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A Documentary Study Analysis of the Scope of School Counselors' Competence in Handling Clinical Cases in Indonesia

Albertus Hengka Nove*

Sekolah Tinggi Agama Katolik Negeri Pontianak, Indonesia
albertushengkanove@gmail.com

ABSTRACT
The increasing prevalence of students' mental health problems has positioned school counselors as key professionals in providing initial support within educational settings. However, the emergence of complex clinical cases in schools requires clear boundaries of competence to ensure that school counselors do not practice beyond their professional authority. This study aims to analyze the scope and limitations of school counselors' competence in handling clinical cases in Indonesia through a documentary study of relevant regulations, professional standards, and scholarly literature. Using a qualitative documentary approach, the data were analyzed through six stages: document selection, categorization, content analysis, thematic analysis, narrative analysis, and contextual interpretation. The findings indicate that school counselors are authorized to provide promotive, preventive, educational, developmental counseling, initial assessment, simple screening, psychopedagogical support, and referral services. Nevertheless, they are not authorized to conduct clinical diagnoses based on the DSM-5, provide intensive psychotherapy, prescribe medication, or independently manage severe mental disorders, including major depression with suicide risk, bipolar disorder, schizophrenia, complex post-traumatic stress disorder, severe eating disorders, and substance abuse. This study contributes a framework for defining school counselors' competence boundaries, indicators of clinical cases requiring referral, and an interprofessional collaboration model involving school counselors, clinical psychologists, psychiatrists, families, and school institutions. The findings emphasize that competence boundaries are not a professional limitation, but an ethical safeguard to protect students' safety and well-being. The study recommends developing referral standard operating procedures, strengthening early mental health detection training, and enhancing collaboration between schools and professional mental health services.

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Introduction

Students' mental health is a critical issue within the education system because it is directly related to academic achievement, socioemotional development, and students' overall quality of life. In recent years, mental health problems among adolescents in Indonesia have shown an alarming trend. The Indonesia National Adolescent Mental Health Survey in 2022 reported that one in three Indonesian adolescents, or approximately 34.9%, experienced mental health problems within the previous 12 months. In addition, around 5.5% of adolescents were reported to have mental disorders that met clinical diagnostic criteria, including anxiety disorders, major depressive disorder, attention deficit hyperactivity disorder, post traumatic stress disorder, and conduct disorder (Wahdi et al., 2023). This situation is further complicated by the fact that only a small proportion of adolescents have access to professional support or counseling services. Such limited access indicates that schools often become the initial setting in which students show, disclose, or seek help for the psychological problems they experience.

Within this context, school counselors or guidance and counseling teachers hold a strategic position as part of the psychosocial support system in educational settings. School counselors play a role in helping students address personal, social, academic, and career related problems through promotive, preventive, educational, and developmental services. Law Number 20 of 2003 concerning the National Education System positions guidance and counseling services as an important component of educational provision. In addition, Regulation of the Minister of National Education Number 27 of 2008 concerning Academic Qualification Standards and Counselor Competencies emphasizes that counselors are required to possess pedagogical, personal, social, and professional competencies. However, the increasing number of student mental health cases requires school counselors not only to understand developmental counseling services but also to recognize the limits of their professional authority when dealing with symptoms that indicate clinical problems.

A major issue in the practice of guidance and counseling services in schools is the blurred boundary between developmental cases that can still be managed by school counselors and clinical cases that require referral to clinical psychologists or psychiatrists. Conceptually and legally, school counselors have the authority to provide educational counseling, prevention services, developmental support, initial assessment, and referral. Conversely, the diagnosis of mental disorders, in depth clinical assessment, intensive psychotherapy, medical intervention, and medication prescription fall within the professional domain of mental health professionals, particularly clinical psychologists and psychiatrists. The 2024 Decree of the Minister of Health of the Republic of Indonesia concerning competency standards for clinical psychologists affirms that the management of mental health problems or disorders through assessment, evaluation, psychological intervention, consultation, and psychological rehabilitation falls within the field of clinical psychology expertise. Therefore, school counselors need to understand the boundaries of their competence in order to avoid practicing beyond their professional authority.

The reality in schools shows that these professional boundaries are not always easy to implement. The Indonesia National Adolescent Mental Health Survey indicates that some parents or caregivers consider schools as the first place to seek help for their children's mental health problems (Wahdi, 2022). This places school counselors in a complex position, as they may encounter students who exhibit symptoms of severe depression, severe anxiety disorders, trauma, self harming behavior, suicidal tendencies, or early signs of psychosis. In such situations, school counselors require more than general counseling skills. They also need early detection abilities, an understanding of risk indicators, and clear referral procedures. Without firm competence boundaries, school counselors risk either handling cases beyond their professional authority or referring developmental cases too quickly when they could still be addressed through school guidance and counseling services.

The need for clear competence boundaries has become increasingly urgent because delays in detecting and managing mental disorders among adolescents can have serious consequences. Untreated mental disorders may persist into adulthood, reduce quality of life, hinder educational success, increase the risk of substance abuse, and heighten the risk of suicidal behavior (World Health Organization, 2023). Data from the National Research and Innovation Agency show that among 2,112 suicide cases in Indonesia during the period 2012 to 2023, a total of 985 cases, or 46.63%, occurred among adolescents (National Research and Innovation Agency, 2024). These findings reinforce the importance of early detection and referral systems in schools. However, such systems can function effectively only when school counselors have clear operational guidelines regarding cases that can be handled, cases that need to be monitored, and cases that must be immediately referred to mental health professionals.

Previous studies have discussed school counselor competencies, the readiness of guidance and counseling teachers in providing services, and the role of counselors in supporting students' development. For example, Karneli (2024) examined counselors' readiness in delivering guidance and counseling services, Daulay (2019) discussed the differences between the roles of psychologists and counselors, while Riswanto (2016) explored the meaning of counselor competence from a hermeneutic perspective. Nevertheless, previous studies have mostly addressed counselor competence in general terms, whereas the operational boundaries between developmental cases that can be handled by school counselors and clinical cases that must be referred have not been systematically formulated within the Indonesian regulatory context. In other words, there remains a research gap concerning how educational regulations, counselor professional standards, clinical psychologist competency standards, and diagnostic criteria for mental disorders can be used to formulate the boundaries of school counselors' authority in a more operational manner.

Based on this gap, the present study is important for clarifying the competence boundaries of school counselors in handling clinical cases in Indonesia. Unlike previous studies that have primarily discussed counselor competence in general, this study employs a documentary study of relevant regulations, professional standards, and literature to formulate a framework for defining the limits of school counselors' authority. This study is also directed toward identifying indicators of clinical cases that require referral and formulating an interprofessional collaboration model involving school counselors, clinical psychologists, psychiatrists, families, and school institutions. Thus, this study contributes not only theoretically to strengthening the professionalization of school counselors but also practically by providing a foundation for developing referral procedures and mental health service systems in schools.

Specifically, this study aims to analyze the competence boundaries of school counselors in handling clinical cases in Indonesia through a documentary study of relevant regulations, professional standards, and literature. It also aims to formulate indicators of cases that can still be managed within school guidance and counseling services, indicators of cases that require referral to clinical psychologists or psychiatrists, and forms of interprofessional collaboration that can support student mental health services in a safer, more ethical, and more integrated manner.

Method

This study employed a qualitative approach using a documentary study method. A qualitative approach was selected because the study aimed to understand and interpret the boundaries of school counselors' competence in handling clinical cases based on regulatory documents, professional standards, and relevant scientific literature. Qualitative research is appropriate for examining complex social and human phenomena because it enables researchers to interpret meanings, contexts, and institutional practices in depth (Creswell & Creswell, 2023; Lim, 2025). In this study, documentary analysis was used as a systematic procedure for identifying, reviewing, evaluating, and interpreting written and electronic documents as research data sources (Morgan,

2022). This method was considered appropriate because the issue of school counselors' competence boundaries is not only related to the practice of guidance and counseling services, but also connected to educational regulations, professional standards, service ethics, referral systems, and the boundaries of authority among school counselors, clinical psychologists, and psychiatrists.

The data sources in this study consisted of documents relevant to school counselors' competence boundaries and the handling of clinical cases in educational settings. The documents analyzed consisted of nine documents grouped into five main categories, namely educational regulations, health regulations, professional competency standards, international guidelines, and scientific journal articles. Regulatory and professional standard documents were selected based on their legal status, institutional authority, and relevance to the Indonesian context. Meanwhile, scientific articles were prioritized from the last five years to ensure that the review reflected current discussions on school mental health, referral practices, and interprofessional collaboration. Foundational regulatory documents, such as Law Number 20 of 2003 concerning the National Education System and Regulation of the Minister of National Education Number 27 of 2008 concerning Academic Qualification Standards and Counselor Competencies, were retained because they remain legal references for the implementation of guidance and counseling services in Indonesia.

The inclusion criteria for documents in this study were as follows. First, the document discussed the competence, authority, or role of school counselors or guidance and counseling teachers. Second, the document explained the boundaries of professional practice among school counselors, clinical psychologists, and psychiatrists. Third, the document addressed issues related to student mental health, clinical cases, early detection, referral, or interprofessional collaboration. Fourth, the document was issued by an official institution, professional organization, scientific journal, academic book publisher, or credible international guideline provider. Fifth, the document was relevant to the context of school mental health services. The exclusion criteria included documents that were not directly related to school counselor competence or clinical cases, popular articles without clear academic foundations or identifiable sources, documents whose sources and publishers could not be verified, and scientific articles that discussed guidance and counseling services only in general without connection to competence boundaries, referral, or student mental health.

Table 1. Matrix of Research Document Sources

Document type	Examples or sources	Focus of analysis	Function in the study
Educational regulations	Law Number 20 of 2003; Regulation of the Minister of National Education Number 27 of 2008	The position of school counselors, qualification standards, and counselor competencies	To determine the legal basis of school counselors' roles within the education system
Health regulations	Decree of the Minister of Health of the Republic of Indonesia in 2024; regulations on the health referral system	The boundaries of authority of mental health professionals and referral systems	To compare the authority of school counselors with that of clinical psychologists and psychiatrists
Professional standards and codes of ethics	Counselor competency standards, guidance and counseling codes of ethics, and clinical	Service ethics, boundaries of professional practice, and referral principles	To determine ethical and professional boundaries in handling student cases

Document type	Examples or sources	Focus of analysis	Function in the study
	psychology professional standards		
International guidelines	DSM 5, school mental health guidelines, and school counseling guidelines	Criteria for mental disorders, early detection, and referral practices	To identify indicators of clinical cases requiring referral
Scientific journal articles	Articles published within the last five years on school counselors, student mental health, referral, and interprofessional collaboration	Empirical and conceptual findings related to counselor competence and clinical cases	To support thematic synthesis and strengthen the research gap

Data collection was conducted through a systematic search of documents using keywords such as school counselor competence, counselor authority boundaries, student clinical cases, school mental health, referral system, clinical psychologist, psychiatrist, school counselor competence, school mental health, referral system, and interprofessional collaboration. The documents were obtained from official government sources, professional organizations, journal databases, academic books, and relevant international guidelines. Each document identified was initially reviewed based on topic relevance, source credibility, publication year, legal or institutional status, and alignment with the focus of the study. Documents that met the criteria were then classified according to their type, content focus, and contribution to the formulation of school counselors' competence boundaries.

Data analysis was conducted through six stages. The first stage was document selection and assessment. At this stage, documents were evaluated by considering authenticity, credibility, relevance, representativeness, and contextual meaning. Authenticity was used to ensure that the documents came from legitimate and traceable sources. Credibility was used to assess the reliability and authority of the document content. Relevance was used to determine the alignment between the document and the research focus. Representativeness was used to assess whether the selected documents adequately reflected the regulatory, professional, and scholarly contexts being examined. Contextual meaning was used to interpret the content of the documents in relation to the Indonesian education system, school counseling practice, and mental health service structure. This document appraisal process followed recent guidance on qualitative document analysis, which emphasizes source verification, purposive document selection, contextual interpretation, and methodological transparency (Morgan, 2022; Cena et al., 2024).

The second stage was document categorization. The documents were grouped into educational regulations, health regulations, professional standards, international guidelines, and scientific journal articles. This categorization was conducted to facilitate comparison across different types of documents and to clarify how each document contributed to the formulation of school counselors' competence boundaries. The third stage was content analysis. Content analysis was used to identify explicit information in the documents, particularly information related to school counselor competence, the authority of clinical psychologists, the authority of psychiatrists, indicators of clinical cases, and referral procedures. In this stage, units of meaning such as phrases, sentences, and relevant sections were marked and organized based on their relevance to professional authority and referral practice. The use of content analysis was intended to support systematic interpretation and transparent reduction of data (Nicmanis, 2024).

The fourth stage was thematic coding. The coding procedure was conducted by assigning initial codes to repeated or conceptually significant data. The initial codes included school

counselor competence, developmental services, clinical cases, clinical diagnosis, intensive psychotherapy, initial screening, referral indicators, authority boundaries, and interprofessional collaboration. These codes were then grouped into broader categories to identify recurring conceptual patterns across documents. The fifth stage was thematic analysis and theme development. The researcher compared codes from various documents to formulate major themes, namely the domain of school counselors' work in developmental, preventive, and educational services; the boundaries of school counselors' competence in dealing with clinical cases; indicators of cases requiring referral to clinical psychologists or psychiatrists; and an interprofessional collaboration model in school mental health services.

The sixth stage was contextual interpretation. In this stage, the findings were interpreted by considering the context of educational regulations, the mental health service system, students' needs, and the practical conditions of guidance and counseling services in Indonesian schools. This stage was important because the boundaries of school counselors' competence cannot be interpreted only from a theoretical perspective, but must also be understood in relation to the legal, institutional, ethical, and service delivery contexts in Indonesia.

Data trustworthiness was maintained through document triangulation, audit trail, and consistency checks in interpretation. Document triangulation was conducted by comparing information from different types of sources, namely educational regulations, health regulations, professional standards, international guidelines, and scientific journal articles. For example, the boundaries of school counselors' authority were compared with clinical psychologist competency standards and diagnostic guidelines for mental disorders to ensure that the conclusions were not derived from a single source. The audit trail was conducted by recording the entire process of document selection, categorization, coding, theme development, and conclusion drawing. Dependability was maintained through a systematic and traceable analytical procedure, while confirmability was maintained by avoiding interpretations that were not supported by the documents. These strategies are consistent with recent qualitative research quality criteria that emphasize transparency, rigor, sensitivity to context, credibility, and ethical interpretation (Cena et al., 2024; Noble, 2025).

Results

The Scope of School Counselors' Work in Developmental and Educational Services

The document analysis showed that the main scope of school counselors' work lies in guidance and counseling services that are developmental, preventive, educational, and psychopedagogical in nature. Educational regulations position school counselors as professional personnel within the education system whose role is to help students achieve optimal development in personal, social, academic, and career domains. Therefore, the primary focus of school counseling services is not the treatment of clinical mental disorders, but the support of students in dealing with developmental problems that remain within the educational context.

The synthesis of documents indicated that cases that still fall within the scope of school counselors' work include adjustment difficulties, minor conflicts with peers, low learning motivation, uncertainty in choosing academic majors or careers, interpersonal communication problems, difficulties in managing everyday emotions, and mild deviant behaviors that do not yet indicate severe clinical disorders. In this context, school counselors may provide classroom guidance, group guidance, individual counseling, group counseling, consultation with teachers or parents, student needs assessment, and psychopedagogical support.

An important finding from this theme is that the boundary of school counselors' competence does not lie in their inability to help students, but in the type of problems handled and the depth of intervention provided. School counselors are authorized to assist students with developmental and educational problems, but they are not authorized to conduct clinical diagnoses or provide intensive therapeutic interventions for severe mental disorders. Thus, the

role of school counselors needs to be understood as part of the initial support system in schools, not as a substitute for clinical psychologists or psychiatrists.

Indicators of Clinical Cases Requiring Referral

The documentary analysis revealed several indicators that school counselors need to consider in distinguishing ordinary developmental cases from clinical cases requiring referral. These indicators include drastic behavioral changes, significant decline in academic functioning, extreme social isolation, severe sleep or eating disturbances, uncontrolled emotional outbursts, self harming behavior, statements about wanting to die, suicidal tendencies, severe trauma symptoms, substance use, hallucinations, delusions, and aggressive behavior that endangers the student or others.

This finding indicates that school counselors may conduct initial identification or simple screening of symptoms that appear in the school context. However, such screening must not be treated as a clinical diagnosis. When students show symptoms that are persistent, severe, recurrent, or significantly impair academic, social, and daily functioning, school counselors need to refer them to clinical psychologists or psychiatrists. In this regard, referral does not mean that counselors have failed to perform their role. Rather, it demonstrates adherence to professional ethics and the principle of student safety.

The synthesis of various documents shows that referral indicators can be grouped into three categories. The first category is high risk indicators, such as suicidal ideation, suicide attempts, self harm, serious violence, and psychotic symptoms. The second category is functional impairment indicators, such as a sharp decline in academic achievement, repeated absenteeism, withdrawal from social environments, or extreme loss of interest. The third category is indicators of the need for specialist intervention, such as complex trauma, severe eating disorders, major depression, bipolar disorder, substance abuse, and clinical symptoms requiring psychological assessment or medical intervention. Therefore, school counselors need operational guidelines to recognize when a case can still be handled in school and when it must be referred.

Differentiation of Authority among School Counselors, Clinical Psychologists, and Psychiatrists

The analysis showed fundamental differences in the authority of school counselors, clinical psychologists, and psychiatrists. School counselors focus on developmental and educational services, clinical psychologists focus on psychological assessment and intervention for mental health problems or disorders, while psychiatrists have medical authority in diagnosing and treating mental disorders, including prescribing medication. This distinction is important because many student mental health problems first appear in schools, but not all of these cases can be resolved through school guidance and counseling services.

Table 1. Comparison of the Roles of School Counselors, Clinical Psychologists, and Psychiatrists in Addressing Student Mental Health Problems

Aspect of Role	School Counselor or Guidance and Counseling Teacher	Clinical Psychologist	Psychiatrist
Service focus	Students' personal, social, academic, and career development	Psychological problems and mental disorders through psychological assessment and psychological intervention	Mental disorders from medical and psychiatric perspectives

Aspect of Role	School Counselor or Guidance and Counseling Teacher	Clinical Psychologist	Psychiatrist
Scope of authority	Promotive, preventive, educational, developmental counseling, initial screening, and referral services	Clinical psychological assessment, psychological diagnosis, psychotherapy, and psychological rehabilitation	Medical diagnosis, psychopharmacotherapy, medical intervention, and treatment of severe mental disorders
Types of cases that can be handled	Learning difficulties, minor conflicts, adjustment problems, motivational problems, career choice issues, and mild social problems	Depression, anxiety, trauma, behavioral disorders, personality disorders, and mild to moderate clinical problems according to professional competence	Schizophrenia, severe bipolar disorder, major depression with suicide risk, psychosis, severe mental disorders, and conditions requiring medication
Authority to establish a clinical diagnosis	Not authorized to establish a clinical diagnosis	Authorized to conduct psychological assessment and psychological diagnosis according to professional competence	Authorized to establish medical or psychiatric diagnoses
Intensive psychotherapy	Not authorized to provide intensive psychotherapy for severe clinical disorders	Authorized to provide psychotherapy according to professional competence and professional training	May provide medical therapy and refer or collaborate for psychotherapy
Medication prescription	Not authorized	Not authorized to prescribe medication	Authorized to prescribe medication
Role in the referral system	Identifying students, providing support, contacting parents, and making referrals	Receiving referrals for psychological assessment and psychological intervention	Receiving referrals for medical evaluation and psychiatric treatment
Position in the school context	Initial support service and psychopedagogical assistance	Internal or external professional partner for clinical cases	Medical partner for severe and high risk cases

The synthesis from the table indicates that school counselors hold an important position as the first line of support in detecting students' mental health problems, but they are not providers of in depth clinical intervention. Clinical psychologists and psychiatrists have more specific authority in managing mental disorders, particularly when cases meet clinical indicators, require in depth assessment, intensive psychotherapy, or medical intervention. Therefore, the competence boundaries among these professional functions must be clearly understood to prevent overlapping authority and to ensure that students receive services according to the level of their needs.

Boundaries of School Counselors' Clinical Intervention

The documentary analysis showed that school counselors have clear boundaries in handling clinical cases. School counselors are not authorized to establish diagnoses of mental disorders based on diagnostic criteria such as the DSM 5 TR, provide intensive psychotherapy for severe mental disorders, deliver medical interventions, or prescribe medication. School counselors also should not independently manage cases such as major depression with suicide risk, bipolar disorder, schizophrenia, psychosis, severe eating disorders, complex trauma, substance abuse, or aggressive behavior that threatens safety.

This finding clarifies that the boundary of clinical intervention is not merely a technical matter, but also an ethical issue and a matter of student protection. If school counselors force themselves to handle cases beyond their competence, there is a risk of delayed treatment, misinterpretation of symptoms, deterioration of the student's condition, and violation of professional ethical codes. Therefore, school counselors need professional awareness to distinguish between developmental counseling services and the need for clinical intervention.

The synthesis of this theme shows that school counselors still have an important role in clinical cases, but this role is limited to the initial and supportive stages. Counselors may conduct behavioral observation, initial interviews, documentation of symptoms observed at school, communication with parents, provision of temporary psychopedagogical support, preparation of referral recommendations, and monitoring after students receive professional services. Thus, the boundaries of clinical intervention do not eliminate the role of school counselors, but direct that role to remain safe, ethical, and consistent with professional authority.

Referral Mechanism and Interprofessional Collaboration Model

The analysis showed that the referral mechanism is an important component of school counselors' competence boundaries. Referral is necessary when students' problems exceed the capacity of school guidance and counseling services or show clinical indicators that require professional assessment and intervention. An effective referral mechanism needs to involve initial identification, case documentation, communication with homeroom teachers and parents, family consent or involvement, referral to clinical psychologists or psychiatrists, and monitoring of student progress after referral.

The interprofessional collaboration model formulated from the documentary analysis involves five main parties, namely school counselors, school institutions, parents or families, clinical psychologists, and psychiatrists. School counselors act as initial identifiers and service connectors. School institutions provide policy support, protection, and administrative assistance. Parents provide consent, additional information, and family support. Clinical psychologists conduct psychological assessment and intervention. Psychiatrists conduct medical evaluation and manage severe mental disorders that require medication or medical treatment.

Table 2. Referral Mechanism for Clinical Cases in School Guidance and Counseling Services

Referral Stage	Role of the School Counselor	Parties Involved	Expected Output
Initial identification	Observing behavioral changes, recording complaints, and conducting an initial interview	Student, homeroom teacher, subject teachers	Initial data regarding the student's condition
Assessment of referral needs	Determining whether the case remains within the scope of school guidance and counseling services or requires professional assistance	Counselor, homeroom teacher, principal if necessary	Initial decision regarding the level of risk

Referral Stage	Role of the School Counselor	Parties Involved	Expected Output
Communication with family	Contacting parents or guardians and explaining the need for further assistance	Parents or guardians, school counselor	Family consent and support
Professional referral	Referring the student to a clinical psychologist, psychiatrist, community health center, hospital, or mental health service	Clinical psychologist, psychiatrist, health facility	The student receives services according to clinical needs
Support after referral	Monitoring the student's development at school and adjusting academic or social support	Counselor, teachers, parents, professional mental health providers	Continuous support within the school environment

The synthesis of this theme shows that the referral system cannot function solely on the individual initiative of the counselor. Schools need standard operating procedures, collaborative networks with community health centers or mental health services, case documentation mechanisms, and clear role distribution. With such a system, school counselors can perform their professional functions more safely, while students with clinical indications can receive appropriate support.

General Synthesis of the Research Findings

Overall, the documentary study shows that the competence boundaries of school counselors in handling clinical cases can be understood through three layers of authority. First, school counselors are authorized to provide developmental, educational, preventive, and psychopedagogical support services. Second, school counselors are authorized to conduct initial identification and referral when they find indicators of clinical risk. Third, school counselors are not authorized to conduct clinical diagnosis, intensive psychotherapy, medical intervention, or independent treatment of severe mental disorders.

The main finding of this study confirms that competence boundaries are not a weakness of school counselors, but part of professionalism and service ethics. Clarity regarding professional authority enables school counselors to work more appropriately, prevents practice beyond competence, and strengthens collaboration among schools, families, clinical psychologists, psychiatrists, and mental health services. Thus, the findings of this study produce an operational framework that schools can use to distinguish developmental cases that can be handled through guidance and counseling services from clinical cases requiring professional referral.

Disscussion

The findings of this study affirm that the competence boundaries of school counselors in handling clinical cases must be understood as an essential part of professional ethics and the protection of students' well being. Competence boundaries do not represent a weakness of the school counseling profession. Rather, they function as a professional mechanism to ensure that each student receives services that correspond to the level of psychological and clinical need. In the context of formal education in Indonesia, Regulation of the Minister of National Education Number 27 of 2008 emphasizes that counselors are professional providers of guidance and counseling services who are oriented toward the development of students' potential, autonomy, well being, and decision making. Therefore, the primary scope of school counselors' work lies in developmental, educational, preventive, early identification, psychosocial support, and referral

services, rather than in clinical diagnosis or medical intervention for severe mental disorders (Ministry of National Education, 2008; American School Counselor Association [ASCA], 2022a).

This finding clarifies that school counselor professionalism is not measured by the ability to handle all forms of student problems independently, but by the ability to recognize professional limits and make timely referral decisions. This principle is consistent with recent school counseling ethical standards, which emphasize that school counselors are responsible for implementing comprehensive school counseling programs that support students' academic, career, and social emotional development while working within ethical and professional boundaries (ASCA, 2022b). ASCA also states that school counselors do not diagnose students, although they need to understand how diagnoses and environmental conditions may affect students' access, participation, and achievement in academic, career, and social emotional domains (ASCA, 2022a). Therefore, school counselors hold a strategic position in school mental health systems, but they should not be positioned as clinical therapists.

Critically, when school counselors handle cases beyond their competence, several serious risks may harm students. First, there is a risk of inappropriate case management, especially when severe clinical symptoms are interpreted merely as ordinary developmental problems, resulting in interventions that do not match students' needs. Second, there is a risk of delayed referral, particularly in cases requiring immediate professional attention, such as suicidal ideation, self harm, severe panic attacks, psychotic symptoms, or serious trauma. Third, practicing beyond professional authority may lead to ethical violations because counselors provide interventions that are not aligned with their competence, training, and professional mandate. Fourth, errors in managing clinical cases may worsen students' psychological, academic, social, and safety related conditions. These risks reinforce the importance of ethical practice, appropriate referral, and adherence to the professional role of school counselors (ASCA, 2022a; Rock, 2022).

Within the framework of professional ethics, referral should be understood as part of professional responsibility, not as a failure of the counselor. In severe clinical cases, the most ethical action is not to force oneself to manage the case independently, but to conduct initial identification, document observable symptoms, communicate the student's condition to authorized school personnel and family members, and refer the student to a clinical psychologist, psychiatrist, community health center, hospital, or other professional mental health service. The DSM 5 TR emphasizes that the classification and diagnosis of mental disorders require a clinical diagnostic framework used by mental health professionals who have the relevant authority and training (American Psychiatric Association, 2022). In the Indonesian context, Decree of the Minister of Health Number HK.01.07/MENKES/1336/2024 also affirms that clinical psychologist competency standards serve as a guide for clinical psychologists in providing measurable, standardized, and quality clinical psychology services (Ministry of Health of the Republic of Indonesia, 2024a).

The findings of this study also indicate that school counselors' competence boundaries need to be situated within an interprofessional collaboration framework. Student mental health problems cannot be addressed effectively by one profession alone. WHO and UNICEF emphasize that adolescent mental health promotion and prevention require connected support involving policies, protective environments, parents and caregivers, and psychosocial interventions for adolescents (World Health Organization & United Nations Children's Fund, 2021). Recent studies in school mental health also show that school mental health services require cross sector collaboration among education, health, mental health, family, and community systems so that responses to students' needs can be more effective (Heatly et al., 2023). In this collaboration model, school counselors serve as professionals who are close to students' daily lives at school, while clinical psychologists and psychiatrists provide clinical assessment, diagnosis, psychotherapy, medical intervention, and treatment for mental disorders requiring specialized expertise.

A practical implication of these findings is that schools need clear standard operating procedures for referral. Such procedures should include indicators of cases that can be handled by school counselors, indicators of cases that need to be monitored, and indicators of cases that must be referred immediately. The procedures should also explain the communication pathway among counselors, homeroom teachers, principals, parents, and mental health professionals. In the Indonesian health system, Regulation of the Minister of Health Number 16 of 2024 regulates the referral system for individual health services, including referral procedures, integrated referral systems, recording, reporting, and the responsibilities of central and regional governments (Ministry of Health of the Republic of Indonesia, 2024b). Although this regulation belongs to the health service sector, its competence based referral principle can serve as a conceptual foundation for schools in developing student mental health referral mechanisms.

In addition to referral procedures, schools need to establish formal cooperation with mental health services in the surrounding community, such as community health centers, clinical psychologists, psychiatrists, hospitals, and psychology service centers. This cooperation is important because school counselors often face difficult situations when they identify clinical cases but do not have rapid and reliable referral access. ASCA emphasizes that school counselors act as leaders, advocates, collaborators, and consultants who promote systemic change and support students' academic, career, and social emotional development (ASCA, 2022b). Therefore, a collaborative network can help schools determine appropriate referral destinations, communication mechanisms, family support procedures, and follow up monitoring after students receive professional services.

The findings of this study further highlight the need for early mental health detection training for guidance and counseling teachers or school counselors. Such training is not intended to transform school counselors into clinical psychologists or psychiatrists. Rather, it aims to strengthen their ability to recognize early signs of psychological risk. Training materials may include the recognition of symptoms of depression, severe anxiety, trauma, self harming behavior, suicidal ideation, substance abuse, violence, eating disorders, and psychotic symptoms. WHO and UNICEF emphasize the importance of strengthening the capacity of school communities to recognize adolescent mental health needs and provide appropriate support (World Health Organization & United Nations Children's Fund, 2021). Through such training, school counselors can perform their roles in a safer, more accurate, and more professional manner without exceeding their authority.

Theoretically, the findings of this study strengthen the understanding that school guidance and counseling services are located within developmental and educational domains, rather than within the domain of clinical medical services. However, this does not mean that school counselors have no role in mental health issues. On the contrary, school counselors have an important role as part of an initial support system that connects students' needs with professional services. ASCA states that school counselors design and implement school counseling programs to support the academic, career, and social emotional success of all students, while recognizing mental health warning signs that may affect students' participation in school (ASCA, 2022a). Therefore, competence boundaries must be understood functionally. School counselors do not replace clinical psychologists or psychiatrists, but they serve as initial connectors who help ensure that students do not lose access to appropriate support.

Overall, this discussion affirms that the competence boundaries of school counselors are a key foundation for building school mental health services that are safe, ethical, and integrated. These boundaries protect students from the risk of inappropriate case management, protect counselors from practicing beyond their authority, and strengthen collaboration between schools and mental health professionals. Therefore, the strengthening of guidance and counseling services in schools should be directed toward three main aspects: the development of referral standard operating procedures, the establishment of collaborative networks with mental health

services, and early detection training for school counselors. Through these steps, school counselors can continue to perform their strategic role in supporting students' mental health without exceeding the boundaries of their professional competence.

Conclusion

This study affirms that school counselors play an important role in promotive, preventive, educational, early detection, psychosocial support, and referral services within the context of student mental health. However, school counselors are not authorized to conduct clinical diagnoses based on DSM 5 criteria, provide intensive psychotherapy, prescribe medication, or independently manage severe mental disorders, such as major depression with suicide risk, bipolar disorder, schizophrenia, complex PTSD, severe eating disorders, and substance abuse. Such cases require intervention from clinical psychologists, psychiatrists, or other mental health professionals who possess the relevant clinical and medical competencies.

The practical implications of these findings indicate that schools need to establish clear referral protocols, case documentation systems, and collaborative networks with community health centers, clinical psychologists, psychiatrists, hospitals, and students' families. Competence boundaries should not be understood as a weakness of school counselors, but as part of professional ethics to prevent practice beyond authority, reduce the risk of inappropriate case management, and ensure that students receive services that correspond to their psychological needs.

This study has limitations because it employed a documentary study method and therefore does not directly capture the empirical experiences of school counselors in dealing with clinical cases in school settings. Therefore, future research is recommended to use empirical approaches, such as interviews, surveys, case studies, or mixed methods, to examine referral practices, school counselors' readiness, barriers to interprofessional collaboration, and the effectiveness of early mental health detection training for guidance and counseling teachers or school counselors.

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Research Ethics Statement

This study was conducted in accordance with the ethical principles of scientific research. Since this research employed a documentary study method and did not involve human participants, direct intervention, personal data collection, or clinical assessment, informed consent was not required. All documents used in this study were obtained from publicly accessible, official, and academically credible sources. The analysis was conducted responsibly by maintaining accuracy, source transparency, and respect for the original meaning of the documents.

Author Contributions

The sole author was responsible for all stages of the research and manuscript preparation, including conceptualization, document selection, data collection, data analysis, interpretation of findings, writing of the original draft, manuscript revision, and approval of the final version of the article.

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Conflict Of Interest
The authors declare that there is no conflict of interest regarding the research, authorship, and publication of this article.

Artificial Intelligence Use Statement
The authors declare that artificial intelligence, if used, was employed only as a technical support tool for language editing, grammar checking, and improving manuscript readability. All scientific analysis, interpretation of data, arguments, and conclusions remain the full responsibility of the authors.

Data Availability Statement
The data supporting the findings of this study consist of regulatory documents, professional standards, international guidelines, and scholarly literature analyzed through a documentary study method. These documents are publicly available or can be accessed through official institutional sources. Additional information regarding the document analysis process is available from the corresponding author upon reasonable request.

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