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Rural School Counselors' Experiences Responding to the Rural Youth Mental Health Crisis

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In response to a gap in the literature and the growing mental health needs of rural youth, the authors conducted a phenomenological investigation comprised of fifteen rural school counselors nationwide exploring the rural youth mental health crisis's impact on their students, schools, and roles. The following themes emerged: rising youth mental health needs, protective and risk factors, pandemic impacts, and school counselors' changing roles. Implications for rural school counselors, school districts, and counselor preparation are discussed, along with limitations and future research.

Keywords: rural school counseling, mental health, schools

Merriam-Webster (2024) defines a crisis as "an unstable or crucial time or state of affairs in which a decisive change is impending…especially one with the distinct possibility of a highly undesirable outcome" (Definition 3a). America is undergoing a youth mental health crisis, afflicting young people nationwide (U.S. Department of Health and Human Services [DHHS], 2021). In recent years, youth in the United States have experienced alarming increases in anxiety, depression, suicidal ideation, and other mental health challenges. These trends, compounded by limited access to timely and effective care, underscore the urgent and unstable nature of the current landscape, one with potentially severe consequences if left unaddressed. Youth residing in rural communities, long hamstrung by barriers such as limited mental health access, are among the populations most profoundly impacted. Rural school counselors are crucial school-based mental health experts equipped with the knowledge, skills, and abilities to address obstacles (e.g., stigma, mental health literacy) and promote access to care. As such, they are key figures in addressing this crisis. Despite these realities, no research exists exploring rural school

counselors' experiences responding to the rural youth mental health crisis' (RYMHC) manifestation in rural locales. Consequently, utilizing a sample of 15 rural school counselors with at least 5 years of rural school counseling experience, the present study offers insights regarding rural youth mental health protective and risk factors, and the RYMHC's impact on school counselors' school communities and roles.

Literature Review

Youth Mental Health Disparities

Over the past decade, the United States has witnessed an alarming rise in the breadth, depth, and severity of youth mental health challenges (Mental Health America, 2020). From 2009 to 2019, there was a 40% increase in youth reporting prolonged feelings of sadness or hopelessness (Centers for Disease Control and Prevention [CDC], n.d.). Moreover, suicide rates for youth aged 10–14 increased threefold from 2007 to 2018 (Curtin & Garnett, 2023), and rates of depression and anxiety were on the rise even before the COVID-19 pandemic (Bitsko et al., 2022). These trends reflect an overarching mental health crisis that affects youth broadly, but the impacts are not equally distributed. Disparities have been consistently more pronounced among historically oppressed communities, including LGBTQ+ and Black youth (GLSEN, 2019; Substance Abuse and Mental Health Services Administration, 2021). Pre-pandemic data showed that 80% of youth with diagnosable mental health conditions did not receive treatment (McCance-Katz & Lynch, 2019). Structural and social drivers such as adverse childhood experiences (e.g., neglect, abuse, poverty), social determinants of health, bullying, and isolation have been linked to these outcomes (Bomysoad & Francis, 2020; Koita et al., 2018; Anderson et al., 2022; Stickley et al., 2016).

COVID-19 and Youth Mental Health

Since the pandemic, there is a dramatic increase in youth thoughts of suicide, loneliness, depression, anxiety, and bereavement propelled by losses experienced since the COVID-19 pandemic (DHHS, 2021). The CDC's (n.d.) nationally-representative *Youth Risk Behavior Survey* revealed startling statistics regarding mental health among high school youth in 2021. For one, 42% of youth expressed chronic feelings of sadness and

hopelessness, a 15% increase from 2019. Further, 22% of youth disclosed having serious thoughts of suicide, 18% made a plan to die by suicide, and 10% attempted suicide, which reflects increases in all three areas. In the Trevor Project's (2022) 2022 *National Survey on LGBTQ Youth Mental Health*, which utilized a nationally-representative sample of over 33,000 LGBTQ young people ages 13-24, findings indicated that nearly half of respondents seriously considered suicide in the past year, 15% attempted suicide, and that over half of LGBTQ youth who needed mental health support deemed it inaccessible. Further, during the pandemic, many Black, Indigenous, and other People of Color experienced hardships with mental health implications such as increased rates of loneliness, parental loss, and racism (e.g., Rogers et al., 2021).

Since 2020, numerous scholarly sources and leading organizations have sounded the alarm regarding the dire state of youth mental health nationwide. In October 2021, the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association jointly declared a national emergency in child and adolescent mental health, signaling that "we have witnessed soaring rates of mental health challenges among children, adolescents, and their families over the course of the COVID-19 pandemic, exacerbating the situation that existed prior to the pandemic" (American Academy of Pediatrics, 2021, para. 1). Similarly, the American Medical Association (2023) declared a children's mental health national emergency. The President and Vice President (DHHS, 2023) and U.S. Surgeon General (DHHS, 2021) add to the growing number of entities shining light on this emergency, punctuated by the White House's (2023) comment that "our country is facing an unprecedented mental health crisis impacting people of all ages" (para. 1). While these national trends are deeply concerning, they do not account for the compounded challenges faced by youth in rural communities. The pandemic amplified existing disparities in these areas, where structural barriers and limited resources have made access to mental health support even more difficult.

Rural Youth Mental Health

Youth residing in rural communities are at risk of experiencing poorer mental health outcomes than those in suburban and urban localities. For instance, the National Rural

Health Association (n.d.) found that rural youth are twice as likely to complete suicide as non-rural youth. Rural youth are also more disposed to having a diagnosable mental disorder (Kelleher & Gardner, 2017) and are at increased odds of being diagnosed with depression at some point in their lives (Figas et al., 2022). Additionally, youth emergency room admittance rates from attempted suicide are highest in rural areas (Hoffmann et al., 2021). Logically, the pandemic inflamed many of these trends, with research revealing increased rates of rural youth hospitalization due to mental health concerns (Arakelyan et al., 2022).

Several established factors make rural youth more susceptible to adverse mental health outcomes. Rural communities commonly experience a shortage of qualified mental health providers to address pressing youth mental health needs (Boulden & Schimmel, 2022). This shortage is attributed to several factors, such as limited public transportation, poor infrastructure, and having to travel large distances to access mental health services (Rural Health Information Hub, 2017). As of March 2023, thousands of rural areas across the U.S. were designated as Mental Health Professional Shortage Areas, with over 2,000 additional providers needed to meet demand and eliminate these shortages (Health Resources and Services Administration, 2023). Rural residents may have difficulty paying for mental health services, even with health insurance coverage (Morales et al., 2020). Further, mental health stigma is often deeply embedded in rural communities, serving as a barrier to help-seeking (Crumb et al., 2019). DHHS (2021) raised important concerns regarding the pandemic's impact on rural America, asserting that rural youth are at higher risk of mental health challenges during the pandemic due to many barriers that can inhibit mental health access. These systemic and social barriers emphasize school counselors' importance in these settings.

School Counselors

School counselors are key linchpins in addressing student mental health (American School Counselor Association [ASCA], 2020). Furthermore, they are uniquely positioned to utilize a systemic approach, collaborating with a broad array of partners (e.g., caregivers, administrators) to promote positive mental health outcomes while simultaneously helping engender a safe and affirming environment (ASCA, 2020).

Empirical research supports school counselors' impact on student mental health outcomes such as self-regulation, stress, and anxiety (Bleasdale et al., 2020; Ohrt et al., 2014). Additional compelling research demonstrates school counselors' ability to improve mental health correlates, such as conflict resolution (Mariani et al., 2022), executive functioning (Meany-Walen et al., 2018), and social self-efficacy (Martin et al., 2022).

School counseling in rural settings, specifically, contains its own assortment of opportunities. As mentioned, factors such as community mental health provider shortages, stigma, and logistical constraints (e.g., transportation, affordability) are repeatedly more pronounced in rural settings, causing many youths with mental health needs to not receive services (Boulden & Schimmel, 2022; Crumb et al., 2019). Resultantly, whereas school counselors in other settings may have greater odds of successful community mental health referral, rural school counselors are often the only viable mental health resource for students, possibly contributing to burnout and isolation (Boulden et al., 2022; Boulden & Schimmel, 2022). Further, rural school counselors regularly assume numerous roles to ensure an orderly school environment, adversely impacting their availability, visibility, and ability to provide a comprehensive school counseling program (Boulden et al., 2022; Boulden & Schimmel, 2022; Grimes, 2020). Rural schools' chronic underfunding in many states habitually causes school counselors and rural educators to be under-resourced (Showalter et al., 2023). Conversely, rural schools often have a high degree of pride and connectedness, affording school counselors opportunities to forge meaningful relationships and partnerships (Boulden et al., 2022; Boulden & Brown, 2022; Boulden & Henry, 2023; Boulden & Schimmel, 2022). Further, although the research is mixed, some rural school counselors enjoy greater teacher retention, which supports school counselor—teacher and teacher—student relationship building (Boulden et al., 2022).

Rationale and Research Question

Nationally, there has been a gradual deterioration in youth mental health outcomes (Mental Health America, 2020). The COVID-19 pandemic has impacted all parts of the United States, spurring what is commonly referred to as a *youth mental health crisis*. Rural youth face increased risk of disproportionately experiencing these negative impacts, due to preexisting inequities often found in rural locales (e.g., mental health

provider shortages, logistical constraints, unreliable telehealth access, stigma; DHHS, 2021), and have experienced a rise in youth mental health challenges (National Rural Health Association, n.d.). Rural school counselors play a pivotal role in supporting the needs of all students, and schools are integral to early intervention and identification of mental health challenges (National Alliance on Mental Illness, n.d., *Why We Care* section). In many cases, rural school counselors are the only realistic mental health providers due to several aforementioned barriers (Boulden et al., 2022; Boulden & Schimmel, 2022). Hence, within the context of the RYMHC, this makes their role as mental health experts even more critical. A growing body of literature has begun to explore youth mental health in rural schools (e.g., Hughes et al., 2023). Moreover, researchers have investigated school counselors' role in supporting youth during the pandemic's early stages (Alexander et al., 2022). However, scant research examines rural school counseling within the context of before, during, and the years following the public health emergency, and no research specific to rural school counseling exists. To address this gap, the following research question guided our study: *What are the experiences of rural school counselors in responding to the rural youth mental health crisis?* More specifically, the study explored the RYMHC's impact on their schools, students, and roles, along with contextual factors impacting rural student mental health.

Methods

To understand the lived experiences of rural school counselors in providing services to students pre-pandemic and during the RYMHC, researchers utilized a phenomenological method. Interpretive phenomenological interviewing is a method to understand the lived experiences of participants through their own meaning-making process (Prosek & Gibson, 2021). By asking participants to directly reflect on their lived experiences (e.g., asking them about lessons learned and their perceptions of events), the "findings represent how the researcher made sense of participants' meaning making of their experiences" (Prosek & Gibson, 2021, p. 170). Therefore, the philosophical underpinnings of this study are directly tied to social constructivism, which highlights the multiple truths within narratives through the inclusion of participant and researcher perspectives (Prosek & Gibson, 2021). Social constructivism posits that knowledge is

constructed through human interaction and shaped by cultural, historical, and social contexts. Within this framework, participants' accounts are not treated as fixed facts but as situated understandings influenced by their environments, relationships, and lived realities. For this study, rural school counselors' perspectives were understood as being formed through their interactions with students, families, and school systems within the unique cultural and geographic contexts of rural communities. The researchers' interpretations were also viewed as part of the meaning-making process, acknowledging that researcher and participant co-construct understanding throughout data collection and analysis. Accordingly, the researchers sought to engage in phenomenological reduction by bracketing presuppositions, focusing solely on participants' described experiences, and identifying the essence of those experiences through systematic analysis (Moustakas, 1994). Rural school counselors' experiences and perceptions of the changing needs of rural youth, and consequently, how to best equip rural school counselors in these settings to best address and serve students, were the primary constructs of interest.

Participants

Participants in this study were recruited by the researchers primarily using professional organization listservs and word of mouth. Eligibility criteria included (1) being employed as a public-school counselor in a rural setting and (2) having at least five consecutive years of full-time school counseling experience in a rural school (as of September 1, 2023). Participants' rural schools were verified utilizing the National Center for Education Statistics' (n.d.) locale lookup tool. Regarding demographics, participants identified as female (93.3%) and male (6.7%). For race, 60% (*n* = 9) identified as White, 33.3% (*n* = 5) identified as BIPOC, and 6.7% (*n* = 1) did not provide a response. Ages ranged from 34 to 57 years (*M* = 44; SD = 7.75). Next, participants were employed across all building levels, including elementary (*n* = 5), middle (*n* = 5), high (*n* = 2), and K-12 school (*n* = 2) settings, with one participant not providing a response. Years of school counseling experience ranged from 6 to 23 years (*M* = 12.36; SD = 6.21), and years of rural school counseling experience ranged from 6 to 21 years (*M* = 11.79; SD = 5.77). School population ranged from 170 to 1500 students (*M* = 462.79; SD = 313.34). Over half of the participants (53.33%) indicated that they were employed in Title 1-designated

schools. Lastly, participants were employed in the South (*n* = 8), Midwest (*n* = 4), and West (*n* = 3) regions. Table 1 provides an illustration of participant demographics, including pseudonyms to preserve anonymity.

Table 1

Participant Demographics

Pseudonym	**Region**	**Gender**	**Age**	**Race**	**School Level**	**School Size**	**Years as SC**	**Years as Rural SC**	**Title 1**
Barbara	MW	Female	39	White	M	220	7	7	Yes
Monica	W	Female	47	Native Hawaiian	K-12	400	22	21	Yes
Patricia	MW	Female	34	White	K-12	300	7	7	Yes
Margaret	S	Female	56	White	M	320	6	6	No
Faye	S	Female	-	-	-	-	-	-	-
Hannah	S	Female	55	White	H	510	13	13	No
Julia	S	Female	37	Black	E	450	12	12	Yes
Hazel	W	Female	50	Hispanic	M	170	23	20	Yes
Habiba	W	Female	37	White	E	564	7	7	Unsure
Jessica	S	Female	42	White	E	300	14	11	Yes
Wren	MW	Female	44	White	M	370	20	20	No
Brittni	MW	Female	46	White	E	500	6	6	Yes
Luna	S	Female	57	Black	H	1500	20	20	Yes
Sam	S	Male	35	Multi-racial	M	600	10	9	No
Waverly	S	Female	37	White	E	275	6	6	Yes

Note. For school-level demographics, E denotes elementary school, M denotes middle school, and H denotes high school. For the region, MW denotes the Midwest, W denotes the West, and S denotes the South.

Data Collection

Following university IRB approval, data collection occurred through individual interviews conducted through the Zoom platform. Using semi-structured interview protocols, a hallmark of phenomenological research (Creswell & Poth, 2018), participants were asked to reflect on their experiences as a rural school counselor pre-pandemic and during the pandemic, as well as their experiences serving as a school counselor during the RYMHC. Finally, participants were asked to reflect on their own training experiences and readiness to serve in their communities. Interviews lasted 1-2 hours in duration. After interviews were transcribed, the researchers sent them to participants to confirm accuracy. Interviews continued until data saturation was reached, as evidenced by the repetition of responses and the emergence of no new themes in the final three interviews.

Data Analysis

Initially and throughout, the researchers met to discuss both their experiences, identities, and assumptions regarding the RYMHC and their thoughts and reactions to participants' responses, supporting the bracketing process. This ongoing dialogue enhanced their abilities to remain objective and prioritize a deep understanding of participants' lived experiences. The research analysis process was conducted using Moustakas's (1994) transcendental phenomenological approach. First, the researchers independently reviewed each transcript and identified key horizontal statements. Horizontalization was applied to treat each statement with equal value before clustering them into meaning units. Next, they independently created codes from those statements and removed redundant statements included in the initial coding process. Researchers independently created themes and subthemes from their initial coding experiences. Next, the researchers collaborated throughout several meetings to review their initial impressions from the data analysis, discussing potential themes and subthemes until consensus was reached. Textural descriptions (what participants experienced) and

structural descriptions (how they experienced it, in terms of conditions, situations, and context) were developed. From these, the researchers constructed composite descriptions to illuminate the essence of rural school counselors' experiences during the RYMHC.

Trustworthiness Strategies

Numerous well-established trustworthiness strategies were utilized in this study (Hays & Singh, 2023). Firstly, the researchers regularly discussed their reactions, biases, and assumptions, along with engaging in reflexive journaling to support the bracketing process. Furthermore, a positionality statement is included to share their lived experiences and background. Member checking occurred both formatively and after each interview. During each interview, the interviewers asked clarifying questions to confirm accuracy. After each interview, each participant was emailed an anonymized transcript and asked to indicate any requested revisions within two weeks. No participants requested revisions. Lastly, rich, in-depth descriptions are interspersed to provide a detailed illustration of participants' lived experiences. These strategies, combined with methodological adherence to phenomenological reduction and thematic synthesis, served to enhance credibility and trust in the rigor of the findings.

Results

This section presents key findings from interviews with 15 rural school counselors regarding the RYMHC. The results are organized around the primary research questions that guided the study, with each theme aligning to a core area of inquiry. Participants shared rich, firsthand accounts of student mental health trends, challenges, and school-based responses. Four primary themes emerged: (1) rising youth mental health needs, (2) protective and risk factors, (3) pandemic impacts, and (4) school counselors' changing roles. Each theme is organized by relevant subthemes and illustrated through participants' voices. In addition to presenting lived experiences, the findings are interpreted through a social constructivist lens, highlighting the influence of systemic, cultural, and geographic factors on meaning-making in rural schools.

Theme 1: Rising Youth Mental Health Needs

Participants described the status of youth mental health within their respective rural schools before the pandemic. In their descriptions, many emphasized that, even before the pandemic, students' mental health needs had sharply increased over the last decade. Specifically, two subthemes emerged through individual interviews: (a) anxiety and depression, and (b) scholastic impact.

Anxiety and Depression

In describing students' pre-pandemic mental health needs, nearly all participants described increasing signs of anxiety and depression within their assigned schools. The anxiety's sources were multifaceted, including school and community settings. Hannah shared that many students' anxieties were performance or expectations-driven, such as "grades, about doing well, about not letting parents down, about what other kids thought, [and] maybe what other people thought of them." As Habiba reflected, some students reported feeling heightened levels of anxiety "but not necessarily realizing why or realizing what that looked like." Concomitantly, most participants noted rising rates of depression and hopelessness, or signs of depression and hopelessness, among their students. In sharing her observations, Hazel indicated signs such as "depression, grades falling off, huge change in habits, and those day-to-day indicators with kids, like coming in late to school looking disheveled." These narratives reflect a shared perception among rural school counselors that mental health needs were already mounting prior to 2020, shaped by broader cultural and contextual stressors that disproportionately affect rural youth.

Scholastic Impact

Participants detailed how the rising youth mental health challenges observed pre-pandemic impacted students' success and well-being. Specifically, nearly half of the participants described increasing rates of apathy and hopelessness that they believed correlated with these escalating mental health challenges. Wren observed decreased motivation and increased student hopelessness, which she largely attributed to unmet mental health needs. Some participants indicated that their school community's remoteness resulted in increasing rates of loneliness and isolation, adversely impacting

students' mental health, motivation, and academic performance. Julia indicated that some students would "rush through their tests [because] they didn't take them seriously or they just didn't want to do it." This subtheme illustrates how academic disengagement can serve as both a symptom and consequence of untreated mental health issues, particularly in rural communities where support systems may be limited.

Theme 2: Protective and Risk Factors

Participants shared factors within their rural school community that they believe contribute to improved student mental health outcomes, followed by factors that increase students' odds of poor mental health outcomes and thus may exacerbate the RYMHC. The eight related subthemes are (a) school community, (b) school-based mental health access, (c) school-community partnerships, (d) strong sense of community, (e) substance misuse, (f) logistics, (g) lack of mental health providers, and (h) stigma.

Protective Factor: School Community

Most participants described their rural school's importance in supporting positive mental health, describing their schools as close-knit and environments wherein "the kids are all treated like part of the family community." Brittni indicated that her school "doesn't necessarily have a lot of teacher turnover," which supports relationship building between school staff, students, and families. In describing their schools' sense of connectedness, others described how many teachers are keenly aware of changes in students' behavior and attitudes, promptly communicating concerns to them. Sam lauded the benefits of supportive teachers, asserting that "if students can at least find that one person who is their go-to person, that's very helpful for them." Others, like Waverly, described whole-school efforts to bolster student connectedness, such as having students complete surveys wherein students are asked if they feel like educators care about them. These descriptions reinforce the unique social capital found in rural schools, where relational closeness may act as a buffer against mental health deterioration. They also highlight the extent to which schools serve as a central hub of care in the absence of external providers.

Protective Factor: School-Based Mental Health Access

In this subtheme, participants touted the benefits of having community-based mental health agencies housed within their respective rural schools to provide mental health services to students and how having these services in-house reduces barriers to care. For instance, Wren asserted that additional counselors have "made it more accessible [as students are] already here at school, [and] they've been bused here, [so] they can access the mental health counseling here at school." Barbara shared that, in her rural school community, "our local [community mental health agency] is willing to come and see students in our building as well. So having people close by that can be accessed is helpful." Many participants described having school-based health clinics that provide an array of behavioral, dental, and medical services to students, often free of charge. Participants' emphasis on co-located services underscores how logistical accessibility, not just availability, shapes rural students' engagement with care.

Protective Factor: School-Community Partnerships

Participants described partnerships with community organizations that support students' sense of connectedness and overall well-being. Hazel revealed that her school partners with organizations to ensure students' basic needs are met (e.g., food, clothing): "So I think that has helped a lot just by knowing you come here, and your needs are met, we're going to try to help you. So, I think that's huge." Others, like Margaret, mentioned school-based mentorship programs wherein community members are matched with students to develop meaningful relationships and provide encouragement. These insights further reflect the ways rural school counselors serve as community connectors, reinforcing social constructivist ideas of meaning-making within interdependent systems.

Protective Factor: Strong Sense of Community

Participants commented on the strong sense of community within the municipality in which their schools are located, particularly within family systems. According to Monica: "Our children are really dependent, thank goodness, on really strong intergenerational families. So, the cultural norm is these strong multi-generational families. And so that's

where the strength lies." Some participants, like Patricia, shared that community members regularly contact her to share concerns about students, commonly resulting in Patricia checking in with those students. Others highlighted examples of this sense of community, such as sporting events, parent outreach, and donation drives for ill students. As Wren expressed, "there's a lot of care and concern for each other." While this communal closeness offers substantial benefits, it also implies challenges regarding privacy and stigma, which are explored more fully in later subthemes.

Risk Factor: Substance Misuse

Nearly all participants cited substance misuse as a major hindrance to positive mental health. Specifically, participants cited the rising prevalence and severity of substance misuse in their communities. Wren offered a detailed illustration of the substance use challenge in their community:

> We have grandparents raising grandkids, we have parents that are incarcerated, and I know that's not unique to us; that's everywhere. The drug epidemic has affected pretty much everywhere in the country, but we have a lot of that. We have students that have lost parents to overdoses. It's gotten really bad, since I started here 20 years ago, I can definitely see the shift. So that's 100% a problem and we're currently trying to figure out how we navigate this.

Others referred to the past ten years as being in the midst of a "drug epidemic," and described the epidemic's negative impact on youth mental health outcomes. Jessica shared that some students blame themselves for their biological parents' addiction, asking questions such as: "what's wrong with me that my mom doesn't want me to live with her?" resulting in low self-esteem. The effects of widespread substance misuse are not only intergenerational but structural, reinforcing cycles of trauma and compounding school counselors' mental health responsibilities in rural contexts.

Risk Factor: Logistics

Most participants cited logistics as a prevailing factor making mental health access unfeasible. Brittni elaborated that "the [closest therapist] was at least an hour away. So, I would have been the only person available to them to receive any mental health support

because they could not access the town an hour away." Sometimes, logistical barriers exist solely due to bureaucratic constraints, as described by Sam: "My biggest struggle has been ensuring the resources that we do have are more accessible to families…the resources are there, but the hoops you must jump through to get a kid involved in that can be very convoluted." Others described additional impediments, such as a lack of after-school therapist availability, financial constraints, and unreliable telehealth access. Logistical barriers underscore the structural inequities facing rural communities, revealing how geographic and bureaucratic distance can marginalize rural youth from accessing consistent care.

Risk Factor: Lack of Mental Health Providers

Participants indicated that access to high-quality mental health providers within their communities was another barrier and has worsened over the past decade. Often, participants reported being the only accessible mental health provider in their rural communities. More specifically, many discussed that the few local agencies often had long waitlists or high clinician turnover, as Monica expressed: "We just have such a difficult time, number one, filling the positions, and then number two, keeping them here because it is a hard place to live. If you are not from here, it is a real isolating place." Access was still a concern for some schools that contained outside counselors. For instance, Jessica shared that her school's outside counselor "can only see Medicaid patients," making this service inaccessible to most students. The persistent shortage of rural mental health providers aligns with broader rural health workforce trends and exacerbates the demand placed on school counselors to act as default clinicians.

Risk Factor: Stigma

Participants shared that mental health stigma remains a major deterrent to care, particularly from caregivers. Faye indicated that some caregivers are apprehensive about seeking help out of fear of their child being removed from the home or school employees "spying on [them]." Other school counselors, such as Hannah, felt that their communities had "a mentality of, 'I'm going to suck it up and deal with it.' Or, 'It's not that bad.' Or, 'I'm just being dramatic,'" perhaps downplaying potential mental illness and thus preventing

treatment. Julia shared that "when we suggest or ask the parents, would they be comfortable with a referral, it stops right there, because the parents' first response is, 'Well, my kid's not crazy.'" This subtheme illustrates how deeply embedded cultural narratives about self-reliance and privacy may serve as barriers to accessing care, highlighting the ongoing need for culturally responsive initiatives in rural areas that combat stigma.

Theme 3: Pandemic Impacts

Next, participants remarked on the pandemic's school-based impact on both students and school staff. These sentiments are captured in two subthemes: (a) student impacts and (b) educator impacts.

Student Impacts

All participants concurred that, since the pandemic, they have noticed marked changes in students' academic and mental functioning, changes that were more severe, widespread, and impactful than they observed before 2020. As Habiba expressed:

> Yeah. I feel like we talk about it all the time and teachers talk about it all the time. Man, things feel so much…I'm trying to think about that. I'm trying to think of a good way to phrase it...behaviors, things feel bigger, I think, post pandemic, if I can boil it down like that. Things feel bigger and the support has not increased.

While the changes are aplenty, all participants noted that more students struggle with emotional regulation than pre-pandemic. Sam indicated that "[many] students have either severe anger outbursts or severe anxiety outbursts that cause them to present some behavior that the teacher deems as inappropriate, so they sent them to a principal or me." Faye indicated that she has observed increased "meltdowns" from students "struggling a bit more with everything: academics, social, emotional, coping, all of that." Comparatively, Julia observes "students who are standoffish and not wanting to communicate, or respond, or completely shut down on you." Others described increased rates of anger, yelling, crying, misbehavior, and impulsivity, illustrative of potential self-regulation challenges.

Likewise, participants noted an omnipresent change in coping skills in their students, including an inability to bounce back from typical setbacks. Patricia offered her thoughts: "I think students' ability to cope with any more unforeseen circumstances, any more rises in change was just tapped out. I think our threshold is much lower now than it was before COVID." Brittni noted that in her community, familial stress has increased markedly, adversely impacting students' coping capacities. Others offered similar views regarding stress's role in students' coping skills.

Lastly, in describing post-pandemic impacts, all described increased rates of anxiety, depression, self-harm, and thoughts of suicide. Hannah described anxiety in her school as being "much more generalized, [like] that 'waiting for the next shoe to drop' feeling with a lot of our students and even in our staff." Julia offered insight regarding anxiety's frequency and severity in her school representative of many participants' remarks:

> Before the pandemic, if you had students who were concerned about something, like for instance with test anxiety, it really only came maybe at the end of the year when you had the big state testing period. But now, it's any type of assessment, whether it's the benchmarks, state testing, which we do three times a year, their weekly assessments, just a concern about having to sit still and recall that information and put it on paper or do it in multiple choice.

Jessica commented that many of her students are distrustful of themselves and others, which she says "leads to that anxiety of, 'I'm alone. I don't know what to do. I don't know why I feel the way that I do, and there's no one here that has my back.'" Additionally, participants highlighted increased signs of depression among their students. Monica revealed that "they're hurting in ways at younger ages than I think they have in the past, or at least are better at vocalizing now that they're hurting in more ways, which goes back to the depression."

Additionally, participants reported increased rates of self-harm and threats of self-harm, along with suicidal thoughts. Wren noted "an uptick in kids searching [online] about wanting to die or suicide." Sam relayed an uptick in self-harm who "don't really exhibit signs of depression necessarily but they are self-harming often."

Lastly, participants described increased mental health de-stigmatization among their student bodies. Often, they described students being "more open" and willing to explore their mental health, proactively and reactively. Luna offered the following perspective:

> We have had a little bit more of students feeling, I think depressed more, and admitting that more than normal than pre-pandemic. They didn't admit it as talk about it as much, but now they're very quick to say, "I've been depressed, or I've been having these types of thoughts." I think them hearing more about mental health…it's opening up the kids a little bit more and the parents a little bit more to talk about it.

Sam provided similar commentary, sharing that "just in recent years, kids have been more willing to open up and be like, 'Oh yeah, I am having those thoughts.' And we're also getting a lot more self-reports from students." In Barbara's school, the culture has changed as students are "talking about it more, that it's no longer where you just have to suffer in silence." Collectively, these observations demonstrate how the pandemic exacerbated existing vulnerabilities in rural communities, especially regarding students' emotional regulation, coping skills, and access to care. The increase in openness about mental health among students also suggests a cultural shift that school systems must be prepared to support.

Educator Impacts

In addition to the students, participants highlighted the pandemic's impact on their school staff. Chiefly, most participants indicated that their school staff were responsive to students' increased social-emotional needs. Many, like Barbara, suggested that teachers have incorporated social-emotional activities into the classroom to proactively provide coping skills and techniques that minimize undesired classroom behaviors. Waverly cited increased intentionality regarding student—educator relationship building, which helps students recognize that "people really do care about them in the school system." Others indicated that teachers are more receptive to school counselors providing classroom lessons and trainings because "they truly just want to do best by the kids." Relatedly,

participants echoed the importance of supportive administrators in transforming the school culture to be more attuned to students' needs.

While many expressed admiration for teachers' compassion and flexibility, participants indicated that teachers' frustrations have increased in the years following the pandemic. Hazel hypothesized that the frustration stems from frequent classroom misbehavior:

> They're running out of ideas for how to gently redirect that behavior. They've done the SEL training with me and with the county, and they worked hard the first three weeks of the school year building relationships with kids because we've told them that is integral to having the kid wanting to come to your classroom to learn. And they've done the activities. They get to know you. And they're still like, "I have done all these things. I am running out of ideas. What can we do?"

Similarly, Patricia shared that "teachers feel very frustrated, and they feel very burnt out because it is beginning to feel more like working so hard to manage this social emotional aspect that academically, nothing is getting accomplished." Sam indicated that this burnout could exacerbate the trend of "see more good teachers go to other professions" due to increased expectations without commensurate support. This theme highlights the dual burden educators face in rural schools, simultaneously serving as educators and emotional caretakers, often without sufficient support or training.

Theme 4: School Counselors' Changing Roles

Participants described how their school counselor's role has shifted to respond to these complex, multifaceted student needs. The two subthemes included (a) impact on the school counselor role and (b) school counselor preparedness needs.

Impact on the School Counselor Role

All participants described how they have modified their direct services to respond to students' needs. More narrowly, participants have become more intentional about incorporating interventions such as mindfulness and social-emotional learning into their classroom lessons to reach more students. For instance, Waverly described providing classroom lessons on "growth mindset and resiliency" and that "Often, we'll talk about

how we deal with stress? What are some coping strategies for that? How can I deal with my friends when they are not being nice to me? How can I handle that?" Similarly, Julia shared that she teaches kindergarteners their "emotional ABCs" as "kids used to come to school with an understanding of what emotions were and what feelings were what, but they don't come to school with that knowledge anymore." In addition to classroom lessons, many offered small group counseling for students needing more intensive support. As an example, Jessica provides small group counseling "just for kids who have those big emotions that don't have the skills yet." However, Habiba commented that her small groups "weren't always well received by students" due to stigma within her rural school community. Lastly, participants provide individual counseling (i.e., crisis and non-crisis counseling) for students with the most need. Hazel indicated that students may not share their internal struggles, requiring her to be "a little more creative if you want to get a better picture of what's going on," as "those days of being able to engage kids quickly, those days are gone. You must do a little more digging."

Hannah commented that more students seek her out in the hallways for individual counseling as "they don't think about necessarily coming to see us when they're in class, but then they see us, they're like, 'Oh, that's somebody I can go talk to.' And there's that relief to it, I guess." Lastly, participants noted responding to more crisis situations, particularly regarding students refusing to follow teachers' instructions and classroom outbursts. Waverly indicated that "that's happened a lot more since the pandemic as opposed to pre-pandemic."

Further, participants shared how this crisis has impacted their indirect services. Specifically, most described an uptick in student referrals for more intensive mental health services. Julia described the rise in referrals as most prominent during the 2021-2022 school year due to an increase in threats to self-harm. Some participants commented on student referral challenges. Notably, in Habiba's community, "our public services are overextended, and if you don't know who to call, where to call, and how to pin them down, it's likely that that kid or that family won't get those services." Sam's school district provides "a list of vetted local mental health agencies to expedite the referral process. However, most participants had to independently identify these services. Additionally, participants expressed increased advocacy efforts centered on meaningfully addressing

students' mental health needs. Jessica described that she successfully advocated for "calm down rooms to mitigate disruptive classroom behaviors." Others, like Barbara and Patricia, successfully advocated for more mental health providers in schools.

Next, participants reported increased utilization of data-informed practices. Luna shared that she has become more intentional about examining student behavior trends and has implemented an early warning system to proactively identify academic and behavioral concerns. Hazel indicated that her increased data usage has "helped secure funding for social emotional learning counselors and helpers, [which] helps our county and folks who write those grants in our state see that there's a huge need for this." Others described creating and disseminating needs assessments to inform both the services rendered and which students have the highest need.

Participants relayed increased community engagement in light of the broad array of student needs in their schools. To address basic needs, Wren described partnering with a local organization to provide meals during holidays. Similarly, Margaret's community has organizations that, "if I reach out and say we have a girl who needs some clothes or a boy who needs some clothes, they will shop for that kid." Participants described themselves as key contributors to developing and nurturing these critical community partnerships. These findings indicate that rural school counselors are increasingly asked to fill roles traditionally held by outside mental health providers, often without additional training or systemic support, reflecting a significant departure from professional guidelines and standards.

School Counselor Preparedness Needs

When describing the RYMHC's impact on their students, schools, and school counselor roles, participants offered insights on training needs. Specifically, many conveyed the need for more appropriate levels of mental health training for school counselors and school staff to more effectively address the increase in youth mental health challenges. Several participants deemed their school district's school counselor professional development offerings inadequate. Patricia lamented about the lackluster trainings afforded to her, stating that "we get stuck into this loop of trainings that sounds good in theory, but don't actually provide us with any functionable, workable solutions or

supports and give us zero realistic resources." Regarding school staff, participants recommended trainings that help educators recognize the signs of mental illness within children and when and how to refer students to the school counselor or other helping professional. In addition to in-service needs, participants cited a need for pre-service school counselor training centered on rurality's idiosyncrasies, as many felt ill-prepared to address mental health disparities within a rural context. Patricia mentioned that school counselors are not "prepared to understand that rural dynamics of counseling function so radically different than other areas" and that the rigid social and ethical boundaries commonly taught in counselor preparation programs are discordant with school counseling in rural settings. This theme reinforces the disconnect between counselor preparation programs and rural realities, especially regarding ethical boundaries, community integration, and the absence of nearby specialists. Table 1 provides an overview of the themes and subthemes that emerged from participant interviews, organized according to the study's guiding research questions.

Table 2

Themes and Subthemes Identified from Interviews with Rural School Counselors

Theme	Subthemes
Rising Youth Mental Health Needs	- Anxiety and Depression - Scholastic Impact
Protective and Risk Factors	**Protective Factors:** - School Community - School-Based Mental Health Access - School-Community Partnerships - Strong Sense of Community **Risk Factors:** - Substance Misuse - Logistics - Lack of Mental Health Providers - Stigma

Pandemic Impacts	- Student Impacts - Educator Impacts
School Counselors' Changing Roles	- Impact on School Counselor Role - School Counselor Preparedness Needs

Discussion

The present study sought to increase the profession's understanding of the RYMHC from the perspective of rural school counselors with at least five years of rural school counseling experience. The 15 participants provided rich, in-depth descriptions regarding student mental health, risk and protective factors, their unique roles, and preparation needs. In describing their lived experiences, participants addressed the rising youth mental health needs predating the pandemic, rural youth mental health risk and protective factors, and the crisis's impact on students, educators, and their roles. The meaning-making processes described by participants illustrate the core tenets of social constructivism, emphasizing how individuals construct knowledge and understand experiences through interactions within their social contexts (Prosek & Gibson, 2021). These narratives reveal that participants' perceptions are deeply embedded in their relationships with students, educators, families, and community members, reflecting the localized cultural values that shape rural school settings. Such situated meaning-making underscores the multiplicity of truths and lived realities that social constructivist perspectives highlight, supporting the interpretation that understanding rural youth mental health requires consideration of these dynamic social environments.

Rising Youth Mental Health Needs

Firstly, participants described a gradual increase in the breadth and depth of students' mental health needs in the years preceding the pandemic. They recounted heightened rates of anxiety and depression, often negatively impacting students' academic and behavioral performance (e.g., poor grades, amotivation, emotional regulation challenges, maladaptive conflict resolution skills). These sentiments are consistent with previous literature regarding youth mental health trends (Bitsko et al., 2022), although scant research exists within a rural context. Moreover, this study provides

details regarding *how* many behavioral challenges (e.g., maladaptive conflict resolution skills, emotional regulation challenges) can manifest in schools.

Protective and Risk Factors

Participants shed light on the youth mental health risk and protective factors located in their rural school communities. While many of the stated factors largely mirror previous research, this is the first study to explore them from both rural and school counseling perspectives. Furthermore, many of the reported factors, while aligned with existing literature, expand our understanding within a rural context. For instance, while the rural school counseling literature affirms positive, supportive school community's' importance in supporting school counselors' work (Boulden et al., 2022; Grimes, 2020), this study is unique as it addresses positive school communities within the context of rural school counseling and student wellbeing, illustrating school community factors contributing to improved student mental health (e.g., teacher retention, student surveys). Furthermore, the high teacher retention reported in this study is in stark contrast to the research on rural teacher attrition (e.g., Holme et al., 2017). Hence, it is plausible that certain rural communities may be prone to attrition, perhaps based on factors like proximity to metropolitan locales, school leadership, or affinity to rurality. Furthermore, research extolls the numerous benefits of community mental health agencies partnering with schools to support student mental health (Appling et al., 2019). As participants expressed, these additional providers helped mitigate barriers to treatment. Similarly, while school community partnerships' importance in rural settings is not new to school counseling (Boulden & Henry, 2023), the study's findings offer clear examples of partnerships in support of rural student mental health, the first to do so. Participants' insights into risk and protective factors were deeply rooted in their understanding of localized cultural norms, such as community expectations, the stigma surrounding mental health, and the value placed on self-reliance, which shaped both their interpretations and their professional responses. Their reflections demonstrate how social meaning is constructed through ongoing relationships with students, families, and community members.

The risk factors noted are indeed not foreign to rural settings. However, several novel, nuanced findings emerged that advance our understanding of these obstacles within a rural school counseling context. As an example, while previous research underscores the logistical challenges rural youth experience in accessing care (Boulden & Schimmel, 2022), this study is unique as it highlights how bureaucracy can serve as a logistical constraint. As Sam expressed, "the resources are there, but the hoops you must jump through to get a kid involved in that can be very convoluted." Hence, rigid policies, procedures, and laws (e.g., FERPA, HIPAA) likely stymie inter-agency collaborations (e.g., school—community mental health agencies), complicating students' access to qualified providers. Next, ample research corroborates stigma's presence in many rural communities, and its impact on mental health help-seeking tendencies (e.g., Crumb et al., 2019). Indeed, in the present study, most participants described widespread stigma in their rural locales, aligned with the literature. However, participants suggested increased rates of de-stigmatization amongst their student bodies. That is, rural students are becoming more open to discussing their mental health and perhaps less reluctant to engage in help-seeking behaviors. The global increased focus on mental health in the wake of the pandemic likely contributed mightily to the shift participants observed.

Pandemic Impacts

Next, when comparing student behavior and mental health before and after the pandemic, participants communicated increases in both the severity and ubiquitousness of challenging behaviors. Relatedly, participants observed more students struggling to regulate their emotions and develop healthy coping skills, commonly resulting in many aforementioned undesired behaviors. These findings largely align with the scholarship and declarations stemming from the COVID-19 pandemic (American Academy of Pediatrics, 2021; CDC, n.d.), although this is the first study to specifically explore student mental health within a rural school counseling context. The present study offered another novel insight: that the surge in youth anxiety has contributed to student anxiety on both high- and low-stakes tests and assignments (e.g., end-of-year examinations, weekly assessments) as reported by study participants. Hence, while consistent with the broader

trend of rising youth anxiety rates nationally (Bitsko et al., 2022), the present study's school-based and rural context offers a unique contribution.

Furthermore, participants shared that the crisis influenced how teachers taught. On the one hand, teachers became more sympathetic and sensitive to students' mental health needs, engaging in efforts to create safe, affirming, and supportive environments (e.g., SEL trainings, incorporating SEL into the curriculum, relationship building). On the other hand, participants purported increased teacher frustration and burnout due to factors such as increased undesirable classroom conduct and increased workloads. During the pandemic's acute stages, many educators incorporate SEL into virtual learning to address student mental health (Bhatnagar & Many, 2022). Alongside, factors such as increased expectations and challenging student behaviors have contributed to teacher disaffectedness and fatigue, prompting increased attention toward teachers' mental health (Kush et al., 2022).

School Counselors' Changing Roles

Participants remarked on the RYMHC's impact on their role and the provision of direct and indirect services, such as incorporating emotional regulation interventions (e.g., mindfulness, coping skills) into the school counseling curriculum, and increased demand for small group and individual instruction. Indirect services included increases in community mental health referrals, school counselor advocacy (i.e., advocating for school-based mental health infrastructure), data-informed decision making, and community collaboration. On a macro level, all the services mentioned align with ASCA's (2019) national model. Moreover, the direct services support previous research citing school counselors' impact on student mental health (Bleasdale et al., 2020), although the impact of participants' interventions is uncertain.

Recent research states that school counselors have become more intentional about incorporating mental health content into their comprehensive school counseling programs (Alexander et al., 2022). Improving students' coping and emotional regulation skills likely supported improved classroom conduct and positive work habits. There are several additional meaningful contributions. Firstly, regarding direct services, this study offers greater specificity regarding the lessons school counselors are incorporating into

their curricula to promote positive mental health outcomes (e.g., emotion ABCs, coping with stress, emotional regulation). Secondly, findings revealed that school counselors have engaged in increased advocacy efforts for mental health supports and infrastructure (e.g., additional counselors, calm-down rooms), albeit with varying success rates. This is promising as it signals that some school districts are perhaps more aware of the connection between academics and mental health and are thereby more committed to investing in these supports. Lastly, participants largely indicated that the array of student mental health challenges necessitates more intensive, substantive, and practical training for school counselors and school staff. Given the youth mental health crisis's disproportionate impact in rural settings (DHHS, 2021), it is logical that these school counselors desire more meaningful mental health training, pre-service and in-service, especially since they are often the only realistic mental health provider (Boulden & Schimmel, 2022). Lastly, the reported need for teacher mental health training on the signs and symptoms of mental health challenges is supported by credible sources (e.g., DHHS, 2021). However, this will likely need to be counterbalanced with teachers' increasing demands and roles.

Implications

The study's findings have implications for school counselors, school districts, and counselor educators. Participants indicated that youth are becoming more open to discussing their mental health (i.e., de-stigmatization), and are more inclined to seek mental support. Research indicates that youth are more likely to discuss their mental health challenges with peers first before conversing with a mental health provider (Geulayov et al., 2022). Thus, rural school districts, in partnership with school counselors, could explore implementing evidence-based interventions that teach students signs and symptoms of mental health challenges, how to speak with peers regarding mental health, and action steps to ensure that mental health professionals are promptly notified. This could be accomplished through widespread, building-wide trainings or mental health literacy programs such as The National Council for Mental Wellbeing's *Teen Mental Health First Aid*. Further, both *Youth Mental Health First Aid* and *Question, Persuade,*

Refer (QPR) are evidence-based trainings applicable for school settings, and the former is a promising practice for rural school communities (Boulden & Schimmel, 2024).

Rural school districts can collaborate with community and state-level mental health agencies to increase school-based mental health access. This is particularly vital for rural schools as they are often the mental health hub for students. Relatedly, rural school districts may consider creating telehealth infrastructure for students, allowing them to receive counseling services from a qualified mental health provider in another region or state. This increased access has numerous benefits. For instance, it can circumvent the dearth of rural community mental health providers common in these settings. Secondly, it can reduce barriers to care (e.g., transportation, childcare) since the student receives services while in school. Next, rural school counselors can collaborate with school partners to develop early warning systems that, in tandem with multitiered systems of support, proactively identify students demonstrating concerning academic or behavioral dispositions. Participants indicated that they experienced numerous obstacles when attempting to connect a student with community mental health support, with Sam calling the process "convoluted" and riddled with red tape. Hence, school districts and community mental health agencies must collaborate to develop streamlined procedures and protocols that align with ethical guidelines (e.g., FERPA, HIPAA) while ensuring ease of access to care. This can help ensure that the referral process itself does not serve as an additional hindrance.

The study's findings also have implications for school counselor educators and counselor education programs. Given rural school counselors' key role in collaborating with a diverse cross-section of individuals, school counselor preparation programs should include content centered on creating and sustaining effective community partnerships in rural school settings. This can be augmented by guest speakers, including rural school counselors who have engaged in collaborative efforts to address students' mental health and basic needs. Next, students can be afforded opportunities to learn about the RYMHC's impact through readings, projects, and applied experiences. This increased awareness regarding the current state of youth mental health will improve their knowledge base when transitioning into full time rural school counselor roles. Moreover, it can afford counselors-in-training opportunities to proactively brainstorm comprehensive school

counseling program implementation within the context of this growing crisis. Lastly, school and clinical mental health counseling students should be presented opportunities to learn about each other's unique roles in supporting youth mental health, including key guidelines, principles, and standards (e.g., ASCA Ethical Standards, ACA Code of Ethics). This can include having students complete interdisciplinary case studies wherein they explore how school and clinical mental health counselors might address communication barriers common in the field. This proactive brainstorming and increased knowledge can minimize obstacles to collaboration between schools and mental health agencies.

Limitations and Future Research

While our study provides meaningful context on the RYMHC's impacts, there are important limitations. Firstly, rurality's diversity may raise generalizability concerns as the findings and implications may not relate to all rural settings. Secondly, while the researchers recruited participants nationwide, participants residing in the Northeast are notably absent, further hindering generalizability. Additionally, the lack of prolonged engagement with participants could have mired trust and the authenticity of their responses.

Future research could elevate rural student voices to learn about the crisis's impact on their personal and academic development and what students believe needs to occur to advance youth mental health in rural spaces. Next, researchers could investigate the effectiveness of SEL and school-based mental health interventions in rural schools to identify which programs are most successful in improving student mental health and academic performance. Lastly, future studies might also consider applying ecological systems theory to explore how multiple systemic levels (e.g., family, school, community, policy) interact to shape rural school counselors' experiences and student mental health outcomes.

Conclusion

Rural school counselors are key contributors in fighting the RYMHC. This phenomenological study involving 15 rural school counselors across the country

pioneered research on this important topic, expanding the profession's understanding of the confluence of school counseling, mental health, and rurality, enhanced by participants' rich descriptions. These findings can help rural school counselors better address the multifaceted challenges many students experience. Furthermore, they can inform rural school counseling preparation and practice, guide future research, and support the creation of frameworks to help rural school counselors more effectively meet students' evolving needs.

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