“We Are the Heartbeat of the School”: How School Counselors Supported Student Mental Health During the COVID-19 Pandemic

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Abstract
The COVID-19 pandemic and the shift to online learning exacerbated the mental health needs of children and adolescents, especially among minoritized students who were disproportionately impacted by the virus. Although the pandemic has increased the demand for counseling, research finds that school counselors are often hindered by organizational constraints. Using organizational role theory, this study examined school counselors’ perceptions of their role delivering mental health supports during the pandemic. Findings indicate that school counselors reported an increased need for counseling, but faced multiple barriers to supporting students, leaving those who most needed the support particularly vulnerable.

Keywords
COVID-19, mental health, role theory, school counselors

The global COVID-19 pandemic upended students’ lives, creating new challenges for schools as they attempted to deliver instruction to students and address their diverse needs. Students experienced social isolation, parental unemployment, food insecurity, fear of illness, and grief over deaths from the virus, which affected both their academic achievement and well-being (Hamilton & Gross, 2021). Concerns for students’ mental health mounted with evidence that rates of youth anxiety and depression soared during the pandemic (Singh et al., 2020). When schools closed or resorted to hybrid learning models in 2020, many students were also distanced from the stability and support their schools provided, compounding their mental health issues (YouthTruth, 2021). These impacts deepened preexisting racial disparities in learning and educational opportunity (Office for Civil Rights [OCR]. 2021).

School counselors are uniquely positioned to promote social/emotional wellness beyond the academic core due to their training and professional standards (Gysbers & Henderson, 2012). The American School Counselor Association (ASCA, 2020) states that school counselors are “qualified to provide instruction, appraisal and advice and short-term counseling to students and referral services to students and families” (para. 6). Specifically, school counselors are trained to address students’ mental health concerns through implementation of data-driven, comprehensive school counseling programs that promote social/emotional wellness via preventative and developmental supports (ASCA, 2019; Goodman-Scott et al., 2020).

Emergent research examining school counselors’ professional experiences carrying out their responsibilities during COVID-19 suggests that the absence of in-person, face-to-face interaction with students and an increase in noncounseling duties created significant obstacles to delivering school-based support (e.g., ASCA, 2021; Savitz-Romer et al., 2021; Strear et al., 2021). Our article extends this extant research, using a mixed-methods design to examine school counselors’ experiences supporting students’ social/emotional wellness during a time of remote and hybrid learning. We use the terms mental health, well-being, and social/emotional wellness interchangeably to reflect their synonymous use in the school counseling field, the academic literature, and by our study participants.

Literature Review
The mental health needs of school-aged children are a prominent concern for schools and mental health professionals (Lambie et al., 2018).
Anxiety, depression, and suicidal ideation and attempts among youth have become increasingly prevalent over the past decade, with an estimated 20% of children and adolescents meeting the diagnostic criteria for a mental or behavioral disorder (Centers for Disease Control and Prevention (CDC), 2019). The COVID-19 pandemic has exacerbated these mental health issues, particularly among students of color (OCR, 2021). Not only did minoritized youth experience disproportionate impacts of challenges brought on by the pandemic, but they also had to face the racial reckoning unfolding in the United States during 2020 (Flanagan et al., 2021; OCR, 2021).

Despite their growing mental health needs, students had limited access to school-based mental health services in the months following the pandemic’s onset. Most students who access mental healthcare do so at school (Freeman & Kendzia, 2017); historically marginalized students in particular tend to rely on schools for mental health support (Ali et al., 2019). However, the shift to remote learning created challenges to providing school-based mental health services (OCR, 2021). In fact, a nationally representative survey of school districts found that high-poverty and rural districts—those which serve many low-income students and students of color—especially struggled to provide social/emotional support to their students during COVID-19 (Vinson & Nafziger, 2021).

The pandemic particularly impacted the work of school counselors—school-based mental health professionals who provide social/emotional support to students. Counselors are an integral part of schools’ student support systems, working alongside psychologists, social workers, and nurses to offer direct and indirect group and individual services to students (ASCA, 2021; Gysbers & Henderson, 2012). Guided by a set of Multicultural and Social Justice Counseling Competencies, school counselors address educational disparities through their roles as leaders, advocates, and culturally responsive clinicians (Singh et al., 2020).

Although school counselors are trained to deliver social/emotional programming, significant changes to the professional role of the school counselor have led to confusion among education leaders about what counselors can and should do (Levy & Lemberger-Truelove, 2021). The ASCA National Model (ASCA, 2019) explicitly states that school counselors work across three domains: academic, college and career readiness, and social/emotional. School and district leaders are often unaware of what this means in practice and lack understanding of the benefits of implementing comprehensive school counseling programs; as a result, they fail to utilize school counselors as mental health professionals (Benigno, 2017; DeKruyf et al., 2013). School counselors—especially those from under-resourced urban and rural schools—frequently report having neither the time nor support to provide counseling services, with their days instead consumed by administrative tasks and other noncounseling duties that draw time away from implementing comprehensive school counseling programs (Chandler et al., 2018; Hilts et al., 2019). As such, school counselors’ specialized education, training, and expertise in social/emotional counseling may be underutilized (Blake, 2020).

School counselors, especially in low-income districts or rural settings, may be the only counseling professionals available in a school (Whitaker et al., 2019); thus, they are often called upon as critical resources during times of crisis (Pincus et al., 2020). New research suggests that school counselors encountered challenges supporting students during the pandemic due to organizational constraints. For example, school policies restricting virtual counseling and limited face-to-face interactions made it difficult for counselors to identify and address students’ mental health concerns (ASCA, 2021; Savitz-Romer et al., 2021). Thus, school counselors’ experiences during the pandemic were in many ways similar to those prior to its onset. Role confusion and lack of administrative support persisted. School counselors reported spending less time delivering individual and group counseling than they did previously, in part due to school policies that made it difficult to connect with students, such as those prohibiting video conferencing during counseling sessions (Savitz-Romer et al., 2021). The assignment of non-counseling duties also increased in the remote format, with school counselors spending a substantial amount of their time managing attendance, distributing technology, and supporting families (ASCA, 2021). Although these findings provide valuable insight into school counselors’ professional experiences generally during the pandemic, little is known about their role addressing students’ wellness concerns specifically.

This study extends early research on school counselors’ experiences during COVID-19 by examining their enactment of a key element of the ASCA National Model: supporting students’ social/emotional development (ASCA, 2019). We used role theory to understand the highly specialized role of the school counselor as it pertains to administering mental health support within the school context during the pandemic.

Theoretical Framework

Role theory, situated within the organizational theory literature, is a widely used framework for conceptualizing the expectations of actors within a larger organization (Bidwell, 2001). Role theory explains an individual’s role and behavior within an organization and posits that role stress is a major contributing factor to an individual’s performance and efficacy. Role stress is composed of three constructs: role conflict, ambiguity, and overload (Bidwell, 2001; Turner, 2001). Individuals experience role conflict when they are subjected to multiple opposing expectations for their role, while role ambiguity occurs when individuals receive unclear or inconsistent expectations regarding their role responsibilities (Biddle, 1986). Role overload occurs when one has limited time and resources to meet work demands (Biddle, 1986). Understanding role stress is critical due to its effects on job performance, satisfaction, and burnout.

Role Theory and School Counseling

Role theory is useful when examining the experiences of school counselors and explaining the dilemmas they face in fulfilling
their roles. Scholars investigating role stress have consistently found that school counselors report significant levels of role ambiguity, conflict, and overload (Blake, 2020; Cervoni & DeLucia-Waack, 2011; Coll & Freeman, 1997). Role ambiguity is prevalent in part because of widespread confusion as to what the role encompasses, including the degree to which counselors are mental healthcare professionals (Levy & Lemberger-Truelove, 2021; Lewis et al., 2020). Unclear job descriptions, differing expectations among school stakeholders, and the presence of other school-based mental health professionals (i.e., social workers, psychologists) exacerbate role ambiguity (DeKruyf et al., 2013).

Role conflict and overload may also be attributed to the assignment of noncounseling duties falling outside of the scope of ASCA’s (2019) definition of the school counselor role. Studies show that counselors are often given administrative responsibilities, including scheduling, administering standardized tests, and lunchroom duty (Benigno, 2017; Chandler et al., 2018). Several scholars have found that performing noncounseling duties is significantly associated with high levels of exhaustion and burnout (Holman et al., 2019), and takes time away from the job counselors are trained to do—counsel students. Our study draws on organizational role theory to identify how the COVID-19 pandemic shaped the role of the school counselor in their ability to respond to rising student mental health needs.

Purpose and Rationale

Although evidence shows that school counselors positively influence students’ social/emotional well-being (Whiston & Quinby, 2009), studies have yet to document whether counselors were able to enact this support during the pandemic. This study aims to fill that gap in the literature using a mixed-methods approach to capture school counselors’ lived experiences and perspectives during this unique period. We addressed the following research question: What were school counselors’ experiences providing social/emotional support to students during the COVID-19 pandemic?

Method

This project is part of a larger study embracing a pragmatic epistemological approach (Johnson & Onwuegbuzie, 2004) to broadly explore how school counselors enacted their roles during the pandemic. The larger study utilized survey and focus group data through a sequential explanatory, mixed-methods design outlined in Figure 1 (see Savitz-Romer et al., 2021, for more information). The present study focuses exclusively on qualitative data collected from open-ended survey responses and focus group transcripts.

Data Collection Procedures and Participants

Survey. Our study draws on data from the COVID-19 National Survey of School Counselors (NSSC; N = 1060). Any counselor working in a U.S. public school was eligible to participate. We primarily recruited school counselors via national and state professional organization email lists and social media. We also purchased contact details for 3000 urban and rural school counselors, and invited them to participate to ensure their voices were adequately reflected. Participants represented a range of school contexts, with the sample evenly split by urbanicity (see Table 1).

The 80-question online survey, administered during May and June 2020, solicited information from school counselors about their experiences adapting to remote schooling at the onset of the pandemic. The survey included six open-ended response questions about the challenges school counselors faced and how schools, districts, and states could better support them. This study analyzed four of those questions, which focused on school counselors’ perceptions of students’ mental health and experiences enacting the social/emotional component of their role. Questions included, “What are challenges you faced fulfilling the responsibilities of your role during the pandemic?” and “What are three effective things that your school, district, or state education agency did to support counselors during the coronavirus outbreak?”

Figure 1. Explanatory sequential design components used in this study.
Focus Groups. Focus groups allowed the research team to delve beyond the numbers in the survey data, gaining deeper insight into the lived experiences of school counselors (Savin-Baden & Howell Major, 2013). Focus group participants consisted of a subsample of school counselors who completed the survey and agreed to be contacted about further research opportunities (n = 232). We invited survey participants to attend 90-minute, online focus groups during February and March 2021. The demographics of focus group participants (n = 47) were generally similar to the larger sample of survey-takers (see Table 1). To ensure we asked relevant questions, we organized our focus groups by grade levels served. Four elementary/middle school focus groups, six high school focus groups, and one pilot focus group across grade levels were completed. These focus groups facilitated deeper exploration of key themes arising from the survey data, including school counselors’ experiences supporting student mental health. Sample questions included, “What has your role been in providing mental health support to students?” and “What factors have complicated or facilitated you in your ability to deliver these services?”

Data Analysis
We used thematic coding and subcoding to analyze the survey and focus group data (Saldana, 2013). The text responses from the NSSC and the theoretical framework guided the formation of an initial codebook, developed after three team members open-coded 100 responses in Dedoose. Each transcript was coded by two team members, using the established codebook. The research team met regularly to discuss and refine codes and make meaning of salient themes.

Trustworthiness and Reflexivity
We utilized several strategies to attain trustworthiness. First, the sequential mixed-methods study design facilitated triangulation of the data (Creswell, 2015). By comparing the thematic consistency across the survey responses and the focus group transcripts, we gained confidence in the validity of our findings. Second, at least two team members coded each piece of data and met frequently with the research team to discuss and refine codes. Finally, we used

Table 1. Overview of Survey and Focus Group Samples.

| Counselor Characteristics          | Survey   | Focus Group |
|-----------------------------------|----------|-------------|
| Mean (SD)                         | N        | Mean (SD)   | N        |
| Race                              | 915      | 46          |
| American Indian                   | 0.009 (0.093) | 0.065 (0.250) |
| Asian                             | 0.054 (0.225) | 0.065 (0.250) |
| Black                             | 0.095 (0.293) | 0.065 (0.250) |
| Hawaiian/Pacific Islander         | 0.002 (0.047) | 0.783 (0.417) |
| White                             | 0.771 (0.421) | 0.022 (0.147) |
| Two or more                       | 0.016 (0.127) | 0.065 (0.250) |
| Prefer not to answer              | 0.053 (0.225) |             |
| Ethnicity                         | 922      | 47          |
| Latinx                            | 0.108 (0.311) | 0.170 (0.380) |
| Gender identity                   | 929      | 47          |
| Female                            | 0.843 (0.364) | 0.851 (0.360) |
| Male                              | 0.149 (0.357) | 0.149 (0.149) |
| Genderqueer/Nonbinary             | 0.008 (0.087) |             |
| Years in counseling field         | 926      | 47          |
| 0–2 years                         | 0.114 (0.319) | 0.170 (0.380) |
| 3–10 years                        | 0.438 (0.496) | 0.426 (0.500) |
| 11–19 years                       | 0.253 (0.435) | 0.128 (0.338) |
| 20+ years                         | 0.194 (0.396) | 0.277 (0.452) |
| School characteristics            | 1060     | 47          |
| Grade levels served               |          |             |
| Primary (K–5)                     | 0.235 (0.424) | 0.085 (0.282) |
| Middle (6–8)                      | 0.188 (0.391) | 0.170 (0.380) |
| High (9–12)                       | 0.355 (0.479) | 0.511 (0.511) |
| Mixed                             | 0.223 (0.416) | 0.234 (0.428) |
| School urbanicity                 | 1059     | 47          |
| Urban                             | 0.304 (0.460) | 0.234 (0.428) |
| Suburban                          | 0.370 (0.483) | 0.447 (0.502) |
| Rural                             | 0.326 (0.469) | 0.319 (0.471) |
memos to critically reflect on how our positionalities may have affected participants and the information gleaned from them, as well as our interpretations of the data.

A team of five researchers conducted this study, each bringing a distinct lens to the work. Authors 1, 3, and 5 are current or former graduate students interested in promoting school counseling research, while Author 4 is a higher education faculty member whose work focuses on college access and student success. Author 2 is a counselor educator and a former school counselor. Authors 2 and 4 have extensive experience conducting mixed-methods research and have closely mentored the graduate students involved in this research. All team members identify as White, cis-gendered women. Our use of memo writing allowed us to remain cognizant of these identities and our varied backgrounds and experiences with school counseling.

Limitations
The findings from this study should be interpreted with recognition of their limitations. First, our survey-takers are broadly representative of the school counseling profession, but survey participants are not necessarily representative of all counselors nationally. Similarly, the limited number of focus groups conducted, and the fact that we recruited participants from the survey sample, impacts the generalizability of findings. Second, our findings largely highlight the experiences of White and female school counselors, and thus do not necessarily reflect those of male counselors and counselors of color. Third, this study is cross-sectional and solicited information from participants during spring 2020 and fall/winter 2021. Given the rapidly shifting nature of the pandemic, our findings pertain to specific time points in the pandemic and may not accurately reflect the state of schools today.

Findings
We first discuss school counselors’ perceptions of the state of student mental health during the COVID-19 pandemic, and then describe their experiences delivering services in remote and hybrid learning contexts.

School Counselors Perceived High Need for Mental Health Support
The school counselors in our study overwhelmingly expressed concern for the mental health of their students. As demands for counseling increased during the pandemic, school counselors saw their role as essential to supporting students, especially given limited access to many local mental health providers.

Increased Worry about Students’ Well-Being. Counselors underscored the deterioration of students’ mental health during the pandemic, largely due to the social isolation, anxiety, depression, grief, and trauma brought on by COVID-19. One focus group participant shared her concern: “I think the social/emotional welfare can kind of keep you awake at night because you know there’s kids that are struggling that you don’t know how to reach out and support.” Other counselors in communities with high infection rates described their heartbreaking experiences consoling students who lost family members to the virus. One survey participant wrote, “Unlike before the outbreak, when a few of my students would have major life traumas happening, since the outbreak many of my students have major life traumas happening, and this has been terribly difficult to keep up with.”

Participants reported that many of the students they counseled experienced a form of “distance learning loneliness,” brought on by “feelings of isolation, disconnect with school and . . . with other people in general.” School counselors emphasized that low engagement and lack of motivation were common across their schools. Some participants explained that students who had been making progress in counseling before the pandemic regressed. One focus group participant shared, “We’ve had a number of students who last year were doing well and probably would have progressed out of therapy, [but] this year are now just going backward day after day.”

Heightened Demand for Mental Health Counseling. School counselors observed increases in both the number of counseling referrals from teachers and those that they themselves made for students to access outside mental health resources. Several participants noted changes in the content of referrals, with marked increases in those focused on coping with grief and loss. Participants reported that local mental health providers were inundated with requests during the pandemic, with one focus group participant explaining that in her community, it was “difficult for parents and families to get in quickly if they need to see some of the local agencies, especially those who take Medicaid or state insurance.”

One of the most notable consequences of the increased demand for counseling was an uptick in counselors’ time devoted to social/emotional support. Participants emphasized that although they are trained to provide short-term mental health counseling, they tended to engage in longer-term counseling to ensure students had access to support in a timely manner. This was especially true in cases where students were left on long waitlists for appointments with local social service agencies. According to one participant: “I think normally the students that we might have referred out, I’m more likely to see for a little bit because I know it’s going to be a little bit of a wait and we can provide some support.” An elementary school counselor shared a similar experience, stating, “I have had a few kiddos that I’ve had 30-minute sessions with all year. And normally that would not be what I think a school counselor would do.” Other counselors in our study emphasized that meeting consistently with students was one way of supporting those who may not have a “mental health qualifying problem” to get a referral.
School Counselors Struggled to Remotely Deliver Counseling Services

The second major theme reflects the obstacles school counselors faced in trying to provide mental health support to their students. School counselors shared that they saw themselves as “the heartbeat of the school,” offering critical resources to meet increased needs during the pandemic and the return to in-person learning. Participants reported that the rapid transition to remote and hybrid learning strained their efforts, a byproduct of both the nature of being virtual and of school-level organizational constraints. Here, three central subthemes emerged: limited access to students, difficulty forming meaningful connections with students and confidentiality issues.

Limited Access to Students. School counselors expressed frustration with school administrators who overemphasized an academic focus despite warnings about emerging mental health needs. Participants experienced this protection of instructional time as reducing their access to students. One school counselor remarked, “It hasn’t been written policy, but admin has made it explicit that I’m not allowed to take up class time.” Counselors reported barriers to accessing classrooms for the delivery of preventative, social/emotional programming, and explicit restriction from making appointments for individual or group counseling during instructional time. Even with the return to hybrid models of schooling, participants recounted stories of teachers who were reluctant to relinquish any in-person time with students. Counseling work continued to be relegated to remote connections.

Among our sample, we did have a few outlier cases in which counselors found that remote schooling allowed for increased access to classrooms. One school counselor described, “Teachers have been really generous about letting me go in and do little bits and pieces of my mental health first aid in their classes, just to kind of remind kids about potential symptoms and triggers.” However, with instructional time carefully safeguarded and prioritized in most cases, many participants reported not having sufficient time and space to carry out classroom lessons.

Participants found that endless administrative duties that fall outside of their role created another barrier to accessing students. Tasks such as temperature checks and extra lunch duties resulted in school counselors spending a significant amount of time not performing counseling duties. One elementary counselor shared, “My role has changed from being a counselor to being just the secretary. . . . attendance takes the vast majority of my time.” School counselors were especially frustrated by administrative requests that indicated a lack of understanding of the counselor role. One high school counselor lamented:

You know, if you look at it in the sense of when a doctor goes to school to be a neurologist or to be a cardiologist, when they come out of school and they go into their practice, do they all of a sudden become a foot surgeon or become a pediatrician? No. . . . It’s confusing to me that I feel like I learned something and then somebody is trying to tell me to do something totally opposite.

As this participant highlighted, organizational barriers prevented school counselors from interacting with students, a requisite for their work.

Lack of Meaningful Connections. A common thread across stories about limited access included school counselors’ difficulty forming meaningful connections with students. Participants believed that these connections were essential for all students, especially those who did not have previous relationships with counselors. As one high school counselor noted in a focus group:

We have our freshmen who never stepped foot on campus. . . . And then our sophomores, they’ve only had, what, seven or so months with those few teachers? And they haven’t had the opportunity to connect with us as a counselor to know who to come to with some of those concerns.

Many participants similarly lamented the challenges of relationship building with students in a remote environment. One survey participant recalled their experience at the onset of the pandemic, noting that it was “tough to deal with student needs when we can’t be with them. We are relationship driven, and face-to-face makes our jobs easier.” This lack of connection in a physical school building and inability to check in with students casually throughout the day inhibited school counselors from identifying those students who most needed support.

Scheduling difficulties and student disengagement in a remote environment further compounded counselors’ attempts at relationship building. Focus group participants shared that scheduling was difficult because students did not “always respond, and then 50% of the time they don’t show up because they forget or whatever it might be. They’re just tired.” Similarly, one high school counselor lamented:

When you are a school counselor and you have students that are readily available, meaning they’re in the classroom, down the hall or in the cafeteria, you can easily have conversations with them. But they’re not in the building and you can’t easily get a kid who doesn’t show up on Zoom, doesn’t answer the phone, doesn’t respond to a text, doesn’t respond to an email, doesn’t respond to you calling the parent. They’ve, you know, I guess the word is “ghosted” you.

Even when school counselors managed to connect remotely with students, they recalled difficulty overcoming the “virtual barrier” between themselves and their students and felt the quality of the connection was not the same. As one survey participant said, “You can’t give a hug over the phone.”

Confidentiality Challenges. School counselors’ inability to have confidential conversations was another barrier to their connecting deeply with students and supporting their mental health.
When schools moved online, counselors were reliant on parents to connect them with students for counseling sessions. One survey respondent wrote:

My district made it a requirement for me to get parent consent before reaching out to the student. This made my job very difficult because the parents with mental health stigma did not allow for me to talk to the student.

Other participants described some parents’ behaviors as overly involved in counseling sessions, thereby straining confidentiality. Survey and focus group participants reported instances in which parents listened offscreen and answered questions meant for students. Counselors sensed a palpable discomfort among their students when privacy was limited, and family members were “never out of earshot” during counseling sessions.

Some school counselors were able to address sensitive topics via texting or the chat features of video conferencing services, but others felt uncomfortable having sensitive conversations. One participant detailed a suicide assessment she completed over video conference without knowing that the student’s “mom was right there. He was being supervised with what he said because she doesn’t want him discussing those issues.” Multiple counselors described the challenge of filing an abuse or neglect complaint, with one focus group participant sharing:

When a student discloses something that is, like, potentially something that could be filed on a 51A, you have that conversation with the kid. . . . There’s no conversation I can have with this kid right now. He wrote what he wrote and if I’m going off of what he’s saying is accurate; I can’t just call him up and talk about it because he’s right there with the parent that he’s talking about. So that was terrible.

As mandated reporters, school counselors rely on trust and confidentiality that they nurture in their relationships with students. Remote schooling made these facets of their job more difficult.

Confidentiality issues continued to surface in hybrid schooling as school counselors found themselves relegated to remote connections. Participants described the challenges of finding private spaces within the school, with one school counselor sharing in a focus group:

I see some of my students in my office, but then others, I’m supposed to see while they’re in school, but we’re both on a computer. And . . . where are they going to go? And I had to be really clear that they actually need some place that they’re going to talk to me. And I lucked out, I think, because I pushed really hard to get them a space where they could shut the door. But I do have some colleagues who are seeing kids sitting outside their classroom just with headphones on.

Counselors thus felt they were struggling to maintain confidentiality during virtual counseling sessions.

Discussion

The findings from this study provide a valuable description of school counselors’ professional experiences delivering social/emotional support to students during the pandemic. Findings emerged around two primary themes: school counselors’ perceptions of increased mental health needs among students and the unique barriers they faced in attempting to address those needs. School counselors were concerned for their students’ well-being and perceived increased demand for both counseling services and mental health referrals, especially in light of the dual pandemics that were disproportionately impacting students of color. However, school counselors felt constrained in their ability to effectively support students due to consequences of remote schooling and organizational structures that impeded their work.

Applying organizational role theory to these findings, we found evidence that school counselors experienced role stress when trying to execute the social/emotional facets of their role. First, school counselors perceived high demand for counseling services yet had limited time and resources to meet these demands—an exacerbated form of role overload. An increase in noncounseling duties and novel challenges to virtual counseling (e.g., policies that protected instructional time at the expense of individual counseling) restricted school counselors from delivering social/emotional support. Finally, school counselors’ experiences revealed heightened role ambiguity and conflict as they encountered a lack of alignment between what they believed was needed to support students’ mental health and administrators’ expectations. The assignment of noncounseling duties only further increased role stress. These findings align with previous research on role stress and its negative effects on the counseling profession (Blake, 2020; Cervoni & DeLucia-Waack, 2011; Coll & Freeman, 1997). Drivers of role stress are deleterious because they can compromise the quantity and quality of the social/emotional support counselors are trained to provide.

Implications

These findings reveal practical implications for school counselors and educational leaders as they transition to a postpandemic era of schooling. First, education leaders must recognize school counselor expertise in promoting students’ social/emotional development, especially considering the collective trauma and grief brought on by the pandemic. Students of color and those who experience conditions related to poverty were disproportionately impacted by the dual pandemics and will heavily rely on schools for support. School leaders would be wise to leverage school counselors as partners in articulating counselors’ roles and expectations for helping students and the school community recover from disruption. Recovery plans should elevate social/emotional counseling responsibilities, structure time in the schedule for students to access support, and prioritize counseling duties that fall within the scope of the school counselor role. School leaders might pay specific attention to the role overload that counselors experience by relieving them of administrative tasks that were added.
during the pandemic. This can help alleviate role stress so that school counselors can focus on the support they are trained to provide. Moreover, since school counselors struggled to maintain confidentiality while providing virtual counseling, school and district leaders need to protect counselors’ time and the spaces that enable them to hold confidential conversations with students.

Second, school counselors recognized that social service providers that support families on medical assistance were especially overwhelmed with referrals for long-term support, and low-income students relied on school counselors for mental health services more than ever. Thus, school counselors’ ability to identify and support students’ mental health needs is especially critical for marginalized students who may not have access to non–school-based, clinical support. Therefore, administrators should utilize school counselors as mental health professionals, and counselors must continue to advocate for this aspect of their role. This includes clarifying school counselors’ role as mental healthcare providers, ensuring they have adequate time to address students’ increased mental health needs, and supporting preventative social/emotional programming. In light of rapid changes in school delivery models and student needs, school counselors need ongoing access to professional development to guide adaptations to their in-person practices.

Finally, with more students seeking support from school counselors, counselors will need to scale social/emotional support. Although individual counseling will remain important, many counselors found such support to be unsustainable given increased demand for these services during the pandemic. School counselors might employ multi-tiered systems of support that target student programming at different levels of need and utilize distributive counseling that leverages teachers and other educators as screeners and information providers.

Several recommendations for future research also emerged from this study. First, further scholarship on school counselors’ professional experiences during the COVID-19 pandemic is needed. Although this study put a spotlight on how counselors enacted their social/emotional counseling roles, researchers could profile innovative practices and role adjustments that occurred during this unique time, especially in schools that serve high proportions of minoritized youth. Likewise, large-scale survey and qualitative studies will be necessary to understand the long-term impact of the pandemic on student mental health and school counselors’ work in this domain. These studies should examine how marginalized students disproportionately bear such long-term, mental health impacts of the pandemic. Studies might also explore what virtual practices were most effective and, therefore, should be carried forward into a postpandemic era or applied in continued online learning environments.

**Conclusion**

The COVID-19 pandemic brought unprecedented disruptions, professional obstacles, and personal challenges to all educators, including school counselors. Our findings indicate that counselors were hindered in supporting student mental health when their services were most needed. The pandemic has highlighted the myriad organizational constraints that undermine students’ access to meaningful school counseling and the unique challenges of virtual counseling. Moving forward, school counselors must be better positioned to support the whole student and respond to students’ post-pandemic needs, whether in person or virtually.

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