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THE LIVED EXPERIENCES OF SCHOOL COUNSELORS AND ELL TEACHERS WHO
SUPPORT ELL STUDENTS WHO EXHIBIT A SYMPTOM OF MENTAL ILLNESS

by
Trenise Duckens

Dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Education
in
Counselor Education and Supervision

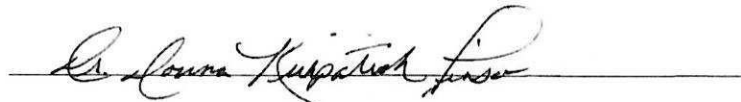
National Louis University

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National Louis University
Department of Counseling – Tampa, Florida

The Undersigned Faculty Committee Approves the
Dissertation of
Dr. Trenise Duckens

The Lived Experiences of School Counselors and ELL Teachers Who Support ELL Students
Who Exhibit a Symptom of Mental Illness



Dr. Donna Kirkpatrick Pinson, Chair
National Louis University



Dr. Carla Stewart, Committee Member
National Louis University

October 9, 2023

Approval Date

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by

Trenise Mona Duckens

ABSTRACT

The current literature regarding the lived experiences of ELL teachers and school counselors who support ELL students who may exhibit a symptom of mental illness in high school is very limited. Research is available discussing school counselors and their role when supporting students who may exhibit a symptom of mental illness or may have mental health concerns. This study sought to add to the literature by exploring the lived experiences of ELL teachers and school counselors who support ELL students who may exhibit a symptom of mental illness. By adding to the literature, the researcher hopes to provide a better understanding of the role of ELL teachers and school counselors who support ELL students who may exhibit a symptom of mental health illness in high school, as it is essential to understand the barriers, resources, and interventions and/or school programs that are offered to address the needs of the ELL students. Additionally, it will help bring awareness to school districts, parents, stakeholders, the community, and the counseling profession.

This qualitative research study used a phenomenological approach to explore, interpret, and describe the lived experiences of ELL teachers and school counselors who support ELL students who may exhibit a symptom of mental illness in high school. Data collection was conducted using semi-structured face-to-face and virtual interviews with participants. Once interviews were conducted, data was analyzed using transcriptions. The results of the study indicated that more training for ELL teachers, more research that specifically targets mental health and the ELL population, and more collaboration between ELL teachers and school counselors are some of the things that are needed for school counselors and ELL teachers to feel effective when supporting ELL students who may exhibit a symptom of mental illness.

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DEDICATION

This dissertation is dedicated to my father, Albert Anthony Green III. On April 3rd, 2023, my dad unexpectedly took his last breath at the age of 67. Never in a million years did I think that I would complete this dissertation, and he would not be here to see me accomplish my dream. To say that my daddy would be proud is an understatement. After his death, I wanted to give up and not complete my dissertation but every week I would see a red cardinal on my morning walks which let me know that he is forever with me. Daddy, thank you for always loving me and being my #1 cheerleader. When I did not think that I could accomplish things, you always remind me that anything is possible. Therefore, I dedicate my dissertation to you. Your pride in me has always driven me to accomplish so many things in life. Thank you for forever loving me and reminding me daily to live life to the fullest.

Franklin Roosevelt once said that “a smooth sea never made a skilled sailor.” With that being said, I finally finished daddy. Daddy, I know this was a very long journey and took a long time, but I finished. Although you are not physically here with me, I know you are watching down from heaven with the biggest smile.

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CHAPTER 1: INTRODUCTION

Parekh (2018) stated:

Mental illnesses are health conditions involving changes in emotion, thinking or behavior (or a combination of these). It includes many different conditions that vary in degree of severity, ranging from mild, moderate to severe. Mental illnesses are associated with distress and/or problems functioning in social, work or family activities. (p. 1)

According to Valdez (2022), “nearly 20% of children and young people ages 3-17 in the United States have a mental, emotional, developmental, or behavioral disorder” (p. 1). In fact, “one in seven 10-19-year-olds experiences a mental disorder” (World Health Organization, 2021, p. 1). As a result, many schools are experiencing a rise in students entering schools with a diagnosed mental illness. However, there is a limited amount of research about the lived experiences of ELL teachers and school counselors who support ELL students who may exhibit a symptom of a mental illness in high school. The perspectives of ELL teachers and school counselors who support ELL students who may exhibit a symptom of mental illness in high school is essential to understand the barriers, resources, interventions, and/or school programs that are offered to address the needs of the ELL students.

Since the COVID-19 pandemic, many students are experiencing more trauma. According to West et al. (2021), “Adolescents, ages 12-17, are seven times more likely to experience a new or recurring mental health diagnosis after a COVID-19 diagnosis” (p. 2). Studies have shown that more students have been diagnosed or have symptoms of a mental illness as early as the beginning of their adolescent years. Due to the rising numbers, school counselors are looking for more mental health resources for students and parents (DeKruyf et al., 2013). Because of the rising need for mental health resources, school counselors are often put in the position to be the

only form of mental health support for students and their families (Moon et al., 2017). According to the American School Counselor Association (ASCA 2017), it is the responsibility of school counselors to find ways to actively support the social and emotional learning of all students. The school counselor role has changed from guidance counselor to mental health professional. According to Gagnon and Mattingly (2016), “Nearly 90% of U.S. school districts report employing at least one school counselor” (p. 2). In 2021-2022, the national student-to-counselor ratio is 408:1, which is much higher than the ASCA recommendation of 250:1. The ASCA (2020) stated, “recognize and respond to the need for mental health services that promote social/emotional wellness and development for all students” (p. 1). Additionally, ASCA (2018) noted that school counselors should develop programs that ensure equitable access to different opportunities and provide curricula for all students. Therefore, the school counselor’s role when working with ELL students who may exhibit a symptom of mental illness in high school should be to implement interventions focusing on the ELL student’s socioemotional, academic, and career needs.

In Chapter 1, the researcher provides a background of the study and discusses the research questions and purpose of the study. Also, the researcher examines the theoretical framework while discussing important terms and definitions related to the study. Additionally, the researcher explores various research studies focusing on the perspectives of ELL teachers and school counselors who support ELL students who may exhibit a symptom of a mental illness in high school.

Background

According to the National Education Association (2020), “English language learners (ELL or ELLs) are one of the fastest growing student populations. By 2025, one out of four

children across the nation will be ELLs” (p. 1). ELL is defined as any individual whose primary language is English. The term ELL originated from ESL, which stands for English as a second language. However, there are many different titles for a student who is identified as an ELL, which includes ESL, English language development, or English for speakers of other languages. Therefore, throughout this dissertation, the researcher uses the word ELL and ESL interchangeably.

ELLs are students who do not communicate fluently effectively in English and struggle to learn English effectively. Although the majority of ELL students speak Spanish, there are other common languages that students speak, including Arabic, Chinese, Vietnamese, Hmong, Somali, Russian, and Haitian. Often, ELL students are considered immigrant children and/or youth. Bolter (2019) defined an immigrant as “a person living in a country other than that of his or her birth” (p. 1). Many of these students are from non-English-speaking homes and/or backgrounds that require a specialized instruction that helps to comprehend the English language. Additionally, this specialized instruction is provided to assist with performance in academic courses.

Many immigrant students live with elevated levels of fear, anxiety, stress, and depression; therefore, building relationships is essential when addressing and identifying ELL students’ needs. The University of California Los Angeles conducted a study that researched the impact of immigration enforcement on schools. In the study, 90% of surveyed campus administrators “indicated that they have observed behavioral or emotional problems in immigrant students,” and 25% indicated that it was a significant problem (Gándara & Ee, 2018, p. 2). One administrator stated:

Several students have arrived at school crying, withdrawn, and refusing to eat lunch because they have witnessed the deportation of a family member. Some students show anxiety symptoms. . . . All of this impacts their ability to focus and complete work, which further affects them academically. (p. 9)

Some immigrant students have been separated from their family and friends and have even suffered traumatic experiences such as war, violence, natural disasters, abuse, horrible living conditions, and an array of other issues. Additionally, they are trying to adapt to their unfamiliar environment while processing their loss. According to Suarez-Orozco et al. (2002), “Eighty-five percent of immigrant children and adolescents have been separated from one or both parents for an extended period of time” (p. 1). As a result, immigrants and refugees are at risk for serious mental health problems such as post-traumatic stress disorder (PTSD) and depression (Buhin, 2013).

According to the 2022 National Healthcare Quality and Disparities Report, “nearly 20% of children and young people ages 3-17 in the United States have a mental, emotional, developmental, or behavioral disorder” (p. 73). These mental health conditions can hinder them from succeeding academically, socially, and emotionally. The ASCA school counselor model does not support mental health therapy in school. Therefore, school counselors provide short-term counseling and crisis intervention focusing on mental health or situational concerns/issues like grief or difficult transitions. For students with mental health issues (e.g., suicidal ideation, depression, substance abuse), school counselors should provide referrals to school and community resources that help treat mental health issues. In fact, the ASCA position statement indicated the following:

Students' unmet mental health needs pose barriers to learning and development. Because of school counselors' training and position, they are uniquely qualified to provide instruction, appraisal and advisement, and short-term counseling to students and referral services to students and their families. Although school counselors do not provide long-term mental health therapy in schools, they provide a school counseling program designed to meet the developmental needs of all students. As a component of this program, school counselors collaborate with other educators and community service providers to meet the needs of the whole child. (p. 84)

Although school counselors collaborate with other educators and community providers, there appears to be a limited amount of research about the lived experiences of ELL teachers and school counselors who support ELL students who may exhibit a symptom of mental illness in high school. The perspectives of ELL teachers and school counselors who support ELL students who may exhibit a symptom of mental illness in high school is critical in gaining insight about the barriers, resources, interventions, and school programs available to assist these students.

Many students in schools are experiencing more trauma and are being diagnosed with a mental illness in the early stages of adolescence. Due to this, teachers, school social workers, and school counselors are looking for mental health resources for students (DeKruyf et al., 2013). Unfortunately, when mental health services are unavailable to students and their families, school counselors and school social workers are often put in a position of being the primary resource, if not the only, mental health provider the students and their family members come across (Moon et al., 2017). As a result, school counselors must work with families and students to address student needs by incorporating their counseling and/or mental health training in school settings to support students with severe mental health concerns (Kozlowski & Huss, 2013).

Social and Emotional Support for ELL Students

Social and emotional learning (SEL) is an integral part of the educational system as it helps with human development. SEL is a process where students practice different skill sets to learn how to manage emotions while achieving personal goals. Early studies analyze how teaching and integrating SEL into the classroom curriculum helps to manage the personal behavior of others, which helps to improve attendance and achievement rates. Because some ELL students are immigrants, they are at higher risk of having social-emotional problems such as experiencing violence, anxiety, or depression due to being separated from family. Through SEL, ELL students learn how to display empathy, establish and maintain healthy relationships, and make responsible decisions. SEL helps to ease an ELL student's transition into public schools by fostering healthy relationships with peers and staff members, which helps them adjust to the challenges of learning a new culture and the norms that go along with the culture. Additionally, it provides a sense of belonging and integration into American culture.

SEL plays an integral role when working with ELL students. While ELL students are adjusting to a new culture and its norms, they often struggle socially, emotionally, and academically. Many ELL students are limited English speakers and do not have the needed English language and vocabulary skills to communicate effectively and express their concerns and problems. As a result, they have limited social interactions with peers and staff members causing them to feel isolated. This feeling of isolation does not allow ELL students to bond with their peers or foster relationships, which can cause anxiety and a lack of belonging. Furthermore, ELL students can develop low self-esteem if they are unable to make friends or participate academically due to the language barrier. To help ELL students to develop skills to improve their

social, emotional, and academic needs, SEL should be implemented into the classroom curriculum.

ELL teachers can help establish a SEL classroom within their classrooms through various strategies. One strategy that teachers can use to build a community within is to provide students with an opportunity to share their experiences. This helps to build a safe and comfortable classroom environment. By building a safe and comfortable classroom, ELL students begin to be more open about any concerns or problems that they may be experiencing. Another strategy is to teach and practice with ELL students' phrases that are used in the English language. This helps to ease anxiety that ELL students may have with social interaction. For example, teaching ELL students how to approach students and teachers to be able to engage in a conversation with them is important. This helps ELL students to learn how to develop relationships with peers and adults. Making sure that ELL students receive encouraging messages is important as well. Many teachers can give ELL students messages that state how they enjoyed something they did or sharing a proud moment with them is critical to their emotional development. To help limited English speakers to understand these messages, teachers should accompany positive messages with different gestures such as a smiley face, thumbs up, high five, or even a pat on the shoulder. Additionally, teachers could have ELL students write positive messages to themselves. This helps ELL students to be prideful and improves their self-esteem. Last, teachers can use a daily self-check-in as a strategy with ELL students. Through this check-in, teachers can ask how the student is feeling and receive an immediate response. The student can respond verbally or give a thumbs up or down. This helps to build and foster that teacher-student relationship, which is critical to the development of ELL students socially, emotionally, and academically.

The Role of The ELL Teacher

Public schools are seeing a growth trend in diversity. Students are becoming more culturally and linguistically diverse in the United States (Echevarria et al., 2006; Williams, 2001). Ballantyne et al. (2008) stated, “there are over five million English language learners (ELLs) currently enrolled in American schools” (p. 7). According to Ballantyne et al. (2008), “In 2013, about 4.6 million public school students participated in ELL programs. Hispanic students made up the majority of this group (78.4%), with around 3.6 million participating in ELL programs” (p. 36). As non-native English-speaking students enroll in public schools, they are faced with a challenging task of learning the English language and adjusting to their new environment.

In the 2015-2016 school year, 4.9 million ELL students attended public schools. Although there was a high number of ELL students, there were only 78,000 ELL teachers to address and support these ELL students (Brown, 2020). To be an ELL/ESL teacher, an individual must complete a bachelor’s degree and have completed a teacher education program. ELL/ESL teachers in Texas must complete the Teaching English to Speakers of Other Languages (TESOL) education requirements. These requirements include:

- Cultural diversity
- Linguistics
- Pedagogy of learning English
- ESL student teaching
- Crafting an ESL curriculum.

After completing the TESOL courses in the subjects above and obtaining a bachelor’s degree, an individual must also pass the basic skills examination and the Texas Examination of Educator

Standards Pedagogy and Professional Responsibilities (PPR) examination for early childhood through 12th grade. The PPR examination tests the knowledge and skills needed to be a teacher in a public school in Texas. Both examinations, basic skills and PPR, are needed in Texas to be certified. After being certified, the individual needs to earn an ESL certification by taking an additional ESL examination that corresponds with the grade level that the individual wants to teach.

The ESL teacher's role is to be the support system and a sense of protection for ELL students who are adjusting to their new school environment. The role of the ELL teacher is unique in that they often help students academically and emotionally. The ELL teachers provide educational and social/emotional support for ELL students. As the educational support for ELL students, ELL teachers primarily give English language lessons to non-native speakers. ELL teachers "specialize in helping non-native speakers of all ages and levels learn the formal grammar, vocabulary, and pronunciation of spoken and written English, all while giving them confidence in the common usage of the language in order to communicate clearly and comfortably with native English speakers" ("What is an ESL teacher?," n.d., para. 1). Utilizing various teaching approaches and methods that encourage peer support and group interaction is imperative for ELL students. In fact, when ELL students enter school, ESL teachers are typically the adults who ELL students have the most interactions and connections with.

ELL teachers also assist with adjustment issues that ELL students may experience because of educational and cultural differences that occur inside and outside school. For example, ELL teachers often advocate for ELL students and assist ELL students and their families with many of their social and academic needs. Some ESL teachers assist parents in finding interpreters, linking the families with social service agencies and medical help, as well as

procuring much-needed clothing and school materials for family members (Bascia & Jacka, 2001). As a result, many ESL teachers are seen by ELL students and their families as “saviors” (Bascia & Jacka, 2001; Roessingh, 2006). In a case study that discussed the perceptions of immigrant students regarding their ESL programs, Roessingh (2006):

proposed that the extensive supports that ESL teachers provide, especially through parent collaboration, engender a relationship of trust with ELL students and their families. She further theorized that trust in a teacher at the newcomer phase of an ELL’s school experience is intricately linked to later positive academic outcomes and educational success. (p. 563)

The Role of the Professional School Counselor

According to the ASCA (2012), the role of the professional school counselor is to assist students in five specific areas: (a) direct student services, (b) school counseling core curriculum, (c) individual student planning, (d) responsive services, and (e) indirect student services. To be a professional school counselor, an individual must complete a master’s degree program in school counseling and pass the required certification examination. In the state of Texas, an individual must have at least two years of teaching experience in a public or accredited private school before becoming a licensed school counselor.

With the onset of the COVID-19 pandemic and the rise in mental health issues, social-emotional wellness is considered an essential part of the services provided by school counselors. School counselors support students with mental health concerns by consulting with parents and teachers and referring students to outside mental health resources. Professional school counselors are specifically trained to support the social and emotional needs of students (ASCA, 2012). To support students, professional school counselors should collaborate with teachers, make referrals

for mental health services, and provide individual and group counseling for social-emotional support, which helps to improve a student's personal and social development. By being a critical part of the education team, collaboration with teachers, administrators, parents, and social workers help school counselors to make sure that each student gets the care and necessary resources needed to be successful emotionally and academically.

Although school counselors play a key role in the academic and social success of under-resourced students, they often lack the time or needed information or resources to work with under-resourced populations such as ELL students who may exhibit a symptom of mental illness. Of children and adolescents who are immigrants, 10.1% have been separated from one or both of their parents for an extended period. As a result, some immigrant children are now at-risk for mental health symptoms (Suarez-Orozco et al., 2002). Some immigrant children are often faced with a great deal of pressure because of the United States' stance with regard to immigrants. Often, children of immigrants are the financial and emotional support for their family. They struggle with language barriers, finding jobs, and accessing and finding affordable health care. Due to the many sacrifices made, immigrant children often feel a heightened level of expectation to succeed. Immigrant children believe it is their responsibility to help their families as well as themselves to be able to live a better life with limited or no form of support. In fact, many immigrant children are unaware of resources available or face a certain level of stigma for asking for support (Todd & Martin, 2020). As a result, they are less likely to receive outside mental health care.

School Counselors Training to Address Mental Health

According to the Council for Accreditation of Counseling and Related Educational Programs (CACREP; "Section 5: School counseling," 2015), school counselors "demonstrate the

professional knowledge and skills necessary to promote the academic, career, and personal/social development of all P-12 students through data-informed school counseling programs” (p. 1).

School counselors are advocates and social agents inside schools that provide resources to support students who may exhibit a symptom of mental illness in high school. School counselors can recognize characteristics, risk factors, and warning signs of students at risk for mental health and behavioral disorders. In fact, school counselors are trained within their counseling programs to collaborate and consult with staff, students, and families to ensure that students’ social, emotional, and academic needs are met. However, there is limited research discussing the different trainings that counselors must attend that address mental health. Therefore, school counselors should be knowledgeable about the terminology, symptoms, medications, legislation, policies, and systemic barriers that parents and students may endure when accessing mental health resources or services. In fact, the ASCA (2009) urged school counselors to regularly engage in professional development regarding student mental health issues to recognize and respond to student mental health crises and needs. Although school counselors attend various professional development activities, many researchers question if the training/professional development school counselors attend prepares them to work and support students with symptoms of a mental health illness (Sink, 2011).

Purpose of the Study

The purpose of this study was to understand and explore the lived experiences of the ELL teachers and school counselors who support ELL students who may exhibit a symptom of mental illness in high school. Data were collected and centered around themes that included internal and external barriers, resources, and English as a language barrier. A qualitative method was used to explore the lived experiences of ELL teachers and school counselors who support ELL students

who may exhibit a symptom of mental illness in high school. By using the lived experiences of ELL teachers and school counselors, the researcher was able to provide information on the barriers, resources, interventions, and school programs that ELL teachers and school counselors use to support ELL students who may exhibit a symptom of mental illness in high school. This study could be used in school districts to address the need for yearly mental health training and provide valuable resources for ELL teachers and school counselors who support ELL students who may exhibit a symptom of mental illness in high school.

Problem Statement

ELLs in U.S. public high schools have unique needs with regard to their academic, personal, and social development. Many ELL students are undeserved and often the forgotten at-risk population. Additionally, there has been little research conducted to identify the support and available resources for ELL teachers and school counselors who work with ELL students who may exhibit a symptom of mental illness in high school. To understand better how ELL teachers and school counselors can fully support ELL students who may exhibit a symptom of mental illness in high school, it is important to understand the lived experiences of some ELL teachers and school counselors. Understanding the lived experiences helps to provide other ELL teachers and school counselors with valuable resources that can be used to support the ELL student population in high school.

Significance of the Study

This study helped to bridge the literature gap regarding the resources and level of support available for ELL teachers and school counselors who work with ELL students who may exhibit a symptom of mental illness in high school. Providing resources and support helps ELL teachers and school counselors to effectively assist ELL students who may exhibit a symptom of mental

illness in high school. Additionally, it helps others to see that there is a lack of research regarding this topic and helps bring awareness to the discussion about the need for more training and professional development regarding mental illness for ELL teachers and school counselors.

Research Questions

1. What do ELL teachers and school counselors perceive to be the reason that ELL students may exhibit a mental illness symptom in high school?
2. What types of school interventions are provided by ELL teachers and school counselors to help support ELL students who may exhibit a mental illness symptom in high school?
3. What barriers do ELL teachers and school counselors encounter when supporting ELL students who may exhibit a mental illness symptom in high school?

Definition of Key Terms

At-risk. According to the Glossary of Education Reform (“Great schools partnership,” 2013):

At-risk is often used to describe students or groups of students who are considered to have a higher probability of failing academically or dropping out of school. These students face circumstances that could jeopardize their ability to complete school, such as homelessness, incarceration, teenage pregnancy, serious health issues, domestic violence, transiency (as in the case of migrant-worker families), or other conditions. (p. 1)

English language learner (ELL). An ELL is defined as anyone who does not learn English as their first and primary language (“Great schools partnership,” 2013).

English as a second language. ESL stands for English as a second language and is used to describe non-native speakers of the English language (Merriam-Webster, n.d.).

English as a second language teacher. According to “What is an ESL teacher?” (n.d.):

ESL, English as a second language, teachers specialize in helping non-native speakers of all ages and levels learn the formal grammar, vocabulary, and pronunciation of spoken and written English while giving them confidence in the common usage of the language in order to communicate clearly and comfortably with native English speakers. (p.1)

Mental illness. The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013) defined mental disorder as, “a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning” (p. 20).

Mental disorder. The World Health Organization (2022) stated, “A mental disorder is characterized by a clinically significant disturbance in an individual’s cognition, emotional regulation, or behaviour” (p. 1).

Stigma. According to the Mayo Clinic (2017), “When someone views you in a negative way because you have a distinguishing characteristic or personal trait that’s thought to be, or actually is, a disadvantage (a negative stereotype). Unfortunately, negative attitudes and beliefs toward people who have a mental health condition are common” (p. 1).

School counselors. As noted by the ASCA (2022):

School counselors design and deliver school counseling programs that improve student outcomes. They lead, advocate and collaborate to promote equity and access for all students by connecting their school counseling program to the school’s academic mission and school improvement plan. They uphold the ethical and professional standards of ASCA. (p. 2)

Assumptions of the Study

In this study, a few assumptions were made related to the study of the lived experiences of ELL teachers and school counselors who support ELL students who may exhibit a symptom of a mental illness in high school. The first assumption was that all the participants, which included ELL teachers and school counselors, had the appropriate training, years of experience, state licensure, and were highly qualified to execute their job functions. This assumption helped the researcher to gain data based on the years of experience and state licensure. A second assumption was that all ELL teachers and school counselors who participated in the semi-structured interviews gave honest and truthful answers. This helped make the research study credible. A third assumption was that each participant's personal biases did not hinder or discredit any of the information shared and obtained with regard to supporting students who may exhibit a symptom of a mental illness in high school. The final assumption was that ELL teachers and school counselors participated and shared their experiences willingly. This assumption helped the researcher to analyze and interpret the data from the lived experiences of ELL teachers and school counselors who support ELL students who may exhibit a symptom of a mental illness in high school. These lived experiences of the study participants helped to identify common themes within the research.

Summary

Although mental health has been discussed in literature due to the increasing number of students being diagnosed with a mental illness, ELL teachers and school counselors still need support when working with ELL students who exhibit a symptom of mental illness. Due to language barriers, lack of resources, and lack of training, it is often hard for ELL teachers and school counselors to assist or support ELL students who are dealing with a mental illness. With

ELL students being the fastest growing student population, there is still limited research and empirical data on the resources and support available to ELL students who may exhibit a symptom of mental illness. This study explores the lived experiences of ELL teachers and school counselors who support ELL students who may exhibit a symptom of a mental illness in high schools to discover useful and beneficial information. This information could help to bring awareness to the schools, the community, and the counseling profession.

CHAPTER 2: LITERATURE REVIEW

Mental health is a growing phenomenon in the United States. In the United States, mental health continues to be a major public concern for children and adolescents in schools.

Adolescence is a unique and formative time when those age 10-19 experience multiple physical, emotional, and social changes. This ranges from exposure to poverty, abuse, or violence. As a result, adolescents become vulnerable to mental health problems. Researchers have found that there are many factors contributing to mental health outcomes (World Health Organization, 2022).

An estimated 6.3 million children and adolescents living in the United States are diagnosed with a mental disorder (New Freedom Commission on Mental Health, 2003). These mental illnesses range from trauma, depression, and anxiety to bipolar and/or schizophrenia. As a result of these diagnosed mental illnesses, many children and adolescents are struggling in school both academically and emotionally. With this increasing concern, school counselors have become the primary source of mental health support for ELL students who may exhibit a mental illness in high school. When school counselors improve the mental health of children and adolescents, they also improve students' overall well-being, which includes their personal/social development, career development, and educational success (Gysbers & Henderson, 2006). Although school counselors are aware of the correlation between a student's mental health and the ability to succeed in school, many school counselors have limited time to counsel students due to other duties. Therefore, it is crucial to understand what school counselors and ELL teachers recognize as the needs when supporting ELL students who may exhibit a symptom of mental illness in high school. Understanding their experiences and perceptions is vital in helping ELL teachers and school counselors address the needs of ELL students as a whole child.

Purpose Statement

The purpose of this literature review was to provide an overview of the lived experiences of ELL teachers and school counselors who support ELL students who may exhibit a symptom of a mental illness in high school. This dissertation sought to address the following questions: (1) What do ELL teachers and school counselors perceive to be the reason that ELL students may exhibit a mental illness symptom in high school? (2) What types of school interventions are provided by ELL teachers and school counselors to help support ELL students who may exhibit a mental illness symptom in high school? (3) What barriers do ELL teachers and school counselors encounter when supporting ELL students who may exhibit a mental illness symptom in high school? To address these research questions, various sources were used to gather information. Some resources included peer-reviewed articles from National Louis University and data-based searches that included ERIC, EBSCOhost SAGE Journals, Psych INFO, and Psych articles. To narrow the search, collaboration with the librarians from National Louis University resulted in the development of a list of recommended databases and search terms. The search terms included *mental illness in schools*, *mental illness in low socioeconomic schools*, *school counselors working with mental health students*, *ELL students*, *mental health in ELL students and role of ELL teacher*, and *the role of the school counselor*. The literature search consisted of Internet searches on Google to find full-text articles regarding mental health illness in minorities and mental health illness at low-economic schools. Additionally, searches were conducted through the American Counseling Association, American Psychological Association, and National Alliance on Mental Illness websites. Dissertations from National Louis University and other universities were also used to find important data on this research.

Additionally, this dissertation includes an overview of mental health illnesses in schools, the history of ELL, addresses barriers and resources available when working with ELL student who may exhibit a symptom of mental health illness, discusses the role of ELL teachers and school counselors and the demands of ELL teachers and school counselors working with ELL students. Providing more information about the lived experiences of ELL teachers and school counselors who support ELL students who may exhibit a symptom of a mental illness in high school helps the reader to understand the concerns and resources available for school counselors when interacting with ELL students who may exhibit a symptom of mental health illness.

Theoretical Framework

The History of ELL

ELLs are students who are unable to communicate fluently or learn effectively in English. Most of these students come from non-English-speaking homes and/or backgrounds. There are many terms used when referring to English language learners like: English learners (ELs), limited proficient students (LEP), non-native English speakers, bilingual students, and emerging bilingual students. Due to their similarity, the terms ELL, ESL, and LEP student are often used interchangeably. In this dissertation, the words ELL and ESL are used interchangeably.

The teaching of ESL began in the 15th century in England. With trading on the rise in England, the British were very determined to create programs to teach English to the countries and colonies that they traded with. English became the common language of those doing business with the British. As a result, the British sent teachers overseas to teach and educate the upper-class colonists and local government officials about British culture, which included the English language. This bilingual approach spread across the world and English became a second

language for many in different countries. By the mid-19th century, ESL learners emerged as this new generation and many individuals left Europe for what eventually became the United States. By the beginning of the 20th century, many immigrants migrated to the United States to pursue a life of liberty and happiness (History.com editors, 2018).

In the pursuit of life, liberty, and happiness, many of these immigrants moved to large cities and lived in lower-socioeconomic neighborhoods that contained other immigrants of the same nationality. Therefore, learning the English language was no longer a necessity for survival as the immigrants had a whole community to rely on. In fact, many of the immigrant communities still respected and valued their cultural traditions and wanted to keep all traditions intact while adjusting to and learning the American culture. This became a continual struggle and in 1906 the Naturalization Act was passed. Passed by the U.S. government and signed by Theodore Roosevelt, this act required immigrants to learn English to become citizens. By the mid-1920s, many states had implemented an English-only instructional policy in private and public schools. This allowed for private and public schools to emerge immigrant children in the English language through education. By the mid-1960s, there was an influx of immigrant, refugees, and international children who came to the United States leading to a need for TESOL. TESOL is a professional organization that was established due to the high demand for ESL materials and methodologies. According to Chang (2012), “From 1998 to 2008, the number of English Language learner students increased from 3.5 million to 5.3 million, and researchers estimate that 1 in 10 public school students in the United States is an English language learner” (p. 2).

ELLs are the fastest growing subgroup in the student population. Studies show that the highest growth occurs in grades 7-12. The Education Commission of the States (2014) noted that

Texas law identifies an ELL as a person who is in the process of learning English while having another language as their native language. In 2014-2015, the U.S. Department of Education stated there were more than 4.8 million ELLs across the country. An estimated 97% of them participate in a language instruction education program. According to the U.S. Department of Education (2009), “Of the 97%, 75% of those students were Hispanic or Latino” (slide 4). Since every child in the United States is given an opportunity to receive an education, it is imperative that a school’s support team understands this population and has the skills to support ELL students socially and academically. According to National Center for Education Statistics (n.d.), “In the fall of 2018, 18.7% of their students in public schools were ELL students” (p. 2). For the 2019-2020 school year, the Texas Education Agency (2021) reported, “Hispanic students accounted for the largest percentage of all students in Texas public schools and of all students identified as economically disadvantaged” (p. 11). Although there are over 120 languages spoken in Texas schools, 90% of these students spoke Spanish (Texas Education Agency, 2019). According to the article “Education of English language learners in U.S. and Texas schools” (Cortez & Villarreal, 2009), “most English language learners report Spanish as their native language, the native languages of immigrants vary extensively” (p. 8). According to Capps et al. (2005, as cited in Cortez & Villarreal, 2009), “many English language learners speak languages other than Spanish, with Chinese, Vietnamese, Korean and Hmong/Miao” (p. 8). As a result, not all ELL students in classrooms speak the same or a similar first language. Because of this, it is important to consider the impact that language barriers may have when considering the needs and services for ELL students.

To be identified as an ELL, a formal assessment of a student’s English literacy is conducted. The formal assessment tests the student’s reading, writing, speaking, and listening

comprehension. If the assessment results indicate that the student would struggle in regular academic courses, specialized or modified instruction in the English language and the student's native language may be an option for all their academic courses. Therefore, ELL students may be enrolled in dual language courses or an ESL program. This is because ELL students do not have the English language ability to participate fully in American schools or accomplish their full academic ability in schools where instruction is delivered mostly in English. As a result, ELL students struggle academically and with their English proficiency (Flores et al., 2012). In the fall of 2020, there were more than 4.9 million children considered ELLs in the United States. ELLs continue to exhibit trouble adjusting to the culture within the educational system (Breiseth, 2015). Additionally, students with limited English proficiency are at an increased risk for dropping out (Rumberger & Lim, 2008).

Challenges For ELL Students

There are many challenges that ELL students face at home and at school. At home, many ELL students may struggle with coursework or making decisions regarding their education. For first-generation ELL students, many parents are not engaged in their child's schoolwork or the decisions made regarding their child's academic progress. This can cause the child to struggle academically in school (Cota, 1997, p. 158). As a result, older siblings are often placed in the parental role by helping their younger siblings learn English and assisting them with their homework. Often, the older siblings become the primary resource to help with homework assignments, studying for tests, and making important academic decisions because, many times, the parent does not speak English or did not graduate from high school (Cota, 1997, p. 159). In fact, ELL children are sometimes asked to be interpreters or mediators between parents and school professionals with regard to behavior, academic, or social problems (Goh et al., 2007).

This tends to put pressure on the parent-child relationship and cause professional issues for school administrators, teachers, school counselors, and other school support members. Because of the language barrier, school counselors might need to rely on the student or another school professional to translate. This causes school counselors to struggle with confidentiality when discussing student concerns or providing services to ELL students and their families.

Many ELL students have never attended school, have experienced violence in their former country, have non-English-speaking parents, and are new to the United States. Although the ESL teacher is not the sole source of support, many ELL students feel more comfortable discussing concerns or issues with their ESL teacher. To help prepare these students to be successful, the ELL teacher and school counselor need to collaborate and help contribute resources to the overall success of the ELL student.

Problematic Behavior in ELL Students

Problematic behaviors include a wide range of negative behaviors that occur in youth: school misbehavior, aggression, criminal behavior, hyperactivity, inattentiveness, and non-compliance. These types of behaviors can be the cause of concern for parents, teachers, and peers.

Students with previous experience with disciplinary actions via the school's code of conduct or the criminal justice system (e.g., suspension, expulsion, probation) are more likely to leave the K-12 educational system without having a diploma or other signs of successful completion (Texas Education Agency, n.d.). Fabelo et al. (2011) discovered:

74% of Hispanic male students and 58% of Hispanic female students had at least one disciplinary action for violating the school's code of conduct. The result of the research

showed that 31% of all students who were expelled or suspended repeated a grade at least once and were considered at risk of dropping out. (p. 42)

The graduation rates for states with a high number of ELL students are low, creating a concern for educators. In fact, a significant group of high school ELL students are not receiving a high school diploma. Unfortunately, ELL students who choose to drop out of school are not focused on the goal of high school graduation and tend to have course failures, negative peer relationships, attendance issues, and a lack of connection to the school and/or community. Therefore, there is a strong correlation between student retention and mental health. Research shows that students with poor mental health are likelier to have lower grades, excessive absences, or drop out completely. In fact, students with mental health concerns are twice as likely to leave school without graduating (Eisenberg et al., 2016).

Mental Illness with ELL Students

The well-being of students with mental health issues is a rising concern for many schools, school counselors, community stakeholders, and school districts (Carlson & Kees, 2013). NAMI (2015) stated, “10 million people in the United States have experienced a mental illness” (p. 1). In fact, the start of mental illness often occurs in adolescence. According to NAMI (2015), “Half of the people with mental illness have an onset by the age of 14” (p. 1). When working with ELL students who may exhibit a symptom of mental health illness in high school, school counselors and ELL teachers must first understand the term mental illness. According to the American Psychiatric Association (2022), mental illness is a health condition that involves a change in an individual’s emotion, thinking, or behavior. Often, mental illness is associated with discomfort, which can cause problems in one’s social, work, and family life. A person’s mental illness is not caused by one event but may include multiple events that connect issues of ongoing stress,

genetics, and/or traumatic events. Studies have shown that this occurs because adolescents experience conflicting events in their lives daily because of family conflict, bullying, academic concerns, or other environmental issues. As a result, students often struggle with these stressors and show a lack of ability to focus in class, complete coursework, and function socially and emotionally in school.

Although mental illness is an ongoing issue in all schools around the United States (Adelman & Taylor, 2012), it is a more challenging problem in schools with a high ELL student population. Many schools with at-risk students consist of students who are Black, Hispanic, homeless, live in lower-socioeconomic neighborhoods, or are limited English speakers and have limited access to necessary materials. Therefore, funds are allocated to these schools to help address various issues, such as low performance statistics and mental illness. Youths in communities with minimal resources are more likely to experience chronic and acute stress as it is strongly associated with poverty and violence (Mendelson et al., 2013). This chronic and acute stress often causes problems in their social, school, and family life. Because children who live in poverty face many difficulties, such as housing instability, violence, and food insecurity, these obstacles play a significant role in the contributing factors to mental illness. According to the National Center for School Mental Health (2020), “20% of students show signs and symptoms of a mental health disorder in a given year” (p. 3).

Researchers revealed that untreated depression increases the risk of disruptive behaviors such as anxiety, substance abuse, unsafe sexual practices, involvement in fights, lower achievement on tests, lower teacher grades, and poor peer relationships (Van Manen, 1997). Teachers, parents, counselors, administrators, and other school personnel have overlooked many of these signs due to their cultural family environment. As a result, many Mexican, Latino, and

Hispanic adolescents hide their mental illness. For example, some Hispanic and Mexican adolescents conceal their feelings of depression because of their fear of being judged. They do not tell friends or family, and going to an adult may be the last resort to seek help. Instead, they deal with it on their own and manage their depression by relying on their strength and spirituality. Undiagnosed and untreated mental illnesses affect a child's ability to learn and cultivate. These undiagnosed and untreated mental illnesses can lead to other issues later in life, such as family discord, dropping out of school, substance abuse, and criminal activity (Cuellar, 2015). To reach a child academically, it is important to evaluate the social and emotional well-being of the child because of the connection with low academic performance.

Adelman and Taylor (2012) revealed that 12-22% of adolescents under 18 needed help and support learning how to cope with a mental illness. This social/emotional problem began in schools, revealing that over 40,000 adolescents nationally were treated for some type of self-injury and later attempted suicide. In fact, 35% of these students had at least one diagnosed disorder by age 16 (Fazel et al., 2014). Students with mental health issues are still required to attend school. As a result, schools are overwhelmed with students who are unable to focus and learn because of their mental illness. The challenge comes when teachers still must teach them regardless of their mental illness. When a symptom of mental illness impacts an ELL student's success academically and emotionally, the counselor is often required to get involved and spend a significant amount of time supporting these students (Hill, 2021). Understanding the role and views of school counselors helps involve school and district personnel as well as community stakeholders in crucial conversations that are needed about prevention programs, academic support, and training for school personnel and school counselors to help address the mental health needs of ELL students in high school.

Barriers to ELL Students

Students' mental health has become a rising concern for school counselors and mental health providers worldwide (Massey & Vroom, 2019). Increasingly, young children and adolescents exhibit behavioral concerns, academic failure, and mental health labels at an early age, causing more issues in the educational system (Adelman & Taylor, 2012). Intervening early can help tackle some of the stresses that many of these students face due to their environment, as there are still many challenges that occur when supporting minority students with mental health illnesses. Some of the challenges include a lack of awareness about the impact mental health has on a child's social, academic, and emotional well-being, the negative stigma associated with mental health, and the accessibility to mental health support (Cook et al., 2017).

Educating others about the lack of awareness regarding mental health's impact on a child's social, academic, and mental well-being is a constant struggle. Mental health issues can cause many problems in the classroom if not addressed properly or supported properly by the educator. Many teachers are not properly trained or equipped with strategies or interventions to help students with mental health issues (Minahan & Rappaport, 2012). As a result, students are given a discipline referral and sent to the administrator's office. This cycle continues, and the student falls increasingly behind, which may result in them not performing well in school. This leads to low test scores, low graduation rates, and higher discipline referrals. Helping teachers, community stakeholders, and parents be more aware of mental health's impact on a child's well-being is crucial. School counselors are in a unique position of being able to help change and modify the negative perceptions that parents may have about mental health. Educating parents about mental health and its effects on a child's ability to process and cope with the world around them is essential. Parents begin to see that they are not alone and understand that once their child

receives help, they are able to process more effectively and learn how to cope and function in the world with their illness.

Many of the stigmas associated with therapy and mental health have been influenced by an individual's culture. At a young age, Hispanics are taught to keep issues that occur at home inside the home and to rely heavily on their spirituality to get them through life. Many of these families conform to the negative stereotype surrounding mental health. Thus, leaving parents to try to deal with the mental illness on their own and not seek any professional help. When students are not emotionally well and supported, there is more of a risk for violent behaviors and substance abuse. NAMI (2015a) stated that 40% of students in schools who need support for a mental illness are not receiving treatment. The National Council for Mental Wellbeing (2022) estimated that 31% of young Americans worry about others judging them when seeking mental health treatment or services. Unfortunately, over 21% have even been untruthful and avoid telling people they have or are seeking mental health services. This causes many challenges for schools as the students are unable to focus because of their social or emotional instability, which then causes issues academically. These students begin to fail and become a problem not only in school but in the community as well. According to the Government Accountability Office (2008), "Only 32% of students with a serious mental illness continue onto postsecondary education" (p. 4). As a result, school counselors are limited in their resources to help the needs of these children.

Accessibility to mental health support is another challenge ELL students face. The National Council for Mental Wellbeing (2022) reported that 42% of Americans believe that cost and poor insurance coverage are the main barriers for individuals accessing mental health care. For ELL students, some families are unable to get insurance because of a lack of citizenship or a

job that does not offer insurance. In fact, some families cannot find mental health treatment because of the shortage of providers in their area. Families may need to travel long distances or be placed on waiting lists to receive care. Consequently, “only about 20% of children with mental, emotional, or behavioral disorders receive treatment from a specialized mental health care provider” (Bitsko et al., 2022, p. 1). Cost, lack of insurance coverage, and lack of family support make it harder for parents to get mental health care for their child. Making sure that students and families seek mental health treatment is critical for future success (Creswell, 2013).

Resources For ELL Students

Although there are several barriers when addressing mental health illness with ELL students, some resources are available. One resource that is available in the community is wraparound services. According to Development Services Group, Inc. (2014), “Wraparound services provide different programs that connect at-risk youth with a support system and provide them with an opportunity to pursue mental health treatment” (p. 1). Many of the wraparound services travel mobile monthly to visit families in low-income communities to participate and help the youth and adults within the community. Having support in the community helps to lessen the distrust that many minority families have with authority figures in schools. With the wraparound services, many youth and even adults can receive medical and mental support.

Another available resource is school-based mental health programs. School-based mental health programs have been in schools since the mid-1970s and have been successful in helping those students who attend the schools (Rones & Hoagwood, 2000). There are programs such as the Vida Clinic, which specializes in school-based mental health that helps students while at school. Vida Clinic is in schools and strives to address the needs of its population by providing high-quality mental health services to students, families, teachers, and staff. The Vida Clinic

focuses on meeting the mental health needs of children and families from socioeconomically disadvantaged backgrounds. Vida Clinic gives access to quality mental health care for individuals who might previously have experienced barriers to getting therapeutic support.

Along with giving access to quality mental health care, Vida Clinic collaborates with organizations and individuals to provide a range of high-quality clinical mental health services, including individual, family, group counseling, teletherapy services, and consultation services for professional organizations, including schools and culture-building experiences. These health clinics have in-house licensed professional counselors who see students, families, teachers, and staff bi-weekly. These services are free to the students and families if they are victims of violence, which includes rape, murder, domestic abuse, and family incarceration. Although insurance is accepted, many school students have been victims of violence and receive free counseling. Studies have shown that many youths living in low-economic neighborhoods see many acts of violence due to crime and gang-related activity that occurs in the neighborhood. Because of this, they become crime victims and often suffer from PTSD. The Vida Clinic and other mental health clinics offer services that help promote individual change. Their goal is to provide access to quality mental health care for students, adults, and anyone else within the schools who needs it. By having these mental health clinics, it helps to lessen the load for school counselors. Also, school counselors and staff can refer students with severe mental health needs to the clinic and focus more on students struggling with social, emotional, and academic well-being.

Aside from school-based mental health programs, many schools and communities have hotlines and various mental health programs offered as support in the school and community. Many school or community health services can be provided at home, offering families support to

help children recover from mental illness. One of the community services is the National Suicide Prevention Lifeline, a national network of local crisis centers that provides free and confidential support emotionally to individuals who exhibit suicidal behaviors or are in emotional distress. This service is provided 24 hours per day and 7 days per week. The goal of the National Suicide Prevention Lifeline is to improve suicide prevention by inspiring individuals and bringing awareness about mental health. In addition to community mental health support, many school districts have implemented district-wide mental support. For example, Fort Bend Independent School has mental health support called TalkLine. TalkLine is the district's confidential helpline dedicated to addressing the needs of elementary students in grades 3-5. Students can call TalkLine for a range of reasons, including mental health concerns such as depression, anxiety, suicidal thoughts, bullying, harassment, and even family problems. Trained individuals help by providing guidance and support to students experiencing emotional and behavioral issues.

In addition to all these resources, school counselors and ELL teachers can use strategies to decrease the mental illness rates among ELL students, including SEL, classroom activities, school-based groups, mentorship, and teacher involvement and training. Implementing these strategies can result in the creation of a school environment that is more conducive to addressing the specific needs of ELLs and other students. As a result, academic and social achievement can be positively impacted.

The Role of The ELL Teacher

An ELL or ESL teacher plays a vital role in an ELL student's daily educational life. ELL teachers are certified to teach English to non-native speakers. They are responsible for preparing lesson plans that include English grammar, writing, reading, speaking, and listening skills needed to learn the English language. They assist non-native speakers with learning the pronunciation of

specific words and phrases. Although ELL teachers help ELL students to learn the English language, they also help ELL students learn about American culture. Many of the ELL students are new to the country and are not familiar with American culture. Learning a new culture and language can often be overwhelming for ELL students; therefore, ELL teachers play many roles in the academic life of an ELL student.

One role that ELL teachers play is being a cultural bridge. ELL teachers are the cultural bridge between the ELL student's native culture and their new American culture. To help ELL students cross the cultural bridge, ELL teachers need to be advocates for students. ELL teachers should learn about all the policies that concern ELL students. By learning the different laws and policies, ELL teachers are able to better serve their ELL students by being able to advocate for them. ELL teachers should advocate for ELL students by attending any parent, staff, or intervention meetings regarding the student and being able to provide the needed individuals with academic, emotional, and social information regarding the student. In addition to attending meetings, ELL teachers should provide professional development to teachers and staff that target different strategies that can be used in the classroom when working with ELL students.

Another role that ELL teachers play is to be the ELL student's support system. Often, ELL students enter the school system without knowing any English. This daunting task can be a hard adjustment. By providing support, ELL students are able to build a relationship with the ELL teacher and begin to have a sense of belonging. Making sure that ELL students feel safe is crucial in building a classroom environment where ELL students are open to sharing freely. When ELL students are given the ability to share and feel comfortable, they are better able to build outside connections and relations with peers and adults. An ESL teacher teaches English to students whose primary language is another language. The ESL teacher also teaches ELL

students to speak, read, write, and understand English. In addition to teaching non-English-speaking students to read, speak, write, and understand English, they help ELL students understand common customs and traditions in American culture. They also provide mainstream teachers with an array of resources to help ELL students apply their developing language skills to different academic content. Providing resources helps mainstream teachers understand their role as language teachers for ELL students. As an ESL teacher, building a supportive classroom environment for ELL students is important. In fact, the ESL teacher is the primary source of support for ELL students. Because of this, it is important that the ESL teachers keep an open line of communication with the parents, school staff, and any academic teachers of the ELL students.

Last, ELL teachers should collaborate with school counselors and parents. Collaboration with parents and school counselors is essential when helping ELL students be successful. ELL teachers should communicate weekly with parents regarding their students and any additional assistance that may be needed. Speaking with parents helps to keep communication open and gives the teacher more background knowledge about the student's family life. In addition to collaborating with parents, ELL teachers need to work closely with school counselors. School counselors often are the first source of contact for many students. When a student exhibits an emotional or academic concern, the counseling office is alerted to assist the student. Therefore, it is imperative that ELL teachers work with school counselors to learn strategies to assist ELL students with navigating and adjusting to the new American culture.

The Role of a School Counselor

A school counselor is a staff member with distinctive training and qualifications to engage in counseling-related work from a theoretical and developmental framework. The original purpose of placing counseling professionals in the school setting was to assist with

career development. During that time, the title was guidance counselor. Guidance counselors were trained to work with parents and students to increase and promote academic achievement, career and college readiness, and students' social and emotional well-being. According to the Texas Education Agency (2018), "As the roles and responsibilities of the guidance counselor expanded, guidance became a component of comprehensive developmental counseling programs, and the title changed to school counselor. This allowed counselors to effectively reflect the diversity of services provided" (p. 3). A school counselor's role varies due to the changing day-to-day activities that occur at the school in which a counselor works (Kozlowski & Huss, 2013). Therefore, many students, parents, staff, and administrators struggle with understanding the school counselor's role.

School counselors are in schools and strive to help students by providing "individual planning, responsive services which include referrals to mental health professionals for short-term and long-term counseling, delivering classroom guidance curriculum, and developing school wide programs to promote healthy social-emotional development" (ASCA 2018, p. 1). They bring in-depth awareness and an array of resources to student-centered issues; therefore, school counselors work with students individually and collectively to create a school climate that leads to healthy learning, living, and growth. School counselors provide counseling programs in three critical areas: academic, personal/social, and career. With academic development, a school counselor's primary responsibility is to help students prepare to transition to post-secondary education, the military, or the job field. By helping students learn about their options available after high school, it helps the student develop a plan to reach their goals regarding post-secondary readiness.

Social and emotional development is a system where counselors work hand in hand with psychologists, social workers, and nurses to create a school climate that promotes healthy learning, living, and personal growth. School counselors respond to students who are facing personal challenges and help lead them toward appropriate services at school or in the community. The amount of time school counselors dedicate to the various counseling domains depends on the needs of each individual student served and the availability of other mental health professionals who offer direct services. The different services and programs help students sort out emotional, social, or behavioral problems and help them visualize a clearer focus or sense of direction. Effective counseling programs are important to the school climate and a crucial element in improving student achievement.

School Counselor Demands

School counselors are in high demand throughout the United States. The *U.S. News* (2016) estimated “a 10% rise in jobs for school counselors between 2021 and 2031” (p. 1). This demand also comes from the continual increase in student enrollment at public and private schools. School counselors are recognized as crucial to student success.

According to the ASCA, school counselors work collaboratively with students, families, school administrators, and community members to implement a preventive school counseling program that consists of early warning signs for identifying students who may be engaging in at-risk behaviors. Additionally, ASCA recommends that a school counselor’s caseload is a ratio of 1-250 students (ASCA, 2021). However, this is not the case at many schools. In fact, the ratio for many school counselors is over the suggested number of 250 students. This creates difficulty for many school counselors as it pertains to how they visualize their own role in schools. The needs of students are constantly changing; therefore, the multiple roles of the school counselor continue

to change day to day. Rising mental health needs make direct counseling in schools the most significant role of the school counselor (Collins, 2014).

School counselors are struggling with supporting the needs of students with mental illness. The caseloads of these school counselors have become too high. With administrators lacking an understanding of a school counselor's role, many school counselors are charged with non-counseling-related duties, which include dealing with discipline, helping students academically, changing scheduling, being a testing monitor, covering classes, and handling administrative tasks. By focusing on all the other duties assigned, school counselors become less efficient in meeting the needs of ELL students. They become more reactive at trying to meet the needs of students rather than being proactive. Consequently, students can begin to have an increased failure rate and fall behind academically.

Training is a significant issue in working with students suffering from mental illness. School counselors do not receive enough training in dealing with specific high-risk student behavior. One study titled, *Do High School Counselors Know the Risk Factors*, found that school counselors received no formal training over the previous five years that helped address risky behaviors found in at-risk students. When examining the training offered over the past five years, many study participants mentioned that they did not participate in any formal training that addressed suicide assessment and intervention. All training that was attended was self-training. (Rones & Hoagwood, 2000).

In addition to managing large student caseloads, school counselors who work with ELL students often struggle to find treatment or therapy for Latino, Mexican, and Hispanic ELLs who are referred. Building a trusting relationship is essential when working with ELL students. Due to the language barrier, it is often difficult to create a trusting relationship. As a result, many

Latino, Mexican, and Hispanic ELL students do not seek services because of the lack of trust in the people in authority. Many families think these individuals in authority positions have an ulterior motive and do not have their child's best interest in mind. Often, the parents of ELL students are not citizens of the United States and fear deportation, causing them to avoid seeking help. Because of this, the lack of healthcare limits the medical coverage that families who have limited English receive to address mental health needs. Therefore, many of these ELL students do not receive proper care, and their mental health needs go untreated.

Counseling Students Who May Exhibit a Symptom of Mental Illness

The ASCA (2019) national model states that school counselors should focus on increasing student academic achievement. The role that school counselors take on may vary depending on the needs within the school and the presence of other professionals with intersecting roles and areas of expertise, such as psychologists and social workers (ASCA, 2022). In fact, school counselors who work with at-risk students have many different priorities than those who are mental health counselors. A school counselor's priorities consist of focusing on the student, teachers, community resources, parents, mental health of students, socioemotional health of students, and working collaboratively with the administration. Priorities and duties of school counselors who work with at-risk students are increased because of mental health (DeKruyf et al., 2013). Therefore, school counselors are no longer just limited to guidance but are now seen as a support system for the mental health needs of students. School counselors are now working hand in hand with community-based mental health professionals to address the needs of their students (Winburn et al., 2017). ASCA (2012) stated that the school counselor role is now more critical in helping students overcome barriers to learning. Being able to identify and refer mental health issues such as depression, substance abuse, suicidal ideation, self-harm,

eating disorders, and/or bipolar disorder to the appropriate mental health professionals is important. Although this is a requirement of professional counselors, many school counselors lack the time to address the ongoing needs of at-risk students because of caseloads that consist of 250-400 students at a time. As a result, it is often mandatory to deal with pressing issues first.

Students who exhibit mental illness face many challenges, causing these students to struggle academically and emotionally. Counselors at schools with a high rate of mental illness are often seen as first responders. According to Texas Appleseed (2013), “In the 2017-2018 school year, 16,095 counseling and mental health professionals (CMHPs) were employed by Texas districts; this is an 8.7% increase” (para. 5). By serving as first responders, school counselors who support students with a mental illness are often seen as mental health counselors instead of their actual role, which is a school counselor. Because of this, school counselors often spend many hours counseling students and often do not have time to complete other needed tasks. Therefore, counselors must be able to find a way to advocate and communicate that there is an increased need for clinical mental health services to be connected to schools with a high at-risk population to support these students.

When examining the school counselor’s role in supporting students with a mental illness, it is important to understand how school and other helping professionals in the school simultaneously work together. Schools need staff who pay attention and take a personal interest in their students. It is important that all students feel cared about, respected, understood, and have a sense of safety. Providing SEL classroom activities and classroom environments that encourage academic achievement helps to build self-esteem and self-confidence within these students. School counselors should facilitate SEL classroom lessons to promote student

interaction, success, and positive reinforcement. These lessons help provide ELL students with a sense of belonging, bonding, and safety.

Social and Emotional Learning (SEL) for ELL Students

According to Weissberg and Cascarino (2013), SEL “involves acquiring and effectively applying the knowledge, attitudes, and skills to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions” (p. 2). SEL focuses on building relationships and creates a positive foundation that supports students’ personal and academic success. Through this positive foundation, students can learn about themselves and others through a safe and cultivating school environment.

SEL can be divided into five core competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. Self-awareness is the ability to acknowledge how an individual’s thoughts and emotions can influence their behavior. By doing so, it allows students to recognize how positive actions lead to positive qualities. Self-awareness is the foundation for the other four competencies (Weissberg & Cascarino, 2013). The next competency is self-management, the ability to control an individual’s thoughts, emotions, and behaviors in different settings and situations. To do this, it is important for students to understand the importance of self-management by setting different goals that include personal, social, career, and academic. Another competency is social awareness, which gives an individual the “ability to identify and understand the thoughts, feelings, and behaviors of individuals and groups, whether they are similar or different from their own” (Weissberg, 2016, p. 4). The primary goal of this competency is to instruct students about treating others as they would want to be treated. The next competency is relationship skills, which focus on creating and sustaining

healthy relationships that help students work through conflict resolution by teaching them about being aware of others' needs, which is essential in building relationships. The last competency is responsible decision-making, where students are taught about how decisions made can have a lasting impact in their lives socially, emotionally, physically, and intellectually. Students learn how to make positive decisions that help improve growth and change. In a study conducted by Jones and Bouffard (2012), the relationship between social-emotional learning, mental health, and at-risk behaviors was studied in children and youth. This study found, "several educators and parents realized that children who had strong social and emotional skills performed better academically, had healthier relationships with peers and adults, and were able to positively make emotional adjustments" (p. 7). SEL helps to prepare children and youth by teaching them empathy, self-awareness, and problem-solving skills. With SEL, children and youth are more focused and engaged in class, responsible, sympathetic, have a clearer life purpose, and have a sense of contentment that positively impacts themselves, others, and different situations within the home, school, community, and future workplace (CASEL, 2015).

Summary

ELL student mental illness in schools needs to be investigated further to gain additional knowledge about its effects on the student's academic, social, and emotional well-being. When school counselors who work with ELL students offer responsive services in schools, they should be for a limited amount of time even though they are seen as first responders for students facing a traumatic event or mental health issue. Because of this, school counselors spend most of their time in responsive mode and are unable to focus on other tasks.

Current research discusses the influences, barriers, and resources that many school counselors face when working with ELL students but does not discuss the lived experiences of

ELL teachers and school counselors who work with ELL students who may exhibit a symptom of mental illness in high school. Understanding the lived experiences of ELL teachers and school counselors who support ELL students who may exhibit a symptom of mental health illness is crucial when addressing the role of ELL teachers and school counselors with parents, staff, administration, and community stakeholders. Therefore, this study is important because it offers a better understanding of the role and the demands of ELL teachers and school counselors and could help readers understand the barriers and resources available to address the needs of ELL students who may exhibit a symptom of mental illness.

CHAPTER 3: RESEARCH METHOD

The primary purpose of this study was to gain an understanding and explore the lived experiences of ELL teachers and school counselors who support ELL students who may exhibit a symptom of a mental illness. Knightsmith et al. (2013) noted that 1 in 10 students in schools are known to have a diagnosed mental illness. As mental illness continues to be a growing phenomenon in schools, studies have shown, “one in six U.S. youth aged 6-17 experience a mental health disorder each year, and half of all mental health conditions begin by age 14” (NAMI, 2015, p. 1). ELL students face many challenges when immersed in a new and foreign learning environment. Understanding the needs, resources, and collaboration necessary to help ELL students who exhibit a symptom of a mental illness is crucial. Because of the lack of resources, high caseloads, and lack of professional support, many of the school’s support staff members are not fully equipped to support ELL students properly. Understanding the lived experiences of ELL teachers and school counselors when supporting ELL students who exhibit a symptom of a mental illness in high school helps address the needs of these students. Discussing the different perspectives of the ELL teachers and school counselors who work with the ELL population may promote more collaborative conversations about ELL training, job expectations, and needed resources and give a greater awareness of how school counselors and other support staff members are crucial for schools and communities. Although there has been a great deal of research conducted on mental illness and how it affects students academically, there is limited research about school support staff members who work directly with ELL students who may exhibit symptoms of a mental illness in high school. This type of research helps shape the perceptions of the lived experiences in schools. Because of this limited research, I chose to conduct a qualitative study of the lived experiences of ELL teachers and school counselors to

gain insight into their perceptions, needs, and resources when working with ELL students who may exhibit a symptom of mental illness in high school. A phenomenological method was chosen to capture each participant's perspective and individual experiences, which allowed the researcher to identify common themes. This chapter presents the research methodology and discusses the process for recruitment of participants, data collection, and data analysis related to the study.

Research Rationale

Three primary research questions guided this study:

1. What do ELL teachers and school counselors perceive to be the reason that ELL students may exhibit a mental illness symptom in high school?
2. What types of school interventions are provided by ELL teachers and school counselors to help support ELL students who may exhibit a mental illness symptom in high school?
3. What barriers do ELL teachers and school counselors encounter when supporting ELL students who may exhibit a mental illness symptom in high school?

Interview questions are used by researchers to gain insight about a participant's experiences. Acquiring a detailed answer to a research question helps to support the researcher's efforts of reaching a goal. Often, interview questions can be influential due to the thoughtful reflection of the ideas and thoughts of the participants (Paterson & Higgs, 2005). For this study, I used detailed interview questions to gain a better insight into the lived experiences of ELL teachers and school counselors who work with ELL students who may exhibit a symptom of mental illness in high school.

Research Design

Qualitative methods can include participant observations, case studies, and narrative or descriptive accounts of a setting or practice (Namey, 2019). Therefore, qualitative research was used to gain more insight into the needs, resources, and perceptions of the lived experiences of ELL teachers and school counselors who support ELL students who may exhibit a symptom of a mental illness in high school. Qualitative research tends to focus on understanding a research question as a humanistic or idealistic approach. Although quantitative research is more reliable because it is based upon non-numerical data and methods, it is also mainly used to understand people's beliefs, experiences, attitudes, behaviors, and interactions (Patnaik, 2013). Qualitative research gives voice to the participants in the study by understanding the participants' experiences. Through the participants' lens, the focus is on gaining an in-depth understanding of the meaning of the participants' lived experiences and applying them theoretically to a large group. Someone else's experiences of a situation that allows us to understand their behavior can be immensely helpful (Patnaik, 2013). Through qualitative research, participants can share their stories to give others a better understanding of a specific phenomenon that is lived and experienced by the participant (Creswell, 2013).

Understanding someone's personal experience requires a research methodology that provides an investigation. Therefore, for this study, a phenomenological research design was used. According to Hasa (2017), "Phenomenology is a study that aims to understand the subjective, lived experiences and perspectives of participants. This is based on the main idea that there are multiple interpretations of the same experience, and these multiple interpretations or meanings make up reality" (pp. 3-4). With the phenomenological research design, researchers describe what all participants have in common as they experience a phenomenon. This research

sought the understanding of the lived experiences of ELL teachers and school counselors who support ELL students who may exhibit a symptom of mental illness in high school. This research discovered how lived experiences influence the interactions of ELL teachers and school counselors when working with ELL students.

Role of the Researcher

The interest in this research topic of the lived experiences of ELL teachers and school counselors who support ELL students who may exhibit a symptom of mental illness in high school is particularly important in Texas schools. Studies have shown that the ELL population is steadily rising; however, there is little to no support in assisting this population. In addition to the rising ELL population, mental health is also becoming a national concern in public schools. Understanding how to support and guide these two populations is crucial. As a researcher, my role is to be the primary data collector as I observe, interview, and analyze the data that have been collected.

My interest in this research topic about the lived experiences of ELL teachers and school counselors who support ELL students who may exhibit a symptom of mental illness is influenced by my own experiences. As a Texas high school counselor, I am personally connected to this topic. I have encountered many students who have exhibited a symptom of mental illness. Many students at my school are Latino, Mexican, Hispanic, or African American and have experienced some form of trauma. According to Gándara and Ee (2018), “In a UCLA survey studying the impact of immigration enforcement on schools, almost 90% of administrators surveyed indicated that they have observed behavioral or emotional problems in immigrant students, and 25% indicated that it was a significant problem” (p. 2). In fact, many immigrant students are currently living with stress, depression, and higher anxiety levels. In the survey, one administrator stated:

Several students have arrived at school crying, withdrawn, and refusing to eat lunch because they have witnessed the deportation of a family member. Some students show anxiety symptoms. All of this impacts their ability to focus and complete work, which further affects them academically. (p. 9)

As a researcher, I need to understand and consider my own biases that may be associated with this topic (Creswell, 2013). Being able to understand my own beliefs and biases is important to qualitative research because it can change the accuracy of the interpretation of the data collected (Finlay, 2014). As a high school counselor, I often see the effects that symptoms of a mental illness have on students; therefore, I need to be able to understand my role as the researcher. My role as the researcher is to be open and be able to understand and acknowledge my own biases and judgments. By doing so, I can be more successful in understanding the themes in this phenomenon and the significance of the themes being expressed by the participants (Henriksson et al., 2012). As the researcher, I was the primary data collector, which required me to be the interviewer, observer, and analyst for the data that were collected. Being immersed as the researcher challenged me to be logical in my actions and more reflective in how I pursued the process to understand the lived experiences of the ELL teachers and school counselors who support ELL students who may exhibit a symptom of mental illness.

Reflexivity

Roulston (2010) defined reflexivity in research as “the researcher’s ability to be able to self-consciously refer to him or herself in relation to the production of knowledge about research topics” (p. 116). Therefore, reflexivity helps the researcher in investigating their position and understanding how it builds knowledge. Reflexivity involves self-awareness (Lambert et al., 2010). This means being actively involved in the research process and understanding as

researchers that we are part of the social world that is being studied (Ackerly & True, 2010; Morse, 1991; Shaffir & Stebbins, 1990). Reay (2007) argued that reflexivity is “about giving as full and honest an account of the research process as possible, in particular explaining the position of the researcher in relation to the research” (p. 611). As the sole researcher for the study and a high school counselor, I need to be aware of how my own personal beliefs, ideas, and culture can influence my thoughts during the data gathering process of this qualitative study. Patnaik (2013) stated, “reflexivity recognizes the role of the researcher as a participant in the process of knowledge and not just as a stranger/witness of the phenomenon being studied” (p. 101). Therefore, being more open and transparent is essential as a researcher. Jootun et al. (2009) stated qualitative researchers have a form of bias since the “interpretation of the participants’ behavior and collected data is influenced by the values, beliefs, experience and interest of the researcher” (p. 45). Because of this bias, there are some challenges with reflexivity. One challenge is being able to control the emotions of the research participants. This can be a challenge because with reflexivity the researcher is using a more informational lens. Therefore, selecting a proper and appropriate reflexive process is important as it sets the tone and pace for the research. After each interview, I reread my notes and highlighted information that I thought was intriguing or thought provoking.

Member Checking

In qualitative research, the researcher can serve in dual roles as the data collector and data analyst. As a result, the researcher has the potential to be biased in some of the data collected. (Miles & Huberman, 1994). Qualitative researchers may enforce their personal beliefs and ideas into the research, which may cause the researcher’s voice and opinion to be the main opinion of the research (Mason, 2002). To reduce the various biases, it is important for the researcher to

allow the participant to check and confirm the results. A method used in qualitative research to verify the accuracy of information that the researcher has collected is called member checking. Member checking is used to confirm, verify, or evaluate the trustworthiness of qualitative results (Doyle, 2007). For this study, I used member checking by sending each participant a copy of their transcript to view. I asked the participants to verify what was discussed and gave them an opportunity to provide any feedback regarding the accuracy of the transcript given to them (Creswell, 2013; Harper & Cole, 2012). Harper and Cole (2012) stated that researchers use member checking to encourage participants to have further self-reflection. Member checking gives participants an opportunity to have a voice in the research and helps them to be self-aware by reviewing the data obtained by the researcher. Furthermore, by rereading what was discussed during their interview, participants gave more insight into their lived experiences (Harper & Cole, 2012).

To conduct member checking properly and effectively, I asked the participants to read over their transcription for accuracy and to clarify any statements or comments that were not correct (Shenton, 2004). This is important as miscommunication can occur in qualitative research. Once information is sent to participants, I would ask them if the information given to them is accurate. This helps me verify that the data collected were consistent with the information that the participant shared during the interview.

Finally, as a researcher, I was able to reflect on my own biases by examining how the sample was selected. To continue to be more reflective, I revisited the data collected to ensure it was accurate. Additionally, I strove to give a valid, unbiased voice to the participants who shared their information conducted for this research.

Possible Ethical Issues

Ethics can be defined as having good behavior and making honest judgments (Peterson, 2019). The safety, confidentiality, and well-being of research participants should be the first concern of the researcher. If the researcher and participant share a common role, this can be ethically challenging as the researcher is connected to the data being gathered. As a result, the researcher must obtain the data and interpret the data based on the conversation between the participant and researcher (Sanjari et al., 2014). It is particularly important that the researcher gives full disclosure to the participants by informing them of the purpose of the study and protecting the participants through confidentiality.

To remain ethical when conducting research, there are four ethical concerns that researchers must consider, which include procedural ethics, ethics in practice, relational ethics, and interpretation of data. Procedural ethics is when the researcher begins to think about how to obtain approval to conduct their research. To be ethical, the researcher needed support from the university, gained National Louis University Institutional Review Board (IRB) approval, communicated to participants their rights, and addressed how all data collected were safe and confidential (Creswell, 2013). The next ethical behavior is ethics in practice. Ethics in practice means the researcher writes their proposal and discusses how informed consent will be handled. It is especially important for the researcher to address the possible ethical concerns/issues that may occur during the interview. Relational ethics is another ethical behavior that occurs when the researcher is in a dual role. This dual role is seen as the person conducting the research and engaging in the role that is being researched. Relational ethics can create a space of connectedness between the researcher and the participant if they are in the same work environment or career path (Peterson, 2019). Last is the interpretation of data. As a school

counselor currently participating in my own lived experiences of supporting ELL students who may exhibit a symptom of mental illness, I must focus on understanding different perspectives on this topic and make sure I am interpreting the data without personally interjecting my personal feelings. Being able to remain impartial and limit my own personal biases was imperative during the research.

To address some ethical issues that may arise when using the qualitative research method, I implemented several measures to address any ethical issues that arose. To ensure that all the participant information remained confidential, I assigned a unique code to each participant. Assigning a unique code to participants helped with reporting the findings and allowed me to interpret data honestly. This also helped when interviews were transcribed. I also tried to recognize my own bias and personal emotions during the data gathering and interpretation process. As a high school counselor, I was personally connected to this topic. As a researcher, I needed to understand and consider my own biases associated with this topic (Creswell, 2013). Being able to understand my own beliefs and biases is important to qualitative research because it can alter the accuracy of the interpretation of the data collected (Finlay, 2014). To self-reflect on my biases, I participated in the interview as well. I took the interview on my own and reviewed my answers. This helped me to address any needed follow-up questions as well as my biases.

Methodology

This research pursued the lived experiences of ELL teachers and school counselors who supported ELL students who exhibited a symptom of a mental illness in high school. This research revealed how these lived experiences impacted the interactions of ELL teachers and school counselors when supporting ELL students who exhibited a symptom of mental illness.

My focus as a researcher was to gain more insight and a better understanding of the meaning of the lived experiences described by ELL teachers and school counselors. ELL teachers and social counselors strive to build rapport with their students. Building this rapport helps students to feel more comfortable when disclosing any information about any issues and/or concerns they may be experiencing. Due to trauma from their previous country, speaking limited English, and cultural-related beliefs, some ELL students may find it hard to trust others and be open. The relationship between school counselors and students is important for the achievement of student success. Therefore, the connection between the ELL teachers, school counselors, and ELL students who may exhibit a symptom of mental illness in high school is an important relationship.

Population

The primary goal of this research was to collect data from specific participants to better understand and gain insight on the phenomenon being investigated (Creswell, 2013). The population for this research was high school (secondary) ELL teachers and school counselors who worked in the Greater Houston area. According to Wikipedia (Greater Houston, 2023), the Greater Houston area is considered Houston, The Woodlands, Sugar Land, Baytown, Conroe, and the County Boundaries and is the fifth most populated metropolitan area in the United States. In 2019, the Greater Houston area had the following characteristics: 45% Hispanic and Latino, 48.9% speak a language other than English at home, and 20.1% live in poverty (U.S. Census Bureau, 2019).

Sampling

Purposeful sampling is a technique used in qualitative research for identifying and selecting participants (Patton, 2002). Individuals who are selected are knowledgeable and

experienced with the topic of interest (Creswell & Plano Clark, 2011). Creswell and Poth (2018) noted, “purposeful sampling is the intentional sampling of a group of people who can best provide information about the problem that is under examination” (p. 148). As the researcher, I chose individuals who could add insight to my study by meeting specific criteria. Therefore, the selected participants for this study were those who directly worked and engaged with the ELL population and mental health, including ELL teachers and school counselors. The identified population included ELL teachers and school counselors who had similar characteristics as they all directly worked and engaged with the ELL population. This identified population was the sampling criteria represented in this research.

The sampling criteria represented in this study consisted of participants who: (a) were school support staff team, which consisted of ELL teachers and school counselors, (b) were currently employed at a high school in the Greater Houston area, (c) worked directly or engage with ELL population, (d) had at least three years of experience or more in their position, and (e) were available to engage in an face-to-face or online interview due to COVID-19 precautions. For this phenomenological study, Creswell and Poth (2018) suggested that sample size should range from 3 to 10 participants. Having too many participants can cause the researcher to have data that are repetitive (Mason, 2010). This study included eight participants: four high school ELL teachers and four high school counselors from various high schools in the Greater Houston area.

Participant Contact and Recruitment

In exploring the lived experiences of ELL teachers and school counselors who support ELL students who may exhibit a symptom of mental illness in high school, recruitment was purposeful (Creswell, 2013). Recruitment of participants began after the approval of the National

Louis University IRB. The sampling frame used for this study consisted of four high school ELL teachers and four high school counselors from different high school campuses in the Greater Houston area that had a high ELL population. As my benchmark, I used the Greater Houston area population characteristics that were provided by the U.S. Census Bureau (2019).

To recruit these individuals, I researched and found various high schools in the Greater Houston area that had a high ELL population. To make sure that the high schools chosen had a high ELL population, school demographics for each high school campus were examined and compared to the Greater Houston area population characteristics that were provided by the U.S. Census Bureau (2019). After determining the different high schools, I used the schools' websites to get email addresses for ELL teachers and school counselors currently employed at each school. Once I obtained the email addresses, I then sent a detailed email seeking volunteers. The detailed recruitment email included an introduction about me and my study and a Goggle link. In the recruitment email, the researcher included a Google link for interested participants to fill out. Once the link was filled out by interested participants, the researcher contacted them to obtain a consent form, set up an interview date and time, give participants their unique code, and sent the demographic questionnaire.

Instrumentation

The instrumentation that was used for this qualitative research to gather and collect information was interviewing. Interviewing is seen as a mode of inquiry and the most common way to arrange format data collection. Interviews are often used to explore the views, beliefs, and experiences of the participants. Interview questions are usually open-ended questions, which allow for thorough information to be collected.

Before the interview, each participant received a demographic questionnaire that asked for name, age, race, gender, number of years they worked in their position, number of students on their caseload, and whether they had any training that covered mental illness or the symptoms of mental illness (Appendix C). This information allowed the researcher to gain more insight into participants' demographics. After the questionnaire was completed and returned to the researcher, the participants were questioned using semi-structured interviews (Appendix D). The interviews were face-to-face and conducted in a private room at the local library. Due to COVID-19 precautions and social distancing, interviews were conducted virtually via Zoom or Microsoft Teams. Semi-structured interviews require a sequence of open-ended questions formulated from topics the researcher wants to understand. Open-ended questions helped clarify the topic examined and provided opportunities for the interviewer and interviewee to have more detailed discussions. The researcher asked questions related to mental health and the participants' experience working with ELL students. Each participant was provided with the opportunity to express their thoughts and insight into the topic discussed. The researcher used directive probing to encourage more elaboration for a specific question. Probing is a technique used by interviewers to help ask follow-up questions that allow further explanation from the participants. Some phrases used with probing are "Tell me more" and/or "Could you explain your response?" These probing questions allowed the interviewee to provide more details and further explain their responses. The interview questions created by the researcher were gathered from information read in the literature review and from the researcher's firsthand experiences as a school counselor. The questions helped to seek a deeper understanding of the lived experiences that ELL teachers and school counselors may have when supporting ELL students who may exhibit a symptom of mental illness in high school.

Procedures

Creswell and Creswell (2018) stated, “the researcher’s responsibility is to protect the study participants, develop trust, advocate for the integrity of the study, protect against misconduct that may harm the participant or the organization, and to deal with new and challenging problems” (p. 88). Before the study was conducted, the researcher reviewed the standards set forth by the American Counseling Association, gained approval from the National Louis University IRB to conduct the study, obtain an informed consent, and made sure to adhere to confidentiality with the data collection process and how the data would be shared.

Gaining permission from the National Louis University IRB was crucial. The permission from the IRB allowed research to begin and data to be collected. Once the researcher gained approval from the IRB to begin research, each participant was given an informed signed consent document stating their agreement to participate. The informed consent outlined the purpose of the research, their role in the study, and how the study was conducted. According to Creswell and Creswell (2018), “a consent form should include the following:

1. Name of the researcher,
2. Name of the sponsoring institution,
3. Explanation of the purpose of the study,
4. Explanation of the benefits of participating,
5. Explanation of the level and type of participant involvement,
6. Notification of risks involved to the participant,
7. Notification that the participant can withdraw at any time,
8. Names of the person(s) to contact if questions arise” (p. 92).

Based on these criteria, participants received information that stated their agreement to participate in the study. All informed consent documents were signed and returned before participants could actively participate in the study. Once signed informed consents were returned, participants had the opportunity to ask the researcher any questions before the interviews. By allowing participants to ask questions, it allowed participants to feel secure and to help clear up any investigating questions. If participants had no further questions, they were given a unique code that represented their interview and transcript. Participants were instructed to bring this unique code to the interview. This helped with making sure all information shared remains confidential. After participants were given a unique code, the researcher gave the participants a detailed explanation of the study. The letter of interest informed the participants of the purpose of the study and information about how to contact the researcher. Once a participant contacted the researcher, the researcher supplied the participants with the following details: the requirements and protocol of the study, the benefits and risk of the study, and information about decisions to withdraw from the study at any time. This information provided the participants a better understanding of the details of the study as well as their rights regarding the study. This helped to create an open relationship between the researcher and participant and allowed the participant to feel comfortable when sharing information.

When examining the possible risks that may occur, this study posed minimal risk to participants. However, if a participant had any overpowering emotions during the interview, the researcher made sure to have a licensed professional counselor available for virtual counseling. The licensed professional counselor was certified in e-therapy.

Data Collection

The data collection started after the researcher received approval from the National Louis University IRB committee. Once participants were identified, the researcher provided each participant with a recruitment email (Appendix A) and an informed consent form document (Appendix B) via electronic mail. Participants were asked to return the recruitment letter and consent by a specific date, which was before the interview was conducted. After needed paperwork was collected, the researcher gave the participant an interview date and time appropriate for the researcher and participant. All interviews were conducted face-to-face in a private room at the local library. Due to being amid a pandemic, some interviews were conducted over Zoom or Microsoft Teams due to COVID-19 precautions. During the interview, the researcher introduced herself again, gave the purpose of the study, explained to the participant how the interviews would be recorded, explained what happened after the interview, and reviewed how confidentiality would be maintained. To maintain confidentiality during the interview, each participant was given a unique code. The researcher explained what the unique code meant before the interview and explained that all records would be kept in a locked file cabinet.

Data were collected from each participant during the interview using the semi-structured interview questions. Each participant was interviewed for 45 minutes to 1 hour. With the participant's permission, the interview was recorded and then transcribed to keep the interview valid and accurate. After the interview was transcribed, each participant was emailed a copy to determine if it was an accurate recollection of their thoughts and if any additional or follow-up information was needed. Giving the participants a copy of their transcription to review helped control the researcher's biases and allowed for corrections or feedback to be made. In addition to

using an audio recorder, the researcher also took notes during the interview. Muswazi and Nhamo (2013) stated that notetaking can be done during interviews. The notes included the participants' body language, verbal and nonverbal cues, and any other pertinent information about the participants. All notes were included and filed in the participant's file.

Data Analysis

The purpose of this qualitative study was to explore the lived experiences of ELL teachers and school counselors who supported ELL students who might have exhibited symptoms of a mental illness in high school. Through exploring these lived experiences, the researcher acquired firsthand knowledge of people living with this phenomenon. Therefore, this research involved the detailed study of ELL teachers and school counselors to discover information about their lived experiences, which brought a better understanding of how to support ELL students who might have exhibited a symptom of a mental illness in high school. This detailed study required understanding of the experiences of others to gather new insights about how to provide a resourceful level of support.

The analysis of this research involved the identification, examination, and interpretation of the patterns and themes in the data. Examining the patterns and themes helped to answer the research questions and gain a better understanding of the phenomenon. Creswell and Creswell (2018) noted that the first step in data analysis is organizing and preparing the data. First, the researcher listened to the recordings of the interviews and transcribed them word for word. To ensure the transcription was accurate, the researcher replayed the interview and read the transcription word for word. When the researcher noticed an error, she made sure to correct it immediately. Once all changes were made, the researcher emailed the transcription to the participant to review. The participant reviewed the transcription for accuracy and informed the

researcher of any changes that needed to be made. If corrections were made, the researcher made notes. Creswell and Creswell (2018) noted that researchers may write notes in the margins that state their observations or general notes about the data or the interview. The notes or observations help the researcher to maintain accuracy during the process. This practice assisted the researcher to maintain accuracy throughout the process. After the transcriptions were properly reviewed by the participants, the researcher created a file folder for each participant. The file folder contained a label on the outside of the folder and documents from the interview on the inside of the folder. On the label, the researcher included the participant's unique code and the date the interview was conducted. The participant's printed transcription and researcher's notes were included in the file folder.

The process of coding qualitative data is a critical element of the process of analyzing qualitative research. Coding in qualitative research allows instinctive, meaningful, and precise findings. Researchers categorize the different information shared to find themes and patterns within the research. Creswell and Creswell (2018) suggested arranging the data by grouping pieces of the data and writing a word or a group of words in the margin to represent each category. To represent the different categories in the research, the researcher reviewed all the data and placed it into categories based on the language shared by participants. For this research, coding was divided into three parts. The first part consisted of analyzing the interviews and examining the shared language of the ELL teachers and school counselors. To examine the shared language, the researcher reviewed the interviews line by line. To help find some similarities and differences in the shared language, the research took notes while reviewing the interviews. Once the similarities and differences were found, the words and phrases were grouped by theme, which then created the initial framework. The second part of coding consisted

of dividing the data to get a clearer understanding of any observed patterns. The characteristics of the patterns examined were the occurrence, structure, similarity, and differences represented in the collected data. The researcher was able to look for common themes within the different interpretations of the experiences of the participants. This additional look at the data was used to determine which patterns and themes to eliminate, which patterns and themes were important, and which patterns and themes were unimportant. This helped to drive the rest of the data. The third part of coding involved writing notes that included the questions driving this study. This guided and navigated the process of writing the report.

Validity and Trustworthiness

Several strategies were implemented to ensure the validity and trustworthiness of the research. Different processes were utilized to create an accurate interpretation of the lived experiences of ELL teachers and school counselors. The researcher made sure that the interpreting, observing, and understanding of the data collected and used was directly related to ELL teachers and school counselors who support ELL students who may have exhibited a symptom of mental illness in high school. Therefore, questions were developed based on ELL teachers' and school counselors' lived experiences. To analyze the data, interviews were transcribed. The sample used in the research only included ELL teachers and school counselors who met specific criteria for the research and were chosen from various high schools in the Greater Houston area with a high population of ELL students. Interviewing those candidates to participate allowed useful data to be explored and certain lived experiences to be provided. To ensure the integrity of the participants when collecting the data, participants were reminded that they could decline to engage in the research study or halt the interview at any time. Before each interview session, the researcher reminded the participant that all answers were welcomed and

encouraged the participant to be open and honest with their answers. Additionally, the researcher reminded each participant about confidentiality, so the participants did not fear the information being shared beyond the interviews.

To ensure all information provided was valid and credible, interpretive validity was established during the research process. Data checks were conducted after each interview. This helped for follow-up probing questions to be asked to clear up any misinterpretations of the data. (Curry et al., 2009). After all interviews were conducted, member checking was used to make sure the information shared was accurate. Once the researcher sent the participant their interview transcription, the researcher asked them to review it for accuracy. This helped to check the accuracy of the data provided (Amankwaa, 2016; Kornbluh, 2015; Shenton, 2004; Williams & Morrow, 2009).

To limit research bias, the researcher, who was also a school counselor in high school, kept a journal of notes and reflections. By keeping a journal, the researcher was able to reflect consistently on the interview and data collection process. The researcher was able to write her own thoughts about her experiences with the participants. This helped to make sure that the examination of the participants' lived experiences truly reflected their experience.

Limitations

There were a few limitations to collecting data. One limitation was the sample. For this type of research, a smaller size was used as it was more effective. Also, the sample that was used was only specific to ELL teachers and school counselors. However, other individuals worked with the population and played an integral role when supporting ELL students who exhibited a symptom of mental illness in high school. Another limitation was the data collected. Data were collected based on the availability of the participant during the specific interview window. The

interview window remained open until every participant was interviewed. Due to conflicts and previous obligations, some interviews needed to be rescheduled to a later date. Another limitation was the specific population that this research targeted. This research was targeted to individuals in the education profession; therefore, the results of this study may not be able to be generalized to individuals in other professions or other cultures.

Summary

In this chapter, I discussed the methodology for this research study. A phenomenological approach was used to research the lived experiences of the ELL teachers and school counselors who support ELL students who may exhibit a symptom of mental illness in high school. Participants who participated in the study were interviewed using semi-structured and open-ended questions to tell their experience when supporting ELL students who may exhibit a symptom of mental illness in high school. The topics in this section discussed were the role of the researcher, the methodology, data analysis, validity, and credibility of this study. To ensure validity and confidentiality, the participants' interviews remained confidential using a unique code and were recorded. All transcriptions were given to the participants to review for accuracy. All data collected were analyzed and stored in a locked file cabinet. Other topics that were discussed were the role of the researcher and ethical considerations. For Chapter 4 results, the researcher discusses how the research methods were used, data analysis, and how validity and credibility were accomplished and documented.

CHAPTER 4: RESULTS

The purpose of this phenomenological study was to gain more insight and discover the experiences, barriers, resources, and interventions/school programs that ELL teachers and school counselors encountered when supporting ELL students who may exhibit a symptom of mental illness in high school. Listening to the ELL teachers and school counselors' lived experiences, the researcher gained more insight on the perceptions, barriers, resources, and interventions/school programs for ELL students who may exhibit a mental illness symptom in high school. After reviewing the literature, the researcher found gaps in research between the role of the ELL teacher and school counselor, available support, barriers, resources, and interventions/school programs available for ELL students who may exhibit a mental illness symptom in high school.

In this chapter, the researcher summarizes the following: the three research questions, data collection methods, demographic information of the ELL teachers and school counselors, the findings of the study, and various themes that occurred during reflection and data analysis. The researcher then analyzes the research questions answered by the participants to discuss the themes that occurred.

The research questions in this study were as follows:

RQ1: What do ELL teachers and school counselors perceive to be the reason that ELL students may exhibit a mental illness symptom in high school?

RQ2: What types of school interventions are provided by ELL teachers and school counselors to help support ELL students who may exhibit a mental illness symptom in high school?

RQ3: What barriers do ELL teachers and school counselors encounter when supporting ELL students who may exhibit a mental illness symptom in high school?

Setting

The setting for the interviews varied because of continued COVID-19 concerns. Some interviews were held face-to-face while some were held virtually via Zoom or Microsoft Teams. Zoom and Microsoft Teams are online video-conference platforms that help people to collaborate effectively from any location. Because of continued concerns around COVID-19, seven interviews were conducted online via Zoom or Microsoft Teams through the National Louis University computer system, which enabled a confidential setting for the interview. One interview was conducted face-to-face. For the face-to-face interview, the researcher and participant met at a local library in a private room the researcher reserved.

Before each interview, the researcher introduced herself, gave a little information about why she chose the topic, and informed the participants that she was a school counselor. The purpose of this was to build rapport with the participants and help them feel more at ease. Each interview was relaxed, and the conversation flowed. With those participants, who were school counselors, it helped open the dialogue more and many shared or had similar experiences as the researcher. This open dialogue helped the researcher to gather valid information. All eight participants were intrigued by the topic and wanted to share their experiences when they had supported ELL students who may have exhibited a symptom of mental illness.

PT12345 mentioned “a feeling of ease and comfort in the interview.” The study participant stated that they “normally get a feeling of nervousness when asked several questions or in interviews but did not feel that way during our interview.” The interviews were scheduled for 45 minutes. Many of the participants had quite a bit to say regarding the topic; therefore,

many of the interviews extended beyond 45 minutes and several were as long as 60 minutes. Some participants mentioned that the research was an essential issue to address in education. With mental health issues on the rise, participant PT1 stated, “This is a topic that needs to be addressed more in education.” Many of the participants mentioned the need to discuss this often-overlooked topic.

Participant Demographics

To recruit the participants the researcher conducted an Internet search to find various high schools in the Greater Houston area with a high ELL population. To make sure that the high schools chosen had a high ELL population, school demographics for each high school campus were examined and compared to the Greater Houston area population characteristics provided by the U.S. Census Bureau (2019). After finding the high schools, the researcher used each school’s website to obtain email addresses for ELL teachers and school counselors currently employed at the school. Once the email addresses were obtained, the researcher sent a detailed recruitment email, which included an introduction about the researcher. In the email, the researcher included a Google link for interested participants to fill out. Once the link was filled out by interested participants, the researcher contacted each study participant to obtain a signed consent form, set up an interview date and time, give an assigned interview number, and sent the demographic questionnaire.

The criteria for this research were: individuals had to be a high school ELL teacher or school counselor, needed a minimum of three years of experience, and were employed in high schools with larger ELL populations in Greater Houston. To ensure the high school had a high ELL population, school demographics for each high school campus were examined and compared to the Greater Houston area population characteristics provided by the U.S. Census

Bureau (2019). There were eight participants, four ELL teachers and four school counselors. The researcher gathered demographic information about each participant, which asked about years of experience, interaction with ELL students, and other parameters. See the demographic form in Appendix C. To participate in this research, participants had to meet the specific criterion. The researcher gathered information on the ELL teachers' and school counselors' years of experience, caseload, interaction with ELL students, knowledge about mental health, and training or professional development regarding mental health. The school counselors stated they attended training addressing mental health but not specifically targeted to address the mental health concerns of ELL students.

The researcher used the following labels for participants: PT1, PT12, PT123, PT1234, PT12345, PT123456, PT1234567, and PT12345678 to protect their identities. This helped to make sure all information shared remained confidential. Also, the researcher excluded any ELL teachers or school counselors who did not meet the criteria to participate in this study. Of the eight participants, there was only one male. Most of the participants were Black and Hispanic females. The demographic characteristics of the participants in this study showed that most were seasoned professionals. Seven participants had more than 10 years of experience as an ELL teacher or school counselor. One participant had four years of teaching experience; however, the study participant taught in another country before coming to the United States to teach. Not only were the participants seasoned in years of experience in their role as a school counselor or ELL teacher, but they were also seasoned in their age. The youngest participant was 27, while the oldest participant was 52. The ELL teachers' caseloads ranged from 16 to over 200. As far as school counselors, the caseloads ranged from 200-500.

Data Collection and Findings

National Louis University IRB gave approval to conduct this research before any interviews or documents were sent out to recruit and interview participants. A copy of the IRB letter is attached (see Appendix D).

Once demographic information was collected, the researcher then asked the participant about mental health illness, how to identify mental health illness, and to identify any training attended that discussed mental health illness with ELL students, barriers when working with ELL students who exhibit a symptom and mental illness, and resources inside and outside the school to address ELL students who exhibit a symptom of mental illness. Each interview varied in length; however, all interviews with each participant lasted at least 45 minutes. The researcher asked questions that prompted an open discussion about mental health and the school and community resources provided to assist ELL students. Many participants provided in-depth responses to the interview questions. These in-depth responses provided the researcher with insightful details about the support available to ELL students experiencing a symptom of mental illness. Four participants expressed how there was a need for this study and expressed that their role in supporting students with mental health concerns was important.

Each participant's responses were recorded and later transcribed and analyzed. After each participant's interview, the researcher listened to the recording to engage in reflexive journaling. With reflexive journaling, the researcher recorded notes during the interviews. This helped the researcher to record experiences and details shared by the participant. Additionally, the notes helped the researcher to revise her thoughts and to see if any follow-up conversations were needed to clarify information. As determined by the study participants, no follow-up conversations were needed.

After the interviews were transcribed and analyzed, the researcher reread the transcripts to create meaning units from the data received by the participants. A meaning unit can be described as a word, phrase, sentence, or paragraph that describes a specific phenomenon. Once meaning units were found, the researcher was able to identify the different patterns. These patterns helped the researcher to name the common themes.

Research Questions

The research questions that were asked by the researcher explored how ELL teachers and school counselors supported ELL students who may exhibit a symptom of mental illness in high school. The responses to the research questions included each participant's experiences. These responses were then placed into different clusters and themes. These themes were derived directly from participant responses.

Question 1: What do ELL teachers and school counselors perceive to be the reason that ELL students may exhibit a mental illness symptom in high school?

Question 2: What types of school interventions are provided by ELL teachers and school counselors to help support ELL students who may exhibit a mental illness symptom in high school?

Question 3: What barriers do ELL teachers and school counselors encounter when supporting ELL students who may exhibit a mental illness symptom in high school?

Six themes emerged from the three research questions: environmental/family issues, school social workers as a form of support, outside agencies as a school intervention, lack of resources when supporting ELL students, English as a language barrier, and high caseloads. The next section addresses the participants' views and responses to the six identified themes.

Environmental/Family Issues

Many of the ELL students who enter the United States come from various countries. Because these students are not American citizens, they are referred to as immigrants. Immigrants are defined “as a person or persons living in a country other than that of his or her birth” (Bolter, 2019 p. 1). According to the American Immigration Council (2020), “Texas has a long history of immigration with the majority of immigrants hailing from Mexico. Immigrants account for one-sixth of the state’s total population” (p. 1). Often, students are brought to the United States to escape violence and family issues from their home country or to be afforded a better life. PT12 said, “One student experienced violence in their home country of El Salvador.” Initially, the student did not speak about the violence and was a quiet student in class. It was not until a classroom activity where the student opened up about the violence that was experienced in their country. PT12 stated, “Had it not been for the classroom activity, it would have never have been known that the student experienced so much violence.” PT123456 stated, “a number of students came from various places in Mexico and have family members in gangs.” As a result of that, their students have experienced gang violence. This environment has become an underlying factor for students having some form of anxiety. In a study conducted by the Migration Policy Institute, University of Houston, and Rhode Island College, 306 Latinos in Texas high school were surveyed. According to Capps and Fix (2020), The Migration Institute Policy conducted a survey stating:

Participants in the study were students who were immigrants or born in the United States who had parents who were born in Latin American countries which included: Mexico, El Salvador, Guatemala, and Honduras. The students answered questions about their mental health. More than half the students surveyed reported having high levels of anxiety,

depression, and PTSD, which warranted a clinical diagnosis. Many of the students reported having on average at least seven traumatic life events. These life events included witnessing assault, being assaulted, losing a loved one, or being separated from a parent.

(p. 1)

Although some ELL students have experienced forms of violence or violent issues, PT123 stated that many of the students on their caseload are from different countries and have come to the United States for a better education. One of their students was from Africa and their parents sent them to America to live with some family members to receive a better education. Many countries do not have the educational resources that the United States has. Studies have shown that a large number of immigrants have low levels of formal education because education in other countries can be lacking. For example, in some foreign countries (e.g., Africa, Mexico, India) there are not enough books, school supplies, and teachers. As a result, many ELL students travel to the United States for a better education. These students not only need to focus on their education and learning a new culture but also must adapt to missing their home country. This struggle causes many of the ELL students to have undiagnosed anxiety. PT1234567 stated:

ELL students are trying to learn a new language and culture and also working or worrying about finding a job to provide support to the family members they are staying with and to further provide additional financial assistance to any family back home.

Many participants perceived that the ELL students' environmental/ family issues were one of the primary reasons that ELL students may exhibit a mental illness symptom in high school. Not only have students experienced violence and a lack of a proper education, but they also have a fear of family deportation.

The fear of deportation is a significant barrier for ELL teachers and school counselors who support ELL students who may exhibit a symptom of mental illness in high school.

PT12345 stated that when they have tried to support ELL students who exhibit a symptom of mental illness that they tend to “not speak up or do not want you to interfere in their business because of the fear of deportation.” PT12345 stated, “The student, the student’s family member, or the student’s parent/legal guardian is often undocumented.” According to the American Immigration Council (2020), “in Texas, 2.7 million people in Texas, including 1.4 million U.S. citizens, lived with at least one family member who is undocumented. In fact, one in seven children in the state was a U.S. citizen living with at least one undocumented family member” (p. 2). The undocumented status causes ELL students or families not to seek outside help for mental health concerns as they fear that they will be reported, and this will cause deportation.

PT12345678 stated, “A lot of ELL students have undiagnosed anxiety.” Because many people have anxiety, the participant stated that they had some experience with it. Many of the ELL students had concerns about their future. Their students had questions about things such as whether they were too old to graduate high school, what they should or should not say at an upcoming court date, whether they could join the soccer team, and whether they needed insurance to join the soccer team. Because of these questions and the constant worry, PT12345678 ranked anxiety as the number one mental symptom that their students experienced.

School Social Worker as a Form of Support

When examining the different types of school interventions provided by ELL teachers and school counselors to help support ELL students who may exhibit a mental illness symptom in high school, the social worker was mentioned as one of the supports used most often.

PT123456 stated, “The social worker has been life changing when supporting ELL students.”

The English-speaking counselor explained that the social worker at their school is bilingual, which helps the social worker be able to relate to the ELL students on the participant's caseload. Because the social worker is bilingual, students and families seemed to be more trusting and willing to share information when the counselor refers families to the social worker. According to the U.S. Bureau of Labor Statistics (2022), social workers are employed in various settings, which can include child welfare and human service agencies, healthcare providers, and schools.

Many of the participants stated that the school social worker was one of the most used resources/interventions when working with ELL students and their families. School social workers are hired by school districts and are housed in specific schools or in the district's main building. According to the School Social Work Association of America (2018):

School social workers are trained mental health professionals who can assist with mental health concerns, behavioral concerns, positive behavioral support, academic, and classroom support, consultation with teachers, parents, and administrators as well as provide individual and group counseling/therapy. They provide interventions to reduce barriers to learning enabling students to be physically, mentally, and emotionally present and ready to learn in the classrooms. (p. 1)

When interviewing the ELL teachers and school counselors, the researcher found the school counselors were more aware of the services the school social worker provided rather than the ELL teachers. PT123456, a school counselor, stated the "school social worker has built relationships with students and families which helps when making referrals for in and outpatient services like therapy or a psychiatric hospital to address the ELL student's mental health concerns." PT1, a school counselor, stated, "One of the social workers in the district started a newcomer group for ELL students who were new to the country." With the newcomer group,

school counselors were able to refer students to the group who may need additional help with adjusting to a new environment, needed more interaction with other ELL students to feel included, and/or may need additional community resources. PT1 stated, “The newcomer group and the bilingual school social worker helped the counselor build relationships with the ELL students and families.” The newcomer group met twice a month after school virtually via Zoom. Because the school social worker spoke Spanish, many of the ELL students in the newcomer group felt more at ease and comfortable with sharing some of their feelings.

PT12345678, an ELL teacher, stated:

If the ELL students needed water, clothes, food, and stuff like that or if students’ parents needed English classes, the social worker was able to help with things like that. However, there was nothing advertised to him/her, the ELL students, or the families of ELL students that the social worker helped with mental health.

PT1234, an ELL teacher, was more aware of the role of the social worker; however, the teacher utilized the school counselor more than the social worker.

Participants identified school social workers as a form of support that was used primarily by school counselors and not students or families. Even though the ELL teachers were aware of the social worker’s role with helping students, the school counselors were the ones who used the social workers more to address the needs of ELL students who exhibit a symptom of mental illness. This represents a gap in services because the ELL teacher and school counselors should both be using the school social worker to help address the needs of ELL students who exhibit a symptom of mental illness.

Outside Counseling Agencies Used as a School Intervention

A school intervention is described as “any extra instruction outside of the typical classroom time” (Staff, 2022, p. 1). School interventions can be in a classroom or school setting and help to improve the overall well-being of students. Interventions can be delivered in one-on-one or group sessions. Often, school districts provide access to outside or connections with counseling agencies to help meet the social and emotional needs of specific students. These needs can vary from anxiety, family issues, and depression to PTSD, and many more. When study participants discussed the school interventions used to support ELL students who may exhibit a symptom of mental illness in high school, many school counselors referred to outside agencies used to support students who exhibit a symptom of mental illness. For example, PT123456, a school counselor, stated, their “school district offers a program called the TalkLine to help students who may exhibit a mental illness. This program is not just offered to ELL students but all students.” TalkLine is the school district’s confidential helpline where students, parents, and staff can share mental health concerns such as depression or suicidal thoughts with a trained crisis counselor. Students, parents, and staff can text or call a designated phone number to connect with a crisis counselor 24 hours per day, 7 days per week.

PT123, a school counselor, mentioned that the school offers Texas Children’s Health Access Through Telemedicine (TCHAT), a program that allows employees to refer students to outside counseling. TCHAT provides free telemedicine or telehealth programs to school districts to help identify and assess the behavioral health needs of children and adolescents. This program provides access to mental health services. Students can be referred to TCHAT by the school counselor or school social worker. PT12345, a school counselor, stated, “The school used TCHAT, an onsite counseling through an approved non-profit agency, and in-house counseling

services provided by Memorial Hermann Hospital.” At their campus, they had access to a non-profit community agency called Houston-Galveston Institute (HGI) that offered counseling services to students who were struggling mentally. According to Kenton (2019), “organization is a business that has been granted tax-exempt status by the Internal Revenue Service (IRS) because it furthers a social cause and provides a public benefit” (p. 1). HGI works closely with school districts to find funding to provide this diverse approach to counseling. Sessions can be held virtually or in school.

Through this non-profit community agency, HGI, school counselors in PT12345’s district could refer students for short- and long-term counseling services. Students could access HGI therapists both virtually and onsite. Once students are referred, parent consent is requested to begin counseling services. For the in-house Memorial Hermann counseling services, mental health employees of Memorial Hermann Hospital were housed in T building, known as portable classrooms, outside of the campus where PT12345 worked. Students who are referred can see mental health practitioners to receive counseling services.

Although outside agencies were used as a school intervention when supporting ELL students who exhibit a mental illness, the researcher noticed that school counselors were more aware of the various school interventions. For example, PT12, an ELL teacher, stated they were “not aware of any and refers students to the school counselor to seek help.” PT12345678, another ELL teacher, noted, they were finding out that few schools had many resources to meet the needs of ELL students. It was very clear to the researcher that school counselors knew more about school interventions than the ELL teachers did. Additionally, the researcher noticed that there were different outside agencies to support students who may exhibit a symptom of mental

illness; however, there were no school interventions or specialized services that specifically targeted ELL students who may exhibit a symptom of mental illness.

Lack of Resources When Supporting ELL Students

According to Kanno and Cromley (2015), “ELLs are the fastest growing groups of students in grades K-12. By 2025, the U.S. Department of Education (2009) predicts that ELLs will represent 25% of the student population” (p. 2). Although the ELL population is steadily growing in U.S. public schools, school counselors and ELL teachers do not receive any additional support or resources to address the specific needs of ELL students or family members. In fact, PT12 noted that more resources are needed for ELL students and/or their families. PT1 stated, “Resources for ELL students are non-existent. There is nothing designed for them. This participant believes that stakeholders involved in students’ educational decisions do not know how to make ELL students and/or their families a priority.” PT1 believed there was so much emphasis placed on the ELLs learning English and not enough emphasis on the social and emotional well-being of ELL students. PT12345678 mentioned that there were no resources that directly addressed mental illness for ELL students.

Lack of resources was stated by many study participants as a barrier when supporting ELL students who may exhibit a symptom of mental illness in high school. PT1234 stated that many ELL students come from economically disadvantaged families; therefore, many of the families did not have the economic resources to provide outside support to ELL students who may exhibit a symptom of mental illness. Due to this economic struggle, PT12 stated, “Many of the ELL students do not want to go to school and [would] rather work to support their family here in the United States or back in their home country.” As a result, many ELL students fall behind academically, miss school, or drop out. In Texas, ELL students are more likely to drop

out. According to the Comprehensive Biennial Report on Texas Public Schools, “the Texas four-year longitudinal dropout rate for ELLs (grades 9-12) is 38% compared to 12% for the state of Texas” (Texas Education Agency, 2015, p. 1). This means that ELL students are more likely to drop out compared to students who are not identified as ELLs.

Another barrier that ELL teachers and school counselors encounter when supporting ELL students who exhibit a symptom of mental illness is lack of insurance. Because many of the ELL students, parents, or family members are undocumented, there is no insurance available. PT1234 stated, “Doctors will not legally service an ELL student or their family if they are here illegally.” Due to a fear of deportation, many ELL students and/or their families do not seek any additional outside mental support. PT12345 stated:

The fear of deportation has caused many families of ELL students to not speak up and [may] feel that you are interfering in their business rather than offering some form of support when trying to help ELL students who exhibit a symptom of mental illness. The fear of deportation causes a significant problem with ELL students and/or their families seeking outside help. According to Mitchell (2020), the Education Week stated: Different researchers from the Migration Policy, the University of Houston, and Rhode Island College analyzed results from a survey of Latino students in Harris County, Texas, which includes Houston, as well as several Rhode Island cities. The survey examined the links between immigration enforcement and the related fears and mental health of Latino youth enrolled in 11 high schools during the 2018-19 school year. One-third of students in the survey feared that Immigration and Customs Enforcement, ICE, agents would come for them, including 12 percent of students born in the United States. Out of fear, nearly as many, 30 percent, reported taking extreme measures to dodge potential

deportation, including avoiding driving, going for medical checkups, attending religious services, or participating in after-school activities. They took alternative routes to school and stayed home more often. (para. 7-10)

As a result, ELL students and/or their families often do not seek outside help. Often, ELL students who may exhibit a symptom of mental illness in high school are referred to their primary physician or a mental health professional. Because of the constant fear of deportation, many ELL students or families do not seek help and are unable to be clinically diagnosed. This hinders ELL students from achieving academically and emotionally.

English as a Language Barrier

Effective communication between ELL students, their families, ELL teachers, and school counselors is necessary when supporting ELL students who exhibit a symptom of mental illness. Unfortunately, due to language barriers, meeting the needs of ELL students who exhibit a symptom of mental illness can be challenging. An example of this was noted by PT123 that when working with ELL students, they first try to build an understanding. Because PT123 did not speak Spanish, they tend to communicate with ELL students and families via Google Translate or have a translator present. By doing this, the participant believed they were able to make the ELL students and families feel more comfortable, resulting in more open communication. Unfortunately, when using Google Translate or another translator, the information shared or discussed is not always confidential. This poses a significant risk to the counseling profession and the relationship. According to the ASCA (2022) code of ethics, school counselors should “keep information confidential unless legal requirements demand confidential information be revealed, or a breach is required to prevent serious and foreseeable harm to the student or others” (p. 1). By having a translator or using Google Translate, information shared is

no longer confidential. PT1 mentioned that the language barrier is a significant problem when working with ELL students and/or families. Because none of the counselors the participant worked with were bilingual, PT1 often had to use a bilingual school secretary, a Spanish teacher, or an ELL teacher to translate. Therefore, the information the ELL student or their family shared was no longer confidential. Ethically, they struggled with this as information shared with them should always remain confidential. PT123456 noted that many times when ELL parents come to the school to discuss their child or when they call home to discuss an ELL student's academic or emotional concern that ELL parents often rely on a family friend or older sibling to translate due to the language barrier. Although this is a cultural norm, it breaches confidentiality. PT12345 mentioned that because of a language barrier, many of her ELL students preferred to discuss emotional issues with their ELL teacher. Unfortunately, this caused a risk for PT12345 because many ELL teachers are not properly trained to help students in a mental crisis.

PT12345678 stated:

Only two counselors at my school are Spanish speakers and so you know they would come to me. I do speak Spanish and so all these students would come to me with all these questions and I'd be able to answer them. But yeah, for all the technical ones that I could not do, I would have to send them to teachers who were basically using a translator and that in itself is a barrier.

When interviewing the participants, the researcher noticed that many of the ELL teachers were bilingual and many of the school counselors were not. In fact, one of the four school counselors interviewed had a bilingual counselor who worked in the counseling office. Two of the four ELL teachers interviewed had a bilingual counselor who worked in the counseling office. This is a significant concern as the emotional needs of ELL students are not being met.

For example, PT12345678 stated the need to “play counselor to a lot of these students when they didn’t want to go to anyone else.” As a result, ELL students are seeking resources from non-certified school personnel.

High Student Caseloads

The ASCA (2021) recommended student-to-counselor ratios of 250:1; however, nationally student-to-counselor ratios are “408:1 for the 2021-2022 school year” (p. 1). In Texas, counselors are responsible for a statewide enrollment of almost 5.4 million students, for a ratio of 442 to 1 (Phillips, 2018, p. 1). When school counselors have a large number of students on their caseload, time is often spent on course recommendations, schedule changes, and monitoring and organizing tests, which can include state, entrance, and aptitude tests. Additional responsibilities may include lunch duty and other tasks assigned by their principal. Because of this, students often have less access to school counselors. PT12345 mentioned that due to high caseloads the participant was unable to connect with many assigned students because most of PT12345’s time was spent on other duties assigned. PT12345 mentioned that the high caseload did not provide the opportunity to connect with ELL students. This was a significant barrier and prevented them from effectively supporting ELL students who may exhibit a symptom of mental illness.

PT123456 stated, “Having a high caseload meant that some students were often placed on the back burner.” Often, the students who were placed on the back burner were ELL students. This was due to the high caseload and the language barrier that existed between PT123456 and ELL students. Due to many ELL students having a language barrier, school counselors foster the relationship with their ELL students by calling them down to the counseling office rather than the ELL students seeking out the counselor. In my experience as a school counselor, I have

found that ELL students do not feel comfortable opening up or disclosing information to school personnel who do not speak Spanish.

Studies have shown that at the federal level, there is no student-teacher ratio for ELL students. Some ELL teachers have caseloads of 50-75 students, while some have caseloads of over 100 ELL students. The U.S. Department of Justice and Education stated:

School districts have an obligation to provide the personnel and resources necessary to effectively implement their chosen ELL program. This obligation includes having highly qualified teachers to provide language assistance services, trained administrators who can evaluate these teachers, and adequate and appropriate materials for the ELL programs. (as cited in Immigrant Connections, 2020, p. 14)

PT12345678 stated their “ELL caseload at the beginning of the year was 100 students. In one class, there were over 30 students.”

Having a high caseload of students is a significant barrier for ELL teachers and school counselors who work with ELL students who may exhibit a symptom of mental illness in high school. Many ELL students are often undiagnosed or not seen by their counselor. As a result, ELL students have a higher dropout rate as their academic and emotional needs are not being met.

Perceived Lack of Competence

Although lack of competence was not one of the six main themes, it was a significant concern for ELL teachers. Three of the four ELL teachers who participated in the research study mentioned that they did not feel adequately trained to support ELL students who exhibit a symptom of mental illness. PT1234 stated they “do not feel well equipped to support ELL students who exhibit a symptom of mental illness because [they] have had no training.” PT1234

mentioned that other professionals, such as special education teachers, have had more training and thought more training was needed. Washington Office of Superintendent of Public Instruction (2001) defined special education as “designed instruction that addresses the unique needs of a student eligible to receive special education services. Special education is provided at no cost to parents and includes the related services a student needs to access her/his educational program” (p. 1). Often, students in special education suffer from mental illnesses such as depression, anxiety, PTSD, oppositional defiant disorder, or obsessive-compulsive disorder. Because of this, special education teachers are involved in intense training that discusses how to support students with mental illness.

PT1234567 mentioned not feeling competent to address the emotional needs of ELL students. Because of the lack of training, PT1234567 did not feel comfortable dealing with students who seemed depressed or anxious. PT12 stated, “a need for more training to support ELL students who may exhibit a symptom of mental illness.” PT12345678 noted that the only training they received was online. PT12345678 stated, “online training is just like being a good listener, not turning students away, telling them that you understand how they feel, and that they have a right to feel.”

Many of the participants mentioned that the only training they had to learn how to support students who may exhibit a symptom of mental illness was the back-to-school training, conducted via face-to-face or online, that most educators have to participate in at the beginning of the year. Not having adequate training poses a significant risk for ELL teachers because ELL teachers are not properly equipped to address ELL students and their social and emotional concerns.

Findings Summary

ELL teachers and school counselors believe there are many concerns when supporting ELL students who exhibit a mental illness. ELL students travel from different countries all over the world to live in the United States to have an opportunity at a better life. This better life often means they have left family members behind in their home country, escaped violence, or left to receive a better education. Consequently, exposure to environmental/family issues is one of the main reasons ELL students exhibit a mental illness symptom in high school. These issues may interfere with ELL students' ability to be successful in school and may contribute to some students dropping out.

School social workers have been a vital form of support for the ELL teachers and school counselors in this study. To adequately support ELL students, ELL teachers and school counselors have used school social workers and school interventions as a form of support. Along with providing newcomer support groups, food and clothing resources, bilingual social workers have been a necessary resource, which helps tremendously when reaching out to ELL students and their families. Because some school social workers are bilingual, ELL students and their families tend to open up more and trust the school social worker because of the shared language. In fact, many of the study participants shared that school social workers are the most used form of support for ELL students who exhibit a symptom of mental illness. Some of the school interventions that are accessible to ELL students who may exhibit a symptom of mental illness in high school include online talk lines, in-house therapy programs, and outside therapy programs. Although these programs are offered and available to ELL students, many do not participate due to a language barrier, lack of insurance, or the fear of deportation. These are significant barriers

that ELL teachers and school counselors encounter when trying to support ELL students who may exhibit a symptom of mental illness in high school.

Additionally, school counselors and ELL teachers mentioned that high caseloads are also a barrier when supporting ELL students. High caseloads have made interacting with ELL students harder for school counselors. Part of this is because many ELL students do not seek out the school counselor for any of their emotional or academic concerns. They seem to rely heavily on their ELL teachers for support because of their relationship and the time spent in the classroom. Therefore, school counselors need to seek out ELL students and call them to the counseling office to provide support.

As a high school counselor with a high ELL population, I have personally felt handicapped to work with ELL students due to many of the reasons that the study participants indicated. I have found a significant gap in resources provided to ELL students who may exhibit a symptom of mental illness in high school. Because of this gap, many ELL students may not understand that they have school resources to address their mental health needs.

Overall, there are many barriers that ELL teachers and school counselors encounter when supporting ELL students who exhibit a symptom of mental illness in high school. Many of these barriers interfere with the school interventions that ELL teachers and school counselors try to provide as a form of support to ELL students. In Chapter 5, I discuss the limitations of this research and the recommendations for future research.

CHAPTER 5: CONCLUSION

Mental health awareness is crucial for all educators, especially those who interact with students daily. Mental health has impacted many students' learning and achievement in school. Because of this, professionals in education realize that more needs to be done to help students with mental health issues. Mental illness in adolescents has increased considerably. According to the Centers for Disease Control and Prevention (2021), "In 2021, more than 4 in 10 (42%) students felt persistently sad or hopeless and nearly one-third (29%) experienced poor mental health" (p. 1). School counselors focus their skills, time, and energy on direct and indirect services to students (School Counselor and School Counseling Programs, 2023). Therefore, a school counselor should focus on providing direct and indirect services to students on their caseload at least 80% of each day. Direct services in school counseling can be defined as face-to-face interactions such as individual counseling, group counseling, assessments, and classroom guidance lessons. Indirect services in school counseling are provided on behalf of students, often involving organizing, managing, and consulting (e.g., presenting at professional development, collaboration with teachers, parent/teacher meetings).

The purpose of this qualitative study was to examine the lived experiences of ELL teachers and school counselors who support ELL students who may exhibit a symptom of mental illness in high school. Understanding the perceptions of school counselors and ELL teachers who support this specific group of students may help improve the education and training of school counselors and ELL teachers, help lower the barriers associated with mental illness, and increase awareness about the lack of school interventions/school programs available to ELL students in schools. Additionally, this chapter reviews the stated research problem, the research questions, and the literature review. After reviewing the information, this study then describes the results of

the study, mainly the relationship between the literature and the participants' responses, conclusions drawn from the study, the limitations of the study, and recommendations for further research.

Study Overview

This research study was an exploration of the lived experiences of four high school ELL teachers and four high school counselors who supported ELL students who may exhibit a symptom of mental illness in high school. This study examined the perceived reasons that ELL students exhibit a mental illness, the school interventions/programs provided by ELL teachers and school counselors to support ELL students, the barriers, as well as the resources that ELL teachers and school counselors may encounter when supporting ELL students who may exhibit a symptom of mental illness in high school. For this study, basic qualitative research methods were used. The researcher asked the study participants semi-structured interview questions to capture the experiences and explore how ELL teachers and school counselors support ELL students who may exhibit a symptom of mental illness in high school. The semi-structured interviews were recorded and later transcribed by the researcher. Semi-structured interviews allowed the researcher to collect data, interpret the data, and then develop themes based on the lived experiences of the participants.

Interpretation of Findings

Many of the school counselors and ELL teachers who participated in this research study shared similar thoughts and concerns regarding supporting ELL students who may exhibit a symptom of mental illness. The study participants' direct experiences were expressed when discussing reasons that ELL students may exhibit a symptom, the barriers encountered when supporting those ELL students, and the school interventions provided to ELL students who may

exhibit a symptom of mental illness. From these experiences, six themes emerged: (a) environmental/family issues, (b) school social workers as a form of support, (c) outside agencies as a school intervention, (d) lack of resources when supporting ELL students, (e) English as a language barrier, and (f) high caseloads.

Environmental/Family Issues

The ELL teachers and school counselors who participated in the research believed that environmental/family issues are one of the significant reasons some ELL students exhibit a symptom of mental illness. When interviewing the ELL teachers and school counselors, many knew why many of their ELL students came to the United States. The reasons ranged from escaping violence to desiring a better education and living the so-called “American dream.” Due to this, many ELL students leave behind their previous lives (e.g., their home, family, friends) to start over in the United States. Often, ELL students must find work so they can send money back home to family or to give money to the family they are living with. This can cause many ELL students to be overwhelmed or to be pulled in many directions and to suffer from depression, anxiety, and other known mental illnesses. In my experience as a high school counselor, I have found that the various environmental/family issues that ELL students endure have caused many ELL students to struggle in school. For example, I am aware that one of the ELL students at my campus exhibited symptoms of depression and would often run away. This student moved to the United States to escape violence in her home country of El Salvador and ended up living with some extended family. Due to her abruptly leaving her family, she struggled with living with extended family and kept running away with the hope of being returned to her family.

Consequently, her grades declined, and she was referred to counseling due to exhibiting symptoms of depression. Because members of her extended family were illegal immigrants, they

feared deportation and never sought counseling services for this student. Without accessing counseling services, the student was not exposed to the proper resources, which eventually caused her to fall behind and be in jeopardy of not graduating. Many study participants believed that environmental/family issues are significant reasons many ELL students may exhibit a symptom of mental illness.

The researcher found that school counselors may know the country where ELL students come from because it is identified in students' paperwork, but due to different barriers (such as language), school counselors may not be aware of the environmental/family issues that the ELL student may have. Because ELL teachers are often the first contact person who understands the student's language or has an opportunity to build a rapport, ELL students tend to open up more to ELL teachers and share their reason for being in the United States. This background information provides ELL teachers with insight and important history regarding the ELL student.

When reviewing the literature, the researcher found that escaping violence and seeking a better education were the top reasons that immigrants migrated to the United States. According to the Council on Foreign Relations (2021), "Mexico faces a crisis of kidnappings, disappearances, and other criminal violence" (p. 1). For many individuals, the United States seems like the safest place to live, regardless of race, ethnicity, or religion.

Social Worker as a Form of Support

According to the School Social Work Association of America (2018), "School social workers are trained mental health professionals with a degree in social work who provide services related to a person's social, emotional and life adjustment to school and/or society" (p. 1). School social workers help provide school personnel with essential information to better understand factors that affect a student's performance and social/emotional well-being. Often,

school social workers help provide students, staff, and families with resources to use inside and outside of school. Although the resources varied at different schools, many of the interviewed school counselors worked closely with a school social worker to help provide resources for ELL students. Many of the ELL teachers who were study participants were aware of the school social worker and their role but were unaware of the resources that were available to ELL students through the school social worker. Although various services and resources were provided by the school social worker, the researcher found that school counselors utilized the school social worker more than ELL teachers to address the needs of ELL students. Because of this, the researcher found that there was a gap in services and a possible disconnect between the ELL teacher and school counselor. As a high school counselor, I have found that I have utilized the school social worker more than I have worked with ELL teachers, students, and/or families. I often rely on the school social worker to help provide resources to students and families as I am unfamiliar with all the resources that are available.

To effectively provide resources for ELL students and families, ELL teachers and school counselors should collaborate with the school social worker to discuss ELL students and determine any needs a student may have. Doing this will help the ELL teachers, school counselors, and the school social workers to be able to share background information on the ELL students and to collaborate on available resources that would be most beneficial to the ELL student.

Outside Counseling Agencies Used as a School Intervention

When looking at the different counseling agencies used as a school intervention/program, there were several that were available. The school interventions that were used most were

TCHAT, TalkLine, HGI, and an in-house counseling service provided by Memorial Hermann Hospital.

TCHAT is a community counseling agency that provides free telemedicine and telehealth programs to school districts to help identify and assess the behavioral health needs of children and adolescents. With this program, students and families have access to mental health services. TalkLine was another community support used as a school intervention. TalkLine was described as a confidential helpline where students, parents, and staff can share mental health concerns with a trained crisis counselor. Students, parents, and staff were able to connect with a crisis counselor 24 hours per day, 7 days per week, through a designated phone number. Another outside counseling agency mentioned by one of the study participants was HGI. HGI offers counseling services to students who are struggling mentally. Through this non-profit agency, students and families provide a diverse approach to counseling. Last, an onsite counseling service provided by Memorial Hermann Hospital was another outside counseling agency used as a school intervention. For the onsite counseling services, mental health employees of Memorial Hermann were in a portable classroom and were accessible to students referred for counseling services. Although several community and outside counseling agencies were available, many participants were unaware of any specific counseling services tailored to address the needs of ELL students who exhibit a symptom of a mental illness. Study participants stated that many outside counseling agencies were accessible to all students but were unaware of any community or outside agencies that only targeted ELL students who exhibit a symptom of mental illness. With mental health concerns increasing, many participants believed that having outside agencies was helpful but thought more outside agencies needed to be available that targeted or focused on ELL students. It would be advantageous if a list of resources was available for schools to utilize.

In the literature for this study, there was no information that identified community agencies specifically tailored to ELL students who may exhibit a symptom of mental illness in high school.

Lack of Resources When Supporting ELL Students

Study participants stated that a lack of resources was one of the largest barriers when supporting ELL students who may exhibit a symptom of mental illness in high school. The lack of resources ranged from a lack of insurance to the fear of deportation. Because of these barriers, many ELL students do not seek out the needed resources. ELL teachers and school counselors believed no resources were available that focused on ELL students. All the resources available inside and outside of school are for all students who may exhibit a symptom of mental illness. When examining the resources available to ELL students or the ELL population, only resources are available that help individuals learn English. These resources are only offered to individuals who speak English as a non-native language, focusing on a specific population. For example, in Houston, LoneStar Community College has an ESL program offering classes to help ELL students improve their English language skills for academic studies or professional communication. Another outside resource available that specifically helps ELL students learn the English language is the Houston Public Library. The Houston Public Library offers free English classes.

Professional instructors lead the free English classes to ensure a quality education. However, when examining mental health resources for ELL students, the study participants and researcher were unaware of any available services in the Greater Houston area specifically for ELL students. This is a significant concern as there seems to be more emphasis on ELL students learning English than on mental health. As a counselor, one of my favorite sayings is, “You

cannot feed a child academics when they are choking on emotions” (Author unknown). This quote means that no child can focus on academics until the child is emotionally stable.

Stakeholders first need to understand that the emotional well-being of ELL students’ needs to be addressed for ELL students to learn effectively. Once the emotional well-being of ELL students is addressed, they will then be able to focus on their academics.

PT1 stated, “Resources for ELL students were non-existent and that nothing was designed for them due to lack of exposure.” PT1 thought that stakeholders did not know how to fix the problem or how to make it a priority. As a result, this cycle keeps repeating and nothing is being done to address the emotional needs of ELL students.

English as a Language Barrier

A language barrier can be described as any barrier in communication that affects an individual’s understanding. ELL students who are new to the country often have a language barrier and have difficulty communicating with others who do not know the language that the ELL students speak. This is often due to not knowing the English language, not knowing the correct words, speaking in the wrong tense, etc. Often, school personnel must use some form of a translator to communicate with ELL students due to the language barrier.

The study participants who were school counselors stated that the language barrier was a significant problem for them. Many of the school counselors did not speak Spanish and often were unable to communicate effectively with ELL students and their families. Because of this, meeting the needs of ELL students who may exhibit a symptom of mental illness can be challenging. One of the challenges school counselors discussed in the study was that because the school counselor was not bilingual that a bilingual school secretary, Spanish teacher, or an ELL teacher would often need to translate, which was a breach of confidentiality. According to the

ASCA (2022) Ethical Standards for School Counselors, school counselors should “keep information confidential unless legal requirements demand confidential information be revealed, or a breach is required to prevent serious and foreseeable harm to the student or others” (p. 1). By using a bilingual school secretary, a Spanish teacher, an ELL teacher, or even a translation program, the information shared is no longer confidential.

Imagine the following scenario. A senior who, due to failing grades and lack of motivation, was in jeopardy of not graduating. The counselor sent multiple emails and made calls to the parent with no response. Finally, receiving no response, the counselor asked a bilingual secretary to call the parent to set up a parent conference so concerns could be discussed with the student and the parent. On the day of the meeting, the parents showed up; however, neither the mother nor father spoke English. The student volunteered to translate, and the counselor offered to use the Google Translate program; however, the parents further requested that a Spanish-speaking person from the school join the conference to translate. With permission from the parents and the student, a bilingual clerk joined the meeting to translate. With the help of the translator, the counselor was able to help the student’s parents understand that the student was in jeopardy of not graduating and informed them of the activities/assignments the student needed to complete to graduate. The parents were very thankful for the informative meeting. Although the parents and student gave the translator permission to attend the meeting, the information shared with the parents was no longer confidential. A situation such as this poses an ethical risk to counselors.

The researcher found that more ELL teachers were bilingual than school counselors. All the ELL teachers who were interviewed spoke Spanish and were able to communicate with their ELL students. As a result, ELL students felt more comfortable with their ELL teachers and

opened up more emotionally to them. Although school counselors may know an ELL student's background, such as where they came from, ELL teachers more than likely know why the student came to the United States, are more familiar with some of the student's academic and emotional concerns and have a relationship with the ELL student's parent or family. Finding more effective ways to communicate with ELL students is imperative when working with ELL students who may have a symptom of mental illness.

High Caseloads

High student caseloads were a major concern for school counselors. According to the ASCA (2020), "the recommended student-to-counselor ratio is 250-to-1; however, in Texas for the 2021-2022 school year, the student-to-counselor ratio was 390-to-1" (p. 1). Although the ASCA recommended student-to-counselor ratio is 250:1, Texas school counselors have a ratio of 442:1 (Phillips, 2018, p. 1). Due to high student-to-counselor ratios, school counselors often struggle to connect with all their assigned students. Many of the students that counselors connect with are those who seek out service on their own or are consistently in the counseling office. This often does not leave school counselors available to identify students who are struggling emotionally or academically. Aside from providing counseling services to the students who are often in the counselor's office, school counselors also spend a great deal of time on other duties, including before-school duty, lunch duty, and after-school duty, covering classes, and other tasks assigned by the principal. Because of this, school counselors often struggle with providing the needed resources to many students on their caseload.

In this study, school counselors had higher caseloads than the ELL teachers. Because of this, many school counselors were unable to connect with assigned ELL students. Therefore, many ELL students did not visit the counselor's office or meet with the counselor. In fact, some

of the school counselors stated that because of the high caseloads and language barrier, many of their ELL students felt more comfortable discussing their problems with the ELL teacher. This is a significant problem because ELL teachers are not properly trained to identify and address students' emotional needs.

Additional Issues

Lack of Competence

Lack of competence was not a common theme shared among all study participants but was a significant concern for ELL teachers who participated in the study. Three of the ELL teachers who were interviewed noted that they did not feel properly trained or equipped to support ELL students who may exhibit a symptom of mental illness in high school. In fact, one participant mentioned that they do not feel competent to address and support the emotional needs of ELL students. The ELL teacher thought they lacked the necessary training and strategies to help support ELL students who may exhibit a symptom of mental illness.

Many of the ELL teachers in the study mentioned that more training was needed to address the mental health concerns of ELL students. PT1234 thought they lacked the proper training to support their ELL students who may exhibit a symptom of mental illness. In the interview, PT1234 stated they are not a doctor and are "unfit to help address the needs of students who may exhibit a symptom of mental illness." PT1234 also mentioned that many times, when their ELL students open up and talk with them, they find out much more information than they want to. Because they do not feel properly trained to address the needs of ELL students who may exhibit a symptom of mental illness, PT1234 often feels like they are overstepping their boundaries and stepping into the role of a counselor, which PT1234 is not trained to do. Additionally, the researcher found that many of the ELL teachers who were

interviewed thought that more training was needed to learn how to implement strategies, identify behaviors, and address the needs of ELL students who may exhibit a symptom of mental illness.

Although many of the ELL teachers who were interviewed thought they lacked competence and were not properly trained to address the needs of ELL students who may exhibit a symptom of mental illness, many of the school counselors who were interviewed felt a lack of competence with regard to connecting with ELL students. Because of the language barrier and lack of trust, many school counselors found it difficult to connect and build a rapport with their ELL students. Often, the Google Translate program was needed to communicate with ELL students. This makes it extremely challenging to build a rapport and connect with the ELL students as the Google Translate program is not personable. Building a connection and rapport with ELL students is crucial. When ELL students have a rapport with school counselors, they openly share their thoughts, feel understood, and have a sense of belonging. All of these are crucial for the success of ELL students.

Anxiety in ELL Students

One of the major concerns of the ELL teachers and school counselors in this study was the lack of resources available to ELL students. Due to the fear of deportation and/or illegal immigration status, many ELL students do not receive needed medical care because they are afraid to seek resources. In fact, some ELL students have undiagnosed mental health disorders. Although this was not a common theme in the overall study, it was a concerning issue for ELL teachers. According to High School View (2021), “Immigrant students often experience culture shock, which can be accompanied by mental health repercussions such as depression and anxiety” (p. 1). PT12345678, an ELL teacher, mentioned that undiagnosed anxiety was one of the main mental health disorders observed in ELL students. Many of PT12345678’s ELL

students had concerns about their immigration status and graduation status, had medical questions, and many other questions that they were unable to answer.

For example, PT12345678 stated that many of their students would ask questions such as, “Am I going to be too old to graduate high school?” “Am I allowed to join a soccer team?” “Do I have to go to a doctor’s office?” “Do I have to go see a doctor?” “Do I need insurance to join a team to join a club?” PT12345678 also stated:

My ELL students would even ask me questions about an upcoming court date. They would ask me what do I have to say or what do I not have to say? What should I keep quiet? What should I tell them? So, these kinds of anxieties I would rank as probably the number one kind of mental stress that my students were under. And that’s the one I noticed the most, for sure.

PT1234567 mentioned that several of their ELL students were always worrying. The constant worry and fear that several of their students had daily made PT1234567 feel like some of their ELL students had some form of anxiety. PT1234567 noted that the challenges their ELL students had to overcome while trying to acclimate to a new culture were why several of their students struggled inside and outside of school. Several of their ELL students were immigrants who were now responsible for their family’s financial, cultural, and emotional well-being. This added responsibility, coupled with adjusting to a new culture and/or language, can be overwhelming and cause extreme fear and uneasiness.

Because ELL teachers interact with ELL students daily, these problematic behaviors tend to surface more inside the classroom. However, ELL teachers did not feel trained to properly help navigate their ELL students to work through anxiety, depression, or other mental health disorders. As a result, the ELL teacher often referred the ELL student to the school counselor

who sometimes the ELL student did not feel comfortable opening up to. School counselors are not always able to relate to or struggles with communicating with the ELL students, so the students do not receive the proper services. This cycle often continues until the student drops out or graduates. Participants in the study believed that additional training for ELL teachers and strategies to help school counselors connect with ELL students are needed for the overall success of ELL students.

More Collaboration

The ELL teachers and school counselors who participated in the study thought that more collaboration between ELL teachers and school counselors was needed. PT12345678 stated they “would have loved to actually sit down with all the counselors and talk to them before the school year began regarding the students” in their class. PT12345678 mentioned that by sitting down with the counselors, they would have had an idea of the demographics of their students.

PT12345678 stated:

I had no idea what my student demographics would be. I kind of lucked out but I would have wanted to meet with the counselors before school to ask them if my students had a question about this or that like or who would they go to for certain things. But because I never had these conversations with them and didn’t know who had the answer, I would just like write passes to the counselor’s office and send my students.

By doing this it might have caused ELL students to miss class time and critical instruction and come to the counseling office for possibly unnecessary reasons and might leave the counseling office and still not have their questions answered. When speaking with the study participants, none of the school counselors mentioned meeting with the ELL teachers before school or after school to discuss the ELL students (e.g., background knowledge, resources available, answer any

questions the ELL teacher or student may have). This is a problem seen across various districts in the Greater Houston area and causes a significant disconnect between the ELL teacher and school counselor.

School counselors are often provided with more information about a student than their teacher. As a high school counselor in a secondary school, I believe it is important for ELL teachers and school counselors to collaborate monthly regarding ELL students. This would help to track the progress of ELL students and provide any needed resources to the ELL student, parent, and/or family. By collaborating, the ELL teacher and school counselor are creating a positive school climate for ELL students. A positive school climate can be viewed as a nurturing and trusting relationship between ELL students and their teachers. In a study by DeCapua and Marshall (2011), Latino students “consistently emphasized the importance of strong, caring social relations with each other and their teachers for them to feel welcome and valued in school” (p. 38).

Limitations of the Study

There were several identified limitations in this study. The first limitation was the study participants. The participants consisted of ELL teachers and school counselors, which means the study cannot be generalized to the entire population of ELL teachers and/or school counselors. Because the study participants only consisted of ELL teachers and school counselors, the information gained was limited. In fact, there may be other individuals in education who work closely with ELL students who may share a different experience when working with ELLs who exhibit a symptom of mental illness.

Additionally, the study participants were in the Greater Houston area, which means their responses cannot be generalized to everyone in the United States. Because ELL teachers and

school counselors were the only study participants, the researcher was unable to gain a broader perspective of the lived experiences when working with ELL students who exhibit a symptom of mental illness. By having a broader range of lived experiences, the researcher would have had more perspectives from different individuals who work with ELL students who may exhibit a symptom of mental illness. Another limitation of the study participants was with the school counselors. None of the school counselors were from a Hispanic background or spoke Spanish. This caused the school counselors to be a limited population. The ELL teachers who were study participants consisted of men and women who all spoke Spanish and were of a Hispanic background. Because of this, the school counselors could not relate to many students in their ELL population, whereas the ELL teachers could relate to their ELL students.

Another limitation was the small sample size. The research used a sample size of eight. Sandelowski (1995) recommended, “qualitative sample sizes are large enough to allow the unfolding of a new and richly textured understanding of the phenomenon under the study, but small enough so that the deep, case-oriented analysis of qualitative data is not precluded” (p. 183). Although a smaller sample size of 8 was used, it might have been better to have a sample size of 15-20 to gather more information on the lived experiences of ELL teachers and school counselors working with ELL students who may exhibit a symptom of mental illness in high school. The smaller sample size did not allow the researcher to gather much information and seek different perceptions to develop more common themes. With only eight participants, the themes seemed more scattered, which caused the researcher to dig much deeper to find commonality. The researcher was able to identify specific themes; however, with only eight participants, some themes did not stand out, and some were not identified by all of the participants.

The researcher's bias was another limitation in the study. The researcher was also a high school counselor who worked with ELL students who may exhibit a symptom of mental illness. The researcher had their own personal experiences working with ELL students. Understanding one's own bias and experiences on a specific topic or issue is crucial to validity and reliability in research. As much as possible, the researcher tried not to allow personal biases and experiences to sway the interviews and analysis of the data. However, some biases might be present in the study.

Last, the lack of research on this specific topic was very limited. There is a great deal of research on mental illness in schools and school counselors supporting students who may exhibit a symptom of mental illness; however, there was not much research on ELL students who may exhibit a symptom of mental illness. The research found did not discuss how ELL teachers and/or school counselors support ELL students who may exhibit a symptom of mental illness. In fact, the research found discussed ELL teachers supporting ELL students and their academics. The lack of research made it hard for the researcher to compare their findings to those of other researchers.

Recommendations

Some recommendations suggested by the research findings included: more training for ELL teachers, more research regarding ELL teachers and school counselors who support ELL students who exhibit a symptom of mental illness, and more collaboration between ELL teachers and school counselors. The ELL teachers who participated in the research study believed more training was needed when supporting ELL students who may exhibit a symptom of mental illness in high school. Although mental health training was provided for all teachers at the beginning of the year, the ELL teachers who were study participants did not believe the training

targeted the ELL population and did not go in-depth on how to support students who may exhibit symptoms of mental illness. Therefore, the ELL teachers thought there should be training specially focused on ELL students and giving ELL teachers strategies on how to support those ELL students who may exhibit a symptom of mental illness. Additionally, ELL teachers thought more professional development was needed on mental illness, which included the signs of mental illness, how to interact with students who exhibit a symptom of mental illness, the resources available for students who may exhibit a symptom of mental illness, and the protocol for supporting students who may exhibit a symptom of mental illness. Although many of the ELL teachers who participated in the study were familiar with the school counselors at their school, they were not aware of the various resources available and/or the individuals to contact for support when working with ELL students who may exhibit a symptom of mental illness.

Another recommendation was more research was needed that discussed the role of the ELL teachers and school counselors who support ELL students who may exhibit a symptom of mental illness. There is minimal research discussing school counselors' lived experiences when supporting students with mental health concerns; however, the researcher did not find any research that discussed the lived experiences of ELL teachers and/or school counselors who support ELL students who may exhibit a symptom of mental illness in high school. This limited information made it very hard for the researcher to find research that discussed this topic. Most of the literature review discussed ELL students or mental health in general but was not specific to the ELL population and mental illness. The ELL teachers and school counselors believed more research was needed to help address ELL students who may exhibit a symptom of mental illness.

The last recommendation was more collaboration between ELL teachers and school counselors. ELL teachers who were study participants thought more collaboration was needed between ELL teachers and school counselors to effectively support ELL students who may exhibit a symptom of mental illness. Many of the ELL teachers thought there should be a meeting before school starts and then monthly meetings between the school counselor and the ELL teacher to discuss the ELL students on the ELL teacher's roster. During this meeting, it would be helpful to discuss any background information or share any other pertinent information to help the ELL teacher or the school counselor address the needs of their students. Often, when a student enrolls, the school counselor may have been provided with some background information regarding the student. This background information helps anyone interacting with the student to get a better understanding of the student and what their needs are. Additionally, the ELL teacher is often the first contact person who understands and communicates with the ELL student effectively. As a result, the student tends to open up more to the ELL teacher. By meeting monthly, the ELL teacher and/or the school counselor could provide any pertinent information that they have on specific students to help ELL teachers and/or school counselors effectively support their students. Because many of the ELL students and families are limited English speakers, they are not aware of all the resources available to assist them or their ELL students. To make sure that ELL students who may exhibit a symptom of mental illness are being effectively supported academically and emotionally, more collaboration is crucial between ELL teachers and school counselors. Therefore, this collaboration should not just occur at the beginning of the school year but monthly. ELL teachers, school counselors, and any other individuals such as social workers who interact with ELL students should be in the monthly

meetings. This would help to properly monitor ELL students to ensure that their needs are not just met academically but socially and emotionally.

Conclusion

Mental health is an ongoing issue in the United States. According to Kessler et al. (2005), “Approximately 20% of adolescents have a diagnosable mental health disorder” (p. 1). The lived experiences shared by ELL teachers and school counselors gave detailed perceptions about working with ELL students who may exhibit a symptom of mental illness in high school. The perspectives described by ELL teachers and school counselors were descriptive, which helped the researcher to gain insight about the challenges, limitations, and further research needed to support ELL students who may exhibit a symptom of mental illness.

Six themes emerged from the data: (a) environmental/family issues, (b) school social workers as a form of support, (c) outside agencies as a school intervention, (d) lack of resources when supporting ELL students, (e) English as a language barrier, and (f) high caseloads.

ELL teachers and school counselors face many challenges when supporting ELL students who may exhibit a symptom of mental illness in high school. One of the challenges that ELL teachers and/or school counselors face when supporting ELL students is a language barrier. Often, ELL students are new to the country and often have a language barrier. This makes it very difficult to communicate with individuals who do not speak the language. The study found that ELL teachers were more bilingual than school counselors. Many of the school counselors who participated in the study were non-Spanish-speaking and would need to use Google Translate program or a translator such as a bilingual secretary to communicate with ELL students. ELL teachers were able to communicate with their ELL students but were unable to effectively support ELL students due to the lack of awareness about resources or training regarding ELL

students who may exhibit a symptom of mental illness. Another challenge is the environmental/family issues that ELL students face. Many of the ELL students who come to the United States are escaping violence, seeking a better education, or wanting to live the American dream. Because of this, many ELL students have left their home, family, and/or friends. This can cause some ELL students to exhibit symptoms that resemble anxiety, depression, and even PTSD. Lack of resources was another challenge that many ELL teachers and/or school counselors faced. When supporting ELL students who may exhibit a symptom of mental illness, school counselors found that there were many resources available to students who may exhibit a symptom of mental illness. However, there were no resources that specifically targeted the ELL population. ELL teachers were unaware of many of the challenges and felt incapable of supporting ELL students. These challenges hinder ELL teachers and school counselors from effectively supporting ELL students. Last, high caseloads was another challenge. Due to high caseloads and lack of a strong connection with ELL students, school counselors were not always able to interact with those students who may exhibit a symptom of mental illness. This may have caused ELL students to feel uncomfortable visiting the counseling office to receive help for specific issues or concerns the student may have.

Results from the data confirmed that many ELL teachers felt inadequate in their role when supporting ELL students who may exhibit a symptom of mental illness. The ELL teachers believed more training was needed to support ELL students. In addition to more training, ELL teachers thought more collaboration between ELL teachers and school counselors was also needed. However, school counselors thought language barriers and high caseloads did not help with building a rapport with ELL students. The researcher found more training for ELL teachers, more research specifically focusing on mental health and the ELL population, and more

collaboration between ELL teachers and school counselors were some of the things needed for school counselors and ELL teachers to feel effective when supporting ELL students who may exhibit a symptom of mental illness in high school.

Appendix A: Recruitment Email

To Whom It May Concern:

My name is Trenise Duckens, and I am a doctoral candidate in the Counselor Psychology program at National Louis University. This message is to request your participation in a qualitative research study created to investigate the lived experiences of ELL teachers and school counselors who support ELL students who may exhibit a symptom of mental health in high school. This study is being conducted to meet the requirements of my dissertation. This study has been approved by National Louis University's Institutional Review Board (IRB) and is under the supervision of my dissertation chair, Dr. Donna Kirkpatrick Pinson.

The interview will take approximately 45 minutes to complete. Additionally, you will be asked to complete a demographic questionnaire prior to the interview that will take 5-10 minutes to complete. Your participation in this study and any personal information that you provide will be kept confidential and filed in a locked cabinet. Your name will never appear on any research materials. To keep all information shared confidential, you will receive a unique code that will be assigned to you after you agree to participate (example of unique code: PT12345).

I am hoping you will consider this request to participate in my dissertation study. I am interested in interviewing school counselors who meet the following criteria: (a) school support staff team which consisted of ELL teachers and school counselors, (b) currently employed at a high school in the Greater Houston area, (c) work directly or engage with ELL population, (d) have at least three years of experience or more in their position, and (e) available to engage in an face-to-face or virtual interview.

As a participant of the study, with your permission, the interview will be recorded and transcribed. All participants will receive a copy of their transcription to review for accuracy and

validity. The data collected and obtained from this study will be maintained for three years in a locked cabinet after the completion of this study and then destroyed. Participants can withdraw from the study at any time. Beyond demographic information, no other personal information is requested. Please be aware that minimal risks are associated; however, a licensed professional counselor will be available for e-therapy if needed.

Please feel free to share my contact information with other ELL teachers and school counselors whom you think would be interested. I thank you in advance for your time and consideration in participating in my study. Please feel free to contact me regarding any additional questions or concerns, or to request a copy of the results of this study.

Best Regards,

Trenise Duckens, M. Ed.

Doctoral Candidate

National Louis University

Email: tduckens@my.nl.edu

Phone Number: (832) 677-0013

Appendix B: Informed Consent

Dear Participant,

I am writing to confirm your desire to participate in my research study. This informed consent will provide information about my study, so you can decide whether you wish to proceed or not and participate in my study. If at any point you decide that you no longer want to participate and wish to withdraw from this study, you can do so at any time.

The purpose of this study is to gain more insight on ELL teachers and school counselors' experience supporting ELL students who may exhibit a symptom of mental illness in high school. During this interview, we will discuss ELL students' mental health symptoms and the resources, interventions utilized, and barriers that ELL teachers and school counselors experience supporting these ELL students. The interview will last approximately 45 minutes and will be a face-to-face interview. Due to COVID precautions, virtual interviews are available. Interviews will be recorded and transcribed. After your interview, the researcher will contact you 2-3 weeks later to view the transcription and seek any additional information. To keep your file and information shared confidential, the researcher will give each participant of the study a unique code (example: PT123456) and keep all files stored and locked in a file cabinet. The unique code will help keep all information shared confidential. However, some of the information may be used in future publication and/or publications. If this does occur, your name will not be disclosed. All files will be kept for a minimum of 3 years in a locked cabinet.

Due to the nature of the questions that may be asked in the interview, it may bring up some underlying emotions. If this does occur, there will be a licensed professional counselor available during e-therapy. Although confidentiality will be maintained throughout this study, I do understand that if I state any of the following to the researcher that confidentiality will be

breached: 1) someone has or is hurting me; 2) I want to or have hurt someone; 3) I want to or have hurt myself.

My participation in this study is voluntary; therefore, I will not receive any compensation or gifts for my participation. If at any time, I would no longer like to participate, I may do so at any time during the study. Also, if you do not wish to discuss any topic or questions, you are able to do so.

By signing below, I am stating that I understand the minimal risks and my rights in this research. I also understand that a copy of this signed consent will be sent to me via email.

Participant Signature: _____ Date: _____

**Appendix C: Demographics Questionnaire for High School ELL Teachers and School
Counselors**

1. Name _____
2. Age _____
3. Race/Ethnicity _____
4. Gender _____
5. What is your current position?

6. How many years have you been in your current position? _____
7. Have you currently been in your position for a minimum of three years or more?
Yes _____ No _____ If yes, how many years have you been in your position?

8. What is the total number of students in your caseload? _____
9. Have you experienced any interactions with students who exhibit a symptom of mental illness? Yes _____ No _____
10. Have you experienced any interactions with students diagnosed with a mental illness?
Yes _____ No _____
11. Have you attended any trainings about mental illness or the symptoms of mental illness?
Yes _____ No _____ If yes, what is training did you attend?

**Appendix D: Possible Semi-Structured Interview Questions for High School ELL Teachers
and School Counselors**

1. What would you describe as a mental illness or a symptom of mental illness?
2. Can you tell me what behaviors an adolescent who has a mental illness or a symptom of a mental illness exhibit?
3. What training have you attended to learn how to support students who exhibit a symptom of mental illness? If you have not attended any training, what training do you think is needed?
4. Describe to me your overall experience when working with ELL students?
5. Describe to me the things you see as challenges that ELL students who exhibit a symptom of mental illness face inside and outside of school?
6. Describe any school resources that are available to address ELL students who exhibit a symptom of mental illness?
7. How do you effectively support ELL students who exhibit a symptom of mental illness?
8. Describe to me things you perceive as barriers that prevent you from being effective in supporting ELL students who exhibit a symptom of mental illness.
9. Describe the different interventions or programs that exist at your school to support ELL families, students, and teachers that specifically address mental illness in the classroom or community.

Appendix E: Goggle Form for Dissertation Research Participant

Dissertation Research Participant

Hi! My name is Trenise Duckens, and I am a doctoral candidate in the Counseling Psychology program at National Louis University in Tampa, Florida. This message is to request your participation in a qualitative research study created to investigate the lived experiences of teachers of English language learners (ELL) and school counselors at the high school level who support an ELL student who may exhibit a symptom(s) of mental health. If you would like to participate, please fill out this form, and I will contact you. Please remember in order to participate in this study you must work as a HIGH SCHOOL ELL teacher or school counselor.

Required

1. What is your first name?
2. What is your last name?
3. What is the name of your school? (MUST WORK AT HIGH SCHOOL)
4. Do you prefer that I contact you via phone or email?

Email

Phone

You can print a copy of your answer after you submit.

Submit

This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the privacy or security practices of its customers, including those of this form owner. Never give out your password.

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