Preparing Teacher Candidates and Experienced Teachers: Armed to Support Students’ Mental Health and Well-Being

By

Shiva Alasvand

A research paper submitted in conformity with the requirements For the degree of Master of Teaching
Department of Curriculum, Teaching and Learning Ontario Institute for Studies in Education of the University of Toronto

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Abstract

As mental health issues are becoming more prevalent, especially among children and youth, teachers are more likely to find themselves in situations where students with mental health issues require their attention and support. However, many teachers appear to express doubts about their knowledge of mental health issues and their abilities in supporting students with these issues. In this qualitative research study, three participants, all of whom have received their teacher certification and have had experience working with students with mental health issues, are interviewed. The participants’ perspectives regarding the preparation teacher candidates and experienced teachers receive concerning mental health as well as potential strategies, resources and programs available for teachers to employ in support of their students’ mental health will be explored in this paper. Through an autoethnography by the researcher, a review of literature, and three standardized, face-to-face, open-ended interviews, data was collected and connections and implications were made for next steps regarding teacher education programs and mental health issues.

Key words: mental health, mental health issues, pre-service teacher education, teacher education, teacher perspectives, support strategies
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## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>2</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>3</td>
</tr>
<tr>
<td><strong>1. Chapter 1: Introduction</strong></td>
<td>7</td>
</tr>
<tr>
<td>1.1 Introduction to the Research Study</td>
<td>7</td>
</tr>
<tr>
<td>1.2 Purpose of the Study</td>
<td>7</td>
</tr>
<tr>
<td>1.3 Research Questions</td>
<td>8</td>
</tr>
<tr>
<td>1.4 Background of the Researcher/Autoethnography</td>
<td>8</td>
</tr>
<tr>
<td>1.5 Overview</td>
<td>10</td>
</tr>
<tr>
<td><strong>2. Chapter 2: Literature Review</strong></td>
<td>12</td>
</tr>
<tr>
<td>2.1 Defining Mental Health Issues and its Prevalence</td>
<td>12</td>
</tr>
<tr>
<td>2.2 Teacher Education Programs and Mental Health Education</td>
<td>13</td>
</tr>
<tr>
<td>2.3 Teachers’ Beliefs about their Roles as Providers of Mental Health</td>
<td>14</td>
</tr>
<tr>
<td>2.4 Teachers’ Perspectives on their Knowledge and Ability to Work with Students with Mental Health Issues</td>
<td>15</td>
</tr>
<tr>
<td>2.5 Programs and Strategies in Support of Students’ Mental Health and Well-Being</td>
<td>16</td>
</tr>
<tr>
<td><strong>3. Chapter 3: Methodology</strong></td>
<td>22</td>
</tr>
<tr>
<td>3.1 Introduction</td>
<td>22</td>
</tr>
<tr>
<td>3.2 Participants</td>
<td>22</td>
</tr>
<tr>
<td>3.3 Procedure</td>
<td>23</td>
</tr>
<tr>
<td>3.4 Ethical Review Procedures</td>
<td>24</td>
</tr>
<tr>
<td>3.5 Limitations</td>
<td>24</td>
</tr>
</tbody>
</table>
4. Chapter 4: Findings

4.1 Introduction

4.1.2 Themes

4.2 Observing Mental Health within the Classroom

4.2.1 Potential Signs

4.2.2 Influence of Stigma

4.3 Effective Strategies for Understanding Mental Health

4.3.1 The Importance of Conversations about Mental Health

4.3.2 The Importance of Establishing and Maintaining Support Systems

4.3.3 Additional Strategies Based on Individual Participant Responses

4.4 Programs and Resources in Support of Mental Health Awareness/Education

4.5 Teacher Education Curriculum/Professional Development on Mental Health

4.5.1 Increased Relevancy of Mental Health and Well-Being

4.5.2 Potential Content

4.5.3 Role of the Teacher

4.6 Education on Mental Health through an Optimistic Lens

4.7 Conclusion

5. Chapter 5: Discussion

5.1 Introduction

5.2 Connection to Literature and Analysis of Findings

5.3 Implications/Recommendations

5.4 Limitations and Implications for Further Research

5.5 Conclusion
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. References</td>
<td>60</td>
</tr>
<tr>
<td>7. Appendix A: Interview Questions</td>
<td>63</td>
</tr>
<tr>
<td>8. Appendix B: Letter of Consent for Interview</td>
<td>64</td>
</tr>
<tr>
<td>9. Appendix C: Resources/Programs Identified Through Data Collection</td>
<td>66</td>
</tr>
</tbody>
</table>
CHAPTER 1: INTRODUCTION

1.1 Introduction to the Research Study

Mental health issues have become an increasing topic of discussion within the past several years. One possible reason for this recent attention is the growing prevalence of mental health-related issues in young people. Approximately one in five children and adolescents are affected by mental health issues (DeSocio, Stember, & Schrinsky, 2006). Second to a child’s caregivers, teachers are the adults who spend the majority of time interacting with children. As a result, it is imperative that teachers be versed and skilled in understanding mental health issues so they can identify these problems in the early stages of development and intervene when a student is in need of support. The increasing conversation centered on the topic of mental health becomes an added pressure for teacher education programs to prepare their teacher candidates in working in classrooms that will very likely include students with mental health issues.

1.2 Purpose of the Study

The purpose of this study is to understand the needs and perspectives of teacher candidates and experienced teachers regarding their knowledge and confidence in working with students with mental health issues. This study aims to understand the role of teacher education programs in supporting students with mental health issues, as well as to identify strategies, resources, and programs for teachers involved with supporting students’ mental health and well-being. Given that mental health issues affect approximately 20% of children under the age of 18, there is a need to understand how teacher education programs are preparing teachers to support this large percentage of the student population (Reinke, Stormont, Herman, Puri, & Goel, 2011). Reinke et al. (2011) also identify that students with mental health issues are at an increased risk of suffering academically. Therefore, teacher education programs need to ensure that their future
teachers will be confident in their ability to support these students.

1.3 Research Questions

As a result of this research project, I hope to provide a deeper understanding of the current context of mental health education in teacher education programs and shed light on possible resources, programs and strategies available to teacher candidates and experienced teachers to help promote mental health within their classrooms. My research addresses the following main question: How can experienced teachers and teacher candidates be better prepared to support students towards mental health and well-being? I ask the following two sub-questions in order to further understand the potential changes and improvements that can be made to teacher education programs and professional development opportunities for experienced teachers: 1) What resources or strategies do current practicing teachers use to help them support students towards mental health and well-being? 2) What specific content areas and experiences can be incorporated into teacher education curriculum to better prepare new teachers to support students towards mental health and well-being?

1.4 Background of the Researcher/Autoethnography

I am a 24-year-old Persian, female student enrolled in a two-year teacher education program called the Master of Teaching program at the Ontario Institute for Studies in Education at the University of Toronto. My interest in pursuing research regarding the topic of mental health stems from my personal experiences with Obsessive Compulsive Disorder (OCD). When I entered the 7th grade at the age of 12, I was excited to experience the mysteries of a new school and to meet interesting, new people with whom I could develop meaningful relationships. Like most other students there with me on the first day of school, I was also extremely nervous. However, for most of these students, those nerves settled as the weeks went by and they became
accustomed to the routines of junior high school. Unfortunately, this was not the case for me. As the seasons changed and the leaves transformed into the fiery colours of fall, so did my emotions and thoughts. I began experiencing disturbing thoughts that became more constant as time passed. Confused and frightened by what was taking place inside my mind, I began to initiate specific actions into my daily routine, such as washing my hands in multiples of five. I strongly believed that these actions would help to stop the disturbing thoughts from reoccurring. I have memories of times where I was sitting in class and the teacher was teaching a lesson or we were engaged in a group activity. I would gaze around the room at my friends, envious that they appeared so carefree yet my mind was always absorbed with negative thoughts. The hatred I felt towards my thoughts began to transfer into hatred towards myself.

My OCD was invisible to teachers and peers around me. The shame, guilt and sadness that accompanied this mental health issue fueled my determination to keep my actions as subtle as possible in order to avoid someone noticing that I was different. I was a 12-year-old girl who was uninformed, scared and confused about what was happening to her internally. As a result, I feared rejection and judgment by everyone around me, including my family, my teachers and my friends. My teachers were unaware of my struggles and therefore, were unable to provide the support I so desperately needed. I lived that year of my life in what felt like complete sadness and isolation. Fortunately, one day my aunt suggested to my mother the possibility that the dryness of my hands might be related to a mental health issue. That moment of recognition, of my aunt wondering about the possibility of a bigger issue underlying my very dry hands, sparked a series of steps that thankfully led me to the support that I required. I would never wish upon anyone the hardships I experienced that year and throughout the years of healing afterward. It all started with a natural nervousness related to the transition to a new school, but over a few short
months my anxiety, in addition to other possible factors, transitioned into an obsessive-compulsion that seemed to have control of my mind almost 100% of the time. I could not enjoy my experiences in school and the OCD was getting progressively worse. Thankfully, a family member raised a simple question that ended up being a life-line to my mental health and well-being. I will be forever grateful to my aunt for her careful observation of me, and for her gentle and life-changing wondering about my well-being.

This significant life experience and my passion for the teaching profession has inspired me to pursue this research. I believe that my teachers were unable to recognize the signs and symptoms of my mental illness because they did not have the necessary skills and knowledge to do so. As a future teacher, I want to teach my students about mental health and well-being and to support them in every way possible. However, if teachers are not adequately trained and equipped with knowledge of and strategies for promoting mental health within their classrooms, then they will lack the resources required to meet the needs of students experiencing these issues, thus inhibiting student potential and learning.

1.5 Overview

Chapter 1 includes the introduction and purpose of the study, the research questions, as well as the events in my life that influenced me to pursue this research. Chapter 2 contains a review of the literature where the following five topics are discussed: defining mental health issues and its prevalence, teacher education programs and mental health education, teachers’ beliefs about their roles as providers of mental health, teachers’ perspectives on their knowledge and ability to work with students with mental health issues, and programs and strategies in support of students’ mental health and well-being. Chapter 3 provides the methodology and procedure used in this study including information about the participants and data collection.
instruments. Chapter 4 outlines the findings of the research, presented as five themes that emerged through the process of analyzing the data collected through the interviews and questionnaires. Chapter 5 offers connections between existing research highlighted in the literature review to the findings of this research paper. This chapter also identifies implications for future teacher practices and teacher education programs, limitations of the study, and recommendations for further research. References and a list of appendixes follow at the end.
CHAPTER 2: LITERATURE REVIEW

2.1 Defining Mental Health Issues and its Prevalence

To lay a foundation for this research project, it is important to begin by defining two central concepts. Mental health is defined as, “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (World Health Organization, 2013, para. 1). A mental disorder or mental health issue, (as cited in Stein, Phillips, Bolton, Fulford, Sadler, & Kendler, 2010), is defined by the Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition (DSM-IV) as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g. a painful symptom) or disability (i.e. impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. (p. 1760)

The condition or pattern must be one that does not fit into the confines of those behaviours that are culturally sanctioned and “it must currently be considered a manifestation of a behavioral, psychological, or biological dysfunction in the individual” (DSM-IV, as cited in Stein et al., 2010, p. 1760). Reinke et al. (2011) note that approximately 20% of children under the age of 18 experience mental health issues and this percentage increases to 25% for children living in adverse environments due to stressors within the home, school and neighbourhood. Additionally, survey results by Reinke et al. (2011) indicate that 75% of teachers have worked with or given a referral for a student with a mental health issue. In addition to this research, the Canadian Mental Health Association (2012) states that approximately 10-20% of youth in Canada are affected by a
mental illness, however, only one out of five youth receives mental health services. Therefore, it is evident that mental health problems are an increasing and prevalent issue.

2.2 Teacher Education Programs and Mental Health Education

Children spend a significant portion of their time within the school setting and so it is necessary to examine the role that teacher education programs have regarding mental health education for new teachers. It is often recommended that teachers take a psychology course before entering their teacher education program or at some point throughout their teacher training (Koller & Bertel, 2006). Walter, Gouze, and Lim (2006) explain that even health education, in general, is not usually required of teachers as they engage in pre-service teacher training. Reinke et al. (2011) found that only 34% of the 292 elementary school teachers and early childhood educators surveyed felt equipped with the necessary skills to support students with mental health issues. Walter et al. (2006) identify that teachers indicated a dire need for this mental health education and training to occur within teacher education programs. The U.S. Public Health Service, 2000, (as cited in Walter et al. 2006), states, “teachers should be trained to enhance the social and emotional development of students, use effective classroom management strategies to maintain an environment conducive to learning, and identify emotional and behavioral problems that warrant referral for clinical assessment and treatment” (p. 67).

Whitley, Smith and Vaillancourt (2011) emphasize the significance of teacher candidates’ experiences in pre-service Bachelor of Education programs because that is the time when future teachers develop knowledge and understanding of mental health issues in order to support their future students. Whitley et al. (2011) further explain that it is becoming increasingly clear that mental health literacy is a topic critical to teacher preparation and that ways must be found to integrate this into courses to better serve
Canadian children. It is also important that, rather than simply continuing to add courses to already intensive programs, research and theory in the area of teacher education is carefully considered in exploring thoughtful ways of training teachers more effectively. For example, infusing content such as that related to mental health literacy into existing subject courses such as Health and Physical Education is an approach that has been supported by researchers. (p. 63)

As of 2013, the government of Ontario has determined that as of September, 2015, all teacher education programs in Ontario will expand from one-year programs into two-year programs (Ministry of Education, 2013). The government’s rationale for these changes is that teachers will have the opportunity to gain more practical teaching experiences within classrooms and the teacher education curriculum will be improved to further support teacher candidates in developing effective teaching methods for working with students who have mental health and addiction issues (Ministry of Education, 2013). Therefore, teacher education programs appear to be moving toward a greater emphasis on mental health promotion and education.

2.3 Teachers’ Beliefs about their Roles as Providers of Mental Health

One essential notion concerning this research study is whether or not teachers view themselves as providers of mental health and supporters of students who may be struggling with a mental health issue. Rothi, Leavey and Best (2007) explain that based on health policy documents, teachers are to carry out the same obligations of front-line tier one mental health professionals when they are on the job and this includes the identification of mental health issues and making of referrals. Reinke et al. (2011) conducted an online survey of 292 early childhood educators and elementary school teachers observing teachers’ perceptions of mental health issues within schools. Results indicated that the majority of teachers agreed that schools should be
responsible for supporting students with mental health issues. Surprisingly, however, teachers in this study believed that the role of teaching social emotional lessons was more appropriate for school psychologists rather than teachers, even though it is the students who struggle socially or emotionally who are more apt to be at a greater risk in their academics (Reinke et al., 2011). Therefore, teachers have an important role in supporting the whole learner, and supporting both a student’s academics and their emotional well-being (Reinke et al., 2011). Interestingly, a study conducted in England compared the beliefs of students in teacher education programs and teachers who were certified to teach within classrooms and found that the teacher candidates were more inclined to agree that teachers have an important role in identifying and intervening in cases of mental health issues, whereas, certified teachers were neutral in their opinion on this topic (Bostock et al., 2011).

2.4 Teachers’ Perspectives on their Knowledge and Ability to Work with Students with Mental Health Issues

Building on teacher and teacher candidates’ perspectives on their role in supporting students with mental health issues is the need to understand if they feel prepared to do so. In the aforementioned online survey conducted by Reinke et al. (2011), more than one third of the participating elementary school teachers and early childhood educators disagreed with the statement, “I feel that I have the level of knowledge required to meet the mental health needs of the children with whom I work” (p. 7). As well, in the same study, teachers indicated that they required additional support and training on strategies for working with students with behavioural problems and for recognizing and understanding mental health issues (Reinke et al., 2011). In addition, Walter et al. (2006) indicate through their research that many teachers in their study had learned about mental health issues through resources not connected to their pre-service teacher training. The shortage of knowledge these teachers had was consistent with their lack of
confidence in their ability to support students with mental illnesses (Walter et al., 2006). In the literature I have examined, the common teacher perspective of limited knowledge and confidence in the ability to work with students with mental health issues is clearly expressed by a primary school teacher who stated, “we’re on the frontline with these kids, we need strategies, ways of being able to recognize, talk and know what to do about it…any way that we can stop treating it just as a disciplinary matter” (Rothi et al., 2007, p. 1221).

2.5 Programs and Strategies in Support of Students’ Mental Health and Well-Being

Replacing a disciplinary response with programs and strategies geared to support students with mental health issues offers progress and hopefulness to this special and prevalent group of students. Prevention and intervention involve teachers’ understanding of their roles in preventing mental health problems (i.e. creating a positive classroom atmosphere) and understanding how to identify students who may be at risk for a mental health issue (i.e. intervening in cases of bullying) (Koller & Bertel, 2006). Reinke et al. (2011) identify the need for prevention and intervention techniques within schools in order to foster students’ mental health. It often happens that teachers are the individuals asked to implement these intervention or prevention programs, however, this poses a challenge as many teachers express lack of knowledge when it comes to understanding mental health issues (Reinke et al., 2011). Lauria-Horner, Kutcher, and Brooks (2004) identify how important early identification and intervention of mental health issues within the classroom is on having a positive impact on students’ academic progress in school. Therefore, it is evident that during their teacher education programs, teacher candidates would benefit from instruction on techniques and strategies for the prevention and intervention of mental health issues. The following are examples of prevention and intervention programs and strategies that can be modified, taught and shared with teacher candidates and experienced
teachers so that they can employ them within their classrooms.

*Mental Health Promotion Programs*

In 2011, the Ontario Ministry of Health and Long-Term Care introduced a new strategy for mental health and addictions called *Open Minds, Healthy Minds: Ontario’s Comprehensive Mental Health and Addictions Strategy*. This document aims to transform the province’s mental health system and to ensure the improvement of the mental health and well-being of all Ontarians (Ministry of Health and Long-Term Care, 2011). Part of the strategy also focuses specifically on the mental health of children and youth. One of the goals of the strategy is to emphasize early intervention of mental health issues and the importance of equipping people who work with children with the effective tools and knowledge they require to identify these issues (Ministry of Health and Long-Term Care, 2011). The document highlights that people with mental health issues need to be understood, respected and accepted by stating, “People with lived experience of a mental illness and/or addictions are valued members of their communities. They deserve to be treated with dignity and respect. It is important that communities and services work together to eliminate stigma and discrimination” (Ministry of Health and Long-Term Care, 2011, p. 9). In addition to the notion of stigma, Whitley et al. (2012) explain that existing stigma surrounding mental health issues leads to barriers for effective intervention and help-seeking behaviours. The Ministry of Health and Long-Term Care’s *Open Minds, Healthy Minds* document (2011) stresses the fact that through the elimination of stigma, those with mental health issues can begin to feel accepted and respected, thus leading to the improvement of their health.

The Ministry of Education introduced *Supporting Minds: An Educator’s Guide to Promoting Students’ Mental Health and Well-Being*, a comprehensive document providing a vast
array of strategies and information educators can use to support students with mental health and addiction problems (Supporting Minds, 2013). The document highlights that educators should not take it upon themselves to diagnose mental health issues (Supporting Minds, 2013). They should, however, understand their responsibility in promoting mental health within their classrooms, observing and identifying signs of a mental health issue and finding the appropriate services that will be able to support students in need (Supporting Minds, 2013). The document encourages teachers who recognize potential signs of a mental health issue within their classroom to partake in observation that is objective and carried out over a substantial period of time in order to ensure that the signs being observed are, in fact, directly related to a mental health issue and are affecting the students’ functioning (Supporting Minds, 2013).

The Mental Health and High School Curriculum Guide created by Dr. Stan Kutcher in partnership with the Canadian Mental Health Association is a program used by teachers in conjunction with the secondary school Health and Physical Education Curriculum to better understand mental health (Teen Mental Health, 2012). In a pilot of this program in a school, results indicated improved teacher satisfaction and knowledge of mental health (Whitley et al., 2012). In a study by Cappella, Jackson, Bilal, Hamre and Soule (2011), mental health professionals, such as social workers, counsellors, and school psychologists delivered a teacher consultation and coaching program called Bridging Education and Mental Health in Urban Schools (BRIDGE) to teachers who worked at schools in urban areas. The goal of the program was to provide supportive consultation to teachers as they learned to implement “positive classroom interactions and targeted child functioning” (Cappella et al., 2011, p. 499). The BRIDGE program “integrates standardized classroom observation with individualized support for teachers to increase positive and productive interactions with challenging students and across
the classroom as a whole” (Cappella et al., 2011. p. 502). Central to the program is the BRIDGE intervention cycle (Cappella et al., 2011). Step one, called Classroom Observation, required the consultant to observe the classroom, focusing on the whole classroom, as well as target children who may require additional support (Cappella et al., 2011). During step two, Review and Prepare, the consultant shared a video and classroom strategies with the teacher that could be used to promote positive classroom interactions and positive behaviour and learning patterns (Cappella et al., 2011). Step three, Consultation Meeting, required that the consultant and teacher meet to discuss the classroom observation and video and to identify possible classroom strategies (Cappella et al., 2011). Finally, in step four, Coaching and Feedback, the consultant encouraged the teacher to use the classroom strategies identified within their own classroom in order to promote positive classroom interactions, behaviours, and learning (Cappella et al., 2011). Therefore, these positive interactions and classroom management strategies aim to provide for a safe and supportive classroom environment, which acts as a prevention technique as it aims to prevent the occurrence of mental health issues.

*Mental Health Education*

When students are educated about mental health issues and how to recognize signs and symptoms of these issues, they will be better equipped to understand what they are going through and who and how to ask for support (DeSocio et al., 2006). DeSocio et al. (2006) describe a mental health education program that was delivered by nurses to children aged 10-12. The program was delivered through six modules, each 45 minutes in length. The modules covered topics as general as the defining of mental health and mental illness to more specific focuses, such as the common mental health issues children may encounter (DeSocio et al., 2006). The results of the study indicated that students felt more knowledgeable regarding mental health
issues and were more willing to seek help if required (DeSocio et al., 2006). Ultimately, mental health education in schools can be used as a prevention and intervention technique as it provides students with the skills and knowledge to identify signs of a mental health issue and feel confident in asking for support.

Promotion of Self-Efficacy as a Strategy for Supporting Mental Health

Self-efficacy is defined as “the subjective certainty of being able to cope with new and difficult demands by means of one’s own competencies” (Jerusalem & Hessling, 2009, p. 330). As stated in their study, Jerusalem and Hessling (2009) discuss how “self-efficacy is also seen as a general health protective factor with regard to many physical and mental diseases” (p. 338). A program, called Self-efficacious Schools (SESC), was implemented in Germany to promote self-efficacy amongst students. There were no specific guidelines or restrictions for schools to follow in their aim to promote self-efficacy, therefore, schools could develop their own self-efficacy initiatives and projects (Jerusalem & Hessling, 2009). The main hope of the program was to increase students’ initiatives, improve attitudes towards learning, enhance motivation and create community throughout the school (Jerusalem & Hessling, 2009). Social self-efficacy was also promoted in schools by attempting to develop communication skills and coping skills that could be used during social conflicts (Jerusalem & Hessling, 2009). Therefore, it is important to recognize that the promotion and development of self-efficacy can be a strategy employed by teachers in their classrooms to support students’ mental health and well-being.

Ultimately, the research literature I have examined discusses the importance of teachers’ roles in understanding, preventing, and intervening in cases of mental health issues. However, my review of existing literature has led me to the conclusion that there is very limited and at times no training on mental health issues offered within teacher education programs. Although
some efforts appear to be made in regards to the future of teacher education programs and their relation to mental health education, there are still many educators who identify a need to better understand how to support the mental health and well-being of their students. This is disquieting given the prevalence of children and youth who experience mental health issues.

My personal experience with having a mental health issue during my youth, combined with the lack of preparedness of teachers in this area evident in the literature, sets the foundation for this research study framed with the following question: How can experienced teachers and teacher candidates be better prepared to support students towards mental health and well-being? In addition, I ask the following two related sub-questions: 1) What resources or strategies do current practicing teachers use to help them support students towards mental health and well-being? 2) What specific content areas and experiences can be incorporated into teacher education curriculum to better prepare new teachers to support students towards mental health and well-being?
CHAPTER 3: METHODOLOGY

3.1 Introduction

The purpose of this qualitative research is to explore the level of preparation teacher candidates and experienced teachers feel they have in regards to supporting students with mental health issues. In addition, teacher education programs as well as different strategies, programs and resources are examined to discover how they can better prepare educators to support and promote mental health within their schools and classrooms. These avenues are explored through interviews with three participants. This chapter will introduce the three participants of this study and outline the criteria used for participant selection. It will also discuss the interview process, examine the ethical review procedure and finally highlight some limitations of this research.

3.2 Participants

In order to collect data on how teacher candidates and experienced teachers can be better prepared to support students toward mental health and well-being, it was essential to find participants who met the following criteria:

a) They must have received their teaching certification through a teacher education program;

b) They must have current or previous experiences with students with mental health issues.

My first participant is Peter, who is a Community Health Coordinator, received his Bachelor of Education in Ontario and has 10 years of experience in the field of education. My second participant is Julie, a special education instructor in Ontario. Julie received her teaching certification through a university in Sydney, Australia and has 20 years of experience in the field of education. My final participant is Karen, a primary teacher within a Section 23 program of the
Toronto District School Board, which is a program that serves “students who, for a variety of reasons, require their educational needs to be met outside of the regular school system in specialized settings” (Toronto District School Board, 2014, para. 5). Karen went to school in upper New York State in order to receive her teaching degree and she has 7.5 years of experience in the field of education. All names in this study are pseudonyms in order to preserve the anonymity of the participants. Through my interviews with the participants, I collected data regarding teacher education programs in relation to mental health education, strategies, resources and programs for supporting and promoting students’ mental health, and professional development opportunities.

3.3 Procedure

This qualitative study is based on review of literature, observations and interviews. In this research, I have developed a strong understanding of the preparation level of teacher candidates and experienced teachers for supporting students’ mental health and well-being. This was done through an in-depth analysis of existing research and standardized, open-ended, face-to-face interviews with three participants. As the researcher, I also asked probing questions as a means to follow-up and clarify or add detail to the collected data (Turner, 2010). I recruited participants through conversations about my research with fellow classmates and professors who then connected me with potential participants. Once my participants were selected based on the criteria noted earlier, I began conducting interviews. The interviews were 30-45 minutes in length and participants were asked 12 questions (see Appendix A). All three interviews were based on the same set of interview questions and responses were audio recorded and transcribed in full. Upon completion of the transcription process, I read each transcript numerous times to examine and analyze the data. This process involved looking for themes and patterns across the
three transcripts, as well as insights that caught my attention that might be particular to just one of the participants, but that also shed light on my research questions. Five themes emerged from the data analysis process, and these will be shared in the following chapter on findings.

3.4 Ethical Review Procedures

I followed the ethical review approval procedures for the Master of Teaching program. Before beginning the interview process, all participants received a consent letter, which they were required to read and sign before participating in the interview (see Appendix B). Interviews were held in locations most accommodating to the participants and at a time that had been mutually agreed upon. The topic of the research study was discussed before the interviews began and participants were encouraged to ask any questions before, during, or after the interview. Participants were also informed that their participation was voluntary and that they had the right to pass on any question or withdraw from the research at any time. Participants were reminded that their participation and answers would be completely confidential, that they would be referred to by pseudonyms, and that the raw data from the interviews would be stored in a password-locked folder on the computer. Finally, participants were informed that they could request access to the completed transcript and would be welcome to request that any information be removed if they felt it did not accurately represent their perspective.

3.5 Limitations

Although this research shed light on teachers’ knowledge and capabilities in working with students with mental health issues, as well as strategies for improving teacher education programs, there were limitations to the study. Due to the limitation of time, I was only able to interview three participants. Although the information derived from those interviews was rich and in-depth, the small sample size limits the perspectives of other teachers and the possible
generalization of data collected. In addition, this research study lacks student perspectives about their teacher’s knowledge and understanding in working with students with mental health issues. As a result, even though the information collected is rich and important, further research should aim to have students as participants in order to obtain and understand information from this very important perspective.
CHAPTER 4: FINDINGS

4.1 Introduction

The findings from this study emerged from standardized, open-ended, face-to-face interviews with three participants all of whom have received their teacher certification through a teacher education program and have had experience working with students with mental health issues. This chapter will provide a description of what was discovered through the coding of the data generated from these interviews.

4.1.2 Themes

Through the transcription, coding and analysis of my three interviews, the following five themes emerged: Observing Mental Health Within the Classroom, which highlights potential signs that a mental health issue might be present in the classroom and the influence of existing stigma on mental health issues; Effective Strategies for Understanding Mental Health, where the importance of having conversations about mental health and well-being and establishing support systems are explored; Programs and Resources in Support of Mental Health Awareness/Education, which highlights a variety of different ways teacher candidates, practicing teachers and students can educate themselves about mental health and well-being; Teacher Education Curriculum/Professional Development on Mental Health addresses the increased relevancy of mental health and well-being, provides suggestions for potential content that should be included in teacher education curriculum and professional development opportunities and lastly, how teachers perceive their role as supporters of mental health and well-being; and finally, Education on Mental Health through an Optimistic Lens which explains how teachers perceive the direction of teacher education on mental health in the future. I draw from the data collected from face-to-face interviews with my participants, Peter, Julie and Karen.
4.2 Observing Mental Health within the Classroom

4.2.1 Potential Signs

According to all three participants, teacher observation is an important strategy for identifying mental health issues in the classroom. Drawing on her experiences, Julie explains:

If someone's having mental health issues, it can be either internalized or externalized. So if it's internalized it's a little harder to see but that’s where you have to have a keen eye, be watching the students that might not necessarily be disruptive but be in a corner having a really challenging time. So, you really have to have a bird's eye view of what's going on. I make very clear observation notes.

Peter outlines the fact that with regard to teacher observations of a student they may suspect is struggling with a mental health issue, “It’s not going to happen over one day but it's over…you notice these things happening over a two to three week time period.” Therefore, teacher observations that occur over an extended period of time help clarify the difference between a child who requires support for a mental health issue and a child who might be having a difficult day. The three participants also express academic indicators as key for identifying a mental health issue in the classroom. Julie explains that a mental health issue can look like a student who is not “doing as well academically”. In regards to academic indicators, Peter explains, “Everything from noticing grades slipping to not handing in work or missing deadlines. Written language that's out of the ordinary so anything like negative talk or through emails or written assignments.” Karen added the importance of observing “child self-reflection, writing, opportunities to share feelings” and how “those are really telling especially with primary grades.”
All three participants expressed aggression, acting out and irritability as potential signs of a mental health issue which educators should be aware of. A potential sign that all three participants expressed often goes overlooked by teachers is students who are quiet and withdrawn. Peter stated, “I would suggest that you know wide ranges of emotions from students. So either students that are more aggressive or out-bursting but also students that…display being more quiet and withdrawn.” As Julie previously explained, mental health issues can be internalized, making it imperative for teachers to ensure they are observant of all students within their classroom. Karen speaks more on this by expressing, “Sometimes we think that just because the child is sitting there and he’s getting through the day in managing or coping, there’s nothing that’s really wrong but that child can be in a high level of distress and we need to be more aware to sort of check in and ensure that it’s okay.”

4.2.2 Influence of Stigma

Julie and Peter both highlight the idea that mental health has been really stigmatized in the past, however, is now becoming more entrenched within the norm. They address the idea that the stigma surrounding mental health issues may hinder support-seeking behaviour. Peter stated:

It [mental health] wasn't as important of an issue [in the past] than it is now…I think it was still really stigmatized back then…there’s external stigma and there is internal stigma as well. So even stigma for mental health really prevents people from reaching out for help. And most people who can get over the stigma get the help that they need.

Julie continued to say, “Mental health more than any other way of being in schools is stigmatized and misunderstood.” In reference to the public school curriculum, Julie stated:

Normally in the curriculum what’s privileged is what is normal. What’s normal…normative changes. It’s in flux all the time. But I think mental health has never
been part of what’s normative…the norm in the class. Rave about multiculturalism and even LGBTQ is getting better. Mental health has been really really stigmatized in ways others have too but I think it’s slower to become part of the norm…making sure to normalize certain behaviours and ways of being, including mental health.

In their responses, Julie and Peter address the importance of destigmatizing mental health so that those individuals who require the support might feel more comfortable and safe to reach out for help.

4.3 Effective Strategies for Understanding Mental Health

4.3.1 The Importance of Conversations about Mental Health

Throughout all three interviews, the participants provided many important strategies that teacher candidates and experienced teachers can adapt into their practices in order to better support their students’ mental health and well-being. Participants were similar in their belief that conversations about mental health, both between teachers and their students, as well as with teacher candidates, are an important strategy for developing a better understanding of mental health and therefore, being able to support students when necessary. Two participants discussed the aspect of being relatable when speaking to students about mental health as a significant factor in effective communication with students. When speaking about delivering workshops or lessons on mental health to students, Peter explained, “I'm a little more relatable to them [compared to celebrity guest speakers]… I’m just a guy.” In relation to how other teachers might view her, Karen added, “They think there’s somebody like me that might be an expert in some classroom and that’s not the case. I’m just regular, like one of them, that’s trying to learn and further my development.” Therefore, Peter and Karen emphasize that they are both relatable to students as
well as other teachers. This strategy of being able to connect on the same level as students is important for the success of conversations about mental health and well-being.

Further addressing the strategy of having conversations about mental health as a method of supporting students’ mental health and well-being, Julie highlights the significance of teachers sharing knowledge with their students through conversations. Throughout her interview, Julie’s responses had a large focus on the importance of communication and therefore when I made the observation, “So a lot of communication, pretty much, is a big thing from what I’ve heard you say,” she responded:

Yeah, I think talking about it [mental health and well-being], normalizing it, making it a priority…it should be as much of a priority as reading, writing and arithmetic. It should be because…our goal as teachers is to prepare students to be successful outside of school, and social emotional learning is necessary to be successful in the world, so why aren’t we focusing more on that?

In reference to teacher education programs, Julie explained the need for conversations about mental health to take place with teacher candidates so that they can be prepared to have those conversations with their future students. Julie stated, “Having these conversations with our teacher candidates in programs is really important…so how do we talk to students about the way that their minds work?” She continued to express:

I don’t think these conversations happen with our students in classes…So talking to students…about how their brains work and…about strategies of how to support them and how to control their brains better, they gain a sense of agency and I think you lessen their stress and anxiety…teaching teacher candidates how to have those conversations with their students I think is one way to start that…I think we should consider the mental
health of all of our students...because at any point in time, someone, child or adult, can be confronted with a mental health illness and so again it goes back to preparing students for the world once they leave school. You want kids to have the tools. Not just the ones that are...experiencing mental health issues while they’re in your class with you, but you also want to be able to give them the tools to deal with those issues if it starts to happen or if they start to experience that [mental health issue] once they leave your class...that’s the whole idea of education. So making sure that you have those conversations with all students... making sure to normalize certain behaviours and ways of being, including mental health. So having that be part of the conversation with kids in terms of read alouds, telling stories...

Peter further expresses the importance of conversations about mental health as a strategy for supporting students’ mental health and well-being by stating:

I think one thing I’m good at and I enjoy doing is having bigger conversations about mental health with groups. So maybe it's with the whole class...doing a mental health awareness talk and [leaving students to know that they] can come talk to me and providing resources or an open door to listen...I think another thing that I like talking about is just how common and prevalent mental health issues emerge during young adulthood.

Use of and awareness of language was an aspect of conversations about mental health that both Peter and Julie spoke to. Julie stated:

The language that we use, the way we interact and respond to our students has a great capacity to invite and create identities in our students. So what we say matters, how we say it matters. So when we say something like, “that’s just crazy” or “you’ve lost your
mind” or something like that, it can be really hurtful to students who might be dealing with a mental health issue when you use terminology like that.

Peter shared an interaction with a teacher who had told him “we never used language around mental health before.” Peter responded by pointing to the positive space sticker in that teacher’s classroom and saying, “well you talk about sexual orientation and diversity and sexuality and 15 years ago when I was in high school, we didn't have that language. So it takes us all to work on the language.” Peter further expressed that there should be a change in thinking where teachers begin “challenging words like crazy. Like what does crazy mean?” Peter’s thoughts portray the importance of being critically aware of the words or phrases teachers and students use and the implications that those words may have. Overall, all three participants agreed that embracing conversations about mental health is a key strategy for preparing teacher candidates and experienced teachers to better support their students’ mental health and well-being. Finally, in a statement made by Karen, she expressed that although teachers might feel uncomfortable with introducing conversations about mental health in the classroom, it is important to do so. She stated, “During my [teacher education] program, I remember I had just graduated and we went to this workshop and they talked about not being fearful about having controversial conversations…it was all about not being afraid to embrace things that are a little bit taboo.”

4.3.2 The Importance of Establishing and Maintaining Support Systems

When interviewees were asked the question, “What supports are available to help you support a student with a mental health issue,” they responded with similar support systems that they each tend to use. Peter said, “I know that there’s guidance counselors…The vice principals and principals are there as well, and they are all really committed to mental health, the ones that I've met with.” In addition to this, Julie expressed:
There are always… psychologists or social workers attached to the school. So that’s always a support system for a teacher who has a student with a mental health issue. Supports would be family for sure. Partnerships with family. Having conversations about what they’re noticing at home.

Karen, on the other hand, spoke of supports available by saying, “I would have access to OT (occupational therapy) support which would help with some of the sensory things that I might need for impulse control...There’s the behaviour management services that would be great and the safe schools committee that can come and help review.” However, these supports are not available to Karen. She explained by saying:

The problem is that in this particular environment (her teaching environment), the children are not in the care of the Toronto District School Board. They’re supported by the TDSB but because they’re agents and clients, at this point the agency takes the lead role in it. So I don’t get any outside support…Right now they have access to a psychiatrist, a psychologist…and then the social worker who speaks directly to the family. So sharing that information so that we’re getting a true reflection of what’s happening at home and how it might impact upon the day for the child here at school.

That’s kind of where it stops.

“’It’s difficult,” Karen stated to describe the absence of these supports in her teaching. Therefore, it is evident that the participants in this study find support systems valuable to their understanding of mental health and their ability to support the mental health and well-being of students.

From the conversations had throughout the interviews, it is clear that support systems are not only important for teachers but also necessary for students within the classroom. Teachers
can be this support system by creating a safe and comfortable classroom environment and establishing constant communication with their students to ensure they feel supported. In reference to her students, Julie expressed that she would:

Want to make sure that they first and foremost feel like they’re cared for and safe. That they are in an environment where they feel safe and where they see themselves reflected, meaning that if they come in and they have anxiety, they have depression, they have OCD or whatever it is, that it is okay that they are the way that they are, and that I’m going to meet them where they are, and support them… and so making sure that they feel safe and included.

Karen said, “I would think that you want to make sure that you’re engaging in constant conferencing with the child.” She also expressed that teachers “need to be more aware to check in and ensure that it [the situation] is okay” if they observe potential signs of a mental health issue. In his interview, Peter stated, “Everyone likes to be noticed and appreciates being checked in on.” Ultimately, establishing and maintaining support systems is of extreme importance for teachers so that they can be better prepared to become support systems for their students, whether or not they have a mental health issue.

4.3.3 Additional Strategies Based on Individual Participant Responses

The participants in this study afforded individual responses that provide significant insight into strategies teacher candidates and experienced teachers can employ to support the mental health and well-being of students. Peter believes that teachers should be open about sharing their personal experiences (i.e. feelings and emotions) in order to develop connections with their students. In reference to a workshop on mental health awareness that Peter led for a group of students, he stated:
They're grateful that I came in and talked to the whole class and got them to understand how common it [mental health issues] is and de-stigmatized it…and [I] showed support and empathy towards people…I've also had a student come up to me after I shared…my own experiences with depression.

He further added that he thinks teachers should be role models for their students by being “open about their own experiences and how they're feeling…so that's a good way to connect with your students.” Finally, Peter explained that an important strategy teachers can use to support their students’ mental health and well-being is to simply ask students “what they want and how you can help them out…what would best work for them." Therefore, not only will students understand that their needs are important but they, themselves, can help teachers be a support in the best way possible.

Julie believes that a valuable strategy for teachers to consider in their process of supporting students’ mental health and well-being is taking steps to ensure all students feel “safe and included” and “see themselves reflected” within the classroom. She provides suggestions for ways that teachers can create this inclusive environment. Julie explains that teachers should have mental health related conversations with “kids in terms of read alouds, telling stories, examples, not just because [they] have this student with mental health in the classroom but just because there are so many different ways of being in the world.” By including literature about mental health in the classroom, mental health issues become “normalized…in the best way.” Julie believes that these techniques will lead students in understanding that “whatever the way of being they have when they come to the classroom, they [can] see themselves reflected and supported.”
Finally, Karen identified additional strategies for promoting mental health within classrooms. She explains that when assigning work, teachers should consider what will be most engaging for students and how to ensure their success. As a result, teachers need to reflect on how they are “going to break it [assignments] down even further and make it manageable for them. So maybe creating tasks that are more specific, high interest to them…opportunities to engage in learning that excites them.” Karen also spoke to the significant impact of using social stories within primary classrooms. She expressed:

Social stories would be like writing in the context of real-life experiences. So, in the morning, I get up. When I get up, I brush my teeth, wash my face. Step by step to help people to anticipate. That sort of anticipation of routine is equally as important for our children.

Karen explained that these social stories can be used as a strategy to ensure the success of students with mental health issues as they provide an understanding and agenda for the day, thus, allowing for anticipation of activities.

These findings, presented by the participants of this study, confirm that there are many opportunities for teachers to adopt strategies that create safe, positive and inclusive classrooms in support of the mental health of all students.

4.4 Programs and Resources in Support of Mental Health Awareness/Education

With regard to programs and resources available to teacher candidates and experienced teachers to help them with supporting their students’ mental health and well-being, the participants in this study were very helpful in providing a variety of suggestions. A complete list of the programs and resources discussed are represented in Appendix C. Peter shared a program called *Blue Space* that he describes as an “anti-stigma campaign reinforcing that mental health
matters wherever you see this sign, which should be everywhere. And that means more than just talking about mental illness. So it should also include talking about positive mental health and positive well-being.” He explained that teachers could replicate programs like Blue Space within their school or classroom environment. Peter also shared The Jack Project website (jackproject.org) as a resource for educators and their students. The Jack Project is a charitable foundation founded in 2010 in remembrance of Jack Windeler, a university student who passed away as a result of suicide. Peter highlights key aspects of the website that may be useful for teachers who want to begin conversations about mental health with their students. He addressed some website features such as a page of statistics called Mental Health: Did You Know? and an infographic called Something on Your Mind that explains “how you can support yourself, what is mental health, it talks about stigma, it talks about your support networks (who's around to help you out), it talks about how to support friends. And they're written for young people through youth friendly language. So I think that…those would be good teaching tools to use.”

Peter also discussed a few programs available to teacher candidates and experienced teachers who want to enhance their knowledge and understanding of mental health issues. The first program he spoke about was called Mental Health First Aid. “It's endorsed by the Mental Health Commission of Canada. It's a two day course and they market it to say that it's similar to regular first aid but it's for your mental health.” Peter had not yet participated in this program but had planned to do so. Although he spoke approvingly about the program, he also had some reservations as he had “heard that it gets a little diagnostic. So…this is schizophrenia, these are…how to identify it and how you would treat it. I don't know if the general public needs to know that much information. I don't even think I need to know that much information.” Two programs, specifically related to supporting students who may be considering suicide, which
Peter discussed are *Safe Talk* and *Applied Suicide Intervention Skills Training (ASIST)*. Peter explained:

*Safe Talk*, which is a three-hour program on how you would talk to someone if they are contemplating suicide. It is offered at U of T (University of Toronto) for free… There's a larger two-day program called ASIST, which stands for Applied Suicide Intervention Skills Training. And that… goes into more depth about how to talk to someone about suicide and connect them with resources and supports.

Julie and Karen both advocated for teacher candidates and experienced teachers to partake in Special Education, Part 1, which is an additional qualification course for teachers in Ontario. Karen states the importance of taking this additional qualification course in order to learn “how to differentiate instruction, how to be more attuned to providing accommodations and modifications within the context of our mainstream classrooms.” As a whole, all three participants shared a variety of resources and programs that are available to teacher candidates and experienced teachers should they want to further their knowledge and understanding of mental health and supporting students with mental health issues. It becomes the responsibility of educators to take the step and immerse themselves in these programs. For a complete list of resources and programs discussed in all three interviews, please refer to Appendix C.

**4.5 Teacher Education Curriculum/Professional Development on Mental Health**

**4.5.1 Increased Relevancy of Mental Health and Well-Being**

All three participants expressed that the topic of mental health was not discussed in their teacher education programs, however, they explain that this might have been because mental health is much more relevant now than in the past. Peter suggested discussion of mental health statistics in teacher education programs to portray “just how common” mental health issues
currently are. “The numbers are high…it also means that it's really common that it's reassuring for a lot of people.” He added, “I like talking about how common and prevalent mental health issues emerge during young adulthood.” He compared the increased relevancy and focus on mental health to conversations surrounding sexual orientation:

I think it's the same way that talking about sexual orientation wasn't talked about 15 years ago and now it's so entrenched in diversity and equity…I think mental health will become an equity issue in the next 5 or 10 years, so...everyone will be more aware of it, talking about it.

When speaking about her teacher education program and experience, Julie expressed that 20 years ago when she was learning to become a teacher, the focus was mainly on “the 3 Rs: reading, writing and arithmetic…the social emotional learning, the SEL, that we talk about a lot right now just wasn’t part of the vernacular then.” She explained that there have been changes and a shift in focus toward social emotional learning, which entails mental health and well-being, but she also points out that, “I don’t think it’s changed enough.”

Karen responded by explaining that, “these sorts of issues [special education and mental health issues] are becoming so relevant in mainstream classrooms.” In direct reference to mental health issues, she stated:

It’s an issue that’s becoming more relevant. It’s something that we need to continue to educate ourselves with…embrace. Mental health…in more recent years it’s become a bigger focus in general but it didn’t really become prominent in my teaching practice until I was at my first placement and a lot of the children there had mental health issues.
Therefore, Karen was only introduced to mental health issues in real-life teaching scenarios rather than within the learning that occurred in her teacher education classrooms. Essentially, all three participants agree that mental health has become more relevant than it was in the past.

4.5.2 Potential Content

Referring to education on mental health and well-being, Karen eloquently expressed that, “I think that it’s a shift in thinking as opposed to putting it in the context of these are mental health students.” In order to make this shift, there is a need for content in teacher education curriculum to be re-examined. Firstly, in regards to future teacher education curriculum, my participants suggested that mental health should be discussed and infused throughout other courses/disciplines. Julie and Karen both spoke about Ontario’s additional qualification course in special education. They expressed the need for this course, at least the first out of three parts, to be a mandatory component for teacher education programs or a course that is highly recommended. In Julie’s opinion, teacher education programs should be “creating course work that’s not an elective. Mental health usually falls under special education so making it [special education] a core course, a mandatory course.” Karen further advocated for teacher candidates to partake in a special education course when she stated that all teacher candidates “at least educate themselves around Spec. Ed. Part 1. Taking it and learning how to differentiate instruction, how to be more attuned to providing accommodations and modifications within the context of our mainstream classrooms.” In addition to this suggestion, Julie and Karen more specifically believe that stress, anxiety and depression are three topics under the mental health umbrella that must be addressed in teacher education programs. Julie expressed that these areas are “the three most prevalent.”
Two participants introduced the idea of threading mental health discussions throughout a variety of courses within teacher education programs. Peter stated, “There's different ways to infuse it [mental health] into talking about inclusivity and equity and diversity.” Julie clearly articulated her thoughts when she expressed:

I think that it should be incorporated into every course. I mean special education, it [mental health] is incorporated in there, we’re just scratching the surface because we don’t have time. I think if this were a conversation in every course, if it were a thread throughout every course, I think that we would be able to be a better service to our teacher candidates and to our students in their classrooms.

When speaking about content in teacher education curriculum, Peter and Julie shared the similar viewpoint that there should be a focus on self-care for both teacher candidates and their future students. Peter claimed that, “There’s a lot of prevention work that can go with mental health. So that's everything from asking for support, taking care of your overall health and well-being, your physical health, your relationships with family and friends…I think self-care should be emphasized a bit more...” Julie emphasizes self-care in her own instruction with students. She spends a few moments every class to allow her students to partake in mindfulness practice. She said that she does this because she is “aware of the stress and the rigor of the program.” When students take a few minutes of their day to close their eyes and concentrate on for example, their breathing, they “feel like there is a space for them to focus on their mental well-being.” Julie also recommends that teacher candidates and experienced candidates introduce mindfulness practice into their classrooms as a self-care strategy for the mental health of their students.

Julie spoke to the recent changes to the Ontario teacher education programs by stating:
The good thing is that in 2015 there will no longer be one-year teacher education programs. It’s shifting into a two-year. And it’s still being defined but what I know is that they’re promising to focus or their suggesting that…special education…will be a core course in the program…and they’re also saying that they will have a course…on mental health and well-being. So I hope that they do that which means there will be a really strong focus on that and I think that there should be and I hope that there will be.

Concerning professional development (PD) opportunities on mental health and well-being, when asked about how much time teachers should dedicate to these PD sessions, Peter decided to share his experiences of working with The Jack Project. During his time working with the organization, Peter explained that they:

Did a lot of professional development workshops and for most of them [teachers] it was like a new way to talk about mental health. So it's going beyond just this one student that might have a mental illness within your classroom but [talking] with everyone about mental health. So I think it's important that it [PD on mental health] is a fairly regular thing for experienced teachers to revisit.

In response to the same question, Julie expressed that effective professional development opportunities should encourage dialogue between “what research says”, the professional development taking place, and “conversations about what…is happening in the classroom.”

Karen adds, “Professional development should be really reflective of the school environment and the climate in which the teacher is working… that’s when PD becomes most relevant.” She also states that in terms of professional development on mental health, “there should be at least an introduction…at the beginning of the year.” Karen explains that this will ensure teachers have an initial understanding of “warning signs and being attuned to picking up on those
cues...so...when you get your student population in September, that knowledge base of look-fors would be helpful to teachers to helping make informed practice decisions.” As a final thought on professional development opportunities, Julie believed that there should be “ongoing, sustained professional development on the topic of mental health.” Overall, Peter, Julie and Karen identify that changes are necessary within the curriculum of teacher education programs and professional development opportunities in order to better prepare teacher candidates and experienced teachers to support students’ mental health and well-being.

4.5.3 Role of the Teacher

Throughout their interviews, the participants shared how they viewed the role of the teacher in regards to handling mental health issues in the classroom. Julie expressed that:

We’re always in a supportive role and again we might be the front line and be the first one to notice it, but we aren’t trained to be that person...we can be supportive in that role but we need to bring someone from the outside to help deal with those issues...I can look for something that looks like students are having challenges but then I make very clear observation notes and then I will go to another professional...[when] something's going on beyond what my scope is as a teacher to be able to support it.

Regarding a more severe example, Peter explained that, “Part of your role is to help out but it shouldn't just be you dealing with this student who's thinking about suicide, we'll take the extreme example.” Essentially, teachers are not required to be experts on mental health issues. They are required to take responsibility and be aware of their supportive role but to also understand that other individuals within the school system, who may have more knowledge and training on mental health issues, are available to help them in supporting their students.
4.6 Education on Mental Health through an Optimistic Lens

Hope and optimism about the development and progress of education on mental health and well-being for teacher candidates and experienced teachers are evident in the near future. This hope was evidenced in a number of statements made by all three participants but especially in specific responses provided by Peter and Julie. Peter concluded his interview with some final words of optimism when he said, “I think there's a lot changing and it's an exciting time to see young people advocating for their own mental health and well-being. And they do feel empowered and they're starting to change funding and policies.” Julie expressed this hope by stating:

In the future, things will look better in terms of training [on mental health] for teachers…I think it’s only going to get better from here because now we’re focusing on it more which I think is great…I think we’re moving in the right direction…I’m really happy.

From the responses of my participants, it appears that hopefully in the years to come, teacher education programs will continue to change and advance in their efforts to provide effective education on mental health, thus, resulting in better preparation for teacher candidates and experienced teachers to support their students’ mental health and well-being.

4.7 Conclusion

The findings of this research project provide important perspectives and suggestions to guide teacher candidates and experienced teachers toward being better prepared to support their students’ mental health and well-being. It became clear from all three participants’ responses that teacher observations within the classroom are significant for the identification and intervention of mental health issues. Teachers should be exposed to an understanding of what potential signs
of a mental health issue may look like. As well, there is a need for the continual destigmatization of mental health issues because the negative influences of existing stigma continue to act as a barrier between students and the supports that they require. An important strategy identified within the findings was the incorporation of conversations about mental health in teacher education programs as well as within classrooms. This is a way of establishing the prevalence of mental health issues and creating a positive and safe space for students to ask for help when needed. This positive and safe classroom and school environment can also be established through the development of support systems such as guidance counsellors, social workers, psychologists and teachers who should all work together to support the mental health and well-being of students.

This project’s findings also provide a significant list of programs and resources (see Appendix C) for teacher candidates and experienced teachers to use in order to further their knowledge and understanding about mental health and well-being. However, these resources and strategies appear to not be readily available in most teacher education programs and as a result, those who want to partake in them may need to do so on their own time. Therefore, findings on teacher education curriculum and professional development on mental health not only highlighted the increasing relevancy of mental health issues but also made suggestions for potential content that should be incorporated in the curriculum in order to better prepare teachers to support their students’ mental health and well-being. The findings also addressed the role of the teacher and the notion that although teachers should view themselves as supporters of mental health and well-being, they should also reach out to other supports within the school, such as social workers and psychologists, who may be more trained in working with students who are experiencing mental health issues. Ultimately, all three interviews finished on a positive note
with participants feeling hopeful about the future of teacher education programs in relation to mental health education, thus looking at the preparation of future teachers in supporting students’ mental health and well-being through an optimistic lens.
CHAPTER 5: DISCUSSION

5.1 Introduction

The purpose of this research project was to explore the different ways in which teacher candidates and experienced teachers can be better prepared to support their students’ mental health and well-being. As part of this research process, I had the privilege of interviewing three experienced educators who have shared their ideas, experiences and suggestions. In this chapter, I will aim to find meaningful connections between previous literature and my findings in order to identify where the research overlaps and in what areas there appear to be contrasting views. As well, I will explore possible implications for teaching practices and teacher education programs in regards to mental health and recommendations for how teacher education programs and educators can enhance their efforts in supporting students’ mental health and well-being. Finally, I will underscore some limitations to this research project and outline potential steps for further study in this area of research.

5.2 Connection to Literature and Analysis of Findings

Observing Mental Health within the Classroom

There is a strong relationship between the research presented in my literature review and the themes identified throughout my interviews. Firstly, important parallels are drawn regarding observation of mental health within classrooms. Koller and Bertel (2006) expressed that an important part of prevention and intervention of mental health issues in the classroom is one’s understanding of how to identify students who may be at risk for a mental health issue. The Supporting Minds document (2013) also explains the significance of teacher observation that occurs over time as this ensures that potential signs that are being observed are truly related to a mental health issue and not a separate fleeting factor, such as a child who may just be having a
difficult day. All three participants in this study agreed with the literature reviewed in this research as they claimed that teacher observation is an essential strategy for identifying mental health issues within the classroom. They also explain that it is important for teachers to partake in constant observation over a prolonged period of time as this will allow them to identify potential signs of a mental health issue, thus leading to steps towards prevention and intervention.

Reinke et al. (2011) found that a potential sign to a mental health issue could be students who struggle academically. Lauria-Horner et al. (2004) explain that early intervention and prevention of mental health issues is very important in relation to having a positive impact on students’ academic progress. Likewise, all three of my participants express students’ academic difficulties as a potential indicator of a mental health issue. Julie brought forward an important finding regarding internalized and externalized mental health issues. Signs of a mental health issue may not always be observable to the human eye. In addition to being aware of signs of mental health issues, teachers should also be cautious of existing stigma in their classrooms and schools. Whitley et al. (2012) explain that stigma around mental health issues acts as a barrier to seeking support. The Ontario Ministry of Health and Long-Term Care’s Open Minds, Healthy Minds document (2011) adds that it is through the eradication of stigma that people with mental health issues can begin to feel respect and acceptance. Peter and Julie both harmonize with this research as they highlighted, through their responses, the negative impact of stigma within the classroom and the need to destigmatize mental health issues in order to foster support-seeking behaviours within students.

Therefore, I wholeheartedly agree with both the literature and the findings of this study that teacher observations are of extreme importance. A teacher who is focused and aware of their
classroom is able to develop a deep understanding of each child and support their individual needs. I do think, however, that there needs to be further clarification and training on what teacher observation means and what it looks like. One participant shared the idea of making observation notes. However, in order for teacher observations about signs of a mental health issue to be most effective, teacher candidates and experienced teachers need to learn and practice different observation methods.

*Effective Strategies for Understanding Mental Health*

Throughout the research discussed in the literature review, it is clear that teacher candidates and experienced teachers are searching for a deeper understanding of mental health and well-being. Reinke et al. (2011) conducted a study where teachers indicated that they required strategies for working with students with behavioural problems and recognizing and understanding mental health issues. This lack of knowledge correlated with teachers’ lower level of confidence in supporting students’ mental health and well-being (Walter et al., 2006). A primary school teacher expressed, “we’re on the frontline with these kids, we need strategies, ways of being able to recognize, talk and know what to do about it…any way that we can stop treating it just as a disciplinary matter” (Rothi et al., 2007, p. 1221). This quote aligns with this study’s finding that conversations about mental health and well-being, among teachers and with students, are crucial to developing an understanding of how to “talk and know what to do” about mental health issues. DeSocio et al. (2006) explain that educating students about mental health and well-being will help to better prepare them in situations where mental health arises. My findings suggest that conversations with students are necessary in order normalize mental health issues within the classroom and to prepare students to be able to know of and feel safe to reach out to support systems if necessary.
A program known as Bridging Education and Mental Health in Urban Schools (BRIDGE) was delivered to teachers, working in urban area schools, by professionals, such as social workers, counsellors and school psychologists in hopes of guiding teachers towards creating safe and supportive classroom environments aimed to prevent mental health issues (Cappella et al., 2011). The social workers, counsellors and school psychologists who led this program are all professionals that make up the support system that the three participants in this study identified. Just as the BRIDGE program was implemented to help teachers create safe and supportive classroom environments, the findings of this study also suggest the importance of these professionals as supports for teachers to draw on to inform their practice and understanding of the mental health and well-being of their students. In addition to this connection between existing literature and the current findings of this research, the participants of this study emphasize the importance of the teacher developing a relationship with their students that embodies a support system for students so that they are comfortable in seeking help when needed. I agree that communication is an exceedingly important tactic in this journey towards mental health education. The more we, as teacher candidates and teachers, talk to one another and share our experiences with mental health, the more prepared we will be to continue these conversations within our classrooms. Embracing and introducing conversations about mental health, therefore, encourages students to feel safe and comfortable in initiating their own conversations with their teachers when and if they require support.

Programs and Resources in Support of Mental Health Awareness/Education

Walter et al. (2006) identified that many teachers resort to informing themselves about mental health issues through resources that were not a part of their pre-service teacher training. My findings strongly support this research as every resource and program discussed by my
participants was found outside of teacher education programs. All three participants of this study expressed that mental health was not a topic of discussion throughout their experiences in their respective teacher education programs. Although the results of this research has led to a list of a variety of resources and programs (see Appendix C) that teacher candidates and experienced teachers can use to increase their preparation in supporting students’ mental health and well-being, it leads us to question why these opportunities are not provided within teacher education programs? I believe that as educators, our main purpose is to provide our students with a safe space where they can enter everyday, unashamed of the burdens they carry, free from judgment, and reminded of the fact that they are important and supported. However, if teachers are not being informed about methods and strategies for supporting students in this way, then teacher education programs are not meeting a dire need.

*Teacher Education Curriculum/Professional Development on Mental Health*

The Canadian Mental Health Association (2012) estimates that 10-20% of youth in Canada are faced with a mental health issue, however, only one out of five of these youth actually receive the support that they require. This highlights the fact that although mental health issues are quite a common occurrence, there are many individuals who are not receiving the support that they need. All participants of this study inadvertently spoke to this fact by expressing in their answers that even though mental health was not discussed throughout their teacher education program experiences, over the years it has become an increasing topic of discussion. They expressed the need to talk about the prevalence of mental health issues and emphasized the importance of educating on it.

In a study conducted by Walter et al. (2006), teachers expressed a need for mental health education to be an aspect of teacher education programs. Whitley et al. (2011) explain that
mental health literacy is essential to the preparation of teachers and thus, it should be integrated into teacher education programs. The findings of this study reiterate this belief and the feeling of lack of preparation in mental health education, however, the participants provide important suggestions on content that can be altered or added into teacher education curriculum in order to better prepare teacher candidates. An important quotes states, “Teachers should be trained to enhance the social and emotional development of students, use effective classroom management strategies to maintain an environment conducive to learning, and identify emotional and behavioral problems that warrant referral for clinical assessment and treatment” (U.S. Public Health Service, 2000, as cited in Walter et al. 2006, p. 67). Julie, one participant in this study, expressed strong feelings about the need to incorporate social emotional learning into classrooms. She agrees that although there has already been a shift in focus towards social emotional learning, things have not changed enough. She is hopeful, however, about the changes taking place for teacher education programs in Ontario. As of September 2015, the government of Ontario has made the decision to expand the one-year teacher education program into a two-year program, where curriculum will be enhanced to effectively equip teachers in “working with students who have mental health and addiction issues” (Ministry of Education, 2013, para. 3). In addition to this recent change to teacher education programs in Ontario, Peter and Julie also suggest that mental health be threaded throughout a variety of courses in teacher education programs. This suggestion echoes Whitley et al. (2011) as they also propose that mental health education be infused into already existing courses within teacher education programs.

Regarding the literature and findings concerning teacher education curriculum, I agree that although steps have been taken in the right direction, there is need for further changes. During my teacher education experience, I have had the opportunity to participate in a yearlong
course on special education where mental health was a topic of focus. However, I strongly agree that as educators, we should try to incorporate discussions of mental health throughout all that we teach. This process of infusing conversations of mental health can best be modeled for teacher candidates in their teacher education programs. If teacher education programs infused mental health discussions throughout all of their courses, teachers would learn through example of how to incorporate this same method of teaching into their future classrooms. Ultimately, this constant conversation about mental health and well-being will hopefully lead to normalization, understanding, and better support.

Rothi et al. (2011) discuss that teachers are expected to carry out the same obligations as front-line tier one mental health professionals. This includes the identification of mental health issues within the classroom and making referrals (Reinke et al., 2011). The Supporting Minds document (2013) defines the role of teachers as one where they should act as promoters of mental health but refrain from attempting to diagnose mental health issues and instead ask the appropriate services for further support. The findings of this study match this literature as both Peter and Julie discussed the fact that teachers hold a supportive role as observers and promoters of mental health, however, in terms of diagnoses and treatment, there are other trained supports available (i.e. psychologists, social workers, etc.). Interestingly, however, results of the survey administered by Reinke et al. (2011) to 292 early childhood educators and elementary school teachers, indicated that although most teachers believed that schools are responsible for supporting students’ mental health and well-being, they also believed that educating on social emotional learning was a more appropriate role for school psychologists rather than teachers. Findings of this current research identify that teachers have a responsibility to develop an understanding and knowledge base about mental health and well-being and to support their
students by reaching out to other support systems such as guidance counsellors, social workers and psychologists. Findings also express the need for teachers to integrate social emotional learning into their teaching practices. This finding is in disagreement with the above survey results presented by Reinke et al. (2011) because it clarifies that it is not only the school that is responsible for supporting students’ mental health but also the role of teachers. Thus, it is evident that there needs to be clarification about the roles of teachers in supporting their students’ mental health and well-being. In a study conducted by Bostock et al. (2011), when compared to experienced teachers, teacher candidates in teacher education programs were more inclined to agree that teachers have an important role in identifying and intervening in mental health issues within the classroom. Therefore, I believe that this clarification of the role of teachers should begin at the initial phases of a teacher’s career. It should be discussed and explored within teacher education programs because that is the time where teachers can begin developing and understanding their identity and roles as future educators.

*Education on Mental Health through an Optimistic Lens*

The research discussed in the literature review of this paper provided many important points about teacher education and teacher experiences in connection to understanding mental health and well-being within classrooms. The reviewed literature has also indicated that many more steps are still needed to be taken in order to support our students’ mental health and well-being as effectively as possible. The findings in this paper also echo the importance of these understandings, however, the participants in this study looked at the issues at hand through a different perspective. They spoke about the many steps yet to take but through their responses, it was clear that they were speaking through an optimistic lens of hope. They believed that positive steps have been taken and through the years to come, many more important and positive strides
will be taken towards preparing teacher candidates and experienced teachers in supporting students’ mental health and well-being. I truly think that this optimism is an essential ingredient in the recipe to helping teacher candidates and experienced teachers feel better prepared to support their students’ mental health because it is positivity that can help spark necessary and progressive changes. It is imperative that we look back to the fact that mental health issues were once not even a topic of discussion within teacher education programs to how far things have come as of now. The fact that there are whole bodies of research that are demanding mental health issues be an integral part of teacher education is inspiring and provides hope for researchers, like myself, to continue research in this area and identify suggestions for the future of education on mental health.

5.3 Implications/Recommendations

There are some important implications that can be drawn from this research study. A teacher can be well-versed in all aspects of the curriculum and have 30 years of experience teaching, however, if they are not trained and knowledgeable on mental health and how to support their students’ well-being, then I believe this means that they are missing a vital aspect of what makes a teacher an effective teacher. A truly effective teacher is one who can develop meaningful relationships with their students and create a safe, positive and comfortable classroom environment where their students are aware that they can always seek the support of their teacher. As well, I believe that the findings in this study imply that if a teacher does not have a deep understanding about mental health, then that teacher is not supporting their students to develop to their potential. In order for students to be able to reach out for support, they first need to understand what mental health issues entail and what they may look like. Only then can they become advocates for themselves and ask for the support that they need. Therefore, I
recommend that teachers make mental health and well-being a part of their everyday conversations with their students. I think a barrier might be that teachers feel that talking about mental health will require too much time or that conversations about mental health would be too difficult for students to understand. However, teacher candidates and experienced teachers need to realize the huge impact simple everyday conversations about mental health and well-being can have for the future of our students and the positive environment of our classrooms. It is not necessary for us to immediately immerse ourselves into understanding signs and symptoms of mental health issues and how to identify them. Instead, we can work with our fellow teachers to develop different ways to introduce the general topic of mental health and well-being, how to promote it and ways to maintain it within our classrooms. For example, as teachers we can read books that include a character with a mental health issue, we can talk about different feelings and how to handle one’s emotions, we can encourage daily journal writing and reflection, we can engage in art therapy as a class, etc. Furthermore, by infusing mental health into the vernacular of our classrooms, we inadvertently begin to normalize it, which slowly makes conversations about mental health much easier to have.

I believe that a passion for wanting to promote awareness and understanding about mental health and well-being is a characteristic that can be modeled by educators and can then have a ripple effect. It should begin with teacher education programs that are infused with passionate content for educating teacher candidates about mental health and well-being. The professors who teach this content are role models for these future teachers who can then carry forward this passion into their future classrooms. Once these teachers begin teaching and develop into experienced teachers, the administrators of their schools should continue advocating for education on mental health and well-being within their schools. They should share their
knowledge and understanding and provide resources and opportunities for professional development on mental health. This ripple effect will then continue on from the school administrators to teachers. Once other teachers begin recognizing the positive impacts of teachers who are incorporating aspects of mental health education in their classrooms, then they too may begin following suit. Finally, and most important of all, students will begin to view their teachers as role models as they advocate for mental health and well-being, thus inspiring them to want to learn more and support friends who may be experiencing mental health issues.

Essentially, a teacher can be a role model, a light in the darkness that some students may experience. Through a commitment to incorporating and advocating for mental health and well-being in their schools, teachers have the power to be the source of optimism and hope for other teachers and students.

5.4 Limitations and Implications for Further Research

My goal for this research was to gather findings and compare and contrast them with other bodies of research. I found that my findings have had many similarities with existing literature reviewed in this paper. My hope was to learn from exemplary educators and gain insights for my own pedagogical practice. One limitation is that the findings in my research are not generalizable across all educators or all classroom environments. Also, this study focused on teacher education programs in general. Further research on mental health education in relation to different levels of teacher education programs (primary/junior, junior/intermediate and intermediate/senior) would be interesting and valuable. As well, it is important to recognize that due to the small sample size of this study, the findings should not be viewed as representative of all teacher education programs and the practices of educators in supporting students mental health and well-being. A further study with a larger pool of participants would be beneficial to
this field of research and can yield stronger correlations and conclusions regarding the preparation of teacher candidates and experienced teachers in supporting their students’ mental health and well-being.

5.5 Conclusion

In summary, there are still many steps needed to be taken toward creating teacher education programs that will effectively prepare teachers in feeling confident to advocate for students’ mental health and well-being. The most influential teachers are those who show and feel genuine care and concern for their students. By equipping teachers with the strategies and resources necessary for supporting mental health and well-being, they will have the required tools and knowledge to positively act on those cares and concerns. Many people are familiar with the phrase learning is a lifelong process and as teachers we are always learning. We hope to learn how to be the most effective supporters of our students’ mental health and well-being; however, we must realize that this too, is a lifelong process of learning. Hopefully, this learning can begin to happen more thoroughly and effectively in teacher education programs and that experienced teachers can continue to participate in professional development opportunities and engage in different resources and programs that aid in continuing their understanding of mental health. Most importantly, we must remember to move through this process with a positive attitude and hope that year after year, educators will continue to take steps forward towards learning to support their students’ mental health and well-being.

As a teacher and researcher, I have developed a deeper understanding of the extreme importance of furthering and continuing my education on mental health and well-being, as this will be vital for the well-being of my future students. Although my journey in my teacher education program is coming to a close, I intend on searching for resources and programs as well
as professional development opportunities to further inform my understanding. Hopefully, research such as this one and additional studies to come will continue to impact positive changes within teacher education programs and encourage them to place a larger focus on education about mental health and well-being.

As I move forward in my career as a teacher and upon beginning my first teaching assignment, I will carry the invaluable knowledge I have gained through pursuing and conducting this research project. The negative experiences I had as a junior high school student with a mental health issue have etched memories in my mind that I am unable to erase. However, I will use these memories as a blessing in disguise as I believe they afford me the ability to approach my students with empathy. I will do everything within my power to educate and support my future students in their mental health and well-being, as I never want anyone to have to experience what I experienced.

As a future teacher, I will ensure I listen to the stories of other educators in hopes of learning from their vast array of experiences. I intend on carrying the skills, knowledge and insights I have gained throughout my practice teaching experiences and my experiences as a researcher into my future teaching endeavors. As I move forward in this journey, I am very aware that the career of a teacher involves a lifelong process of learning. I will value the importance of initiating and encouraging the start of conversations on mental health as well as the support systems available to me in times where I observe potential mental health issues. I look forward to learning more through research, experiences within my future classrooms, encounters with colleagues and meaningful conversations with my future students.
6. REFERENCES


7. APPENDIX A: INTERVIEW QUESTIONS

Background Information

1. On your questionnaire you rated yourself a _______ on a scale from 1-10 when asked about how you would describe your level of knowledge regarding mental health and well-being? Can you please explain why you rated yourself a _____?

2. What experiences have you had with a student with a mental health issue?

3. What are some signs that might alert a teacher to a mental health issue in the classroom?

4. What strategies would you use to support a student with a mental health issue?

5. What supports are available to you to help you support a student with a mental health issue?

Pre-service Teacher Education

6. When you were a student teacher, was mental health addressed in any of your courses?

Strategies and Experiences

7. What programs, strategies or resources are you aware of that will help prepare teacher candidates to support students towards mental health and well-being?

8. Are there any strategies, programs or resources that new and experienced teachers can access to continue their learning in this area?

9. What specific content areas, in regards to mental health and well-being, do you believe should be incorporated in teacher education curriculum?

10. In your opinion, how much time and discussion of mental health should be incorporated in teacher education programs? Into PD for experienced teachers?

11. How do you think pre-service teacher education programs might better prepare developing teachers to support students’ mental health?

12. Are there any other comments or thoughts you would like to share around the topic of supporting students’ mental health?
8. APPENDIX B: LETTER OF CONSENT FOR INTERVIEW

Date: ___________________

Dear Participant,

I am currently a graduate student enrolled in the Master of Teaching program at the Ontario Institute of Studies in Education of the University of Toronto (OISE/UT). As part of the requirements of the program, I am completing a Major Research Paper in a specific area of interest. I am interested in exploring how teachers can be better prepared in supporting their students’ mental health and well-being. I think that your knowledge and experiences will be a valuable contribution to my research.

My data collection consists of a 30-45 minute interview at a time and location that is suitable for you. You will receive a copy of the interview prompts prior to the interview. The interviews will be audio-recorded, transcribed, and analyzed for common themes. The content of the interviews will be used for a final research paper, informal presentations to classmates, and potentially, for publication.

Your participation in the research project is completely voluntary. You are free to withdraw your participation at any time, even after you have consented to participate. You may decline to answer any specific questions or stop the interview at any time. You will be given a copy of the transcription and have the opportunity to clarify your responses with me.

I will not use your name or anything else that might identify you in my written work, oral presentations, or publications. This information remains confidential. The only person who will have access to my assignment work will be my research supervisor, Anne Marie Chudleigh.

If you agree to participate in this research project, please sign below. The second copy is for your records. Thank you very much for your help.

Sincerely,

Shiva Alasvand
Principal Investigator
s.alasvand@gmail.com

Research Supervisor’s Name: Anne Marie Chudleigh
Research Supervisor
Email: a.chudleigh@utoronto.ca
I acknowledge that the topic of this interview has been explained to me and that any questions that I have asked have been answered to my satisfaction. I understand that I can withdraw at any time without penalty.

I have read the letter provided to me by Shiva Alasvand and agree to participate in an interview for the purposes described.

Participant’s name (printed): ________________________________

Signature: ________________________________

Date: __________________________
### 9. Appendix C: Resources/Programs Identified Through Data Collection

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