross-cultural exchanges related to mental health services (Coleman, 1988; Lin, 2001; Portes, 1998; Stanton-Salazar, 2001). One of the most frequently mentioned contacts was the school nurse, who according to Foster et al (2005), is well positioned to offer mental health support because they operate with a public health model. In future studies, Foster (2005) recommends increasing collaboration between nurses and school psychologists as well as other SBMHP's in the area of mental health support. Similarly, primary care and pediatricians were mentioned; however, the extent to which close communication occurs between school staff and doctors remains unknown. In the area of mental health support, this would seem a critical resource and one which deserves closer attention. It was assumed that many more participants would have accessed other school psychologists to discuss cases related to mental health support, although only one provider mentioned contacting another school provider. Having a closely networked cadre of school psychologists within a given district or region to consult with may also contribute to improved service provision. Few mentioned contacting community mental health evaluation teams as a resource for suicide or threat assessments. This finding is curious considering the importance of these crisis intervention services.

In the area of multicultural proficiency, only one SBMHP out of 39 indicated that they knew someone who specialized in cultural competence. In a state and region that is one of the most diverse in the world, this is a pressing concern as schools try to improve access to high quality mental health services, especially for minority students. Although many schools have translation resources available, few SBMHPs provided an in-depth response regarding contacts with cross-cultural specialties. What was infrequently mentioned, but may be a great resource to SBMHPs to improve services and multicultural competence, are ethnic specific clubs and professional development on culturally responsive care (Miranda, 2008).

College-going culture is important to establish in all schools, especially those with high minority student attendance, because those students may be the first in their family to attend college (Stanton-Salazar, 2001; Yasso, 2005). It was troubling to see that nearly a quarter of the SBMHPs did not indicate a contact in this area. The relationship between school psychologists and college personnel should be more seamless if improved outcomes in achievement and wellbeing are to be realized. Although many of the respondents did not list business contacts, this untapped social network may be a vehicle to address challenges with funding, which was indicated as a barrier to mental health service access (Gamble & Lambros, 2014). Another consideration, although controversial, is the rise of business-model and privately funded charter schools that could potentially bring an increased awareness of how business interests and practices can impact all services (Dumas, 2013). SBMHP should be aware of how to respond to these new challenges. Making contact with local funding sources should be a priority. Each Special Education Local Plan Area should have a vocational specialist and they could be a potential resource in helping connect schools with local businesses.

Lastly, mixed findings were found with respect to faith-based resources to support mental health access for minorities. Many respondents failed to respond to this area. While other SBMHPs knew of people in the community to contact in this area, several reported that they were reticent to have religious discussions with parents in the school setting. While this topic has had a history of controversy in education, it seems important to understand that many families do access faith-based providers for counseling services and support. SBMHPs open to the discussion of faith-based options when working with families should follow the family's lead as good practice (Boyd-Franklin, 2003; Dossett, Fuents, Klap, & Wells, 2005). Cultural responsiveness is not a state that SBMHPs could achieve or arrive at (Miranda, 2008), but is an evolving process. Therefore *ongoing* efforts to evaluate a school's efforts to promote access and equity in services can only be achieved when there is consistency in service delivery and data-based evaluations which meet the student needs in each unique "cultural setting" (Rueda, 2004).

In summary, regarding social capital, it appears that there may be several other available networks that could be used by school staff to improve MH services, especially for minority students. In an effort to expand personal, familial and professional social networks, it is recommended (Stevenson 2003; Orr 1999) that SBMHPs consider parents as informative resources for understanding help seeking efforts and accessing mental health services. Asking minority parents about services they use/need, or if they have had positive experiences with particular therapists inside or outside of the school may help in building a knowledge base. Including families in the school's needs assessment of mental health services is important as well as a periodic review of the quality of those services (Hernandez & Ramanathan, 2006).

Limitations

Although measures were taken in a preliminary pilot study to ensure that graduate students were able to conduct the semi-structured interviews, there are inherent challenges with having qualitative interviews conducted by novice researchers. This is especially true with a subject area as nuanced as social capital networks. Although researchers such as Colemen (1988), Lin (2001), and Portes (1998) have popularized the concept within sociology, few have applied social capital to the access of mental health services or any services that look to transform the lives of minority students (Orr, 2003; Stanton-Salazar, 2001; and Yasso, 2005).

Implications for Best practice in School-Based Mental Health

There has recently been a push to frame school mental health services based upon a public health model comprised of universal screening and increased tracking of problems, use of evidence-based interventions, identifying risk and protective factors impactful to intervention design, and appropriate dissemination to stakeholders (Gutkin, 2012, DeAngelis, 2001).

For schools, offering mental health supports within a multi-tiered system of services (MTSS) or response to intervention (RTI) framework that allocates resources and intervention intensity based on individual and school needs is well aligned with a public health model of service delivery. However, in an era of increasing budget constraints and documented access barriers to mental health services (Gamble and Lambros, 2014; Foster et al., 2005), it is important to maximize extant resources and use of shared networks, community resources, and in - school experts or mentors to support mental health and wellbeing. In order to lessen stigma around mental health challenges, schools staff, especially school psychologists raise awareness and educate staff and parents about mental health issues, advocate for additional resources to improve services, and empower parents to engage in help seeking and use of effective treatments. Mental health is often considered to be the primary responsibility of the school psychologist, and while this can be challenging effort, using the social capital available across a spectrum of school personnel can help build a "community" of mental health support staff within a school.

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