

2019

## 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.

## Degree Type

Open Access Senior Honors Thesis

## Department

Social Work

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## Keywords

school social work, adolescent mental health, suicide, bullying, resources, LGBTQ

## Subject Categories

Social Work

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

By

Paige Lancour

A Senior Thesis Submitted to the

Eastern Michigan University

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Honors College

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in Partial Fulfillment of the Requirements for Graduation

with Honors in Social Work

Approved at Ypsilanti, Michigan, on this date 01/19/2019

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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 principles. 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).

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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.

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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).

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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.

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**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 to 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.

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### **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.

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### **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.

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### **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

not want them afraid to come and verbalize whatever it is. But whenever there is bullying going on, we talk to the person about whatever the issue is.

Furthermore, when asked how the school resolves issues around bullying, the same social worker stated:

It really depends on the situation. How bad is the bullying? If the bullying is really bad the school can definitely call the parents and they can get suspended. We do have assemblies where we talk about bullying, but the problem is there's so many things that are going on that happen and it's hard to get too many big assemblies because it pulls everybody out.

This social worker seemed to have the most comprehensive knowledge about bullying in their school. They seemed to understand that it was a significant issue and had plans in place for its mitigation. This is not something that was shared by the other social workers. This depth could indicate the influence of being able to spend five days-a-week in a school, being able to build relationships with students, and being able to understand the school environment.

While the school social worker in Washtenaw County is also in their school full-time, they did not seem to have an in-depth knowledge of bullying or any programs that specifically address bullying within the school. When asked if bullying is a big problem, they stated:

That's a really hard question. I think the lower level bullying, sure. Negative comments? I think that's not uncommon. I will say, it's not as big of a problem as I thought it would be. Do I have any clue how much is going on? I can't honestly answer that.

Despite acknowledging that they do not know how much bullying is occurring in their school, they also mentioned that they only run a group with other helping professionals and do

workshops on bullying, but that it is not school wide. This school social worker may not be aware of bullying and the ramifications it has on their school because they work specifically with special education students. Not being fully immersed in the general population could have an impact on their understanding regarding bullying.

Following a similar tone, the school social worker from Schoolcraft County when asked about bullying stated the following:

I think it's definitely an issue. I wouldn't say that I feel it is a bigger issue here than in other places. I feel like for it being a rural school, especially the high school I feel like does a really good job of being pretty inclusive of all students. I don't feel like it's any more extreme here than probably anywhere else. For cyber bullying, the school guidance counselor gets more of those reports than I do. I'm focused more on academic needs and how the social stuff affects that. I saw more bullying as a clinical social worker, but that's just not my role here. I'm there like a day, so I can't be that person that they're going to for those kinds of crisis things.

This is slightly concerning as it seems to dismiss the issue of bullying within their school and also questions the impact that individual actions taken by social workers or other members of authority in the school can have on the school environment. While there is an issue with this social worker being in their school for only a day, it is difficult to justify a lack of knowledge on this issue as it has the possibility of linking closely to special education students. The statement that bullying at this school is no more extreme than anywhere else suggests that this worker may not be concerned with bullying or may not see this as an important part of their job.



Finally, the most concerning of all stances on bullying within schools comes from the ISD social worker in Delta County. When asked if bullying is an issue, they 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.

Besides in-person bullying, this school social worker also had a worrying opinion regarding cyber-bullying. They mentioned a case where a kid was being cyber-bullied, but when asked about their response to this case, they mentioned:

The first thing I said to this kid was, why don't you turn it off? And he was like stunned. I was like, you know that if you are not on Snapchat, they cannot send you nasty messages. However, it turned out that to get the phone, he had an agreement with his mother, but he was not allowed to go on any of the social media sites. I said to them, you know, the best way to not be bullied on social media is to get off of social media. And this happens all the time outside of school, but they come and ask the school to fix it.

Many of these statements seem to be woefully out of date, and could even be seen to be bordering on victim-blaming. All of the other social workers interviewed seem to agree that bullying is an issue, although to varying degrees. This agreement suggests that bullying is still a significant part of school culture, something that this social worker seems to be ignorant of. This could potentially be because this worker is spread throughout multiple different schools and does not spend most of their time in a high school setting, limiting their exposure. The schools they work in could also be outliers, with very low rates of bullying. This social worker shows an awareness of the importance of understanding power differentials surrounding bullying, but does not seem to be applying this knowledge to the experiences they see in their schools.

Furthermore, their comments made about cyber-bullying is far more concerning than their perceptions on in-person bullying. The view that students can just “stay off of social media” and they will not see the bullying is extremely problematic and teeters on victim blaming. It shows an awareness that technology plays on the social lives of youth. It also fails to address the underlying existence of the bullying on social media. It seems as though the blame is being placed on the victim for putting themselves in a position where they could be bullied. From the worker’s statements, they do not seem concerned with the bully’s behaviors, but rather the level of exposure for victims. Finally, this school social worker fails to address the interconnections between home life and school and the responsibilities that schools bear regarding student’s behavior. This worker seems to believe that the schools should not be responsible for fixing issues that occur outside of their premises or online. In reality, these lines are often blurred and home-life bleeds into academic performance and behavior and vice versa.

Overall, most of the school social workers seemed to acknowledge that bullying is an issue, but few of them were equipped with the knowledge or resources needed to address bullying head on.

**LGBTQ Youth.** Considering the lack of ability among many of these workers to challenge bullying within the wider school population, it seems as though the complex situations for LGBTQ youth could provide an added layer of difficulty. There was some variation between the social worker's views regarding LGBTQ issues within their schools. The ISD social worker in Delta County did not directly discuss the issues that LGBTQ students face in their schools. They discuss the increased numbers of students identifying as LGBTQ, but did not mention specifically working with these students. There was little discussion regarding the appearance of more acceptance between LGBTQ students and their peers. They seemed to avoid explicitly addressing the question and instead discussed issues with religion and personal biases. Even when asked if there are any supports for LGBTQ students, they stated that they have none. However, this social worker mentioned that there is little awareness of what it means to be LGBTQ in the younger grades, but this is contradicted by the other Delta County school social worker. This social worker's difficulty in discussing LGBTQ students in their school suggests that there may be an institutional lack of support for these students. This is particularly problematic as the literature shows that LGBTQ students are at a particularly high risk for mental health disorders and suicide (The Trevor Project, 2017). Not only this, but the literature also states that school social workers have a crucial role in working to decrease bullying against LGBTQ students (Kopels & Pacey, 2012).

The other Delta County school social worker went into detail on this topic. While they seemed knowledgeable regarding LGBTQ students and their issues as she runs the Gay Straight Alliance (GSA) in the Junior High, they acknowledge their limitations in this area. When asked about the population of LGBTQ students, they responded:

In the junior high, there is such openness. What I'm learning from the kids is, it's pretty much okay to say you're bi. You don't necessarily want to say you're gay or you're lesbian for whatever reason it's more socially acceptable that you'll go either direction.

But even so, if there's lesbian students and the girls have girlfriends, there's not as much stigma for them as a male. But the ones that come out in junior high have an easier time in high school because everybody is used to it.

This social worker also mentioned that besides the GSA, there is really no other supports for LGBTQ students in the school or community. They also touched on the fact that they do not directly see bullying towards students who are LGBTQ, but more so bullying regarding dating issues. Typically, they mentioned, by the time the administration hears about bullying, it is usually a big issue. A few statements that are telling of this social worker's acceptance of LGBTQ students, included the fact that they stated "I have no problem advocating for students" and "it's just to be recognized and accepted for who they are". This social worker gave a few anecdotes where a student was not allowed to use a staff bathroom, because they felt uncomfortable using gendered bathrooms as they were transitioning. The social worker advocated on their behalf and secured their use of the staff bathrooms.

While this social worker admitted that they may not know everything regarding LGBTQ issues, they do make an effort to be an ally to the LGBTQ community, which contributes to the

creation of a supportive and safe environment within the school. Their commitment to running the GSA in the junior high is particularly important as the literature states that GSAs are found to facilitate a more positive school climate (Kopels & Pacey, 2012). Furthermore, roughly two-thirds of youth who are an active member of a GSA reported feeling comfortable referring an LGBTQ peer to a student counselor or school social worker (Kopels & Pacey, 2012).

Continuing on, the other ISD school social worker from Schoolcraft County when asked about the LGBTQ population in their school, stated:

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I wouldn't say there's a lot. That's because the majority of my caseload is younger, and not that younger kids can't identify but they just aren't or haven't. There is a club at the high school, but I can't think of the name of it. So, there's that. I just feel like they're well represented in some of the other systems like the school leadership team, especially at the high school. Our principal is very supportive and inclusive. I feel like it's just, you know, it's pretty accepted. And again with it being pretty rural, stereotypically it would be a big gas factor and that's just not likely here.

Also when asked about LGBTQ students and the rates of bullying and mental health issues, they stated:

I think you can feel generally accepted and then also there are outliers. In the school, I don't think that they've identified specifically that like as an overall issue that those particular groups may have. But we do different presentations and that kind of thing where mental health is addressed. There have been various other speakers where it might be touched on in those situations, but it's not a specific target to the LGBTQ community and their mental health.

This is similar to the other ISD social worker. There seems to be a lack of in-depth knowledge and experience regarding LGBTQ students. Much of the topics covered involved their general feelings about the culture of the school rather than the specific interactions between students. It seems as though that because the school is rural and that there are no obvious signs of bullying on the surface, the social worker does not seem to see a need to focus directly on and be visible to LGBTQ students.

Finally, the school social worker in Washtenaw County when asked about LGBTQ students and their mental health stated:

Our LGBTQ population is fairly big. We do have an after school club that a teacher runs. I'm working with one student who is going through transition from female to male. I think that's the only transgender person on my caseload. But I am amazed and pleased that in this school the kids can walk around dressed how they want, hair how they want, presenting how they want. And yes, I'm sure there are comments behind their back, but I'm not aware of any physical intimidation threats just because of who they are. There's lots of little stickers that say safe space on doors and I think it's a pretty supportive place to be if you are LGBTQ. With mental health rates, I would love to see numbers on that. I don't think we keep numbers, but I'm just thinking anecdotally. There's one person who is going through transition who was suicidal until this year. He's part of a boys lunch that I run, which he has been a part of since he started the transition, and the guys in that lunch are so supportive. But I cannot say if the numbers for mental health rates here are higher, I know they are nationally. Also, there's one club here and we often

encourage students to go to the Neutral Zone in the area. It's a very accepting place and kids really find a good home there.

This is slightly more difficult to unpack. It is unclear if this social worker did not provide more in-depth information about LGBTQ students because they do not directly work with this population, or if because the area where their school is in Washtenaw County is more liberal and accepting of LGBTQ people. It seems as though this social worker is a strong supporting figure of LGBTQ students in the school, however; they do not discuss direct ways in which they work to improve LGBTQ issues. This could be due to this role becoming adopted by other school support staff who work specifically with LGBTQ issues, or other support networks within the wider community. Furthermore, this could also be due to the social worker's limitations in the school as they are bound by special education funding and may be limited to working with the students that remain on their caseload.

Overall, it seems as though there is limited support and knowledge regarding LGBTQ students and the specific issues that impact this population, especially among LGBTQ adolescents. It is difficult to draw a conclusion about whether or not there is a difference among LGBTQ visibility between the Upper and Lower Peninsula. There was a wide range of knowledge and work that these social workers are doing in their school. This could, however, be due to time spent within the schools and working directly with the general population rather than being bound by special education funding. However, as the literature shows, LGBTQ students do have higher rates of suicide than their heterosexual counterparts, and should remain visible in their communities as a whole (The Trevor Project, 2017).

**Assessment of Suicide.** There were many similarities between the school social workers regarding the assessment of suicide and crisis situations. Some social workers provided more in-depth information regarding their assessment process, however, the themes between the interviewees remained the same. One special education social worker did however make it very clear that their job is not to provide mental health services to suicidal youth. However, when asked about suicide assessment, the ISD social worker from Delta County stated:

So the suicide problem is huge because like I said, I am the only mental health provider in the number of places I am in. It's also so sensationalized at this point in our culture and it's so easy to verbalize. So I have like ten kids a week saying I'm going to kill myself. This happens so frequently that I've had to check my own self to see if I'm being dismissive, but they're saying something that could be really serious so I have to take it serious every time, but they're coming in and that's not even my job. But I do respond by doing a risk assessment. Do I think there's a risk or not? Then I ask if they have a plan and if they have a support network.

This is concerning as it indicates a lack of resources and social workers in the school who are educated in crisis intervention and suicide assessment. This not only impacts the mental health of students, but it also contributes to the excessive workload of school social workers. Even though providing direct mental health services to students is not their role, if put in the position to assess a suicidal youth, they cannot turn them away. This could disrupt their work schedules as many of them report doing crisis interventions at least three times a week. The assessment process is universal between the school social workers from both the Upper Peninsula and Washtenaw County. The ISD social worker from Schoolcraft county stated:



If a student has thoughts without a plan, without any action or anything real specific, I would talk to the student about parental contact. I would let them know that if they talk about hurting themselves, we have to let parents know or bring someone else in. I have a really good working relationship with our CMH and I have called them in in the past to evaluate students in the school. We have also had kids go to CMH to be evaluated to avoid that hospital setting. So, I just assess and make plans based on the severity.

The school social worker from Delta County had a similar response:

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So when a student comes in, I would ask them some questions about their mental health and ask if they feel different because everyone has their own definition of what depression feels like. So I would ask how long have you been feeling this way, do you talk about it, do you see a therapist. Then I could have them fill out a Phq Nine, which is a depression screening. This typically opens the door for them to tell me that they are suicidal. And I tell the kids, sometimes people will have suicidal ideation, but that does not mean they have a plan. So I would go through all of that with them and if I do believe they are suicidal, I would contact the parents and we'll have them brought to CMH or to the hospital.

Finally, the Washtenaw County social worker responded:

If a kid is just spewing and saying they want to kill themselves and they are not serious, I am still going to explore a little bit more. I'm still going to have a conversation, but I might check with a few more people, like a teacher or assistant principal who knows the student well. If I get a hint that this person is for real suicidal, I have a checklist that runs through the questions we should ask a suicidal youth. Are you feeling suicidal, do you

have a plan, what is the plan. But I always tell students I need to tell the parents we had this conversation. I've had kids leave my office and do a psych assessment at University of Michigan or St. Joe's. There's an agency, through CMH that can also come mobility and do an assessment in the school.

The running theme between all of these social workers is that all assessments start with asking the youth if they are suicidal, if they have a plan, what the plan is, and so on. Despite if some social workers have a firm checklist or depression screening, the assessment of risk remains the same. All social workers also have the option of CMH coming into the school to do an assessment, or for the student to go to CMH itself or to a hospital. The social workers who are in their schools full-time, regardless if they are working with special education or not, seem to be more likely to have a better gauge on their student's behaviors.

The consistency between all of the social workers is surprising, as it was expected that there would be more variation in assessment methods between the rural and urban schools. While many of the themes with assessment are likely to be the same, it was expected that individual schools would have varying policies regarding suicidal youth, their assessments, and referrals.

### **Funding**

One surprising theme that emerged out of this thesis concerned funding and how it seemed to be preferentially allocated for special education services. Several school social workers stated that their funding is specifically for special education students, rather than the general education population. This was surprising as the literature review did not highlight any prevalent issues regarding funding for school social workers. While it was assumed that most

school social work services are underfunded, it was not anticipated that funding would be pigeonholed in quite this way. As such, the interview questions did not focus on funding, pointing to an area that should be explored in future research.

Only one social worker specifically mentioned funding, however, the two social workers employed through the ISD alluded to funding allocation issues. When asked if there is a social worker specifically for general education students, the Washtenaw County social worker stated:

For the first time this year and it may only be this year. The man whose place I took, he was the school social worker at my school for eight years. Then he went to another school to do some other stuff, and then he was asked to come back as a gen ed social worker and they like him so much they found the money for this position and I'm hoping that it catches on. My gut says this is not going to catch on just because of financial reasons. But it would be a lovely thing and he's well needed with 1700 students. There are always students who need support.

The skepticism surrounding the lack of long-term funding for a general education social worker indicates that funding is not a top priority for administrators and superintendents, at least in terms of general education students. This combined with the fact that two other social workers only receive funding for special education services suggest that there is a statewide lack of support in this area.

**Role Confusion.** The funding of special education social work services as opposed to general education services has created some confusion about the role that social workers play within schools. One social worker from Delta County stated:

So I think my role and my job are not the same. I would say that my supervisors think my role is special education only. My job is to test students whether or not they're eligible in 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 do everybody all the 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 that I work in.

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This is coupled with the other social worker from Delta County:

My most specific role is providing direct or consultative services to students with IEPs for behavioral issues. I, myself, can qualify a student for special education services with either an emotional impairment, autism spectrum disorder, or if they qualify under otherwise health impaired with ADHD, but I can also provide services to students who qualify under other areas like a specific learning disability or if they have behavioral issues that we show has an impact on their educational goals. But my priority is always special ed students but I will also work with others. I work with MTSS, so kids that I would consider tier two and tier three services. I work with them as well in hopes of kind of trying to prevent them from working their way up through the system. Those would be some of our kids that, I mean, if we're responding to frequently for crisis, or behavioral things, trying to put plans in place so that they're not that they're more successful when we're not having to escalate up the system in terms of service.

It seems as though many teachers and school administrators are expecting special education social workers to take on the added demands of a general education social worker. This indicates that there is a significant need in regards to social work services specifically for general education students. Not only this, but it also indicates that there is a lack of understanding regarding what services a school social worker can provide to students. This links to the points raised by Gherardi & Whittlesey-Jerome (2018) and Richard & Villareal-Sosa (2014). They state that few teachers actively refer students to a school social worker due to confusion about the services that they can provide. Furthermore, Gherardi & Whittlesey-Jerome (2018) and Bye, Shepard, Partridge and Alvarez (2009) mention that school administrators have mixed views and perceptions about what a school social worker should and can do within their schools, something that is reinforced by the social workers being interviewed.

**Caseloads.** The issue regarding funding has direct link to high caseloads among the school social workers interviewed. Not only this, but three out of five social workers are spread throughout multiple different schools within the Upper Peninsula. The school social worker from Washtenaw County also describes the impact of a having a high caseload despite being located full-time in one school:

Right now I have 107 kids on caseload and that's way too many. I've been asking for help since last year and it hasn't happened yet so far. So that means a lot of contact time, which I never want to give up. That means I do 107 IEPs, plus I do evaluations, so tack on another 25 IEPs per year. The first couple of years if I had a teacher who had a student maybe imply in a poem that they were feeling suicidal, the teacher would refer

them down to me. But 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 all the gen ed students that would drop by, they now go to the counselors and if I'm the only person around, of course I'm going to see that student.

It is important to stress that this social worker is located in only one school and has a caseload that they view as being too high. It is not unreasonable to assume that the demand is equally as high, if not higher in the schools in the Upper Peninsula. The social worker located in Delta County who is in the high school full time also works with the whole school, grades nine through twelve. While they did not directly state how high their caseload is, it can be assumed that being the only social worker in a school of eight-hundred, and doing crisis interventions "three times a week" indicates a caseload that may be difficult to manage. Furthermore, the two school social workers employed through the ISD are spread throughout different counties within the Upper Peninsula, primarily being Delta and Schoolcraft County. The school social worker from Schoolcraft County mentioned being "farmed out" to the local districts where they work in the high school, head start, the elementary school, the alternative education building, and the parochial school. This is similar to the experiences of the other social worker employed through the ISD in Delta County. This worker works specifically in the ISD one day a week, as well as two elementary schools, a middle school, a head start program, all of the preschools within Delta County, the student success center, and one of the local high schools. This undeniably has an impact on the services that the social workers can provide within the schools. This could also have an impact on the social worker themselves, potentially leading to burnout due to high stress.

These factors raise the question: how is a social worker able to meet the concerns of students and the basic requirements of their job when they are being stretched across ten different schools? Each of these schools may have radically different requirements and perceptions of the school social worker, thus forcing the worker to balance these professional demands rather than focusing on students.

**Relationships.** Despite the high caseloads and the potential for working in multiple schools, all of the social workers interviewed mentioned having good relationships with their students. One social worker from Delta County stated:

I think I have a great relationship with all the students. And that's a hard question to answer because of the way it's framed, it sounds conceited, like I have a great relationship, but I think the kids are the joy, right? I mean, I walk through any cafeteria and I feel like a rockstar.

It is clear that these social workers are having a significant impact within the schools simply based off of creating relationships with students. However, permanency is lacking, which has the potential to seriously inhibit service outcome. Much of social work is centered around building relationships with the people they work with, and not having a consistent support network can severely impact a client, especially in moments of crisis. This is described by one social worker in particular:

My problem is my inability to be there consistently. So I have like a lot of kids who love our time together. I love what I'm able to offer and I can't even honestly say to them that I'll be back again. That kind of stuff is real frustrating because I know what people need is relationships and they need people to come in and be consistent and I can't be that.

This links back to the question raised in the section discussing high caseloads: how effective can a trusted social worker be if their relationships with students are undermined by inconsistency, especially in moments of crisis?

This is contrasted with the one school social worker in Delta County who is in the school full-time and works with all general education students. They mentioned that although they do crisis interventions three times a week, they are able to see almost all students that may be in crisis, or having other issues, no matter the severity. This ensures that all students can go to a person that they both know and trust and can rely on them for support. Furthermore, this school social worker also runs the Gay Straight Alliance (GSA) within the Junior High School, allowing them to create strong relationships with students that are especially vulnerable and may need extra support.

### **Resources**

Also discussed in the interviews were the accessibility of local mental health resources for students who may be in need of outside mental health help. Specifically highlighted as an issue is accessibility. Community Mental Health (CMH) is the primary agency for mental health therapy and treatment in the Upper Peninsula. This is contrasted starkly with Washtenaw County, where as stated by the social worker, has many other options for low-income mental health services in particular.

**Accessibility in the Upper Peninsula.** It is important to state that the issue of accessibility is significantly impacted by travel distances and income. Many clients may be unable to travel long-distances to receive mental health services, especially considering that CMH oftentimes has a waitlist for services. This can be combined with the added stresses of



being low socio-economic, such as an inability to take time off of work to travel, or finding an agency that will accept Medicaid. CMH is the only agency in Delta County and Schoolcraft County that accepts state insurance. Private practice agencies may be available, but the reality is that most clients cannot afford private insurance. When asked if there are agencies other than CMH, the Delta County full-time social worker stated:

Catholic Social Services (CSS) will not do any emergency situations. The only one that does emergency services, for suicide, is the hospital. If you have regular insurance, like Blue Cross Blue Shield, the hospital will evaluate you. But Pathways (CMH) is definitely the only agency with Medicaid. Usually the hospital contracts with Pathways and CSS as well. But if a person is truly suicidal, Pathways is the agency. If a person comes to me and they've been suffering with depression and they need help, I'll refer them to a bunch of different social workers in the community. Unfortunately right now there's a real shortage. A lot of the workers are full and they're turning away people.

The Schoolcraft County social worker has a similar experience:

The biggest thing is the distance. I have a couple of really high needs kids and I'm working with CMH or DHHS and trying to get services in the home, but it's really difficult. They have a home-based service that comes out of St. Ignace to provide services in Schoolcraft County, but there's waiting lists for that. While that does not directly have anything to do with the school system, it all plays a part in because services are so difficult to access that our families are running at a crisis state more frequently. And a lot of our families have transportation issues and can't get to Delta County for doctor's appointments. To us, an hour does not seem like a big deal, but it's

make or break for some families that we work with who don't have the vehicle or gas money.

The lack of services is particularly concerning for families in crisis. The social work highlights that the long travel times and waitlists are a significant problem for families who may be waiting for in-home services. The travel time between St. Ignace and Schoolcraft County is over an hour. This time waiting for a social worker could significantly impact families who are in crisis, especially multiple times per week. It is clear that the services in the Upper Peninsula are severely lacking. This contributes to the overall picture of school mental health within this area and directly impacts the expected workloads of school social workers. If students cannot receive mental health services in the community or in-home services, their ability to function in school will be affected. As a result of this, in many cases school social workers may also be the only mental health professional students in need may encounter. Services offered in the Upper Peninsula are drastically different from what is available in the Lower Peninsula, specifically in Washtenaw County.

**Accessibility in Washtenaw County.** Washtenaw County has far more resources in comparison to the Upper Peninsula. When asked if there are other agencies than CMH, this school social worker stated:

There are others. I have a caseload which tends to be lower socioeconomic, so I have a list of low cost counseling. It could be through Eastern Michigan University with their counseling center. We also have CMH. One thing that is wonderful is the Regional Alliance for Healthy Schools (RAHS). This is through the University of Michigan and we have about four stationed at different public schools in the county. There is one at a

middle school, which many of our students comes from. This is a clinic in the school that has a social worker, psychologist, and a nurse working there. This is free. Any public school student in the area can access this.

The simple fact that this social worker is able to compile a list of low-income counseling in the area displays the disparities between the locations. Furthermore, the school that this worker is located has RAHS, which alleviates some of the responsibilities that they may have in relation to student's mental health. It is also important to note that Washtenaw County has two prominent public universities: the University of Michigan and Eastern Michigan University. These both provide mental health care to students, but also members of the community, both through their research and health services. Washtenaw County, in general, is higher socio-economically than Delta and Schoolcraft County. As such, there is considerably more funding available for community mental health services within the community.

### **Conclusion**

From the evidence gathered throughout this project, a number of conclusions can be made in regards to: bullying & suicidality, funding, and resources. This thesis aimed to understand the role that school social workers play in regards to mental health and suicidality among adolescents. Additionally, it identified areas in which school social workers are inhibited in providing effective care and crisis management for all students. As such, it succeeded in exploring the important links between different approaches to school social work, the availability of resources, and the prevalence of bullying & suicidality within schools.

When considering the differences between the Upper and Lower Peninsula, it was difficult to conclusively identify if there are significant differences in the prevalence of bullying

and suicidality. Some of the evidence by interviewed social workers indicates that the wider culture and community support networks present in these regions do have an impact on these issues. However, wider research on this topic is needed in order to cover a wider number of schools and regions. It was found that there is a significant difference in the knowledge that the school social workers held regarding bullying and suicidality in their schools. This varied depending on the social worker's roles. Specifically, social workers who were limited to working with only special education students had a reduced awareness of bullying within their schools. Additionally, the amount of time the social workers spend in each school has an impact, as social workers who were spread across multiple schools also had a limited understanding on the prevalence of bullying in the schools they served. This is a particularly important issue when applied to LGBTQ populations within schools, who are often at a higher risk for mental health issues. Two of the social workers interviewed had very little knowledge on LGBTQ issues and support networks, as well as the prevalence of bullying within this population. This is potentially a result of the issues mentioned earlier concerning the amount of time spent in schools and the specificity of roles. The social workers who spend more time in their schools seemed to have a better perspective on LGBTQ issues and were able to provide concrete services and supports for the LGBTQ population. Many of these factors are also directly linked to the availability of funding.

Funding was an issue across all locations studied, with every social worker interviewed suggesting that the current allocation of funds limited their ability to provide services. Some of these social workers also mentioned that the specificity of their roles meant that they had to take on responsibilities that were outside of their role identified by their administrators. They stated

that this was mostly due to the demands placed on them by the schools, as they are, often times, the only mental health professionals available for many students. It seems as though administrators prioritize funding for special education students, potentially due to the advanced needs that special education students often have. However, due to this prioritization, the general education population sees very little, if any, funding for social work services. This means that the general population is not being served until issues reach a crisis point, at which point, they are often referred to school social workers, many of whom are not supported for this work. As a result of this strain, the availability of outside resources is essential, in order for school social workers to be able to refer out as needed.

Here, there were stark differences between the Upper and Lower Peninsula. In fact, when questioned on the topic, the social worker from Washtenaw County in the Lower Peninsula was able to list over double the amount of community resources compared to those listed by social workers in two counties in the Upper Peninsula. Community resources are scarce within the Upper Peninsula, with the primary agency being Community Mental Health. As such, CMH has a long waiting list and can often turn down potential clients. This has the impact of making families travel long distances to receive mental health care, which puts a disproportionate strain on families in these communities. There are a few private practices that were mentioned, but it is important to note that CMH is the only agency that accepts Medicaid.

This thesis has described some of the most pressing issues for many school social workers in Michigan. It has highlighted the disparity between the rural Upper Peninsula and the more urban Lower Peninsula. It has drawn links between policy decisions and funding implications as well as the impacts that these factors have on the schools and lives of

adolescents. It is clear that much more work needs to be done in this area and that more in-depth research can point the way towards more concrete, positive changes in policy.

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**Appendices****Appendix A****Email Prompt**

Dear \_\_\_\_\_,

I am currently a social work student at Eastern Michigan University and was wondering if you would be willing to be a part of my undergraduate senior thesis.

The purpose of my study is to understand the experiences of school social workers and how they perceive their role within a school. In particular, I am interested in how these factors relate to issues such as adolescent mental health and suicidality. Due to your time spent as a school social worker, I would be interested to hear your thoughts on these topics.

If you would be willing to participate, I would like to record our conversation in order for me to accurately reference as I write my thesis. This information will be kept confidential and locked in a drawer when not in use. Throughout the whole process, your confidentiality will be maintained and no names will be used. This interview would be completely voluntary and you will be able to withdraw at any time throughout the interview/process.

If you would be willing to participate in my study, feel free to contact me at [plancour@emich.edu](mailto:plancour@emich.edu) where we can set a time for our interview.

Thank you for your time,

Paige Lancour

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**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 your 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?