Removing Barriers: Addressing the Needs of Students with Mental Health Concerns in the Secondary School Classroom

By

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Abstract

This qualitative study endeavored to examine how secondary classroom teachers are addressing the psycho-emotional mental health needs of their students. Interviews were conducted with three secondary school teachers to determine what strategies and techniques they use in their classroom to break down learning barriers and support students who experience depression and/or anxiety. The findings have shown that barriers exist for students in the form of disengagement and a lack of motivation. Classroom teachers are attempting to support these students and help them in their learning by building relationships and creating positive environments but difficulties remain. A lack of training, support, and resources as well as the continuing stigmas and stereotypes related to mental health, are making it challenging for teachers to support students in their classrooms. Changes at the Ministry of Education, school boards, schools, and classroom level are required to provide students with mental health concerns with the learning experience that they deserve.

Keywords:
mental health, secondary classrooms, learning barriers, depression, anxiety, positive force
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Chapter 1: Introduction

Background of the Research Study

Today’s students experience an increasingly daunting amount of pressure at younger and younger ages. The need to excel at school and extracurricular activities, to satisfy parental and peer expectations, to understand themselves, to navigate conflicting media messages, peer pressure, and societal demands. Responding to these can leave adolescents drained. It is no wonder that many of today’s youth are experiencing concerns with their mental health. The numbers of youth affected by mental health illness are growing. In Canada, 15%, or approximately 1.2 million youth, are affected by mental health related needs (Leitch, 2007, p. 129). The illnesses range from anxiety and depression, to schizophrenia and bi-polar disorder. The need to focus on youth is imperative since 80% of all psychiatric disorders emerge in adolescent development. Encouraging is the estimation that 70% of childhood cases of mental health illness can be treated with early diagnosis and interventions. Sadly only one in five Canadian youth are receiving the treatment they need (Leitch, 2007, p. 130).

The causes, diagnoses, and treatments for mental illness are varied. They can be complex and encompass many aspects of a young persons life, from genetics, family and societal circumstances, and coping skills, to school, family and neighbourhood environments. The school environment for youth is incredibly significant in their development, learning, growth, personal relationships, as well as mental and emotional well-being. School is where youth spend the majority of their time and as such should be seen as an important part of addressing youth mental health concerns. Educators play an important role because they spend large amounts of time with students, they witness behaviours and emotions, as well as potentially be an adult in whom youth will trust and confide. Early detection and intervention increasingly occur in the school environment.
Purpose of the Study

This research project will look at psycho-emotional concerns including depression and anxiety. Depression is defined as “grappling with feelings of severe despair over an extended period of time” (Canadian Mental Health Association, 2013). Anxiety is defined as causing “distress in a person’s life to the point that it negatively affects his or her ability to work or study, socialize and manage daily tasks” (Centre for Addiction and Mental Health, 2012).

The main objective of this study is to look at the ways in which teachers are addressing the psycho-emotional health of their students. One of the most important questions to answer is whether or not teachers believe this is part of their role as an educator. Is mental health and well-being something that teachers actively think about, encourage, and survey in their students? Or is mental health only being addressed when a concern or issue arises with a specific student? If concerns are raised about a student’s mental health, another important aim of this study is to identify what type of interventions teachers are utilizing? What resources do they have? What support is available from within the school and the outside community? Do teachers discuss mental well-being and illness with their classes as proactive measures? With the increase in mental illness in youth, this study’s main aim is to determine what teachers are doing to address these concerns.

The second objective of this study is to identify the barriers to learning and engagement that psycho-emotional mental illness can present. Students who are suffering from ill mental health will have a difficult time in the classroom. They may find it hard to concentrate, to comprehend or take in information, or have a difficult time putting their thoughts into words. This will affect their learning and engagement in the classroom. What can teachers do to help break down these barriers? Can educators only help once an official diagnosis has been made? Or can they implement strategies to help all students who may be suffering from varying degrees of mental health concerns at different times. This study will strive to identify best practices for promoting engaging and safe learning environments for all students.
Research Questions

This study will attempt to answer the following research question: In what ways are secondary school teachers addressing the psycho-emotional needs of their students?

Related sub-questions will include:

- What role do teachers believe they play in addressing mental health issues in youth?
- What barriers does mental illness present to learning and engagement in the classroom?
- In what ways do teachers remove or attempt to remove these barriers?

Background of the Researcher

As a student I am aware of how the stressors and burdens of school are ever present. From middle school to my current Master of Teaching degree at the Ontario Institute for Studies in Education, I have experienced anxiety, late nights, sadness, as well as enjoyment and achievement. I believe that every student faces periods of being mentally unwell and I was no exception. As the only female of three children, I was the “smart” one; the one who enjoyed and did well at school, while my brothers were the popular jocks who just got by. I welcomed this label but was simultaneously encumbered by it. In middle school, I applied and was accepted into the regional arts program in my school district. From there I was accepted into every university to which I applied for an undergraduate degree. The pressure I placed on myself could sometimes be enormous. The burden of academics however, was and is not the only pressure students face. Relationships can also be a source of pressure and anxiety.

The regional arts program was structured so that students spent several classes over the four years of secondary school with the same classmates. This created close friendships, but also created difficulties when those friendships fell apart. In grade eleven, two new students were accepted into my music program and were welcomed into my circle of friends. This eventually caused a shift in the group dynamic and my friendships began to fall apart. I became victim to rather intense bullying. It started simply enough, with name calling and secrets told
behind others back. It escalated to being left out and being ignored on a daily basis. As most teenage girls can attest, everyone is not without blame in these situations, and I was not different, but nothing I could have done deserved what happened towards the end of the first semester. One day when I got to school I discovered none of my classmates and friends were around. Later in the day another student delivered a letter from my circle of friends. The letter explained how much they hated me, that they did not want anything to do with me, and they suggested that I kill myself because no one wanted me around. This was a truly devastating experience for a teenage girl.

I am profoundly thankful that I have a family who is incredibly supportive. As soon as I made the call to my father crying that day, he came and picked me up and I spent the next few weeks transitioning to a new school. My new school was also incredibly welcoming and helpful. I spoke with guidance counselors, the vice principal, and my teachers, who all wanted to help transition smoothly. I believe that this experience has shaped my desire to help students with mental health concerns. I can see that with the support of my family, the school and teachers, without other biological, genetic, or environmental factors, my difficulties did not develop into a serious mental health crisis. I was able to manage my stress, anxiety, and sadness and move forward. For far too many students, they do not have the capability or support to help them move on. These same experiences may have ended with a major depressive disorder, or worse, a life-altering tragedy.

During my practicum experiences over the past two years, it has also become exceedingly evident that mental health concerns are present in every school and classroom. I was working with students who attempted suicide in the past month, who self-harmed, who were diagnosed with anxiety and depression disorders because of a major illness, and who were in regular consultation with school psychologists. I was truly astonished at just how prevalent mental health concerns were for youth in today’s classrooms. Excessive absenteeism was an issue with one student dealing with depression. Another student who self-harmed
connected with my associate teacher and with myself during the time I was there and would regularly check in just to talk before class. During one placement, I was teaching a special education class with students with severe learning disabilities. My associate teacher was always particularly aware and concerned about these students’ well-being because of the connections between mental illness and learning disabilities. These challenges are real for teachers, and I have seen teachers who truly care about the well-being of their students. With this study, I am hopeful that I will be able to provide strategies to teachers so they are better able to support students with psycho-emotional mental health illness.
Chapter 2: Literature Review

Overview

In recent years the topic of mental illness has become more widely discussed and studied. The stigmas and taboos relating to mental disorders are being broken down, and research is being done to understand these disorders. How this relates to youth, teachers and the classroom however, has not been fully investigated. Many studies have attempted to outline the concerns and problems that students may face with regard to mental health. Many have also sought to investigate what teachers believe their roles are in mental health awareness, detection, prevention and intervention. Previous research is helpful for this study in that it informs not only the basics of mental health and youth, and how teachers are envisioning their roles, but it has also started to address what schools can do to support students with mental health concerns. This study specifically aims to examine what teachers can implement in their classrooms, and how they can remove barriers to learning and engagement for students with mental health concerns.

Based on a review of current research in the field, four key themes emerge relating to mental health, youth, and education: (a) the importance and priority teachers are placing on student mental health; (b) the need for more education relating to mental health for students, parents, and educators; (c) the mental health language educators are using in schools; and (d) the importance of the school environment.

Mental Health Concerns are Significant and a Priority for Teachers

The increasing numbers of students with mental illness cannot be ignored, as well as the role that schools and teachers play. The vast majority of research reviewed has agreed with these points. Teachers especially, although sometimes hesitant, feel concern over their students’ mental health, and believe they have a role to play when concerns arise:
You could argue we’re not social workers and just shut the door to it and push it out. And every now and again you do sort of pull yourself up a bit and think gosh why am I willing to do this, is this really what my job is, but it does spill over into schools very easily and frequently and I think unless you do deal with it and confront it there’s the danger of you know becoming robots or whatever, you know we have to acknowledge it, it’s part of growing up, part of education isn’t it, learning about yourself and discovering yourself.

(Head of year 8, school 2) (Kidger, Gunnell, Biddle, Campbell, & Donovan, 2010, p. 925)

This grade eight teacher’s view aligns with many other teachers. Addressing mental health is part of the job because we cannot ignore it; teachers are not able to remove mental health concerns from the job. Reinke, Stormont, Herman, Puri, and Goel (2011) reported that 75% of their teacher participants stated that they had worked with or referred a student with mental health issues in the past year (p. 8). In a study of newly qualified teachers in Britain, Bostock, Kitt, and Kitt (2011) compared newly qualified teachers to experienced teachers and found the newly qualified teachers were much more likely to strongly agree that early detection of mental illness was part of their job (p. 109). Suggesting that the trend to discuss and to de-stigmatize mental illness is having an impact on new teachers. They are more willing to take on responsibility for their student’s mental health. It could also suggest a fatiguing of more experienced teachers, and potentially lack of training, which will be discussed later.

Rothi, Leavey, and Best (2008) have found that teachers also believe that it is part of a teachers role to remove the barriers associated with mental health concerns in their students. “You can’t teach a subject to a person unless that person is receptive and wants to learn….if there is a barrier to that learning you have to be able to recognize the nature of that barrier before you can deal with it” (Rothi et al., 2008, p. 1221). Teachers are responsible for the learning and engagement of their students while they are in their classroom. Similar to dialogue about learning disabilities, teachers are showing more willingness to remove the barriers to
learning associated with mental illness. This study will attempt to shine light on how this is being done in practice.

**Education**

“What is stopping the prevention of mental health in youth is education…most people do not even realize they have a mental health problem/illness” (Kutcher & McLuckie, 2010, p. 24). This theme was expressed in a great deal of the research reviewed. Students, parents, and teachers are often unaware about the signs, symptoms, causes, and treatments for mental illness. The first step in helping students with concerns is recognizing the signs and if students themselves are unaware of these signs issues may go untreated and lead to major difficulties. Students can often times feel alone and they may be afraid to come forward with their concerns. Kutcher and McLuckie (2010) reported a young person who described “‘living in secrecy’ because her family ‘doesn’t understand about mental health and don’t want to tell people’” (p. 20).

Swartz et al. (2010) studied the lack of mental health education and promotion while surveying students involved in a depression education program. They found that students often have misguided information about mental illness, but education programs such as the one implemented in their study, help improve students' awareness of mental health. They found three questions that had a great improvement from a pre-test to a post-test after the student education program. The first question related to the belief that major depression was a curable illness. It found that 34.5% of students initially and 51.7% of students subsequently believed correctly that it was not curable (Swartz et al., 2010, p. 18). The second and third questions asked yes or no to, “a person with depression always feels sad,” and “depression can be controlled through willpower.” Again these both had significant improvement from the pre-test because the education program stressed that youth feel depression in many ways such as irritability, not just sadness (Swartz, 2010, p. 18). The study also suggested that depression is a
treatable illness and willpower alone will not resolve the condition (Swartz et al., 2010, p. 18). Early detection of mental illness and education on symptoms is where classroom teachers can play a potentially vital role.

Bostock et al. (2011), Kidger et al. (2010), et al. (2007), Reinke et al. (2011), and Rothi et al. (2008), as well as many others, have mentioned the desire from teachers for more mental health education. Recognition of mental illness in youth, strategies for working with youth with mental health concerns, as well as classroom management and behavioral interventions, were all highlighted as being extremely important to teachers (Kidger et al., 2010; Reinke et al. 2011; Rothi et al., 2008). The type of training was also stressed as being important. Rothi et al. (2008) related that teachers found training that took place in schools while teaching was most beneficial. “They [teachers] can try different things and at the same time work with people [mental health professionals] who are more expert in this field, be alongside those people to then develop programmes of progression that are study related” (Rothi et al., 2008, p. 1223). Unfortunately, training for teachers continues to be sporadic and problematic in its implementation.

Most teachers within the research argued that there was simply not enough training, and because of this, they felt reluctant to raise concerns about the mental health of their students. Some teachers who had participated in mental health training felt privileged and empathized for those who had not (Rothi et al., 2008). Research also showed that problems could arise from training teachers regarding mental health issues. Bostock et al. (2011) suggest that after training, teachers may have doubts about discussing mental health issues in their classrooms (p. 110). As well, Moor et al. (2007) have found that “teachers’ ability to identify their depressed pupils was not improved by the educational intervention. Unrecognized depression remained unrecognized” (p. 92). This suggests that a greater amount and variation on the training may be necessary.
Mental Health Language

A third important theme identified based on current literature is the importance of language when discussing mental health. For youth, teachers, and society in general, language can stigmatize, marginalize and potentially disempower those who suffer from mental illness. Teachers have emphasized the need for educational language when dealing with mental health issues, not psychiatric or medical language. “I personally don’t use the terms...I don’t know about children’s mental health...I wouldn’t feel so comfortable making judgements like that” (Rothi et al., 2008, p. 1223). Bostock et al. (2011) has also echoed the finding that mental health training and discussion should be tailored to education. Teachers tend to see mental health concerns as another need their student may have. This language, using needs and behaviours is more comfortable for educators. “It [mental health concerns] is just a need in the same way that somebody may need big print” (Rothi et al., 2008, p. 1224).

Kutcher and McLuckie (2010) have demonstrated concerns surrounding the term ‘prevention’ when referring to mental health concerns. For many, this term has a positive connotation but for others, especially those who have experienced mental illness, it is more negative. Many feel “the concept of prevention implies a choice to be ill” (Kutcher & McLuckie, 2010, p. 23). As one parent explains, the implication “that there was something that I could have been done…and that’s why my child has a mental illness” (Kutcher & McLuckie, 2010, p. 23) was upsetting. Prevention implies that mental disease can be avoided and as one youth explains “nothing could have prevented [my] bipolar disorder, as [I] inherited it from [my] mother” (p. 23).

A final point on mental health language in the research comes from Ecclestone (2007) who criticizes society and the education fields’ emotional vulnerability labels and themes. By focusing on emotional well-being, self-esteem, at-risk learners, fragile identities, and other similar language we are contributing to a diminished and vulnerable self, which is unsupportive. She argues, “for resistance to their underlying diminished images of human potential and
resilience” (p. 467). Ecclestone goes on to argue, “emotional interventions based on the diminished self distract professionals and students from educational experiences that encourage risk, challenge and discomfort as part of striving for autonomy (p. 467). The language we use to discuss and describe mental illness must be chosen with the utmost of care and be designed specifically for the best interests of stakeholders at heart. If we do not, we risk causing undue harm to those we are attempting to help.

**Positive School Environments**

The school environment is of great significance to youth. They spend a majority of their time at school with teachers and peers. It is therefore not surprising that the research has shown that the attitudes, relationships, and values within this environment have a great impact on youth with mental health concerns. Pope (2010) described the Challenge Success initiative, which asked schools to take a hard look at how they define success at their school. Seventy percent of students surveyed had previously felt often or always stressed by school. With this initiative schools changed school schedules to increase engagement and student learning. They also created a climate of care where students felt that teachers truly cared for their success and well-being (Pope, 2010, p. 7). These types of initiatives are extremely important for students and the research continues to emphasize how these connections help students with mental health concerns.

Salmela-Aro, Savolainen, and Holopainen (2009) have demonstrated the relationship between school burnout and depression. They correctly predicted that school burnout would strongly predict depressive symptoms in students. This finding was true for both genders as well as for students in different levels of schooling, namely academic and vocational (p. 1324). De Witt, Karioja, Rye and Shane (2011) have shown that student perceptions of declining classmate and teacher support can predict low self-esteem, depression, and anxiety in youth (p. 567). They argue, “adjustment difficulties are more likely to occur when the organizational and
learning environment of the school falls short of satisfying student needs for support from classmates and teachers” (p. 565-566). Freeman, King and Pickett (2011) have shown in their 2010 survey of approximately 26,000 Canadian students, that a drop in confidence levels and school belonging from grade six to ten connects to declining levels of emotional well-being.

These connections among peers, teachers, and the school community are essential in the prevention of mental health concerns. Anderson, Kerr-Roubicek, and Rowling (2006) have found several themes about the connections schools are able to facilitate, “including providing students with a place to be and a place to develop personal and social relationships and coping strategies…giving students a sense of identity and opportunities to be recognized and ultimately providing the opportunity for them to succeed in learning and continue in pathways to further learning, employment and satisfying, productive lives” (p. 11). Their interviewees went on to describe characteristics of a positive school environment such as, “staff working as a team to support each other, having a strong pastoral care system in place, valuing opportunities to develop connections with students, providing students with opportunities for achievement and being open and responsive to the needs of students” (p. 11). These school environments are those in which students flourish, and those with mental health concerns are supported and cared for. Teachers must be a part of this school environment and must bring this environment into their classroom. This study investigates how teachers accomplish these goals.

Summary

The literature available on mental health and youth is vast, but very little relates to what teachers can do to remove the barriers associated with learning when a student has a mental health concern. This literature review therefore confirmed the objectives of the study and gave shape to the focus of the semi-structured interviews that took place with secondary school teachers. The goals were to align the literature with the researchers findings by focusing on what teachers believe their role is regarding student mental health, how much training are they
receiving, what kind of relationships are they cultivating in the classroom, and how are they addressing the learning barriers that mental illness can pose.
Chapter Three: Methodology

Introduction

This qualitative research project was conducted by using semi-structured interviews with classroom teachers to gather a data sample. The study aimed to investigate what ways teachers are addressing the psycho-emotional mental health of their students as well as the barriers to learning and engagement that psycho-emotional mental health concerns can present. The study aspires to identify specific ways in which teachers can support and nurture the learning of students with psycho-emotional mental health concerns. Three participants were interviewed. These conversations were manually transcribed and analyzed according to commonalities between the participants as well as the literature review. The participants were chosen for their willingness to contribute to the project, as well as their positions as secondary school classroom teachers.

Participants

Participants were chosen with three specific reasons in mind. First, the participants were willing to participate in the study. Second, the participants were secondary school classroom teachers. Third, some thought was given to finding participants who may have had experience in teaching and supporting students with any type of mental health concern or diagnosis. The third condition was not mandatory for the selection of participants.

Participant number one, Matthew, is a Canadian and World Studies teacher with twelve years of experience. Matthew has taught at his current school for his entire career. His education background includes History and Economics. Matthew was chosen according to the above reasoning, as well as having a prior working relationship with the researcher. At no time did the researcher discuss the research study with Matthew during the working relationship. While working with Matthew, it became clear that he had experience working with students who may be affected by mental health concerns. During his career Matthew has worked with special
education students and well as monitoring at-risk students as part of the Student Success Team. These students can be particularly vulnerable to psycho-emotional mental health concerns.

Participant number two, Judy, is an English and History teacher currently teaching English. She has twelve years of teaching experience at three different schools, in two different boards. Judy was chosen for her willingness to participate in the study and her position as a secondary classroom teacher. I was put in contact with Judy through another teacher with whom I worked previously. Judy did not have any specific experiences working with students with mental health concerns, although she has had students in her classroom who have had psycho-emotional concerns.

Participant number three, Mia, has been teaching for five years. She currently teaches in a secondary school alternative program that focuses on English and credit recovery. Her initial teacher education was in the primary and junior divisions, with a background in English literature and human resources. Mia took an additional basic qualification in senior English, as well as special education, which is how she ended up in her current teaching position. Mia was chosen for this study because of her willingness to participate, and her position as a secondary classroom teacher. Similar to Judy, I was put in contact with Mia through a teacher I had worked with previously. Mia stated she had not worked with students who have been identified as having mental health concerns in her career. However the vocational student population of her school often struggle with many difficulties and challenges that leave them particularly vulnerable to mental illness.

**Procedure**

Completing an in-depth literature review of relevant educational journals, Ministry documents, as well as mental health organizations, began the initial investigation into the topic of mental health in the secondary classroom. From this review four themes emerged that
shaped the interview questions used while conducting the semi-structured, in-person interviews with three participants. The interviews had several objectives including, gaining an understanding of how prevalent mental health concerns are in the secondary school classroom, how teachers see their role with regard to students with mental health concerns, and what specific actions these teachers undertake when a student enters their classroom with psycho-emotional mental health concerns.

The interviews lasted between twenty and sixty minutes, during which time a series of open-ended questions were asked of the participants according to four headings: role of the teacher, mental health in the classroom, students with psycho-emotional disorders in the classroom, and barriers to learning, as well as background information and concluding questions. The interviews were digitally recorded and transcribed in their entirety using a smooth verbatim approach. The interviews were then coded and analyzed according to commonalities and the four themes identified in the literature review. See Appendix A for the interview questions.

Interview number one was conducted at a public secondary school during the participant, Matthew’s, preparation time. The interview began in the department office, as the participant knew he would be interrupted for a favour from a colleague approximately ten minutes into the interview. One other individual was present during this initial ten minutes, which mainly focused on background information. Once the interruption had concluded the interview was conducted in an empty classroom with only the participant and the researcher.

The second interview took place at a mutually determined location after school hours. Judy and myself met at a coffee shop and spoke for approximately thirty minutes. Although in a public space, the interview was conducted in privacy as we chose to sit outside and in front of the coffee shop.
The final interview took place during Mia’s lunch at her public secondary school. The interview took place in Mia’s classroom with no other individuals in attendance. This was a portable outside of the school. Interview number three lasted for approximately twenty minutes.

**Data Analysis**

The data analysis process began with a close reading of each transcribed interview. While examining each transcript, notes were made that indicated a general coding family for the interview information. The following seven coding families were selected from *Qualitative research for education: An introduction to theories and methods* (Bogdan & Biklen, 2003).

- Definition of the situation
- Narrative
- Perspectives held by the subjects
- Subjects’ ways of thinking about people and objects
- Process
- Strategy
- Relationship and social structure

Each coding family was then broken down into several smaller codes according to the transcripts. For example, within the relationship and social structure code, participants talked about the relationships with guidance counselors, parents, students, and colleagues. Each of these constituted a code or theme within the initial coding family. These codes were then placed in a table where commonalities could be analyzed (see Table 1).
Table 1: General code families and their expanded codes and themes

<table>
<thead>
<tr>
<th>General Code Family</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition of the Situation</td>
<td>Mental Health Knowledge*</td>
</tr>
<tr>
<td></td>
<td>Assumptions about MH in Students</td>
</tr>
<tr>
<td></td>
<td>Anxiety/Depression Go Hand in Hand</td>
</tr>
<tr>
<td>Narrative</td>
<td>Case Study Example*</td>
</tr>
<tr>
<td>Perspectives Held by Subjects</td>
<td>Harm*</td>
</tr>
<tr>
<td></td>
<td>Kind &amp; Gentle*</td>
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<tr>
<td></td>
<td>Be Who They Want</td>
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<td></td>
<td>Make it Work</td>
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<tr>
<td></td>
<td>Trial &amp; Error*</td>
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<td></td>
<td>Teacher Champion</td>
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<td></td>
<td>Searching for Identity</td>
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<td></td>
<td>Whatever You can Do</td>
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<td></td>
<td>Common Sense</td>
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<td></td>
<td>Students as Individuals</td>
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<td></td>
<td>Anything for One, For All</td>
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<tr>
<td>Teachers Responsible for the Whole Child</td>
<td>Treat Everyone the Same</td>
</tr>
<tr>
<td>Process</td>
<td>Inform*</td>
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<tr>
<td></td>
<td>Professionals*</td>
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*Coded More Than Two Times in an Interview
+Coded in Two Interviews
+*Coded in All Interviews

The next step in the data analysis process was to analyze the code families and their related expanded codes and find themes between the interviews. For example, awareness and training was coded, which meant it was common to each of the three participant interviews. The number of times a theme or code was mentioned in an interview was also evaluated. While looking at repeated ideas, four general themes emerged from the coded data: (a) what the participants felt was the teachers’ role with regard to mental health in the classroom; (b) the processes that take place in schools and within the classroom related to mental health concerns; (c) strategies that the participants employed to help support students with psycho-emotional mental health concerns; and (d) the barriers to learning for students with mental health concerns and the ways in which teachers are addressing them. The four general themes
were then broken down into sub-themes. The teacher’s role was broken down into why it is important to address mental health, the difficulties associated with addressing mental health, and the ideals for addressing mental health in the classroom. The process code was broken down into training or professional development, school and administration informing, and parent and colleague involvement. Strategies were broken down into institutionally driven, teacher driven, and student driven. Finally, barriers to learning was left a distinct and whole code.

Once the themes were identified, each sub-theme was assigned a distinct colour. There were ten sub-themes in total. The interview transcripts and the literature review were then examined a further time using the identified themes. Using highlighters, the researcher analyzed each transcript and highlighted the data in the appropriate colours to correspond with the sub-theme colour. Once completed, the data was transferred onto a corresponding colour cue card. For example, institutionally driven strategies were a sub-theme of the strategies code. This sub-theme was assigned the colour pink. Every time information related to institutionally-driven strategies for addressing psycho-emotional mental health concerns was found in the data it was highlighted in pink. That information was then placed on pink cue cards. By placing the information on cue cards, the researcher was able to effectively maneuver the data to find the commonalities between interview participants. All of the pink cards, or each mention of institutionally-driven strategies, by each of the participants was then grouped together. This made analyzing the data straightforward for the researcher, and the findings and conclusions could be seen in the colour-coded data.

**Ethical Review Procedures**

Participants were provided with an informed consent letter prior to interviews taking place (see Appendix B). This letter outlined the Master of Teaching program as well as the research project guidelines. It explained the nature of the study and invited participants to contribute to the study. It also explained the risks involved in participating including questioning
giving rise to uncomfortable emotions and experiences regarding the complex and sensitive subject of mental health. Participants were also warned that doubts about professional responsibility could surface during the interview questions. In the letter, in addition to be articulated prior to the interview, participants were assured that the aim of the study was to help students. The benefit to their participation would be to collaboratively identify ways in which classroom teachers can support and encourage students with mental health concerns.

It was also clearly communicated to participants that they could withdraw from the study at any time. Any information they provided would be destroyed upon withdrawal from the study. Participants were also ensured of their confidentiality through the security of their information and use of pseudonyms throughout the writing and presentation process of the research project. Participants were given an opportunity to ask questions and voice concerns regarding the study. Once these questions were answered satisfactorily, the participants signed the informed consent letter and were provided with a copy for their own records.

Limitations

This Master of Teaching Research Project provides an opportunity to gain insight and knowledge from teachers and research regarding how best to support students with mental health concerns. It does however present limitations. The first and main limitation of this study is the number of participants interviewed. Only three interviews were conducted during the relatively short project time frame. While these interviews allowed for analysis to create themes and connections and to make conclusions about best practices, they are not generalizable to the greater educational population. It should be stated however, that this was not the purpose of the study. The acquisition of strategies, awareness, and best practices for breaking down barriers to learning and supporting students with mental health concerns in the researchers own classroom was central. The findings expand knowledge on the topic, and can provide a basis for further study.
Another limitation of this study concerned the variety of perspectives available in the interview process. For the purposes of this study, only secondary classroom teachers were interviewed and therefore only the impressions from this viewpoint have been included in the analysis and conclusions of the study. Mental health concerns permeate the educational setting. Administrators, teaching assistants, guidance counselors, and school psychologists are all acutely aware of the struggles that students with mental health concerns can face. They, in many cases, are other stakeholders who are directly involved in assisting these students. With a broader scope and extended time frame, the inclusion of these viewpoints could have been beneficial in addressing how schools holistically help students with mental health concerns. For the purposes of this specific research project, and the researcher’s future role as a teacher, the focus was directed on addressing the support that could be provided within an educational space to nurture learning.
Chapter 4: Findings

Introduction

When analyzing the transcripts from my three interviews, several themes and general understandings emerged. Mental health concerns are increasing and ever present for students, therefore teachers cannot ignore this reality. Matthew, Judy, and Mia held similar viewpoints on addressing student psycho-emotional mental health and echoed each other on most points. There were no opposing opinions between the three participants, although occasionally a varying degree of agreement could be seen. The viewpoints also coincided with much of the literature reviewed in Chapter 2. The five themes that emerged and that will be discussed are: (a) the classroom teacher's role when addressing student mental health; (b) difficulties for teachers addressing student mental health concerns; (c) flawed processes when addressing student mental health concerns; (d) whatever you can do: strategies for addressing student mental health concerns; and (e) barriers to learning.

Do No Harm: The Classroom Teacher’s Role When Addressing Student Mental Health Concerns

Limited mental health knowledge

During the interview process, one of the initial goals of the questions posed to participants was to determine their level of knowledge related to psycho-emotional mental health disorders. Each participant was asked to explain his or her understanding of the mental health disorder depression followed by anxiety. Each of the participants had specific ideas about the disorders, although none had any medical or scientific knowledge to explain their view. For Matthew and Mia, they spoke about personal experiences with individuals in their lives that had experienced mental health concerns. They both explained that these experiences had given them a greater understanding of depression and anxiety. Matthew also spoke about doing a
great deal of reading and having an “amateur understanding” about the disorders. He expressed confidence in his knowledge stating, “I think I understand this illness pretty well.” When the question was posed to Judy, she focused her response on what she might see in a student. She did not address any personal experiences or explain where her view on the disorders may have come from.

All of the participants described how they believed these two disorders would present themselves in students. With regard to depression they spoke about students being withdrawn, having a lack of interest, potential physical symptoms, and generally how debilitating the disorder can be. Anxiety, they believed, presented itself somewhat differently with students being overwhelmed, tearful, and the potential for students to have sleep troubles. All of the participants stated a connection between the two conditions believing that the disorders may go hand in hand. Mia was the only participant to identify that both of the disorders can manifest themselves very differently in each individual and she was therefore less certain about naming general symptoms.

Positive force

While none of the participants expressed any medical or scientific knowledge of psycho-emotional mental health disorders, they all agreed on the prevalence of these disorders in their students and the importance of teachers in addressing the concerns. They also agreed that teachers play an important role when addressing the mental health of their students. Matthew expressed a shared view between the participants, “so at the most basic level you would hope that a classroom teacher will not do harm to his or her students and will be a positive force in their lives.” The participants felt very strongly that as the teacher they can greatly affect the social and emotional well-being of their students and it was crucial that teachers had a positive, not negative, effect.
As teachers, each of the participants felt that they were in an ideal position to observe and help students with psycho-emotional mental health concerns. Mia explained:

If you’re putting yourself in a role where you are with students everyday, and you are able to see certain patterns, or observe certain things, you’re in that position, you’re I think obligated to help out. You’re in a perfect position to be able to connect them to resources that they could help them. Or that they may not even know exist.

The participants felt a great deal of duty when it came to their students. They spent a great deal of time with them and expressed the opinion that they were responsible for the whole child. It was not just about making sure students learned the curriculum but as Judy expressed, “It’s my duty to be his champion…that’s my duty to protect them.”

Matthew described a situation in which he provided that positive force and support for a student. He taught a student who had lost both of her parents very suddenly within a short time frame. Her only sibling was older and autistic and he required a great deal of care. This student became depressed and began self-harming. This became apparent to Matthew and he addressed these concerns with the student and notified the appropriate authorities. He explains, “I worked with her a fair bit just simply being a listening ear and advising her to seek professional health for getting through an incredibly difficult teen existence, one of the most difficult teen existences I’ve ever encountered.” Matthew felt a responsibility and duty to be a listening ear for this student. He provided a caring and positive environment for her and encouraged her to get the proper help she required. The participants all expressed the view that this type of relationship and support was a part of the teaching position. This view was also shared in the research discussed in Chapter 2. Kidger, Gunnell, Biddle, Campbell, and Donovan (2010) highlight a grade eight teacher, who explained, “You could argue we’re not social workers and just shut the door to it and push it out. … I think unless you do deal with it and confront it there’s the danger of you know becoming robots or whatever” (p. 925). Ultimately teaching is about relationships and the participants and the research has found that teachers
believe that being a positive force, having a positive effect can only benefit students with psycho-emotional mental health concerns.

**Awareness**

Another aspect of teaching that the participants found was important for addressing psycho-emotional mental health concerns was a sense of awareness about their students. Matthew was certain that this sense of awareness was essential and all teachers could not achieve it:

So I think the role, ideally the role would be to achieve another level of awareness about your students so that you could identify kids in trouble, kids in bad circumstances in terms of their mental health…There’s a lot of levels of awareness, how do you achieve them?

Judy was equally certain that teachers must be aware and make things work for all of their students: “Right, you have to make it work. You have to try and address all the needs, all the levels, all the interests.” Mia advocated for a common sense approach to awareness. She was concerned that some teachers may not take their students mental health concerns seriously. She felt that by being aware of what any student needed on a particular day could help make students comfortable and alleviate a lot of their anxieties and concerns.

This sense of awareness affects the environment of the classroom and school. The research supports the view that this positive and supportive environment is most beneficial for students with mental health concerns. De Witt et al. (2011) examined the relationship between classmate and teacher support and low self-esteem, depression and anxiety. Freeman et al. (2011) also describe findings that show a drop in confidence levels for students is associated with declining levels of emotional well-being. The school and classroom environment become an indicator for student mental health and well-being. The participants and research show a strong role for the teacher in cultivating this caring environment.
Stigmas

All of the participants addressed language, labeling, and stigmas regarding mental health, which is a significant issue raised in current research. Mia talked about the stigma of mental health and how it potentially inhibits individuals from seeking help for mental health concerns. Judy talked about students feeling victimized in her classroom. “I still want the student to feel like I see them as a student and not a victim or you poor thing.” The language teachers use within the classroom can reinforce or break down stigmas and victimization and the research here again supports the participants’ views. Rothi et al. (2008), Bostock et al. (2011), Kutcher and McLuckie (2010), and Ecclestone have all discussed the importance of language when addressing mental health in education. Ecclestone (2010) especially focuses on the importance of using language that does not contribute to a diminished and vulnerable self (p. 467).

Matthew also wondered about the over diagnosis and the effect this may be having on society and on mental health stigmas:

I think the society we have could be making mental health issues worse. Of course there’s the issue of over diagnosis, of, there’s the issue of that we have more labels to throw around now than we did fifty years ago so we appear to have a greater preponderance of mental health issues today because we have more psychiatrists and people willing to throw labels around and throw pills at things.

All of the participants were mindful of the stereotypes and stigmas associated with mental illness and expressed concern regarding how these negatively impact student engagement and performance. They were aware of the role that teachers can play in perpetuating the stigmas and they were concerned with those teachers who are not as aware and may be enabling these problems.
Bureaucracy

All of the participants described their frustration with the bureaucracy of education and how this can inhibit efforts to help students with psycho-emotional mental health concerns. For instance, time was a factor mentioned by all three participants. Mia talked about other teachers who may argue that they do not have time to address the mental health concerns of their students because of the curriculum and other everyday factors. Judy also described the difficulties of having many students and trying to find the time to meet the needs of her individual students. She explains, “if I have a class of twenty-five, at least fifteen of them have an IEP [Individual Education Plan].” These measures that are meant to help, can sometimes leave teachers with little time for other students who may not have a formal IEP.

Matthew focused on the time of support staff such as guidance counselors and administrators in addressing mental health issues in the schools. This is a particular charged topic for Matthew, who explained,

Of course guidance counselors are overworked and can’t always meet the needs the way they should, their hands are tied with all sorts of bureaucracy now. I think it would be nice to have more time to address the needs of all kids but there are now so many levels of bureaucracy involved in education that are taking teachers and guidance counselors away from doing what they need to do with kids that that’s going to actually become increasingly difficult.

Matthew continued with this topic and discussed what he views as the over bureaucratization of education and its harmful effects. He felt that programs such as re-engagement of students that have dropped out of school and the Ontario Secondary School Literacy test are taking time and resources away from teachers, guidance counselors, and administrators. He says, “So if they want more emphasis placed on mental health they need to think about all of these other agendas and fiefdoms that have been carved out by bureaucrats in the ministries and boards of education.” Matthew viewed schools as grassroots institutions that are being increasingly
treated as “branch-plants in a corporation.” The political and bureaucratic demands placed upon teachers and schools were a genuine concern for all of the participants. They viewed these demands as affecting their agency, as well as the schools' ability to address psycho-emotional mental health concerns.

**Support**

A lack of support in many areas was another topic that all three participants addressed in their interviews. Whether from administration, guidance, parents, and even the public, the participants viewed the lack of support available as detrimental to their ability to focus on the psycho-emotional mental health concerns of their students. Mia expressed unease about the lack of support when teachers are talking about mental health in the classroom: “I think it would be good for us to bring people in who specialize in it. Because I wouldn’t want teachers to be giving wrong information.” This was currently not happening at her school.

Matthew also addressed a lack of support for students who have been diagnosed with a mental health concern. He talked about school social workers that usually look after a group of schools.

You get a bad one; they’re out the door… Then you get a really good one and then they’re wanted somewhere else cause they’re really good. Then you get a new one and so I think that’s a bit difficult for kids because they don’t have continuity.

Matthew also addressed other ways in which schools and society are not supporting students. He questioned the ability of students to find jobs and the effect of youth and new graduate unemployment on mental health issues. He also spoke about substance abuse and the preponderance of drug and alcohol problems seen in the media. Self-medication was a concern for Matthew who believed that when support is not available for young people they turn to drugs and alcohol to cope with mental illness.
The participants also discussed the lack of support for teachers from administration and from the public. Matthew, who discussed this issue at length, explained how he felt that teachers are not supported by the school system and that they are targets by politicians and society. He went on to explain how he saw this affecting teachers’ ability to address mental health.

So for any teacher to go out on a limb and try to help kids with mental health issues, they are at risk. They are at risk of being hung out to dry because if something goes wrong, something is misinterpreted, the goodness of a teacher, the good will of a teacher to help a kid is misinterpreted by the student, by the parent, they will be hung out to dry. Mia confirmed these views when she talked about how teachers should be very careful to not reinforce negative assumptions and disseminate wrong information. As well as being careful not to diagnose students because that is not her role, Mia was unwilling to speak about specific mental health concerns with parents. The fear of liable is another difficulty that teachers contend with when addressing psycho-emotional mental health concerns.

**Flawed Processes When Addressing Student Mental Health Concerns**

**Training and professional development**

Every year teachers participate in board-mandated professional development sessions as well as other training and courses through their own initiative. When asked what training was made available regarding student mental health, all of the participants said none was provided. Matthew described two instances in his twelve year career where mental health was focused on, and both times it was for a presentation, not formal training. He suggested that professional development is geared towards the latest fad of the particular school board, which in his case was technology. “So you’re going to have PD on technology, you’re not going to have PD on mental health.” Judy and Mia agreed that not much was being done with regard to mental health professional development. Mia was slightly more optimistic that her board was going to be focusing on the issue in the near future. Judy’s view was that it was unfortunately going to be up
to the initiative of the teacher to get any training regarding mental health. All three participants also spoke about the specialization of training. They suggested that guidance counselors and teachers who work in specialized programs with students who are at risk would have access to training on mental health, not regular classroom teachers.

While not much is currently being done, each of the participants, in addition to literature, supports that teachers are open to receiving training regarding student mental health. Matthew explains:

I think it would be valuable for all of us to certainly have training in being able to recognize red flags in kids. … I think greater sensitivity is needed. It’s very hard for anybody to get outside of their own skin and understand or appreciate the other – to empathize. So I think any kind of training or education or PD that would help teachers be more sensitive to mental health issues would be of great value.

As Matthew points out, the type of training and the topics addressed are important for teachers. Kidger et al. (2010), Reinke et al. (2011), and Rothi et al. (2008) have highlighted teachers’ desire for training in the recognition of mental illness in youth, of strategies for working with youth with mental health concerns, and in classroom management and behavioral interventions. While more training may be valuable and requested by teachers, Mia pointed out that teachers must always be careful to not overstep their bounds. The research also shows that even after training teachers had difficulty identifying students who may have mental health concerns (Moor et al., 2007). As well teachers confidence levels do not necessarily rise because of training, many may still have doubts and be reluctant to address mental health concerns (Bostock et al., 2011).

**Information flow to teachers**

Each of the participants described the processes that took place in their schools regarding students with mental health concerns and how this process involved them as the
classroom teacher. There were varying degrees of involvement with the classroom teacher but generally all three described processes that left the teacher with very little information about students needs. Judy described her experience:

I feel like we’re the C, you know there’s the A, B and C, I feel like we’re the C. We’re kind of not, we’re not always told a lot of the stuff. Yeah, I feel like we’re kind of out of the loop most of the time.

Matthew and Mia also described processes that involved guidance counselors, school social workers, child and youth workers, the In-School Review Committee, administration, and parents, nothing involving the classroom teacher.

When asked how he or she were informed of a concern with a student, each participant described an informal process where a guidance counselor or vice-principal would mention the situation or a teacher may come across the concern in a more arbitrary manner. Mia described her experience, “Sometimes their parents, sometimes guidance counselors will come and speak with you and just say, ‘hey, heads up, you may, you know, need to know this about the student.’ But other times I’ll come across it in their OSR [Ontario Student Record].” While Judy also described this type of informal process, she also felt that much of the time she was not aware of a concern until after the fact. “I would never know at the time and, I think that parents don’t want their children to have stigmas so they’re not really always ready for every teacher to know.” This lack of information, for whatever reason, leaves teachers feeling alone and unsure about how to support students with mental health concerns.

Informal colleague and parent relationships

One of the ways in which all three participants described navigating this issue with limited information flow from administration regarding students and mental health concerns was by communicating with colleagues. This can be a large source of support for teachers. Judy described often speaking with colleagues about students that may be struggling. “Again the
support of the other staff is incredible. I can always find out the information I need.” She spoke about sharing resources, strategies, and important information about students during these informal meetings. She is always careful to explain that the information she is seeking need not be confidential or to make judgements about particular students, but information that she can use to make the student comfortable in her classroom.

While more infrequent, the participants also described an informal relationship with parents. Mia described her conversations with parents as some times awkward. “I always feel awkward because I don’t want to be, you don’t know how it’s going to be received. I don’t want to offend or insult anyone.” She went on to say, “But I’ve never had a bad case, all the parents always are very nice, and happy to hear from you.” The participants described communication with parents as being extremely important and they also described being careful in the way they approached those conversations. Mia suggests asking parents if they are noticing similar behaviour at home and describing some of the emotions and behaviours that are happening in her classroom. She relies on specificity and not mental health language. The support of colleagues and parents when addressing the mental health concern of a student is imperative. The participants all described positive and supportive colleague relationships. But stigmas and information flow difficulties remain and these again impede a teacher’s ability to provide the most effective strategies for supporting a student with a psycho-emotional mental health concern.

**Whatever You Can Do: Strategies for Addressing Student Mental Health Concerns**

**Institutionally-driven strategies**

When asked about resources for teachers and students regarding mental health, Matthew said it best: “There’s so many hats we wear, it’s inevitably haphazard what sort of resources we have.” He went on to talk about some books his principal was collecting and the board websites regarding mental health. Each of the participants mentioned on-line school-
board resources for teachers and students but none had actually visited these resources and could explain what they were about. Mia felt they were incredibly important, especially websites for students. “They can flip through and read it themselves, and see that, I guess, just making so that they don’t feel like the way they’re feeling is weird or abnormal or that they’re isolated and feeling that way.” The resources from school boards, ministries, or even within the schools from administration are not readily available for teachers.

The participants also felt that proactive strategies at the institutional level were missing with regard to mental health. They described the pressure on students and teachers regarding curriculum, grades, but the participants felt alone at times when making accommodations and modifications for students with psycho-emotional mental health concerns. Pope (2010) describes a different way of defining success in schools and the positive impacts this has on students who are stressed, depressed, and anxious. This type of change comes from the institution not the teacher. Matthew also spoke about the holistic aspect of students’ lives and how the schools and boards may be affecting students’ mental health by taking away activities:

Let’s talk sport for mental health, exercise. You want better mental health? Kids need to exercise. You want better mental health? Kids need better diet…Sports are being taken away from schools because of the fear of liability in board offices.

These types of discussions happen at the institutional level and for the participants they felt that a “band-aid” approach to mental health was being used, an all-inclusive approach was needed.

Teacher-driven strategies

Each of the participants offered a myriad of strategies that they implemented in their classroom with students who had psycho-emotional mental health concerns. For all of the participants, it started with a kind and gentle approach that made sure students were comfortable at all times. Matthew explains his method: “My approach is very amateurish, it’s to be kind and gentle with the student. To make certain they are comfortable to approach me,
make certain they are comfortable in my classroom." Mia echoes this opinion, “You just try and make them feel as comfortable as possible.” The participants all stated how this approach was one they would use with all of their students, not just those who may have a mental health concern. This approach is also very individual for each of the participants. Judy divulged, “Just it’s whatever you can do, it really is, whatever you can do.” Matthew also believed that this kind and gentle approach meant using your own common sense to consider accommodations for students. “You make sort of accommodations without it being specified in a legal document, you make your own accommodations…I’m sure over the years I’ve looked to find ways to make life easier for kids that are going through rough times.” The safe and comfortable classroom is essential for the participants, as well as being an approachable teacher whom students can talk to about their difficulties.

Many of the other strategies described by the participants begin with observation. Mia is in favour of making note of her students. “You kind of make note of how they are that day or that period. So you can tell if people are unhappy or whether they're experiencing distress in any way.” For Matthew this observation begins at the start of the period. “You know, there’s something to be said for observing kids entering your room. Sometimes I stand at the door and greet. Sometimes I sit in my chair and scan faces.” Matthew also believed in the importance of questioning. He was in favour of asking simple questions like ‘what’s up’ or ‘are you okay.’ If he had done the work to create the relationships students would likely respond well to these questions and be comfortable enough to tell him if something was wrong. Judy also had a strategy for observation. “So I look at where they sit, I look at who they talk to, if they kind of stay to themselves then I know that I need to go and check on them.” Observing how the student interacts with others was very important for Judy. Watching the dynamics and the classroom environment can play a part in what further strategies teachers employ.
Along with observation the participants felt that listening was vitally important to relationships with students. This is also tied to the comfortable and safe environment they strive to create. For Mia, time spent on listening and allowing students to talk is extremely valuable:

Sometimes, some kids like to talk about whatever their issues are, be it a diagnosis, or just that day, so being there and allowing them to have that conversation with you if they want to, to tell you about. Some of them want to feel understood or just want you to understand the way they were yesterday and why they were that way.

Judy was also an advocate of listening in the classroom. She was especially concerned with listening for stereotypes, put-downs, and anything disparaging. She believed that part of making a space safe and comfortable was making sure stigmatizing and offensive words are not said in her classroom.

Differentiation of instruction, material, and assessments was also important for the participants. They advocated giving students choice from where they sit to the work they do. As well, differentiating instruction and assignments was extremely important. Judy explained, “You have to try and vary your teaching styles so that you are covering all bases.” Part of the differentiation and options for Mia was also being sensitive to students who are simply not in a good space. “Also accepting that some days kids aren’t going to get work done. If it’s not a good, so just allowing that and not being on them and causing any extra stress.” The participants felt you had to be in tune with the students needs and be able to give them choices according to what they needed at that moment.

The participants agreed that sometimes what students may need is an alternative environment. If the classroom is too noisy, too quiet, or too stressful students should have the opportunity to go to another environment. Participants described contact rooms or the library as quieter spaces where students could get one on one support if needed. Mia was also an advocate for student breaks. “Just if it’s a day that isn’t going well for them then they are able to just walk around and get space and take a drink and whatever, and that's things that any kid
does sometimes.” Mia continued, “Anything I would do for one I would do for any of them just because some days, yeah, everyone needs that, those options on certain days.” Matthew aptly expressed this idea of compassion:

Is it letting kids off the hook? You know, you could construe it that way, but I think it can also be construed as compassion to someone who is so overwhelmed by life that you don’t, that you want to kind of take away from the performance anxiety or whatever and make things a little easier.

All three participants agreed that many of these strategies should be implemented to support all of their students. Every student can feel stress or sadness at certain times, so it was important for the participants to explain that a medical diagnosis was not necessary for them to want to reach out.

**Barriers to Learning**

**Disengagement**

All of the participants agreed that when a student has a psycho-emotional mental health concern there will be barriers to learning. A main difficulty, that all of the participants discussed, was student disengagement. According to Matthew, “If someone is depressed they’re probably disengaged; their mind is probably elsewhere. If someone is anxious, then they’re probably consumed with these fears and anxieties that preclude learning.” Judy described her frustration when dealing with students who become disengaged. She talked about technological devices and how they allow students to get into their own world. She also felt that the disengagement made it harder for her to assess students. “There’s no way to actually know what the student’s capable of because they don’t get a chance to demonstrate it.” Mia also agreed with the other participants that psycho-emotional mental health concerns could lead to disengagement and a block in learning. “Obviously it can completely inhibit learning all together because, yeah, if someone’s distracted from what’s happening in the moment then they’re sitting there; they’re
staring at the page but they’re not thinking about what they’re doing.” This disengagement makes it difficult for teacher’s to build relationships and to get the information to support students with a psycho-emotional mental health concern.

**Motivation and inhibition**

Another difficulty the participants discussed with regard to psycho-emotional mental health concerns and learning is motivation. Matthew considered what a student may be experiencing with regard to their emotional state when they have a mental health concern.

“Someone who’s depressed has a negative filter so that whatever enters their mind is it comes through this negative filter and it would certainly filter out a lot of what’s needed to succeed.” He went on to connect the negative filter with motivation. “I mean everyone’s different, but depressed people aren’t motivated to do anything, they aren’t motivated to get up and do because they’re what’s the point? Their mentality is what’s the point?” This lack of motivation can make it very difficult for students to learn.

Mia connected negative emotion and motivation to stress and an inhibition of memory.

“Any kind of stress inhibits memory and recollection so that would interfere with them building on prior knowledge…If the kid isn’t comfortable and in a state where they can be calm and happy then they’re not going to learn so that would be, the first step is trying to address that.” The participants also felt that if these blocks were not addressed, if students had no motivation to learn, then self-esteem and confidence could be affected. The research corresponds with this view. Rothi et al. (2008) has found that teachers feel responsibility for removing this barrier. “If there is a barrier to that learning you have to be able to recognize the nature of that barrier before you can deal with it” (p. 1221). Removing the barrier becomes the challenge for educators.
Summary

The findings of the literature review and participant interviews have demonstrated a strong commonality with regard to student psycho-emotional mental health. The three participants held similar viewpoints and all demonstrated frustration at the lack of training, communication, and support, as well as the difficulty navigating educational bureaucracies. Furthermore, participants mentioned how continued stigmas and stereotypes surrounding mental illness factor into supporting student success. Despite this, the participants and the literature reviewed have demonstrated that by cultivating a caring and respectful relationship with students, creating positive and safe classrooms, and by being flexible to student needs, teachers are attempting to support students with psycho-emotional mental health concerns. Strategies need to be implemented at every level of the education system for these teachers to be successful in supporting students and breaking down learning barriers.
Chapter 5: Discussion

Introduction

In conducting this research the main goals of the study were to identify if classroom teachers believe that addressing student mental health concerns is a part of their job, and, if so, what strategies do they implement to support those students and ensure their learning. It also attempted to determine what barriers to learning are present when a student has been diagnosed with a psycho-emotional mental health concern. The study has determined that teachers believe that they have a role to play in the mental and emotional well-being of their students. It has also determined that concerns and problems exist for teachers that impede them from fully supporting students with psycho-emotional mental health concerns. The themes uncovered in the research have established one predominant overarching concern to addressing student psycho-emotional health: that is, flaws exist within the classroom, the school, the educational system, and society that are letting young people down. Students with any type of mental health concern are not being provided with the support that is needed to help them flourish and succeed in life.

This section will discuss the findings of the research, with a focus on implications for the educational community and the practice of classroom teachers. It will look at questions still to be answered and make recommendations for further study.

Implications and Recommendations for the Educational Community

Increased training

Each of the participants was asked about their level of training regarding mental health. For all three, no training was provided at any point in their career. This fact is potentially the largest obstacle for teachers addressing mental health in the classroom. The literature review also highlights this point. Bostock et al. (2011), Kidger et al. (2010), Moor et al. (2007), Reinke
et al. (2011), and Rothi et al. (2008) have all demonstrated the desire by teachers for more mental health education. As Matthew points out, “any kind of training or education or PD that would help teachers be more sensitive to mental health issues would be of great value.” The type of training and when this training takes place is also crucial. Rothi et al. (2008) showed that training that took place in schools while teaching was most beneficial (p. 1223). This type of training would utilize mental health professionals within the school setting and not have teachers being taken out of the school setting to learn.

We also have to be mindful of the research done by Bostock et al. (2011) and Moore et al. (2007), which suggested that teachers may not be able to recognize mental health concerns even after training. Mia made this point as well and was concerned that teachers may be giving the wrong information about mental health. It is important therefore, that the training be focused on many topics, such as recognizing signs and symptoms, sensitivity of language, classroom management, behavioural interventions, as well as knowing what resources are available for youth and their families. The training should also be varied, in school training while beneficial should not be the only training utilized. Training should start at the pre-service teacher education level so every teacher is familiar with and has the correct information on mental health. Regular professional development sessions in and out of the school should be provided, as well as opportunities for teachers to participate in more in-depth mental health training. Increasing the variety and frequency of training will increase teacher confidence when they have a student with a mental health concern who needs extra support.

**Increased discussion**

Schools, school boards, and governments for far too long have not raised the issue of mental health. To effectively treat mental health concerns, mental health disease must be destigmatized and talked about openly among staff and students. This includes more training for teachers, but also more education for students and families. For many students, they live in
silence and are not truly aware of their mental health illness. They may also hide this from their parents and teachers for fear of judgment and being looked upon in a different way. Kutcher and McLuckie (2010) and Swartz et al. (2010) demonstrate these alarming problems in their studies. Schools and school boards have to start the conversation and open it up to each and every student. Resources need to be developed and these need to be shared with teachers and families so that students know where and how to get support. Each of the study participants discussed board websites and resources that they were unfamiliar with and had never visited. These resources should be talked about openly and should be available to all students, no different from resources on bullying, drugs, or post-secondary options. Mental health must be normalized within the school system for students to truly feel comfortable discussing and bringing up their concerns.

**Increased information flow**

An increase in discussion within the school system should also include an increase in information flow to classroom teachers. Each of the study participants expressed frustration at being left out of the conversation about their students’ mental health concerns. If they do not have the information, they cannot properly support the student. The study conducted by Anderson, Kerr-Roubicek, and Rowling (2006) corresponds to this view and has shown that students with mental health concerns benefit from positive school environments where staff work as a team to support each other and create connections with students (p. 11). School boards and school administration must then encourage the sharing of information for the betterment of the student. Parents should be encouraged to speak with classroom teachers about what their children are experiencing and how teachers can help. These conversations cannot stay within the administration or guidance offices. Parents should feel safe trusting teachers with this information so that they can better support their children. While this may bring
forward numerous concerns for parents, if they do not speak up, the stigmas and stereotypes continue, and their children will not receive the proper learning experience that they deserve.

**Implications and Recommendations for the Practice of Classroom Teachers**

**Positive force**

For classroom teachers, there are many strategies that can be used to support and encourage students with psycho-emotional mental health concerns. For the participants in this research project, they identified their main objective as being a positive force in the lives of their students. As Matthew expressed, “you would hope that a classroom teacher will not do harm to his or her students and will be a positive force in their lives.” The goal should be to foster caring relationships with an awareness of each and every student. While this can be difficult, and there are factors that may prevent classroom teachers from creating this relationship with every student, the studies attest to the importance of the classroom climate. De Witt et al. (2011) and Freeman et al. (2011) have established that confidence and self-esteem increase and depression and anxiety decrease when there is an increase in teacher and classroom support. It is crucial then that teachers are striving for these positive relationships in whatever way possible. After all, as Judy states, “just it’s whatever you can do, it really is, whatever you can do.”

**Flexibility**

Teaching requires a tremendous amount of flexibility, and supporting students with psycho-emotional mental health concerns requires the same adaptable approach. This is where a classroom teacher can effectively provide the individual the unique support required for each student. The participants described various strategies that could be implemented to remove learning barriers, to decrease anxiety, to create a positive relationship, or to simply allow the student the time or space that they need on a particular day. These strategies include astute
teacher observation and active listening. Creating a safe classroom environment, and allowing compromise, alternate environments, and breaks. As well as being kind and gentle, understanding of an off day or of not completing work, and providing resources. They can also include strategies and recommendations for outside of the classroom such as promoting a healthy diet and exercise. Implementing all of these strategies at certain times will only help to create the positive relationships and environments that are significant for students with psycho-emotional mental health concerns. These strategies are within the influence of the classroom teacher no matter the situation in the school or school board, so they can be taken advantage of and practiced on a regular basis.

**Increased discussion**

Just as the Ministries, school boards, and schools need to increase the discussion regarding mental health issues, so to must classroom teachers. Teachers should not be afraid to discuss mental health in the classroom with all of their students. Mental health should be talked about as any other concern that affects youth. Youth experience a tremendous amount of stress and anxiety around academics, relationships, jobs, and their future. Conversations should take place to help students understand how they can effectively manage stress and anxiety. These discussions need to take place to normalize mental health illness, so that students realize that anyone at anytime can experience sadness, stress, anxiety, or despair and it is okay to talk with someone about it. Many teachers may be apprehensive, as Mia illustrated, but if teachers have improved training and are using the most effective language, these conversations could make a great deal of difference. Bostock et al. (2010), Rothi et al. (2008), and Kutcher and McLuckie (2010) studied mental health language and have found that teachers must focus on the behaviours, emotions, and needs associated with mental health. Educational language should be used, not medical. Ecclestone (2007) also stresses that we must be careful to not use language that promotes a vulnerable or diminished self (p. 467). Teachers need to have
conversations with entire classes, individual students, and with parents in order to normalize and destigmatize mental health concerns. The conversations should focus on support, discussing what the student needs in the classroom and school to thrive, as opposed to casting the need for support as a sign of weakness, or that a person has done something wrong or has something wrong with them.

Questions and Further Research

The goal of this research study was to shed light on what classroom teachers are doing to address the needs of students with psycho-emotional mental health concerns. This study has done this and has begun to provide answers and practical strategies for supporting these students in Ontario classroom. However, many important questions remain. This study, as well as others reviewed have shown that teachers are open to further training and I believe that this would only benefit students. The how, what, and where of this training remains a question to be answered by ministries and school boards. Another general question to be answered by school boards and ministries is to what extent current educational practices are harming or benefiting student emotional well-being? Pope (2010) describes the Challenge Success Initiative where success is defined in non-traditional ways and student engagement and learning are paramount. Could redefining academic success lesson some of the burden placed on students and relieve much of the stress and anxiety that are becoming more commonplace?

An additional question and suggestion for further study would be to examine the student perspective. This study as well as countless others have looked mainly at the perspective of the teacher and the school, but what do students think about the topic of mental health in the classroom? What do they believe is needed to be successful and break down the barriers to their own learning? We cannot ask for conversations to take place regarding mental health without fully inviting students into those conversations. They should be able to share their views and opinions as well as be able to shape the conversations and ask the questions that are most
important to them. When we begin to add this student-centered research to studies such as this, we may begin to truly break down the barriers for student learning.

**Conclusion**

Beyond the family, the school environment is at the centre of every student’s life. Teachers therefore, are at the forefront and play an important role with regard to the well-being of their students. This duty has become increasingly difficult for teachers to uphold but is increasingly necessary as the incidence of mental illness continues to rise. Teachers have to navigate the politics and bureaucracy of the educational system. They also have to struggle through the stigmas regarding mental illness that prevent communication and support from families and administration. These problems must be addressed before classroom teachers can truly support each and every student and break down the learning barriers associated with psycho-emotional mental health concerns. Teachers are attempting to be flexible and create caring relationships. These interventions are significant for students and are a brilliant first step. However, without intervention at each level of the education system, in the form of increased training, discussion, and communication, we are continuing to let students with mental health concerns down because they lack support and the barriers to learning are still present.
References


Appendix A: Interview Questions

Background Information
1. How long have you been teaching?
2. What grade(s) and subject(s) are you currently teaching?
3. What were your subject areas for your degrees?
4. What do you currently know about the mental health disorder depression?
5. What do you currently know about mental health disorder anxiety?

Role of the Teacher
6. To what extent has training has been made available to you as a classroom teacher regarding the mental health and well being of students?
7. Are you interested in receiving training (or further training) regarding the mental health and well being of students? Why or why not?
8. What are your views on the classroom teacher’s role with regard to the psycho-emotional health of students? (Potential Follow-Up Questions)
   a. Should teachers be required to teach or address mental health disorders to students in general?
   b. Should mental health concerns only be addressed with specific students when a concern has been medically diagnosed?

Mental Health in the Classroom
9. Have you taught students who have been diagnosed with psycho-emotional mental health concerns?
10. In what ways and by who are you made aware of the psycho-emotional health concerns of your students?
11. In a typical year of teaching how often are you made aware of a concern with the psycho-emotional health of a student?
12. Have there been instances in your career when you as the teacher have brought the psycho-emotional health issues of a student to a colleague or parent’s attention?
13. If yes:
   a. What were the concerns?
   b. How did you approach the situation?
   c. How did you feel at the time?
   d. What concerns did you have in making the decision to address these issues?
   e. What was the outcome of the situation?
14. If no (because the situation has never presented itself):
   c. Why do you think you have never experienced this type of situation?
   d. Would you be willing to address a student’s psycho-emotional issues to a colleague or parent if they became apparent to you?
15. If no (because the teacher refrained from addressing the situation):
   e. Please explain your concerns and/or the experiences that brought you to the decision to refrain from addressing that particular situation.
16. Have you had opportunities in your career outside of the classroom to work specifically with students who have been diagnosed with mental health concerns?

Students with Psycho-Emotional Disorders in the Classroom
17. When a student has been diagnosed as having concerns regarding their psycho-emotional health what processes take place in your school that involve you as the classroom teacher?
18. What processes might take place in your school that does not involve you as the classroom teacher?
19. Once a student with psycho-emotional health concerns has been identified to you as the classroom teacher, what steps do you take?
20. What resources are available to you as the classroom teacher to help support students with identified psycho-emotional health concerns?

Barriers to Learning
21. What are your thoughts on the ways in which a psycho-emotional mental health concern can affect learning?
22. When a student with a diagnosed psycho-emotional disorder is in your class what specific actions do you take to help support that student in learning?
23. What would you do differently if a student had not received a formal diagnosis, but you have seen evidence that they may struggle with psycho-emotional health concerns?
24. What strategies do you implement in the classroom to help support and take into account the psycho-emotional health of all students?

Conclusion
25. Is there any other important information you would like to add to what you have already told me?
26. Are their topics or issues regarding student psycho-emotional health that you believe were missed in this questionnaire?
Appendix B: Informed Consent Letter

[Date]

Dear [participant],

As a student enrolled in the Master of Teaching (MT) program at the Ontario Institute for Studies in Education at the University of Toronto I am required to complete a Master of Teaching Research Project (MTRP). The MT program is a two-year teacher education program that combines Ontario teacher certification with a graduate degree. The MTRP involves a research project on a topic related to teacher's work with a theoretical and practical component.

This letter is an invitation to participate in the research for my project entitled “Removing Barriers: Addressing the Needs of Students with Mental Health Concerns in the Secondary School Classroom.” The stressors and burdens associated with high school and adolescence are ever present in today’s classroom. As teachers, what role do we play in recognizing and supporting students with mental health concerns? As well what role do we play in ensuring that these students are engaged, learning and are successful in our classrooms? My study aims to look at these issues.

I believe as a classroom teacher that your insight and experience will be a valuable addition to my research in this area. Mental health is a complex and sensitive subject matter and as such you should be aware of the potential risks involved in agreeing to participate in my research. The interview process and specific questions may bring forward emotional and personal experiences that may be difficult to deal with. Concerns and uncertainties regarding professional responsibilities may also come to light during the interview process. While honesty and forthrightness would greatly benefit my study, if at any time you feel uncomfortable, do not wish to answer a question or elaborate, or wish to stop the interview and the research participant process altogether simply indicate this and the questioning will stop. This study’s main aim is to help students. The benefits to your involvement would be to collaboratively identify ways in which classroom teachers can support and encourage students with mental health concerns, and allow them to be successful in the classroom and beyond.

Your involvement in the research study would include a 45 to 60 minute interview, which will be audio recorded and manually transcribed. The content from the interview will be used for a final research paper and informal presentations to classmates and professors. Your specific responses will be kept confidential and pseudonyms will be used in any written report or in any presentation regarding this research project. The data you provide will be kept secure; my research supervisor and myself will be the only individuals with access. The data will be
destroyed upon successful completion and potential publication/presentation of the project, which may take up to five years from the time of gathering the data.

A time and place will be arranged that is convenient to you. Your participation is completely voluntary and you may choose to withdraw from the study at any time. In this instance, the information collected from you would be destroyed.

If you agree to participate, please sign below. Please keep a copy of this letter for your records.

Sincerely,

Pamela Tyler
Principal Investigator
905-781-8217
pam.tyler@mail.utoronto.ca

Dick Holland
Research Supervisor
416-978-0087
dick.holland@utoronto.ca

Consent Form

I acknowledge that the topic of this interview as well as the risks and benefits have been explained to me and 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 Pamela Tyler and wish to participate in the project as outlined above.

Participant’s Name: __________________________________________
Participant’s Signature: _______________________________________
Date: __________________________________________________________