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Understanding the experiences of school social workers in the upper and lower peninsulas of Michigan: Adolescent mental health and suicidality

Paige Lancour

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Understanding the experiences of school social workers in the upper and lower peninsulas of Michigan: Adolescent mental health and suicidality

Abstract

Bullying and suicide is one of the most important contemporary issues among school-aged youth in America today. Chronic rates of mental health issues have stimulated increased focus on the role that school social workers have in tackling these issues. This thesis highlights the interconnections between school social worker roles, funding allocations, resource availability, and the prevalence of bullying and suicidality within schools. It does this by comparing the experiences of five school social workers in the rural Upper Peninsula and urban Lower Peninsula of Michigan. It does this through the analysis of interviews with these social workers and the identification of prominent themes that emerged during the interview process. This thesis found links between the amount of time that social workers were able to spend in each school and their understanding of issues surrounding bullying, mental health, and suicidality within their schools. This was directly impacted by the allocation of funds and the limitation of the populations in which their roles required them to work. Additionally, the availability of community mental health resources was discussed, as well as the relationship that this has on social worker caseloads and outcomes for students. Also highlighted was how these issues affect LGBTQ youth, a population that has been identified as being at increased risk for mental health issues, bullying, and suicidality during adolescence.

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**UNDERSTANDING THE EXPERIENCES OF SCHOOL SOCIAL WORKERS IN THE
UPPER AND LOWER PENINSULAS OF MICHIGAN: ADOLESCENT MENTAL
HEALTH AND SUICIDALITY**

By

Paige Lancour

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Abstract

Bullying and suicide is one of the most important contemporary issues among school-aged youth in America today. Chronic rates of mental health issues have stimulated increased focus on the role that school social workers have in tackling these issues. This thesis highlights the interconnections between school social worker roles, funding allocations, resource availability, and the prevalence of bullying and suicidality within schools. It does this by comparing the experiences of five school social workers in the rural Upper Peninsula and urban Lower Peninsula of Michigan. It does this through the analysis of interviews with these social workers and the identification of prominent themes that emerged during the interview process. This thesis found links between the amount of time that social workers were able to spend in each school and their understanding of issues surrounding bullying, mental health, and suicidality within their schools. This was directly impacted by the allocation of funds and the limitation of the populations in which their roles required them to work. Additionally, the availability of community mental health resources was discussed, as well as the relationship that this has on social worker caseloads and outcomes for students. Also highlighted was how these issues affect LGBTQ youth, a population that has been identified as being at increased risk for mental health issues, bullying, and suicidality during adolescence.

Introduction

Suicide is the third leading cause of death among youths ages five to nineteen (Singer & Slovak, 2011). Prevalence of suicide increases steadily with age amongst adolescents, especially for youth identifying as LGBTQ. As such, the role that school social workers play has become even more critical within the past few decades. School social workers are expected to address the behavioral and mental health needs of students through de facto case management and direct interventions. Often times, school social workers are the only mental health professional that students will be in contact with. In many districts, school social workers have a large caseload of students and their role may be specific to students only in special education, leaving general education students without a social worker specifically for their needs. As adolescence is a critical time for development, having access to proper mental health care can have a huge impact on an adolescent's long-term prospects. This aim of this thesis is to understand the role that school social workers play in regards to mental health and suicidality among adolescents. Additionally, it will identify areas in which school social workers are inhibited in providing effective care and crisis management for all students.

Literature Review

The Role of Social Workers in Schools

When school social work originated more than a century ago, the first school social workers were called "visiting teachers" (Gherardi & Whittlesey-Jerome, 2018; Kelly et al., 2010). These "visiting teachers" often conducted home visits, lead classroom groups, and consulted with teachers and principals. Many of these methods are still practiced in school social work today. However, as time has changed, school social workers have shifted from a role

linking students, home, and school, to a clinical casework model (Kelly et al., 2010). School social workers now often work with students who are experiencing acute social, emotional, or behavioral problems. Furthermore, in the past fifteen years, schools have seen significant changes in mental health-related policies, education policies, and school-based research (Kelly et al., 2010). The role changes for school social workers indicate a shift from a clinical casework role to a role that focuses on an ecological systems approach where students may be linked with outside resources as well as primary prevention in the school system (Kelly et al., 2010).

Many school-based professionals have very different perceptions on the role of school social workers and their efficacy (Gherardi & Whittlesey-Jerome, 2018; Richard & Villareal-Sosa, 2014). Often times, these mixed views and perceptions have an adverse impact on how other faculty and students view and value school social workers (Gherardi & Whittlesey-Jerome, 2018; Richard & Villareal-Sosa, 2014). According to Gherardi and Whittlesey-Jerome (2018), about seventy-eight percent of teachers supported the needs for school social workers, however; less than one-third of teachers actively referred their students to the social workers (Anand, 2010; Gherardi & Whittlesey-Jerome, 2018). Many of these teachers that did not refer students believed that the school social workers were too removed from their students to intervene effectively (Anand, 2010; Gherardi & Whittlesey-Jerome, 2018). Furthermore, administrators in the school tended to undervalue social workers as a result of role ambiguity (Higy, Haberkorn, Pope, & Gilmore, 2012; Gherardi & Whittlesey-Jerome, 2018). Many school administrators had mixed views and perceptions on what school social workers could or should do within the school. Other social workers and school administrators based the efficacy of school social workers on attendance with students and discipline compared to other

factors such as student mental health (Bye, Shepard, Partridge, and Alvarez, 2009; Gherardi & Whittlesey-Jerome, 2018). The specific roles of social workers within schools is heavily dependent upon state and federal policy. These policies inform not just the amount of resources the school social workers may have available, but also the different evidence-based interventions social workers can use.

Policy. Within the last decade, there have been modifications to two federal policies that have shaped new expectations among student support services: the No Child Left Behind Act of 2001 (NCLB), which was later succeeded with the Every Student Succeeds Act (ESSA), and the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) (Kelly et al., 2016). In 2015, the Every Student Succeeds Act (ESSA) was authorized by Congress and signed off by President Obama (U.S. Department of Education, 2018). This Act aimed to address some of the challenges of the No Child Left Behind Act, and re emphasized the importance of evidence-based and place-based interventions (U.S. Department of Education, 2018). These two policies have promoted the adoption of evidence-based interventions and treatments with students (Kelly et al., 2016). While NCLB and ESSA do not have a direct link to school social work services, they emphasize the critical role that families play in the lives and educational experiences of children. School social work has a long history of focusing on an ecological approach with students (Kelly et al., 2016). This approach often focuses on different aspects of a student's life and how these aspects can influence a student's success in school (Kelly et al., 2016).

In regards to IDEA, this policy lists school social work services as a student support service and specifically calls for social workers to use evidence-based interventions with their

students within the three-tier response to intervention (RtI) process (Kelly et al., 2016). Tier 1 interventions are aimed at being a preventative approach to student behavior (Kelly et al., 2010). These interventions are often proactive and can be applied to all students within the school (Kelly et al., 2010). Tier 2 interventions seek to prevent repeated academic failures. These interventions are applied to students who are identified as needing more support than those in Tier 1 (Kelly et al., 2010). Tier 3 interventions focus on students who have serious academic and adjustment issues that are considered to be chronic (Kelly et al., 2010). Often times these students in Tier 3 have not responded to Tier 1 or 2 interventions (Kelly et al., 2010). The RtI model is the practice of providing effective instruction and interventions based on student needs as well as, regularly monitoring student progress to guide decisions about changes in instruction or goals (Kelly et al., 2016). Thus, school social workers are able to contribute to the process of identifying and intervening with students at all three tiers of the RtI framework (Kelly et al., 2016). Channeled through school social workers, the decisions made at the macro level trickle down to influence the mental health opportunities of adolescents in schools.

Adolescent Mental Health

Mental health problems frequently affect children and adolescents with approximately twenty percent of adolescents having a diagnosable mental health disorder (Schwarz, 2009). Untreated mental health problems in adolescents often lead to adverse outcomes, such as: poor school performance, school dropout, strained family relationships, involvement in the child welfare and juvenile justice systems, substance abuse, and engaging in risky sexual behaviors (Schwarz, 2009). Many child and adolescent mental health concerns arise in a classroom setting,

leaving schools to be the main place of treatment for these students. As such, school social workers often act as the primary provider of mental health treatment for affected youth.

According to McManama O'Brien et al. (2011) only eleven percent of school social workers in a national study (Kelly et al, 2010) reported that all or most of their students receive outside counseling or other therapeutic services (McManama O'Brien et al., 2011). The role of school social workers in this setting however is more complex than outside therapists and service providers. School social workers are often frequently asked to practice in an ecological systems approach where they are working with a student in multiple different systems (McManama O'Brien et al., 2011). Within an ecological systems approach, school social workers engage in interventions with the student, teachers, school, and community in their daily work with the student. According to McManama O'Brien et al. (2011), when emphasizing the importance of school-community relationships, the mental health needs of students appear to be better served as there is then an increase in knowledge of and access to resources (McManama O'Brien et al., 2011). In a review of twenty-four studies addressing mental health and educational outcomes of students, McManama O'Brien et al. (2011) found that fifteen demonstrated a positive impact on both outcomes when using an ecological systems approach including eleven studies that included intensive interventions targeting both parents and teachers (McManama O'Brien et al., 2011). On the most extreme level, mental health issues that may be prevalent in adolescents, can result in serious issues such as suicide. As a result, social workers play a critical role in crisis intervention and other evidence-based interventions in schools.

Prevalence of Suicide Adolescent suicidal behavior, including ideation, attempt, and dying, is considered a national and preventable public health problem (Singer & Slovak, 2011).

Not only is it considered a national public health problem but it is also a significant concern for school social workers, staff, and administrators. Suicide is the third leading cause of death among youths ages five to nineteen and rates of suicide significantly increase with age (Singer & Slovak, 2011). Per hundred thousand, youth ages five to twelve, suicide is at a rate of .18, youth ages thirteen to fifteen, suicide is at a rate of 2.78, and youth ages sixteen to nineteen, suicide is at a rate of 8.06 (Singer & Slovak, 2011). While death by suicide is reported across all age groups by the CDC, there is not a single source with information regarding suicidal ideation and suicide attempts.

According to Singer and Slovak (2011), middle school students reported that over their lifetime, roughly twenty percent seriously thought about suicide, thirteen percent made a plan, and eight percent attempted suicide (Singer & Slovak, 2011). For highschool students, fourteen and a half percent seriously thought about suicide, seven percent attempted suicide, and two percent received medical attention for their attempt (Singer & Slovak, 2011). As reported by Vander Stoep, McCauley, Flynn, and Stone (2009), although older adolescents might report a higher frequency and duration of suicidal ideation, temporary ideation among elementary and middle school students is predictive of poorer outcomes in adulthood (Vander Stoep, McCauley, Flynn, & Stone, 2009). Due to the fact that adolescence is a time of significant change, during which they manage the physical changes that come along with puberty, there are often times new changes that arise as they transition to middle school (Vander Stoep, McCauley, Flynn, & Stone, 2009). Middle school is a time for adolescents to encounter an increase in peer and academic pressures. Not only this, but the number of adolescents who experience emotional and behavioral problems also increases (Vander Stoep, McCauley, Flynn, & Stone, 2009). The

research suggests that there is a significant developmental lag between the intensification of emotional and behavioral states that accompany the hormonal changes of puberty in early adolescence and the mastery of cognitive and emotional coping skills (Vander Stoep, McCauley, Flynn, & Stone, 2009). This developmental lag leaves adolescents prone to increased mood swings, self-criticism, poor judgements, and emotion-focused coping (Vander Stoep, McCauley, Flynn, & Stone, 2009). These features that occur during development may contribute to the increase in suicidal ideation that many youth encounter through the middle school years. Furthermore, many individual characteristics such as, mood or disruptive behavior disorders, preoccupation with death, and family history of significant psychopathology or suicidal behavior are also associated with increased risk for suicide (Tishner, Reiss, & Rhodes, 2007; Vander Stoep, McCauley, Flynn, & Stone, 2009). The environment in which youth are living in also plays a role, such as: living in poverty, family discord, and exposure to abuse or neglect (Vander Stoep, McCauley, Flynn, & Stone, 2009).

While it is clear that suicidal ideation and suicide attempts is prevalent among adolescents, the prevention and intervention of youth suicide should be a primary focus of mental health professionals with school being the most important location for these interventions (Joe & Bryant, 2007; Singer & Slovak, 2011). Suicide prevention and education within schools can be broken down into three categories: curriculum programs, in-service trainings for teachers and staff, and schoolwide suicide screening (Joe & Bryant, 2007). Even though curriculum programming has been researched the most, it has been shown that suicidal behavior is generally not reduced or prevented (Joe & Bryant, 2007). In-service training often helps teachers and school staff to identify students who may be at-risk for suicide and to increase their knowledge

about what action to take once these students have been identified (Joe & Bryant, 2007).

However, there is little research on the efficacy of in-service trainings. Finally, schoolwide screening involves class, or schoolwide self-reports to identify suicidal youth (Joe & Bryant, 2007). The youth that score high on the screening are assessed to identify further risk. As the research shows, suicide screening has been advocated for by many different researchers who believe suicide screening could be more effective than curriculum programs or in-service trainings (Joe & Bryant, 2007).

While almost all schools have at least one staff member whose primary responsibility is to provide mental health services to students, many tend to be school counselors, nurses, and school psychologists rather than school social workers (Singer & Slovak, 2011). Although school social workers make up the smallest percentage (44 percent) of mental health professionals in schools, they have reported spending the largest amount of time providing mental health services to students compared to school counselors, school psychologists, and nurses (Singer & Slovak, 2011). School social workers also spend more time providing crisis intervention services compared to other school staff. Many of these interventions include suicide prevention programming, risk assessments, counseling, referrals, and facilitation of hospitalization (Singer & Slovak, 2011). While school social workers play an integral role in providing mental health services in schools, their experiences working with suicidal youth in the school tends to be undocumented (Singer & Slovak, 2011).

LGBTQ Youth. One group that is particularly at risk for mental health disorders and suicide is the Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) community. As reported by The Trevor Project (2017), LGB youth seriously contemplate suicide at almost

three times the rate of heterosexual youth. Not only this, but LGB youth are almost five times more likely to have attempted suicide compared to heterosexual youth (The Trevor Project, 2017). According to a national study, forty percent of transgender adults reported having made a suicide attempt with ninety-two percent of these adults having attempted suicide before the age of twenty-five (The Trevor Project, 2017). Furthermore, one of six students in grades nine through twelve seriously considered suicide in the past year and with each episode of LGBT victimization, such as physical or verbal harassment or abuse, increases the likelihood of self-harming behavior by two and a half times on average (The Trevor Project, 2017).

These factors have serious implications for school social workers, who may be interacting with LGBTQ youth during a critical point in their gender and sexual identity development. School social workers have a critical role in working to decrease bullying against LGBTQ students and can take huge steps in order to improve the school environment to assist LGBTQ students to make schools a safe place for these students to learn (Kopels & Pacey, 2012). Furthermore, school social workers have the responsibility to work towards changing the climate in schools to ensure that bullying towards LGBTQ students is not tolerated.

Interventions

There are many options for school social workers who wish to address the issues surrounding adolescent mental and suicide. These could include interventions such as: Response to Intervention (RtI), Positive Behavioral Supports (PBS), Positive Behavioral Interventions and Supports (PBIS), Gay-Straight Alliances (GSAs), crisis intervention, and trainings. These interventions often work from an ecological systems approach which includes multiple aspects of the school environment as well as the student's life. While there are not many interventions

targeted towards LGBTQ students specifically, school social workers can work to implement GSAs, trainings for school staff, and PBIS.

Interventions Used in Schools As reported by Singer and Slovak (2011), the most common intervention that school social workers use is crisis intervention (Singer & Slovak, 2011). School social workers have reported spending more time providing crisis intervention services compared to other school staff such as, counselors and psychologists (Singer & Slovak, 2011). Crisis intervention services that school social workers provide often include suicide prevention programming, risk assessment, in-school counseling, referrals for outside agencies, and the facilitation of hospitalization (Singer & Slovak, 2011). Furthermore, Kelly et al. (2010), report that many school social workers also implement RtI and PBS (Kelly et al., 2010). Both of these interventions are nationally recognized models that often influence school social work practice (Kelly et al., 2010). RtI and PBS encourage school social workers to use a three-tier framework which includes the examination of academic performance, behavior, and social-emotional learning. This three-tier framework includes universal, selective, or indicated tiers, also known as Tier 1, Tier 2, or Tier 3 (Kelly et al., 2010). Tier 1 focuses on primary prevention practices that support achievement and other school adjustment issues that a student may be having (Kelly et al., 2010). Tier 1 prevents the initial occurrences of academic failure or other problem behaviors in the school (Kelly et al., 2010). Tier 1 practices can be applied to all students within a school and can be implemented by a wide array of school staff (Kelly et al., 2010). Furthermore, Tier 2 interventions aim to prevent repeated academic failure and the recurrence of problem behavior (Kelly et al., 2010). Tier 2 typically focuses on students who may require more support than students who are identified in Tier 1 (Kelly et al., 2010). Finally, Tier

3 focuses on students who are seriously struggling with academic achievement and/or school adjustment problems which constitute a chronic condition. (Kelly et al., 2010). Many students in Tier 3 typically do not respond to Tier 1 or Tier 2 interventions (Kelly et al., 2010). Within Tier 1 and Tier 2 interventions, only 15-20% and 1-5%, respectively, are not successful (Kelly et al., 2010). In regards to students who are classified under Tier 3, interventions that are typically assessment-based. These assessments yield high intensity and are applied to individual students (Kelly et al., 2010). While Tier 3 students are the most vulnerable, there is little research on specific interventions that work for these students.

Interventions For LGBTQ Students Although changing the school environment may be daunting for school social workers, Kopels and Pacey (2012) suggested using positive behavioral interventions and supports (PBIS) (Kopels & Pacey, 2012). Another way that school social workers can affect the school climate is by advocating for anti-bullying policies, some of which include the prohibition of bullying based on sexual orientation and gender identity. Many states have enacted laws directed towards curbing bullying in schools, however; most states that have bullying policies do not include sexual orientation and/or gender identity as protected characteristics (Kopels & Pacey, 2012). It is reported by Kopels and Pacey (2012) that only fourteen states include sexual orientation in anti-bullying laws and only twelve include gender identity or expression (Kopels & Pacey, 2012). Thus, social workers have a large platform where they can advocate for LGBTQ students through the inclusion of anti-bullying laws that include both sexual orientation and gender identity/expression. Finally, school social workers can also implement LGBTQ trainings for administrators, teachers, and other school staff

as well as, supporting and implementing gay-straight alliances (GSAs) in schools (Kopels & Pacey, 2012; Wagaman, 2016).

The most common intervention that school social workers implement with LGBTQ students are positive behavioral interventions and supports (PBIS) (Kopels & Pacey, 2012). Using PBIS, school social workers focus their aim on the prevention of bullying behaviors. Oftentimes, this takes the form of teaching adults and children what bullying looks like, what do do when bullying occurs, how to teach others what to do, and how to establish a positive and preventative environment that reduces bullying and bullying behaviors (Kopels & Pacey, 2012; Wagaman, 2016). Similarly to RtI and PBS, PBIS uses a tier system. Tier 1 interventions include teaching students and staff about being safe and respectful which encouraging positive social skills across the school (Kopels & Pacey, 2012). These interventions are typically intended to support most students whereas Tier 2 and 3 are for students who need more intensive supports (Kopels & Pacey, 2012).

As reported by Kopels and Pacey (2012), another intervention that school social workers can use takes the form of implementing LGBTQ trainings for school staff and administrators (Kopels & Pacey, 2012; Wagaman, 2016). Trainings may include having school staff identify their own personal, cultural, and religious values regarding LGBTQ students and communities (Wagaman, 2016). These trainings may also include having staff identify definitions of sexual orientation, gender identity, and gender expression (Kopels & Pacey, 2012; Wagaman, 2016). School social workers can also provide teachers and staff with information regarding the mental health effects of being bullied and resources to understand LGBTQ students and sexual orientation (Kopels & Pacey, 2012; Wagaman, 2016).

Furthermore, school social workers can support and implement Gay-Straight Alliances (GSAs) in their schools. A GSA is a student-led, faculty-supported school-based club. These clubs are similar to support groups as they provide safe and supportive settings for LGBTQ youth while providing access to adults and other peers who support LGBTQ students (Kopels & Pacey, 2012). As reported by Kopels and Pacey (2012), GSAs were found to, overall, facilitate a more positive school climate related to sexual orientation and gender identity (Kopels & Pacey, 2012). Roughly two-thirds of youth who are an active member of a GSA reported feeling comfortable referring an LGBTQ peer to a school counselor or school social worker (Kopels & Pacey, 2012). Students with a GSA also reported hearing slurs, such as “faggot” and “dyke”, less likely than students without GSAs with a rate of 57% versus 75% (Kopels & Pacey, 2012). Finally, the presence of a GSA in a high school were associated with lower levels of depression, higher self-esteem, and higher college attainment in LGBTQ students (Kopels & Pacey, 2012). While GSAs are an important step in creating safer and more accepting schools for LGBTQ students, some students may not feel comfortable accessing support within the school (Kopels & Pacey, 2012; Wagaman, 2016). Some LGBTQ youth may also not have access to school-based programs, which could be due to homelessness, or being home-schooled. While this is clearly an issue for LGBTQ youth, social workers can aim to address these concerns. One way social workers can do this is by making connections and collaborating with community supports for LGBTQ students (Kopels & Pacey, 2012; Wagaman, 2016). Some LGBTQ community supports function similarly to GSAs, and while they are not school-based, there are fewer institutional constraints (Kopels & Pacey, 2012). With community-based LGBTQ youth groups, there are many benefits. LGBTQ youth have

greater access to LGBTQ mentors in the area, and these groups can provide great opportunities for leadership (Kopels & Pacey, 2012; Wagaman, 2016). While these interventions may not be enough to reach the pressing needs for LGBTQ youth, social workers can have a large platform for creating a safe and welcoming space for their LGBTQ students.

This literature has highlighted the importance of social workers in schools. They play a critical role in addressing the mental health and behavioral needs of students. There is also a lack of detailed discussion regarding the direct experiences of school social workers, which may indicate that there is a great deal of variety between these professionals. Furthermore, the literature identifies the wide-range of mental health issues that adolescents and LGBTQ students face, as well as specific interventions that can be tailored towards these populations. With the high-rates of mental health issues that adolescents are facing, it is important to identify exactly how school social workers are addressing mental health issues within their school.

Methodology

Qualitative Research

This study uses a qualitative approach to identify similarities and differences between school social worker roles and practices between a number of locations in the Upper and Lower Peninsula of Michigan. It does this through the use of interviews with questions prompting discussion around the focus topics listed below. This is with the aim of answering the research question: is there a difference in school social work practice between rural and urban areas in Michigan?

Data Collection

Research Design The first stage of the study focused on the development of an interview guide based around questions identified in the literature review. These included questions on the role of the school social worker, differences between social workers and psychologists, school social workers as a resource, referrals to outside resources, bullying, suicidality, and the LGBTQ+ population. Following this, an email prompt was also created to recruit potential interviewees. The email prompt outlined the purpose of this study along with confidentiality measures that would be taken. It also stated the voluntary nature of the study and that participants could withdraw at any time during the interview. This also coincided with the creation of the consent form. The consent form outlined many of the same topics as mentioned above, including: purpose, confidentiality, the voluntary nature of the study, as well as consent for audio recording. The human subject protection was reviewed by the Institutional Review Board (IRB) at Eastern Michigan University.

Sampling Using purposive sampling, the first group of interviewees were selected from Michigan's Upper Peninsula. This group was divided into two subgroups with three from Delta County and one from Schoolcraft County. Those from Delta County were primarily chosen from convenience due to proximity. After the first interview, other interviewees were recruited through snowball sampling, which included the social worker from Schoolcraft County.

The second group of interviewees were selected from Michigan's Lower Peninsula, specifically from Washtenaw County. There were four school social workers that were interviewed from the Upper Peninsula, and one school social worker from the Lower Peninsula in Washtenaw County.

Conducting Interviews After selecting the interviewees, specific dates, locations, and times were established through email. Interviews took place either through video conferencing (Zoom) or in-person at the social worker's office. Before recording started, the consent form was discussed in detail and then signed by both the interviewer and the social worker. The interviews followed the outline of the interview guide, with additional questions that elaborated on specific topics. Interviews were recorded using sound recorder and voice recorder on a mobile device. One person elected not to be interviewed; there were notes taken, though verbatim quotes was much more difficult.

Data Analysis

Interviews were then transcribed in order to assist with coding, with the aim of identifying key themes. In-vivo coding was used to identify major themes throughout the interviews. This involved the highlighting of specific words and phrases that related to the topics being addressed in this project. These quotes were then extracted from each interview and assembled into groups covering specific themes. It was then possible to compare the relevant themes of each interview. Two coders were used in order to improve the level of inter-rater reliability.

Limitations

There were a number of potential limitations to this project. The most significant of these result from a lack of response to recruitment emails, particularly among social workers in Washtenaw and Ingham County. The lack of responses resulted in having a higher sample of social workers from the Upper Peninsula than the Lower Peninsula. These factors makes it more difficult to compare the two locations, as having fewer social workers from the Lower Peninsula

impacts the ability to make generalizations about resources and the role that school social workers play in these areas. Furthermore, one social worker declined to be recorded during the interview and their statements strayed significantly from the interview guide. While some information they provided was included, this did impact their ability to participate fully in the project. Additionally, due to the small scale of the project, the results may not be applicable to a wider population, impacting external validity. However, as this is an exploratory study, its purpose is to outline many of the key themes relating to school social workers rather than generalizability.

Findings

After data was collected and analyzed, a number of key themes emerged. The themes that emerged from this study were: bullying and suicide, funding, and resource availability. Specifically, social workers in the Upper Peninsula reported of a lack of funding for more generalist school social work practices, being spread throughout different schools, and high caseloads. Also, there was a mix of thoughts and perceptions on bullying in the schools, with some social workers believing bullying is a key issue, and others being unaware/skeptical. Finally, school social workers in the Upper Peninsula expressed concerns surrounding the availability of resources in the local area compared to the school social worker in Washtenaw County.

Bullying & Suicidality

Among the school social workers, there was one from the Upper Peninsula who believes that bullying is a significant issue in their school. They mentioned that while it is an issue, the problem revolves around how much the school addresses bullying. In the school, there tends to

be all-school assemblies that discuss bullying. The social worker also stated that they will visit each seventh and eighth grade science classes at the beginning of the year to discuss self harm, suicide, and depression.

One social worker employed through the Intermediate School District (ISD) in Delta County when asked about bullying stated:

I would say that parent bullying, like parents bullying staff members is a really, really big issue. I think bullying is a buzzword that people don't understand. They call all interpersonal meanness bullying. I think there's this crazy expectation that schools are somehow going to eradicate bullying, yet society allows us and validates it so frequently. So, I think the way parents speak to administration, the way they speak to teachers is outrageous. So they want to sanitize their world for their kids and not give the kids the coping skills to deal, and I think they really confused bullying and interpersonal conflict. Bullying is this power differential, it's someone bigger and stronger picking on someone littler. But no, I do not think bullying is a rampant problem at school. I believe that parents would give you a different answer because I think that there's a social perception that fits their worldview that their kid is special.

Furthermore, this school social worker believes that cyberbullying is an issue with the students she works with. However, they believe that so much cyber-bullying happens outside of school and the students and parents expect the school to fix it. Also, they believe that staying off of social media and putting away phones is the best way to not be bullied online.

Another school social worker employed through the ISD believes that bullying is an issue, however; they stated that they do not feel it is a bigger issue in their schools than in other

places. They also stated that while they believe cyberbullying occurs more at the high school level, they do not get bullying reports as much as the school counselor and dean of students does. Because of this, they mentioned that they believe that because they are not in the high school more than one day a week, they cannot act as the person who deals with the crisis surrounding bullying.

Finally, the school social worker in the Lower Peninsula believes that there is “lower level bullying” such as “negative comments”. However, they stated that they are amazed with the school they work in because the students are incredibly inclusive and do not allow in-person bullying to occur, especially surrounding students that identify as LGBTQ. Cyberbullying, as they stated, is an issue but it is a lot harder to handle with students because it feels and is usually anonymous. They mentioned that they encourage students to screenshot the bullying and address it with the principle or the social worker.

There seemed to be little difference in the social worker’s perspective on bullying between the Upper and Lower Peninsula. Although the two social workers who seemed to have a lack of knowledge regarding this issue were employed through the ISD in the Upper Peninsula, it is difficult to determine whether this is due to the lack of time spent in each school or due to a cultural difference between both locations.

One notable trend that emerged when discussing bullying and suicidality was the management style of social workers who are unable to remain in one school on a permanent basis. Two of the five social workers emphasized that their strategy for suicidal students centered around “judgement calls” as they did not have structural procedures in place for establishing whether a student was a danger to themselves or not. The other two social workers

who are able to be in their school full-time five days-a-week had a set checklist to address if a student was suicidal. They both mentioned that if there were concerns or reports from teachers and staff, they would bring the student in to talk about the issue. They both mentioned they have a checklist to see if the students has a plan, place/time, and access to a weapon/pills that they would use to commit suicide. If the student did have a plan, then they would take action steps to call the parents and possibly bring in outside community mental health professionals or teachers/staff.

Funding

One of the three major themes that was evident from three out of five interviews was the issues regarding funding challenges. Two social workers in the Upper Peninsula are employed through the Intermediate School District (ISD) and not the schools themselves. Because of this, funding is only allocated for special education social work services. As the school social workers have caseloads that consist of students in special education, there are not social workers that work directly with general education students if employed through the ISD. Furthermore, one social worker in the Lower Peninsula is also only allocated funding to work with special education students.

These statements suggest that there is a lack of funding for general education social work services. The school social worker from Washtenaw County was the only one to directly mention the issue of funding. They stated that while she is funded to work with special education, there is a general education social worker who is new to the school this year. They also mentioned that while this social worker is being well received by administration, they may find financial sources to keep them in the school. However, this social worker expressed

skepticism regarding the general education social worker, as funding has been an issue in the past. The two ISD school social workers stated that while they are only employed through special education, the schools they work in expect them to work with all students, creating an issue of role confusion.

It was mentioned by both the ISD and the Washtenaw County social workers that if a general education student is in crisis, they will intervene, despite it not being an official part of their role. They also stated that there is also sometimes confusion with their role as a school social worker. One social worker in the Upper Peninsula who is employed through the ISD stated that:

I think my role and my job are not the same, so I would say that my supervisors think my role is special education and then to provide services to students with IEPs and that is all my job is supposed to be as far as they're concerned. Now, what do teachers and parents and other people expect from me in the school? They expect that I am the mental health superhero and must work with everybody all of time from kids going through divorce, to suicide, to real mental health issues, to adjustments. I mean it's supposed to be like they expect that I'm in charge of all behavior all the time in all environments I work in.

The Washtenaw County social worker also stated:

I still get asked sometimes, so what do you do? Once in a while I'll get asked that and explain that I have one hundred and seven kids on caseload right now and that's way too many. I've been asking for help since last year and that hasn't happened yet. But the first couple of years I was there, if a teacher had a student, who may in a poem imply they were feeling suicidal, the teacher would call me and bring him down. Fortunately

because I have such of a high caseload, the administration has at least recognized it and said, no, those calls need to go to the counselor unless they're on my caseload. So instead of working with gen ed students, they now go to the counselors. But I think the admin and teachers are recognizing that I am a special ed social worker.

Funding is also an issue in regards to school social workers being spread out through multiple schools. Because of this, the two school social workers employed through the ISD work in four to five different schools each week, spending only one day in each. They have stated that if a student is in crisis in a different school, then they have to travel to meet their needs rather than working in the school they were allocated to for that day. Furthermore, these school social workers mentioned that many of their students do not know their schedule of when they will be in the school as it varies week to week depending on different needs. They have said that these issues impact their work and the ability to meet the needs of their students.

Resources

When questioned about the availability of outside mental health resources for students, three social workers stated that the local community mental health (CMH) facility is the only option. Students may be able to go to a private health care facility if they have private health insurance, however; CMH is the primary agency for Delta County. The social workers also stated that because CMH has a waitlist, they sometimes have to refer students to Behavioral Health in Marquette County or other agencies in Wisconsin, which is an hour drive from Delta County.

The social worker located in Schoolcraft County stated that CMH is also the primary agency in that county for outside referrals. They mentioned that there are a few private practice

providers as well as the Tribe in Schoolcraft County. This social worker describes that the lack of outside resources can be an issue for many families, stating:

I think one of the biggest things is the distance. I have a couple of really high needs kids and I'm working with CMH or DHHS and getting services in the home is really difficult. They have a home based service that comes out of St. Ignace to provide services in Schoolcraft County and there are waiting lists for that. Because services are so difficult to access, our families are running at a crisis state more frequently. I feel like there's not a whole lot to offer when they're in that crisis. And a lot of our families have transportation issues and can't get to Delta County for doctor's appointments. I mean, to some of us an hour drive doesn't seem like a huge deal, but it's make or break for some families that we work with who don't have the vehicle or gas money. And I feel like as a school social worker then sometimes you kind of take on that case management role more so than a direct service provider role of just trying to coordinate services and coordinate people working together. So in other areas there are people designated as case managers for families like that and you know, we do have some of that, it's just not at the same level of frequency as what it may be in larger areas.

When asked to the school social worker in Washtenaw County, they mentioned that along with CMH, they also have students sometimes receive therapy services through the local hospital at St. Joseph Mercy or the University of Michigan. Alongside the hospitals, they stated that Eastern Michigan University Counseling and Psychological Services may be another option for students who are low socioeconomic. This social worker also mentioned that in their school, they have an agency called the Regional Alliance for Healthy Schools (RAHS). This agency is

stationed at four different schools in Washtenaw County and it is a clinic where there are multiple mental health professionals such as social workers, psychologists, and nurses who offer services for students. Students can access mental health help at RAHS for free.

These themes raise a number of interesting questions and future implications for school social work practice. Additionally, these themes suggest that there are a number of important areas in which social work funding and resource allocation can be improved.

Discussion

Bullying & Suicidality

By far, one of the most important and varied themes that came from the interviews is the issue of bullying and suicide within adolescent students. Within this, a range of topics were covered including general prevalence of bullying and suicide, specific issues within the LGBTQ population, cyberbullying, as well as specific protocols for assessing suicidal youth.

General Prevalence. There is a great deal of range about the idea of bullying within the school system. Each of the social workers interviewed expressed different opinions regarding the prevalence of bullying. One of the only social workers that went into significant detail on the extent to which bullying impacts the school was the non-ISD social worker from Delta County. This social worker stated that bullying, is in fact, an issue in the school they work in, however; the problem is how much the school discusses the issue. They state:

Oh my gosh, yes it is an issue. The question is how much they talk about it, as in the kids who are bullied. I think they're worried if they come and talk about it, that they will be bullied even more for snitching, and they're just worried that it will be worse. I will only do something about it if we problem solve and if they think it's a good idea because I do

Thank you for your time,

Paige Lancour

Appendix B

Interview Guide

1. How well do you think your role is recognized within the school system?
 - a. How is your role perceived in the school system?
 - b. What is your relationship like with school administrators (counselors, teachers, psychologists, etc)?
 - c. What are your responsibilities and your role?
2. Is there a school psychologist?
 - a. What is your role compared to the psychologist?
3. Do you students know your schedule and/or if you are a resource they can use?
 - a. What is your relationship like with your students? How do students get referred?
 - b. Tell me about a few cases.
 - c. What students don't get referred?
4. If a student comes to you with mental health issues/suicidal thoughts, what steps do you take/do you refer them out to another mental health professional? What outside resources can you direct your students to?
5. Do you think bullying/suicide is an issue in your school?
 - a. How is bullying viewed or discussed at your school?
 - b. What do you think?
 - c. What types of programs, initiatives or responses are there to bullying?
 - d. What happens formally or informally?

6. If a student came up to you and said they had suicidal thoughts/was going to commit suicide, what would you do?
 - a. What about crisis interventions?
 - b. What is the procedure that you would use?
7. Does your school have a LGBTQ+ population?
 - a. What supports do LGBTQ+ kids have in the school?
 - b. Do they have any difficulty in receiving support? Bullying?
 - c. What is the conversation about LGBTQ+ discussed and the high rates of mental health issues/suicidality?