Best Practice Techniques to Serve Students Affected by Mental Illness

By

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ABSTRACT

Mental illness is a serious epidemic that we must contend with in Canada. One fifth of Canadian youth suffer from a mental disorder. However, only one in five receive treatment and specialty care for their illness. Due to this tragic reality, it is essential for secondary school teachers to be equipped with the skills and tools to encourage positive attitudes towards mental health, reduce stigma related to mental disorders, and play a role in reducing the illness burden across the life span. The purpose of my investigation was to gain insight into best practice techniques for secondary teachers to utilize in the classroom, in order to serve students who are affected by mental illness. This qualitative research study was conducted through a literature review and four semi-structured interviews with experienced educators. The data collected from these interviews were then analyzed for common themes. Findings regarding the benefits of academic and subject flexibility, building strong relationships with students, adaptability to new definitions of success, communicating with accessible language, and ensuring community support were uncovered and are discussed in the paper in greater detail.

*Keywords: mental illness, secondary school, stigma, mental health literacy*
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Chapter 1: INTRODUCTION

Introduction to the Research Study

Mental illness is a serious epidemic that we must contend with in Canada. One fifth of Canadian youth suffer from a mental disorder. However, only one in five receive treatment and specialty care for their illness (Health Canada, 2002). Adolescence is the stage of life in which the majority of mental disorders have their onset. In fact, half of all adult psychiatric illnesses, including depression and anxiety disorders, start by 14 years of age, while three-quarters are present by 25 years of age (Friedman, 2006, p. 2718).

Mental disorders that are not recognized or treated can lead to an array of critical consequences for the individual afflicted with the illness, including a negative impact on his or her education and learning capabilities. For instance, often those suffering are chronically absent from school, leave school early on a regular basis, and find it difficult to meet grade standards or reach their academic potential (Adelman, 2006; McEwan, Waddell & Barker, 2007). A recent report by the Canadian Council on Learning states: “poor mental health in Canadian school children poses a significant risk to their academic development and puts them at greater risk of dropping out of school, substance abuse and suicide” (2009, p. 2).

Thus, secondary school teachers must be cognizant of the fact that over the course of their career, they will most-likely teach students who are suffering from mental illness, whether this is made aware to the teacher or not. Due to this tragic reality, it is essential for secondary school teachers to be equipped with the skills and tools to encourage positive attitudes towards mental health, reduce stigma related to mental disorders, and
Purpose of the Study

Despite the severity of the mental health epidemic in Canada, child and youth mental health has traditionally been marginalized across all sectors nationally (Kirby & Keon, 2006). As teachers take on the role of *in loco parentis* while students are in the classroom, they must be equipped to identify students who display symptoms of mental illness and adapt their teaching style accordingly. My research aims to examine alternative teaching styles and approaches to use with such students.

In addition, there exists a significant stigma towards mental illness, which increases the difficulty for students to confide their distressing symptoms to anyone. Research has identified the need for the educational sector to address these issues in the classroom, specifically in high school. In order to meet these objectives, there is a need for a Canadian secondary school mental health model that is comprehensive and adaptable to different local settings (Wei, Kutcher & Szumilas, 2011).

The purpose of my study is to research best practice techniques for teachers to utilize in their classrooms in order to serve students suffering from mental health issues. This research will be conducted through interviews with three teachers and one occupational therapist (OT) who works in the educational sector. Two of the participants are teachers who are currently employed at a specialized secondary school program that is specifically designed for students suffering from a variety of difficulties that have led
their academic careers to suffer, such as: mental health issues, severe family conflict and substance abuse.

The goal of the program is to help youth and their families cope through difficult times, develop new skills, and forge a path for promising futures. This goal is furthered through the operation of a variety of programs, including: counseling, a group home, a day treatment program, in school programs, a youth centre and residential case management for adolescents with complex special needs. This study will be partially focused on techniques that have been utilized by two teachers at the specific Day Treatment Program that provides alternative learning opportunities under the authority of Section 23 of the Education Act, in conjunction with the local public school board.

An additional participant is the Department Coordinator of the Health and Physical Education program at an independent high school in a major city in Ontario. This university preparatory school is devoted to the Liberal Arts and Sciences, and seeks to provide an environment for academically gifted and high achieving students to realize their potential. He has been instrumental in designing and implementing a comprehensive mental health literacy program within the school.

The fourth participant is an OT focused on helping individuals to overcome challenges in their lives. He is trained in evidence-based Cognitive-Behavioural Therapy (CBT), Acceptance & Commitment Therapy (ACT) and Mindfulness-Based approaches, and has created programs that have been implemented in a variety of Canadian schools, which aim to help children and adolescents to self-sooth, to be more in control of their emotions, improve attention, improve mood, and contribute to academic success.
Background of the Researcher

Over the course of my high school experience, I was suffering from chronic physical health problems that affected my mental health. In the turbulent time of adolescence, it was exceedingly difficult for me to deal with the physical and emotional stress that I was enduring. Furthermore, the environment of my high school was extremely competitive and marks-driven. As a perfectionist and an over-achiever, I felt that it was important to focus solely on my studies, to the detriment of my health. I vividly remember countless times when I would become extremely overwhelmed and begin to cry in school.

Looking back on these formative moments in my life, it has become clear to me that a driving force towards my desire to become a high school teacher is to provide the empathetic support to my students that I lacked throughout my high school experience. Although I had some wonderful teachers who provided me with a great deal of knowledge and kindness, the teachers I attempted to confide in did not have the skills or tools to grapple with my increasingly anxious state.

Through my research, I have discovered that my experience is similar to many. Firstly, it is very common for mental health issues to arise in adolescence. In addition, the vast majority of teenagers who are suffering from mental illness, such as depression, do not inform their parents of their psychopathic state. Most teenagers who attempt to commit suicide provide no warning to their parents, siblings, or friends (Friedman, 2006).

Over the course of completing my Master of Teaching degree, I had the privilege of working in a program for at-risk youth, and my experience with the students, teachers, and Child and Youth Workers (CYW) inspired the subject of my research project. During
my practicum placements, I was interested to learn more about how different schools support students who are struggling with their mental health. My goal was to explore some of the techniques that my experienced participants use that might assist teachers to aid students in any classroom to help students like me.

Research Questions

My research project is a qualitative interview-based research study that examines the techniques teachers utilize in teaching students with a variety of mental health challenges. I will extrapolate lessons from my research participants that could be implemented in secondary school classrooms.

My research question is: what are best practice techniques to serve students affected by mental illness? This can be understood through a variety of strands. Promotion of mental health literacy in the classroom is one way for high school teachers to play a role, by reducing the stigma currently associated with mental disorders. Therefore, my first sub-question is: how do teachers discuss mental health problems in the classroom? Another aspect of my research relates to how teachers can aid students in identifying the symptoms of a mental health concern, and how to accommodate them properly once the illness is identified. Consequently, the second sub-question is: what approaches do teachers use to help students with mental health issues that affect their learning and general well-being?

Adolescence is a critical period for both the promotion of mental health and the treatment of mental disorders. Schools are well positioned to address adolescent mental health and can play a beneficial role in aiding to quell the epidemic of mental illness in
Canada. Teachers have the potential to facilitate this process, and consequently, to make significant and positive changes in the lives of their students.

**Overview**

This research paper contains five main chapters: introduction, literature review, methodology, findings and discussion. In Chapter 1, I have identified my topic, the reasoning behind my study, along with an explanation of my research question. Chapter 2, the literature review, presents a summary of relevant empirical studies, theoretical essays, policy reports, and other documents to provide a foundational context for this study. Chapter 3 explains the methodology and procedure used in this research study, including information about the sample participants, data collection instruments and limitations of the study. In Chapter 4, the findings section, the main themes from the interviews are described, with summaries of each participant’s contributions. Lastly, Chapter 5 addresses the implications of the research study for further research and practice.
CHAPTER TWO: LITERATURE REVIEW

Mental Health and Adolescence

According to the National Comorbidity Survey, half of all serious adult psychiatric illnesses, including major depression, anxiety disorders and substance abuse, begin at fourteen years of age. Furthermore, three quarters of these illnesses are present by twenty-five years of age (Friedman, 2006, p. 2717). In Canada, approximately one fifth of young people suffer from a mental disorder. Canada’s National Longitudinal Survey of Children and Youth (NLSCY) indicates that the prevalence of anxiety problems among children and youth ranges from two percent to twelve percent, with a higher prevalence among adolescents aged ten to fifteen (Tramonte & Williams, 2010, p. S19).

However, the majority of people suffering from mental illness remain unrecognized and untreated. Only one in five youth requiring specialty care receive it (Health Canada, 2002; Waddell, Offord, Shepherd, Hua & McEwan, 2002). The implication is that those suffering from these illnesses without treatment are vulnerable to emotional, social and academic impairments during this critical phase in their lives. Moreover, those who do receive treatment often do so only after a long delay. For instance, those with anxiety disorders wait nine to twenty-three years, on average, before they receive appropriate treatment (Friedman, 2006, p. 2717).

Mental Health and its Impact on Education

Mental health is an essential component of general health and well-being. However, child and youth mental health has traditionally been marginalized across all
sctors nationally, including the Canadian education agenda (Kirby & Keon, 2006).

Promoting health through schools has been a goal of international agencies for decades, such as the World Health Organization (WHO), United Nations Educational, Scientific and Cultural Organization (UNESCO) and United Nations Children’s Fund (UNICEF) (Wei, Kutcher & Szumilas, 2011).

Unrecognized and untreated mental disorders can negatively affect young people through their impact on learning, education and vocational achievement (Bhatia, 2007). These illnesses often lead students to become chronically absent, leave school early on a frequent basis, and have difficulty meeting the expected grade standards (McEwan, Waddell & Barker, 2007; Saluja et al., 2004; Adelman, 2006). For instance, depressed youth are at a significantly greater risk of academic failure than their non-depressed peers. A study of the typology of students at risk of dropping out in Quebec schools showed that many of these students displayed behavioural problems that are commonly associated with depression (CCL, 2009).

Psychiatric disorders, specifically depression, can interfere with a person’s ability to concentrate on cognitive tasks, and thus hinders the ability to learn. Research has shown that depression interferes with text comprehension ability, impairs performance on laboratory tasks, and can lead to difficulty recalling material for tests and exams, due to issues with concentration and memory impairment (CCL, 2009).

In addition, there is research that explores whether schools may be successful in limiting anxiety in students by developing effective teaching and learning approaches. Data from a study conducted by Tramonte and Williams (2010) indicate that youth with low academic skills were much more likely to experience anxiety, irrespective of the level
of challenge they faced in the classroom. In fact, students who lacked confidence in their skills were nearly twice as likely to experience anxiety (Tramonte & Williams, S20). Moreover, further studies have showed that depression and anxiety are often a response to a learning disability, specifically among female youth (CCL, 2009). Thus, it is apparent that young people’s mental health represents a significant educational issue, due to its impact on learning.

**Stigma and Mental Health Literacy**

A great need has been identified for addressing youth mental health through the education sector, but there exists no comprehensive framework through which that may occur (Wei, Kutcher & Szumilas, 2011). However, there are various school-based mental health strategies that show promise of success. One strategy is the implementation of mental health awareness programs that aim to end the pervasive stigma currently associated with mental illness.

As stated in the World Health Report, in most parts of the world, mental health and mental illness are not considered as urgent as physical health (WHO, 2001). Various studies have showed that there is widespread antipathy towards people with mental health problems. This stigma remains an important barrier for those suffering from mental illness to seeking treatment (Pinto-Foltz & Logsdon, 2009). Mental health promotion activities, such as mental health literacy programs, may help to destigmatize mental illness (Pinfield et al., 2005).

Various successful health promotion programs include enhancing mental health literacy (Sanders et al., 2009). Moreover, a number of studies have documented the
benefits of training educators in the promotion of student mental health (Han & Weiss, 2005; Weist, 2005). If mental health literacy is taught in schools during the crucial adolescent years, this has the potential to foster an understanding of mental health that will serve young people throughout their lives. Programs that are implemented within a school setting provide opportunities to enhance the mental health literacy of students, educators, education staff, parents and the wider community (Wei, Kutcher & Szumilas, 2011).

A pilot project, Mental Health Identification and Navigation (MH-IN), was implemented at Forest Heights Community School, South Shore Region of Nova Scotia in the fall and winter of 2009 and spring of 2010. The MH-IN project was initiated by the School Plus program at the Department of Education, in collaboration with the Sun Life Financial Chair in Adolescent Mental Health team. It was based on the premise that mental health literacy is fundamental to improving youth mental health. The project included a number of mental health training programs for teachers, school staff, and other members of the community.

This pilot project was moderately successful. Students’ and teachers’ knowledge about mental health increased significantly. Teachers who participated stated that students were engaged in the lessons and attentive in class, and the mental literacy curriculum raised interest from other grades as well. There were also criticisms and issues with the program, such as a lack of knowledge retention recorded by students. The model can be revised and enhanced to best serve youth and their mental health needs by allocating adequate time for implementation, and designing interactive activities to engage participants (Wei & Kutcher, 2010).
Ultimately, research on this topic is not uniform. Nevertheless, it is an undisputable fact that along with families and community agencies, schools have the ability to play an important role in promoting the psychological well-being of youth, and reducing the stigma currently associated with mental disorders (CCL, 2009).

**Mental Health Interventions in School**

In addition to stigma reduction, any mental health model implemented in secondary schools should address prevention, early identification, cross-sector collaboration, ongoing support and parental involvement (Wei, Kutcher & Szumilas, 2011). Various researchers in this field have concluded that an integral aspect to this model must include training for teachers to facilitate timely and appropriate interventions when symptoms of mental illness arise in their students (Wei, Kutcher & Szumilas, 2011). Due to the relationships teachers and students cultivate over the school year, educators are well positioned to first recognize when youth are experiencing mental health problems.

Thus, training a specific group of teachers in each school to refer high-risk adolescents to student services for assessment is an approach that may be effective for early identification of mental health problems (Isaac et al., 2009). In the literature on this topic, these teachers are referred to as gatekeepers, and are chosen from the teachers with whom students more easily form relationships. The teachers trained as gatekeepers would become educated in identifying the mental health problems of their students, and understand the actions necessary to facilitate referrals to mental health resources within the school or the wider community (Wei, Kutcher & Szumilas, 2011).
A pilot gatekeeper program has been implemented throughout Canada and the results show a significant increase in knowledge about depression and suicide after training (Szumilas & Kutcher, 2007). These secondary school mental health programs have great potential to improve youth mental health if they are based on a well conceived, cohesive, theoretical and evidence-based framework (Wei, Kutcher & Szumilas, 2011).

A school’s role in early identification of symptoms related to mental illness is particularly essential, due to the notoriously secretive nature of children and teenagers about their own psychopathology. According to Friedman, parents are unaware of 90% of suicide attempts made by their teenage sons and daughters, and the vast majority of youth who attempt suicide give no warning to parents, siblings or friends (2006, p. 2718). Moreover, the mental distress of at-risk students tends to be overlooked by school staff who are uneducated in identifying the symptoms, because often it is not accompanied by disruptive behaviour (CCL, 2009).

In order to effectively address this issue, a mental health-screening program was developed in the United States at Columbia University. This program is called TeenScreen and has been implemented at over 460 sites in forty-two states. Students voluntarily complete a questionnaire that screens for depression, anxiety and substance abuse. Participants whose results indicate that they are at risk for a mental illness are given counseling, and their parents are notified and offered assistance in accessing mental health services. This program has been evaluated and has proven to be effective in identifying youth suffering from mental illness that would otherwise go undetected (CCL, 2009).
Ultimately, programs that contain a combination of mental health literacy and screening programs have the most potential for success. In this way, schools can help to reduce the number of Canadian students who are affected by challenges to their mental health. A holistic school approach to mental health promotion increases mental health well-being and reduces the risk for mental disorders among children and adolescents (Sakellari et al., 2011).

**Conclusion**

While research addresses issues of stigma-reduction, mental health literacy, early identification, and interventions, there seems to be hardly any research on techniques that secondary school teachers can implement in the classroom once students suffering from mental health issues have been identified. Moreover, although researchers and educators have recently directed attention to the relationship between the quality of the learning environment and behavioural problems, relatively little attention has been paid to the role of school in both identifying mental health problems and helping to alleviate them.

Mental health represents a significant educational issue in secondary education, because of its impact on learning, and due to the potential role that schools can play in promoting and maintaining the mental health of students. Therefore, the intention of my research is to explore best practice techniques and approaches that experienced secondary school teachers utilize in teaching students with challenges related to mental health.
Chapter 3: METHODOLOGY

Procedure

This research study investigating best practice techniques to serve students affected by mental illness is a qualitative research study. It was conducted through a literature review and interviews. Literature was gathered on topics such as: the prevalence of mental health issues in adolescence and its impact on education, combatting stigma through mental health literacy, and mental health interventions in schools.

The primary means of collecting data for this research study was through semi-structured interviews. I conducted four face-to-face semi-structured interviews with three teachers and an OT all working in high schools in the Greater Toronto Area (GTA). Each face-to-face interview was conducted at a location that was chosen by the participant. I conducted three of the interviews at the high schools at which they work. One interview was conducted at a local coffee shop. Each interview took approximately sixty minutes.

The interview questions were created according to the themes outlined in the literature review. All four interviews were based on the same set of questions, although probing questions varied among the interviews, depending on the individual context of each interview. Each interview was digitally recorded and transcribed. The data were then coded in an effort to uncover common themes based on the research question and its respective sub-questions.

The nature of these interviews was to gather information related to best practice techniques for teachers to utilize in the classroom in order to serve students suffering from mental health issues. Although the interview questions were written down and were asked
in a structured manner to each participant, impromptu follow-up questions were sometimes asked, to reduce the chance for misinterpretation of an interviewee’s response. I did not wish for a structured format at the expense of asking clarifying questions.

After I collected and transcribed my interview data, I carefully scrutinized the data to facilitate data analysis. I analyzed and coded the interviews according to common themes, in order to break the information into manageable segments. Five overall themes emerged through this process of data analysis, which I identify in a subsequent section of this chapter. Subsequently, I compared and contrasted each segment of my interview data in order to categorize it. The findings from the data analysis are discussed in chapters four and five.

**Participants**

The inspiration for my research project came from my experience working in a Canadian high school program with a Section 23 designation that serves many students experiencing mental health issues. The school is designed to help students with various emotional issues to learn strategies so they can reintegrate into mainstream schooling. At this particular school, students may take up to three credits per semester, and a CYW must be present in the classroom at all times.

I selected two participants for my research study who are employed in this program, based on their experience working with students affected by mental illness. Due to the small class sizes, specialized attention, and alternative nature of the program, these teachers have more experience teaching students in an individualized manner and tailoring their teaching approaches to the needs of each student. This is the reason I
decided to conduct two of my interviews with teachers who work in this program. Although they both teach many of the same students, I anticipated that their techniques and approaches would slightly differ.

I also interviewed the Department Coordinator of the Health and Physical Education program at an independent high school in Toronto. He has been instrumental in designing and implementing a comprehensive mental health literacy program within the school, and thus, I believed he would provide great insight into the methods and approaches that are best suited for students suffering from challenges related to mental health. Additionally, the fourth interview was conducted with an OT who has created and taught programs to high school students that aim to help adolescents self-sooth, be more in control of their emotions, increase attention span, and improve mood. I believed this participant would bring a unique perspective, due to the differing nature of his career and his extensive work with a variety of students from different schools in the GTA.

**Instruments of Data Collection**

The goal of this study was to research best practice techniques for teachers to utilize in their classrooms in order to serve students suffering from mental health issues. Therefore, the first question I asked each participant was: what are the challenges that students with mental health concerns encounter in the classroom? Subsequently, I asked how the participant changes the way that he or she teaches for these students. Other questions dealt with how to incorporate mental health literacy into teachers’ lessons, and what role teachers can play in stigma reduction associated with mental health issues (see Appendix A for the interview guide).
Data Collection and Analysis

I analyzed the data using the four steps of description, sense making, interpretation, and implication drawing (Dana & Yendol-Silva, 2003). I first focused on finding commonalities among the interview participants, as I read and reread the data gained through the interviews. In addition, I noticed commonalities and differences between the interview data and the reviewed literature. Utilizing my research question and sub-questions as the guiding framework, I organized the interview data according to themes. I used a computer program to colour code each participant’s interview transcription according to theme, in order to highlight important insights gleaned from the data.

Through this process, I organized my data into five themes:

1. Maintaining flexibility, in terms of deadlines and subject matter
2. Building strong and equal relationships with students
3. Aiding students to redefine success to include a more holistic interpretation
4. Reducing stigma through culturally relevant pedagogy related to mental health
5. Ensuring supports are available and accessible to students outside the classroom

I was aware that my data would not easily answer my research question in its entirety, for, often, good research analyses raise more questions than they answer. However, I believed that by carefully analyzing the data, I would be able to glean information that will be beneficial for secondary teachers to utilize when teaching students suffering from mental health issues.
Ethical Review Procedures

Each participant contributing interview data for my research study was emailed a letter of informed consent. Before engaging in the interview process, the letter was read, signed and returned to me. The letter of informed consent outlined that all names and any other vulnerable information would remain confidential, and would only be seen by my supervisor and myself. Careful review of the shared data and the use of pseudonyms were used to ensure that each participant was well protected from any possible personal or professional injury. The letter of informed consent also outlined the right each participant had to decline answering any specific question, and to withdraw from the study at any time, without negative consequence (see Appendix B for the letter of informed consent).

Limitations

I made a choice to focus this research study on interviews with teachers and an OT who all work in the GTA. There are limitations to this research study, due to the limited scope and unique experiences of my interview subjects. Each of my participants works within a specialized setting.

For instance, two of my participants work in a school where class size is up to eight students each, and students are only permitted to take up to three credits per semester. The teachers are informed daily of the issues going on in their students’ lives outside of school, through communication the administration has with their parental figures. As mentioned, a CYW is present in every classroom at all times during the school day. Moreover, the students benefit from weekly counseling and daily group programs.
The other two participants work within the independent sector, and therefore encounter students who have, on average, a higher socio-economic status than the majority of Toronto students. Both with the specialized program and in privately funded schools, teachers have differing access to resources to address mental health concerns in the classroom. It is evident that mainstream schools do not function the same way, and do not afford the same opportunities to students who are experiencing mental health issues.

I focused on the techniques that these professionals use in specialized programs that cater to helping students, both preventatively, and those acutely suffering from mental health issues. I anticipated that this would allow me to draw out the ways that my interview participants are able to successfully educate these students. My hope is that the research study provides transferrable techniques and approaches that secondary school teachers will be able to adapt to mainstream classrooms. Mental illness is prevalent in our society and can manifest in varying ways for different students. In my relatively limited research study, my findings are not meant to be generalizable to the population at large.
Chapter 4: FINDINGS

Introduction

The findings of this research were collected from interviews conducted with four different educators who offered valuable insights based on their professional experiences. In order to maintain anonymity, the participants are referred to by pseudonyms only.

Participants Quinn and Darlene work within a specialized program, teaching students who are suffering from mental health concerns and cannot attend mainstream school. Kevin is the Department Coordinator of Health and Physical Education at a coeducational private school that serves high achieving and gifted students. He has been instrumental in infusing the Health and Physical Education curriculum with mental health literacy. Jonathan is a registered OT who designs and runs mental health workshops in high schools.

The purpose of my study was to research best practice techniques for teachers to utilize in their classrooms in order to serve students suffering from mental health issues. The data from the interviews were reviewed, and five common themes were extracted. These themes often overlap and inform one another. The most prevalent themes that emerged from the different interviews are as follows:

1. Maintaining flexibility
2. Relationship building
3. Redefining success
4. Reducing stigma
5. Ensuring support is accessible
Maintaining Flexibility

The lack of flexibility in an academic environment to adapt to alternative situations is a major hurdle for students experiencing challenges related to mental health. The rigorous academic structure within a mainstream setting does not usually allow for flexibility. Students struggling with their mental health often do not thrive in a mainstream school setting, and according to Quinn and Darlene, educators’ lack of flexibility is a contributing factor to this crisis. Quinn spoke about this trend: “I feel like the academic structure within the mainstream setting is so- it’s just very rigorous and there is no area for flexibility, in terms of timelines and deadlines.”

Students who suffer from mental illness, including Generalized Anxiety Disorder and Depressive Disorder, tend to become overwhelmed with schoolwork more frequently than the average student (Morneau & Jobin, 2013). Maintaining flexible deadlines can improve these students chances for success, as Darlene explains: “your flexibility can be positive in the sense that it is reducing the stress of having to meet firm deadlines, and then having them fall so far behind that they don’t bother showing up anymore, and they shrug their shoulders, and say there is no point in trying.”

Another strategy Darlene employs to ensure optimal flexibility in the classroom is that she does not provide students with course outlines at the beginning of a school year or semester. She noticed that course outlines tend to intimidate students who struggle with academic confidence, and could potentially lead students to give up on a course before it even begins. Darlene states: “I don’t hand out course outlines at the beginning of the year, because I don’t want students to see it and say: ‘I have to do all this! I will never be able
to do it!’ I don’t want to have anything that will allow their minds to go into a potentially negative space, where they will start to give up early on.”

Another benefit of this type of flexibility is that it allows student interest to drive curriculum development. The teacher is able to drop or add a unit of study, depending on what the students would like to learn. Adapting to students’ strengths and interests allows students who are hesitant or uncomfortable with an academic setting to become more engaged and committed to their schooling. Darlene believes that in order to educate a student with mental health issues, the teacher must be flexible and adaptable in terms of content and delivery style. Darlene elaborated on this strategy:

I like to think that the options I have available to me in the classroom allow me to be responsive to where [students] are at and provide possible avenues for them to connect with the material we are working on. If they don’t like one unit, I can say, let’s put that unit aside, let’s move over to something else. In some cases, I have tried to tap kids into their interest and say: ‘I am going to build a unit for you’, and I go home that night and I make a unit that meets all the curriculum expectations, but does it in a different way for that kid.

There is no doubt that this approach requires extra work on the part of the teacher, who must be willing to alter lessons and unit plans in order to ensure the comfort of his or her students. Moreover, there is no guarantee that this strategy will be effective, as Darlene continues: “Does it always work out? Rarely. But you just try and do whatever you can to get the kids engaged.” Despite the difficulties, all the research participants
agreed that it is integral to maintain a sense of flexibility and adaptability in the classroom, in order to ensure all students are engaging with the classroom material in a way that is inclusive and comprehensive.

Moreover, maintaining flexibility allows for more fruitful discussions about mental health in the classroom to arise organically. For example, Kevin believes that it is essential to embrace moments that are not planned, in order to teach students valuable lessons related to mental health:

I think it is being okay with those tangents that do take you off the curriculum, because often those are your greatest teachable moments. I think we have to have a lot more flexibility in the classroom, and understand that you can’t always get through everything that you want, but sometimes it is better to go in that direction anyway, to cover something. It could be life changing, life altering, and really help them have a better life. So have that flexibility.

**Relationship Building**

When encountering students with mental health concerns, an integral indicator of success is the relationship that is built between the student and his or her teacher. Participants agreed that teachers must not place themselves upon a metaphorical pedestal, or act as the purveyors of all knowledge and understanding. By stark contrast, in order to teach those suffering from mental health issues effectively, teachers must reveal their
flaws to students. By being vulnerable in the classroom, students are better able to connect with their teacher. As Kevin states:

I’m a big fan of the phrase: ‘students won’t remember what you teach them, but they will remember how you make them feel.’

And I think that is bang-on. We have to model that kind of open communication. We have to model that we are human. And I think that’s the process, that’s how it starts. The pedestal thing, I don’t think it works.

Quinn agrees that it is of utmost importance for students to feel comfortable in class, and this sense of security stems from a deep understanding of the humanity of the teacher. The teacher-student relationship must be viewed as a partnership that is supportive and non-judgmental. Quinn elaborates:

Just making it a partnership, that I’m here to educate you, but you are also here to educate me. So I think that building relationships with students really helps. And then once they feel kind of comfortable in the classroom with me knowing that they can kind of be themselves and are not being judged- they’re not here to try and impress me, they are here to improve themselves, I think that helps.

Kevin and Quinn maintain that by establishing a sense of partnership between each student and his or her teacher, students feel more respected. Students’ confidence in their abilities grows when they are provided with responsibilities in the classroom, rather than being coddled and treated paternalistically. For instance, when asked about a specific
instance whereby Quinn’s strategies allowed a student to be successful, Quinn attributed the success to the strong relationship that had been established between her student and herself:

I think it’s also just the relationship that we have now, is that I don’t- I guess I’m not treating him like a child for not handing stuff in. I’m not belittling him…like I’m trying to treat him with respect as a person. I think he’s almost growing up now in the class, knowing what he is responsible for.

It is important to note that Quinn works at a program with significantly smaller class sizes. This allows for greater energy to be devoted to each student, and potentially, a stronger teacher-student relationship to be built more quickly and effectively than in a mainstream environment.

**Redefining Success**

We are all a part of a cultural milieu that tends to define success narrowly. In an academic setting, educators may promote a conventional and specific definition of success for their students. However, each research participant spoke about rethinking and redefining the established definition of success in order to promote healthy living and improve the mental health of students. For students with mental illness, success may be perceived in a multitude of ways.

Therefore, if a student is struggling with a mental health challenge, it is essential for teachers to comprehend that treatment is a higher priority at that time than academics. Quinn spoke about the importance of understanding that sometimes, in order for her
students to be successful, her role is supporting treatment, rather than supporting academics: “I’m just trying to make sure that they are getting what they need in order to be successful, whether it’s supporting treatment or academics.”

Darlene believes that determining the success of her students is exceedingly complicated and fraught with difficulties. Each student will achieve and perceive success differently. Therefore, Darlene advises conversing with students on an individualized and ongoing basis to discover their daily goals and objectives. As she explains:

First of all, define success, and then you have to come up with your measurements afterwards. So what is success for these kids? Is it earning credits? Is it attending every day, but not earning a credit? Is it attending, you know, the equivalent of three out of four months? Is that actually success, based on where they were before? Each student is different, and I have to be totally honest with you, I am not sure that what I do in the classroom is going to determine if they are going to do well or not. If they have family turmoil going on at home, I can try twenty different strategies and none of them is going to work, because that kid’s mind is consumed with the home situation.

Quinn defines success in the classroom as investment in studies. When a student who is struggling with mental health issues is thinking about his or her success, and keeping track of marks and grades, this is a sign that the student is responding to what is occurring in the classroom environment. As Quinn states: “I’ll show them a mark, and then a month later, they will say: ‘how am I doing?’ and as soon as that happens, I know
they are thinking about their success.” Furthermore, Quinn maintains that in order to increase students’ confidence and investment in school, teachers should commend students on minor successes. She explains:

- It’s really important, no matter what the success, how small it is, that it is a success. If I have a kid who comes in late all the time, and they come in early, I’m like: ‘hey, you are on time! Amazing!’ That’s it. It’s something as simple as coming on time.

Another technique that Quinn utilizes to promote student success is displaying student work around the classroom. For instance, each time Quinn’s students cook or bake a meal in Food and Nutrition class, she takes a photo and puts it on the wall. When students arrive in her classroom each day, they are reminded of their accomplishments. Quinn’s students are then able to associate the success with the pride that they feel, which she hopes will propel them towards achieving more accomplishments.

Furthermore, the improvement of students’ mental health will benefit these students academically. Jonathan’s workshops in schools are based on the assertion that teaching students techniques to improve their mental health will also help with their academic success. Jonathan teaches students mindfulness based activities, relaxation, and yoga, which have proven results in benefiting students in a number of ways. Jonathan describes one program that he designed and implemented in a Toronto high school:

- What the program looks at is eight different themes, each theme is based on a combination of mindfulness and Acceptance and Commitment Therapy (ACT), which is an evidence-based
approach to treating individuals with anxiety and depression, eating disorders, and chronic and persistent pain. However, we are using it in a preventative approach, so looking at building skills. And those skills can help children to self-soothe, to be more in control of their emotions, improve attention, improve mood, and there are studies that show that these types of programs help with academic success.

Each of the participants agreed that it is vital for mental health to be incorporated into any definition of success. However, student mental health is often overlooked. Kevin believes one of the primary aims of schools’ Health and Physical Education programs should be mental health literacy. Within a unit on mental health literacy, teachers should speak to students about the definition of success, as Kevin explains: “we look at their definition of success in Grade 9, and is it too narrow? And does it allow their mental health enough growth or enough room to really be present, because of that definition of success?”

Kevin decided to incorporate mental health literacy as a fundamental aspect of the Health and Physical Education course because of his students’ narrow understanding of success. He asserts that the societal emphasis on financial gain over other forms of success is one reason mental health is overlooked in Canadian culture. However, with the implementation of mental health literacy programs in school, Kevin has witnessed a broadening of his students’ understanding of success. Rather than solely basing their definition of success on material gains, Kevin’s students are now placing a greater emphasis on improving their own mental health. Kevin states:
I think there is not enough statistics on [the students at this school] who have graduated and how happy they are, or satisfied with their own life. And I think if you look back, versus the kids now who are graduating, there would be a difference, because of this [mental health literacy] focus. And that is that bigger definition of success. It’s just not linked to product, or what you earned, or all the rest. You know, it’s bigger picture.

Jonathan believes that teachers can help to broaden their students’ definition of success through shifting the focus from building students’ self-esteem, towards teaching self-compassion. Jonathan describes self-esteem as being tied up in academic or social success, and therefore can become easily deflated. For instance, if an adolescent gets a grade he or she is not happy with, or is not invited to someone’s party, his or her self-esteem will plummet.

By stark contrast, Jonathan maintains that by building students self-compassion, “children and teens are learning to be compassionate towards themselves in times when they are struggling, as opposed to everything has to be about, well I’m good at this, and boost my self-esteem by proving that I am good at it over and over again.” While promoting self-esteem teaches children to measure their success against whatever criteria they are taught is the most valuable, self-compassion highly complements a focus on mental health as part of the definition of success.
Reducing Stigma

All participants agreed that stigma is a barrier to learning for students with mental health issues. Including mental health literacy in the school setting reduces stigma, by decreasing the fear that is often associated with speaking about mental health issues. Kevin has witnessed the reduction of fear his students have in talking about mental health, since the incorporation of mental health literacy in the Health and Physical Education program at the school in which he works. His students are now more willing to confide in their teachers when they are facing difficulties with their mental health. Kevin elaborates: “so if we then, can not only see the red flags, but have them come to us, there is a little more of a team, a full school support model starts to happen. So that’s wonderful. There’s also less fear about talking about it, so the stigma, then, has come down.”

Quinn and Darlene spoke about reducing stigma through including mental health into teachers’ understanding and implementation of culturally relevant pedagogy and culturally responsive classrooms. The theoretical basis of culturally relevant pedagogy is ensuring that educational professionals are acknowledging the demographics that exist in the classroom and enabling each student to relate course content to his or her cultural context. Quinn interprets the concept of culturally responsive classrooms to include her students, and their unique challenges and issues related to mental health. Therefore, she promotes creating a culturally responsive classroom as a method to reduce stigma and address the concerns of her students. She explains:

A gentleman who works for the [School] Board came in to speak at a class that I was taking, and he was essentially talking about culturally responsive classrooms. And I took that idea of
culturally responsive to also mean Section [23]
responsive…definitely knowing your students and being able to
make your classroom culturally responsible, because it’s just
safe in that regard.

Darlene also spoke about the importance of including mental health within any
implementation of culturally relevant pedagogy in the school setting. As she explains:
“they talk about culturally relevant pedagogy and I think a lot of people think of that as race. Which is just bizarre to me, because there are so many different diversity factors out there. And if anything, mental health is more culturally relevant to us. It affects everybody.”

Mental health is currently stigmatized in society, and therefore, many teachers
have been hesitant to address issues related to mental illness in the classroom (Pinto-Foltz & Logsdon, 2009; WHO, 2001). However, each of the research participants advocates speaking about these issues openly in the classroom, in order to reduce the stigmatization of mental illness in society. For instance, Kevin includes a discussion of the athlete Clara Hughes’ struggle with depression as a component of the Health and Physical Education curriculum.

Similarly, Quinn interprets culturally relevant pedagogy to include many different methods of remaining sensitive to the needs of her students. For instance, she teaches her students success stories that relate to the challenges they are experiencing. In other words, Quinn will speak with her students about the triumph of individuals who grapple with similar issues as her students. In addition, she spoke about the benefit of decorating her classroom with inspirational quotes and posters to uplift her students in subtle ways.
Furthermore, culturally responsive classrooms include the omission of certain elements in the classroom if they will lead to discomfort and trauma. For instance, if Quinn knows that a student in her class is suffering from an eating disorder, she will ensure that photo-shopped models are not to be found in the classroom environment.

Many of the participants spoke about the importance of language use in combatting stigma in the classroom. Jonathan explains that stigma is the branding of an individual, or group of individuals, and making them a negative focal point. The marking of mental illness distinguishes an individual as a weak and different ‘other’. Therefore, by using language that is more focused on the individual, and less focused on the illness, disorder or disease, one is slowly helping to combat stigma and ensure that the classroom is a safe space for all students. Jonathan states:

My personal feeling on stigma is that language is so highly implicated in the perpetuation of stigma, that for anyone that is looking to reduce stigma, whether it is educators, or parents, or students themselves, within the schools, I think targeting the language that we use is huge...you want to be careful when speaking of situations or illnesses. I think the first thing is to establish that in your classroom, or your area of teaching, you try to role model that type of language, [to not say]: ‘oh that schizophrenic, that psychotic person, [but rather, say]: ‘a person experiencing an episode of psychosis, that person experiencing anxiety.’
Darlene agrees with the importance of utilizing correct language in the classroom in order to combat stigma. She spoke about teaching students the technique of perspective taking, so students practice comprehending texts from different points of view. For example, Darlene teaches her students the novel *The Curious Incident of the Dog in the Nighttime* in English class to speak about Autism Spectrum Disorder. She maintains that by using the clinical word for a specific mental illness, this decreases the fear associated with the disorder. When she teaches mental health literacy, it sparks many interesting conversations in the classroom, as she explains: “I think putting a name to it, and saying: ‘this is what we would call this now’, and if someone says: ‘well, that person is just crazy!’, the teacher would then ask, ‘what does crazy mean, and what is normal? Like, define normal for me first’, and the kids are like: ‘oh, I guess, what is normal?’”

**Ensuring Support is Accessible**

For students struggling with their mental health, the lack of support within the school system is a tremendous challenge that leads many students to drop out of school (McEwan, Waddell & Barker, 2007; Saluja et al., 2004). As Quinn elaborates: “that is a key issue, that they do attend school and the support isn’t there to help them with anxiety and it just becomes a place where it manifests itself into something bigger.” Each of the research participants agreed that it is essential that teachers ensure that students are receiving the support they need outside the classroom.

Jonathan spoke about instances when a student approaches his or her teacher about a mental health issue he or she is struggling with. He describes what the teacher should do in this instance:
I think if a student comes to a teacher and discloses that they have anxiety or are having anxiety, I think the first thing to ask the student is whether they are receiving support, whether they already have a system in place. And if this is the first disclosure, or if they have already told family and friends.

Darlene concurs, and spoke about the teacher’s duty to observe students for potential problems or issues they could be facing. She advises any teacher to research the types of supports that students have at home, or potential problems that could be occurring within the relationship between the student and his or her authority figure(s). If a student confides in an educator that he or she is struggling, Darlene recommends that teachers investigate what types of supports are available in the school and the community, and help the student get connected with support that is available.

There are also more preventative approaches that can be utilized in a mainstream school to teach students about community support. The focus of the final unit in the Health and Physical Education mental health literacy program that Kevin has implemented in the school in which he works focuses on community support. He believes it is of the utmost importance for all his students to know where to go for help if they are struggling with their mental health, whether they are still in high school, or after high school is over.

Kevin is also adamant that part of the mental health literacy curriculum implemented in schools must focus on how peers can provide a support network for one another throughout adolescence and adulthood. He states that one of his main goals for
the mental health literacy program is to provide the tools for his students to be able to support one another:

We all have to just know that there is a reason why we interact with people. You have to be a support for each other, to help each other through this- and this is another reason that I think this mental health is so valuable to our kids, because I’ve found a number of times in this school, where they don’t know how to support each other. You know? And being in touch with your emotions and being okay to talk, and talk in that way. You don’t have the experience with it, you might not have it from family. So it is how do you support others? Well, when you go through it yourself, you become a better support. And hopefully through this program that we are doing, they will be able to be a better support.

Quinn suggests additional techniques for teachers to support students struggling with their mental health in the classroom. Firstly, Quinn cautions against treating a student struggling with mental illness any differently than all the other students in the class. She advises that a teacher approach a student that he or she believes to be experiencing challenges related to mental health, and ask what the student needs from the teacher at that particular time. Quinn promotes being direct and confident when approaching the student believed to be struggling, and providing the supports that one would give to any other student.
Jonathan concurs, and believes it is of the utmost importance for teachers to remain more curious, and less judgmental, when interacting with students struggling with their mental health. As he explains, rather than making any assumptions about the student or the situation at hand, the teacher should:

- Understand that everyone has had different experiences that make them who they are. And being more curious and less judgmental, more: how can I support you, as opposed to: this means this. Like as in, this diagnosis therefore means this treatment, therefore, means I should talk to you in this way.

To avoid these pitfalls, Jonathan believes teachers should always encounter each student with kindness and curiosity, rather than judgment. Teachers must continuously be curious and ask questions, rather than making any assumptions about a student. He explains an example of the danger of assumptions:

- Anti-social personality may be masking a different disorder or a different situation, a family in turmoil, a divorce could be going on. So just being more aware of these types of situations and asking questions. I think it’s important to ignite curiosity in educators, asking what is the root cause of these things.

Moreover, Jonathan promotes involving parents and other community members with any mental health strategies that are taught to students in the classroom. In the workshops that he conducts in schools across the Greater Toronto Area, Jonathan introduces students to concepts such as Cognitive Behavioural Therapy (CBT), mindfulness, and yoga. Each of these programs requires home practice, and parental and
community support are of the utmost importance in maximizing the benefits of this sort of program.

Conclusion

Overall, the participants of my research study provided a variety of invaluable strategies and tools that teachers can utilize to best serve students affected by mental illness in secondary school. Quinn and Darlene teach students deemed ‘at-risk’, while Jonathan and Kevin work in the private school sector, which caters to high-achieving students. Despite these vastly different academic environments, the data collected from each participant contains an astonishing amount of connections and similarities.

The themes that appeared most prominently were: maintaining flexibility, relationship building, redefining success, reducing stigma, and ensuring that supports are accessible. These findings greatly correlate with the literature review, as written in Chapter 2, as well as provide several implications for my professional practice as a secondary school educator. Moreover, this research raises significant questions that should be studied further in order to ensure the success and well-being of students struggling with mental illness. These topics will be discussed in the following chapter.
Chapter 5: DISCUSSION

Introduction

Mental health is an essential component of general health and well-being. However, the mental health sector in Canada has suffered from a history of stigmatization and marginalization, including within the Canadian education agenda (Kirby & Keon, 2006; Wei, Kutcher & Szumilas, 2011). Due to the onset of a large percentage of mental disorders in adolescence, secondary school teachers must be aware of the impact that mental health challenges faced by students will have in the classroom environment.

The purpose of my study was to research best practice techniques for teachers to utilize in their classrooms in order to serve students suffering from mental health issues. To best serve this vulnerable population, teachers should be equipped with the skills and tools to encourage positive attitudes towards mental health, reduce stigma related to mental disorders, and play a role in reducing the illness burden across the life span. My aim was to comprehend how my participants promoted mental health literacy in the classroom, and what role they played in the identification and accommodation of students suffering from challenges related to mental health. My research question was: what are best practice techniques to serve students affected by mental illness?

There were five main themes that I identified from interviewing four participants. Firstly, teachers should strive to remain flexible with students who are suffering from challenges associated with their mental health. For instance, various participants stated that maintaining flexible deadlines could improve these students’ chances for success in the school environment. Furthermore, a theme that was repeatedly mentioned over the
course of my research was the importance of building strong relationships with students with mental health concerns. Participants were in agreement that teachers must reveal their vulnerability in order to connect effectively with students suffering from challenges related to mental health.

Moreover, in best serving this demographic of students, participants noted that teachers should disregard previously held assumptions related to the definition of success, and redefine success with the input of their students. Each of the participants spoke about rethinking the established definition of success in the school environment, in order to promote healthy living for students.

In addition, there was agreement that stigmatization is a barrier to learning for students with mental health issues. Therefore, including a mental health literacy program in the school setting benefits students by lessening the fear associated with discussing mental health issues, thus reducing stigma. Lastly, participants felt it was necessary for teachers to ensure that all of their students have an understanding of the mental health supports that are available within the school and the wider community.

**Relation to the Literature Review**

There is a correlation between the themes generated in the literature review and the data gathered through interviews with practicing educators. The literature states that the majority of people afflicted with mental illness remain unrecognized and untreated. Due to the large percentage of individuals who experience mental health challenges in adolescence, many students suffering from these illnesses without treatment are vulnerable to emotional, social and academic impairments during this critical phase in
their lives (Friedman, 2006; Wei, Kutcher & Szumilas, 2011). Each of my research participants agreed that it is essential that the educational sector in Canada increase the amount of resources and training for teachers to react appropriately and in a timely manner to such challenges. The participants each addressed a variety of issues they have encountered concerning their students’ struggles with mental health in the classroom.

The research also supports the literature’s assertion that various kinds of school-based mental health strategies show promise of success. Quinn and Darlene teach within a program that serves students whom have been determined ‘at-risk’. Many of these students suffer from mental health issues, including anxiety, depression and substance abuse. With the aid of CYWs, these teachers employ a variety of techniques in order to ensure the success of each of their vulnerable students. Quinn and Darlene’s experiences conform with the literature that asserts that students with mental health issues are chronically absent, leave school early on a frequent basis, have difficulty meeting the expected grade standards, and often are unable to meet their academic potential. Darlene believes that maintaining flexible deadlines and being open to redesigning course objectives and content for students can mitigate such problems.

Furthermore, the research supports the literature’s assertion that students who lack confidence in their academic skills are at an increased risk of experiencing mental health issues, such as anxiety (Tramonte & Williams, 2010). Each of the research participants spoke about the importance of increasing student confidence, through connecting with students, modeling open communication, and maintaining curiosity (rather than judgment) with their students. The goal for these educators is to establish a safe space in the classroom, whereby students feel secure and comfortable. Adolescent mental health
represents a significant educational issue, and teachers can affect momentous change by boosting the self-confidence and self-compassion of their students.

Moreover, the research validates the literature’s contention that stigma is a critical barrier for those suffering from mental illness to seeking treatment (Pinto-Foltz & Logsdon, 2009; Sakellari, 2011). Each of my participants agreed that mental health literacy programs help to destigmatize mental illness. For example, the mental health literacy program that Kevin has designed and implemented in the Health and Physical Education program at his school has reduced the fear his students have in talking about mental health. Students are now more willing to confide in their teachers when they are facing difficulties with their mental health, due to the reduction of stigmatization that occurs over the course of class-based discussions.

**Further Study**

There were a myriad of questions and issues that emerged from my findings that merit further study. Firstly, it would be interesting to research the ways in which teachers and educators inadvertently aggravate mental distress in our students. For example, do the current rigours of our education system truly benefit students? I wonder if our current system, and the pressures that it places on students to constantly succeed academically, perpetuates destructive patterns of thinking in some of our most vulnerable students.

Moreover, another central theme that was repeated by each of the research participants was the importance of a strong and equal partnership between a teacher and his or her students. However, Jonathan drew a distinction between building an adolescent’s self esteem, which could be harmful, and the more appropriate method of
cultivating self-compassion. I believe that researchers in this field must further explore specific strategies and techniques for modeling and teaching self-compassion.

Furthermore, mental health literacy was promoted throughout my study as an effective method to combat stigma. For instance, Quinn and Darlene spoke about reducing stigma through including mental health in the implementation of culturally relevant pedagogy practices in schools. However, I did not come across this connection in the literature. I believe that it would be beneficial to study methods of incorporating the topic of mental health within the framework of culturally responsive classrooms.

Additionally, teachers must be provided with more professional development opportunities and resources in relation to integrating mental health literacy throughout their lessons.

Furthermore, the participants of my study are exemplar cases of educators who are designing and implementing programs to serve students who are affected by mental illness. I believe that by following the trajectory of these individuals’ careers, and incorporating student voices in the research, this could shed light on even more techniques that could be transferrable to mainstream classrooms. To illustrate this point, Jonathan experiments with a variety of different techniques in conducting mental health workshops with students across the GTA. Researchers could glean valuable data from studying how students benefit from each aspect of the program, such as: yoga, meditation and mindfulness.
Implications for Practice

This research project informs my professional practice by demonstrating techniques to best serve students with challenges related to mental health, as perceived by successful and experienced teachers. However, the strategies that a teacher, such as myself, would be able to employ in the classroom setting are highly dependent on the specific school in which one is working. The strategies I have outlined may be transferred to various situations, but are not generalizable to all classroom settings.

For instance, in a mainstream classroom, it is a common practice for teachers to provide a course outline to all students at the beginning of the school year, which highlights units to be studied and modes of assessment for the semester or year. Although these practices do not promote the amount of flexibility that some of my participants suggested, it might not be plausible or beneficial to withhold a course outline from all students because of a concern that some students might become increasingly anxious at witnessing it.

Furthermore, despite the fact that students with mental health issues would benefit from a teacher’s ability to alter the content and delivery style of lessons in order to adapt to his or her students’ strengths and interests, this is simply not possible within the confines of a mainstream school. Despite these limitations, teachers should have the ability to retain some flexibility to incorporate mental health literacy in the curriculum. This could be in the form of planned lessons, unplanned conversations that occur due to student interest, or particular circumstances that arise over the course of the year that merit discussion.
Additionally, this study exemplifies the importance of the relationship that is established between the teacher and students encountering mental health concerns. Participants echoed the sentiment that in order to teach those suffering from mental health issues effectively, teachers must reveal some of their flaws and show a sense of vulnerability. They believed that this practice helps facilitate a respectful and trusting partnership between the student and his or her teacher. I believe this is an incredibly important implication of the research study that I will implement in my own teaching. I have always found, intuitively, that for students to learn from a teacher, they must understand that the educator truly cares about their well-being and wants them to succeed. My research study has found this to be especially important for students who are experiencing mental illness.

It was interesting to find that a central theme of my research study was the importance of shifting the ways in which we as educators, and our students, define and think about success. I greatly struggled with attaining what I believed to be success over the course of my academic career. I aspired for certain grades, and believed that this accomplishment would bring me happiness and fulfillment. One of my primary goals as an educator is to guide my students towards finding what brings them a source of contentment, and broadening their definition of what it means to be successful.

Therefore, it was encouraging to hear this sentiment echoed by my participants, and make the connection between cultivating self-compassion and preventative mental health strategies. Due to the pervasive and stigmatized nature of mental illness, mental health literacy should be understood as an integral component of culturally relevant pedagogy and culturally responsive classrooms. A fundamental aspect to mental health
literacy is teaching one’s students where to find support for challenges related to mental health, both inside and outside the classroom. Mental health literacy is a form of knowledge and skills that I will now be certain to incorporate in each course that I teach in the future.
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APPENDICES

Appendix A: Letter of Consent for Interview

Date:

Dear

I am currently a second year graduate student at the Ontario Institute for Studies in Education (OISE) at University of Toronto. I am enrolled as a Master of Teaching candidate. As part of the requirements for this program and my own personal research interests, I am studying best practice techniques to serve students affected by mental illness. I believe that your level of knowledge and experience on the subject will provide invaluable insights into my topic.

The primary research gathered will be used for a major research paper that is designed to give teacher candidates an opportunity to explore educational topics using qualitative research techniques. My research supervisor, Dr. Elizabeth Campbell, will be overlooking the process.

The interview will take approximately 60 minutes and be recorded using a digital audio recording device. The interview may take place at a time and location that is convenient to you.

All names and any other vulnerable information will remain confidential, and will only be seen by my supervisor and myself. The contents of the interview(s) will be transcribed verbatim and used as part of my research paper with the possibility of publication. The contents may be discussed/used during informal class discussions, conferences, and/or journal articles, with all vulnerable information remaining confidential. The raw data from the interview will be disposed of within 5 years of the interview date. You are always free to decline answering any specific questions and may withdraw from the interview at any time if you choose. If you would like, up to four weeks after the interview I will provide you a written verbatim transcription of the interview. You will not be subject to any risk or harm at any point during the process.

If you agree to the conditions above, please sign the attached consent form. Please do not hesitate to contact me and/or my research supervisor, Dr. Elizabeth Campbell, if you have any further questions or concerns. Thank you for your time and consideration.

Sincerely,

Montana Skurka
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 Montana Skurka and agree to participate in an interview for the purposes described.

Signature: _________________________________________________________________

Name (printed): __________________________________________________________

Date: ____________________________________________________________________
Appendix B: Interview Questions

1. What are the challenges that students with mental health encounter that leads them to enter this program?
   OR
   What are the barriers to learning that students with mental health challenges experience?

2. How do you change the way you teach for such students? Please describe a specific example.

3. How do you know your practices help students? What are the indicators of their success in this program?

4. Provide an example where your teaching strategies helped a student be successful.

5. What supports do you get to help you effectively deal with students with mental health challenges?

6. What additional support would you like to have?

7. What recommendations do you have for teachers to improve their classroom culture in order to reduce stigma associated with mental health issues?

8. How can teachers incorporate mental health literacy into their lessons?

9. If you were asked by a mainstream teacher to suggest ways to assist in the learning and general well-being of students believed to be suffering from mental health issues, please provide your response, using examples.