Key Factors Addressed by Educators to Support Students with Mental Health Issues within the Classroom

By

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Abstract

Promoting mental well-being is becoming a prominent focus in Ontario school boards. One in five children under the age of nineteen in Ontario are recognized as having a mental health issue. Research and participants highlight the alarming number of individuals who suffer from a mental health issue and how it is necessary to tackle the stigma at the school setting. Finding a way to implement practical strategies and raising awareness in schools to make these students succeed and de-stigmatizing mental illness should be at the forefront of our classrooms. The literature highlights that because children spend most of their lives in school, teachers play a key role in having the ability to engage in preventative measures. They are in the position to observe warning signs and help create a classroom and a school environment that is sensitive to the needs of these students. The purpose of this study is to describe the key factors addressed by teachers to support students who have a mental health issue or exhibit the possibility of having a mental health issue in the classroom.
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Chapter 1
Introduction

Research Problem Statement:

One in five children under the age of nineteen in Ontario are recognized as having a mental health issue ("Resources for teachers," 2014). This alarming statistic illustrates the importance of society taking the issue head on, and working together to battle the negative stigma attached to mental health issues. Because children spend most of their days at school, the school environment is a powerful and essential tool that can play a role in a child's life.

Many students with depression participate in school without their teachers or classmates knowing (Souma, Rickerson & Burgstahler, 2012). Therefore, without acknowledging their struggles, students with mental health issues may go unnoticed and ultimately, are not able to access the appropriate support they need to order to succeed in the classroom. Additionally, teachers or faculty may believe that a student is deliberately acting out when in reality, the child is suffering and their behaviour is a result of their mental health issue.

It can be difficult for students and families alike, to share their mental health issues with others. Based on the stigma attached to having a mental health issue, parents and students may feel hesitant in sharing with the teacher and the school community in fear of getting labelled and mistreated. As a society, we need to establish a community where people feel safe to talk about their issues, and are not ashamed to seek the help that they need.

Mental illness is an umbrella term that encompasses a collection of mental disorders that cause severe disturbances in thinking, feeling, relating, and functional behaviours (Souma, Rickerson & Burstahler, 2012). Even though mental health issues encompasses a collection of disorders and seems very broad, the purpose of my paper is to keep the topic open enough in
order to collect as much data as possible from the interview. This includes the participants' definition of mental illness and how their definition reflects their strategies in the classroom.

This research aims to heighten awareness of the reality of mental illnesses in our community and how they are addressed in the school setting. Having a mental health issue can be difficult to recognize in students and adolescences because the symptoms may differ from those that adults experience and some adults may believe the child is exaggerating their emotions.

**Purpose of Study**

The purpose of this study is to describe and understand the key factors that are addressed by teachers to support students who have a mental health issue or exhibit the possibility of a mental health issue. As previously mentioned, because students spend a large part of their life in school, teachers can play an important role in supporting these students on a daily basis. They are in the position to observe warning signs and help create a classroom and a school environment that is sensitive to the needs of these students.

**Background of Researcher:**

As the previous statistic has stated, one in five children under the age of nineteen are recognized as having a mental illness. Therefore, it can be suggested that many of us has experienced coming across at least a couple of people in our lives who suffer from a type of mental illness, even if it was not explicitly said. Mental illness is a recent topic that people are just beginning to focus on and as a society, we must continue the conversation and raise awareness to diminish the stigma in order to fully support those who suffer in their daily lives.

Nine years ago, I was in a plane crash at the Toronto Pearson Airport that did not leave me physically harmed, but mentally. At the time, I was very young and refused to seek any
therapy because I did not see the benefits of talking to a stranger about my feelings. It was not until I was in my first year of university where the pressure of a new setting, making the grades, and socializing did my mind feel like it began to crumble and friends and family began to notice my whole being changing. I no longer was the happy girl I once was with the "contagious laugh", I became reserved, moody, incredibly tired, and at times found it extremely difficult to get out of bed.

It began to effect my friendships, relationships with family members, and school work. Waking up in the morning feeling tired and emotional felt like the norm. It was not until my fourth year of university, when my school opened up a new mental health wing, that I decided to seek some sort of treatment. I saw a therapist once a week for the rest of the year who diagnosed me with Post Traumatic Stress Disorder (PTSD). Luckily, life became brighter and with time, people began to see the Sara that they used to know.

However, it was not only my own experience that sparked my interest in devoting my research to this topic, but my experience with those around me. With a best friend who suffers from depression and a loved one who is bipolar, both of them have inspired me to become involved with the mental health aspect of education. Witnessing firsthand the struggle each of them has gone through, and continue to go through, and the lack of assistance they have received, makes me want to gain an insight and eventually become involved with the mental health system within the school setting.

Because having a mental illness continues to be taboo in society, I intend to uncover the key factors that teachers and educators address in order to support these students to actively participate in school and not become labelled by their illness. I also intend to reveal whether these teachers are receiving the support they need to develop the proper understanding and
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knowledge of mental illnesses. My research also aims to understand whether there are useful resources for teachers to support their ability to intervene and to accurately determine the signs and indications of mental illness.

Central Research Question:

My intention is to discover the key factors that are addressed by teachers to support students in the classroom who have mental health issues or exhibit the possibility of having a mental health issue.
Mental Health

Mental health issues can be viewed as a "hidden disability" (Souma, Rickerson & Burgstahler, 2012). It can be rarely apparent to others. As mentioned previously, many students and their families choose not to disclose their mental health issues in fear of how society will view them. The negative stigma attached to mental illness prevents people from actively reaching out for help. Those individuals who use denial as a coping mechanism, run the risk of developing serious consequences later on in their lives.

There can be life-long consequences when not dealt with appropriately and on time. The individual could become a substance user and eventually may attempt suicide. Research shows that the number one barrier to receiving treatment is stigma. Many individuals who feel the negative stigma have been consistently associated with reluctance of treatment, discontinuation of psychiatric medication, low self-esteem, and social impairment (Mann & Himelein, 2008).

Mental illness is a collection of all diagnosable mental disorders that can cause severe disturbances in how the individual thinks, relates, and behaves (Souma, Rickerson & Burgstahler, 2012). These disturbances can result in a substantially diminished capacity to cope with the demands and reality of life. The negative reactions towards mental illness can lead to discrimination in jobs and housing, and limit the amount of money and resources that goes towards mental health services (Mann & Himelein, 2008).

Many mental health professionals believe that there are a variety of factors that contribute to an individual's mental health issues. Research has shown that these factors include: biological, genetic, social and environmental, and psychological (Mind Wise, 2015). These factors can
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individually trigger a mental health issue or overlap and people are affected by a mixture of those causes listed above (Canadian Mental Health Association, 2015).

Biological factors can affect the brain's chemistry. The biological factors can include: pre-natal damage, birth trauma, and viral infections. Most mental illnesses are common among family members which suggests to researchers that genetics play a role. However, just because a parent may have a mental health issue, does not necessarily mean that the child will have the same mental health issue. It just suggests that they are more susceptible (My Mental Health, 2015). When an individual is susceptible to a mental health issue, they may develop one due to different triggers such as environmental.

Social and environmental factors can trigger and put a lot of pressure on someone's mental health. It is common that mental illnesses can be triggered by a traumatic life event or situation and prolonged stress. Some examples include: lack of support in relationships, child abuse and neglect, family stress, severe or prolonged stress, unemployment, and major changes in an individual's life (My Mental Health, 2015).

It is quite common for people in society to have a negative view of specific mental illnesses. The lack of knowledge that individuals have on mental illnesses contributes to the negative stigma associated with it. In order to get rid of the stigma, it is important for society to gain a full understanding of what mental illness is and how people are affected by it as well as how modern medicine has progressed in helping these individuals. Many people have negative associations with mental illnesses due to its historical factor.

Prior to the 1960s and early 1970s the topic of mental health in general was considered a "private matter" (Borinstein, 1992). It was taboo to talk about in society and individuals with
mental health issues were of little concern to the rest of society. It was a matter for the immediate family and the mental health professional.

It was not until deinstitutionalization and the problems associated with the implementation of community based mental health care brought mental illness to the forefront (Borinstein, 1992). There is a belief that bringing it to the spotlight of society would improve the system. However, lack of planning, social services available, psychotropic medicines, medical facilities and housing for this population resulted in many becoming homeless which grabbed the media's attention (Borinstein, 1992).

Even though there continues to be a stigma attached to mental health issues, society has progressed within the past forty some years. There has been a movement towards public awareness where health related magazines, television programs, and specialty magazines helped contribute more knowledge for the community (Borinstein, 1992).

With the proof of progression as a result of greater knowledge, it is evident that we should continue providing more education for the public. The more knowledge and education people receive, the more accurate information they will obtain about mental illness. However, stigma may not occur only within the thoughts and beliefs of the uneducated. There is research that shows that well-trained professionals from mental health disciplines subscribe to stereotypes about mental illnesses (Corrigan & Watson, 2002).

There is also contradicting research about the availability of media to help improve the view on mental illness. There are movies and print media that illustrate individuals with mental health issues as "homicidal maniacs who need to be feared; they have childlike perceptions of the world that should be marveled; or they are rebellious, free spirits" (Corrigan & Watson, p. 36, 2002).
Given the history and continued stigma, many people who do suffer from a mental illness, who may not experience the shaming first hand, can continue to internalize these beliefs and feel less valued (Corrigan & Watson, 2002). Therefore, this process is exactly what I just stated; a process. There continues to be stigma and misconstrued beliefs but with time, we may see more change.

Learning about mental health and gaining more knowledge can stem from exactly where children gain their education: in schools. Students spend a lot of their time in school and their teachers and peers have a large impact on how students view themselves and ideas in society. It is within schools that teachers and faculty members need to take the responsibility of supporting these students and providing an open environment where mental health is not viewed as taboo.

Children who suffer from a mental illness may experience symptoms that interfere with their educational goals and create a "psychiatric disability" (Souma, Rickerson & Burgstahler, 2012). These students may experience the following symptoms:

- Heightened anxieties, fears, suspicions, or blaming others
- Marked personality change over time
- Confused or disorganized thinking; strange or grandiose ideas
- Difficulty concentrating, making decisions, or remembering things
- Extreme highs or lows in mood
- Denial of obvious problems and a strong resistance to offers of help
- Thinking or talking about suicide (Souma, Rickerson, Burgstahler, 2012)

When educators look at ways to improve achievement and creating safer schools, they must consider the factors that affect the student's mental well-being. It is essential to understand that mental illness can seriously affect the child's ability to reach their full potential in the classroom (Hofweber, 2009). These functional limitations listed above nonetheless affect student's academic performances. Therefore, it is important for the educator to commit to the responsibility to work with these limitations by using helpful resources and support.
Children spend about ten months out of an entire year within the school environment and therefore, teachers can be the first to notice signs and symptoms of mental illnesses. Additionally, since teachers play a key role in recognizing signs, they can also help prevent mental illnesses from developing through preventative measures (Hofweber, 2009). Preventative measures provided at an elementary stage are likely to be extremely effective and can reduce problems before they become more serious at the secondary level.

A challenge many educators face in recognizing early signs or symptoms is the fact that some mental illnesses are not obvious unless the individual decides to disclose it to them (Council of Ontario Universities, 2014). However, getting a student to disclose it to the teacher may be a daunting task since some students fear that they may be stereotyped or seen differently.

An effective way teachers may overcome these challenges as best as possible is by using practical strategies and knowledge given by the educator's school or school board which will be further discussed in this chapter.

**Depression**

Generally speaking, the term "depression" can be defined as a feeling of sadness, irritability, or loss of interest in activities that the individual has typically enjoyed (Supporting Minds, 2013).

There is no one cause for depression in individuals. Research suggests that there is a "dynamic and complex interplay between biological, genetic, and psychosocial factors" (Souma, Rickerson & Burgstahler, 2012). Psychosocial factors can include factors such as specific distressing life events or environmental stress.

The Ontario Education: Supporting Minds document outlines that there are other factors that place an increased risk of depression for students that include:
• Genetic/biological factors
• Negative personality traits
• A family history of depression
• Distressing family and social environments (e.g., weak parenting practices; absence of supportive structures)
• Early life experiences
• Community characteristics (e.g., neighbourhood violence) (2013).

Depression is common among adolescents. Prevalence rates in middle to late adolescence is around four to five percent (Costello, Erkanli & Angold 2006). However, research shows that when looking at children in late adolescence, prevalence rates can be as great as twenty percent (Lewinsohn, Rohde, Klein & Seeley 1999).

It can be difficult for teachers and parents alike to observe whether the child has depression. Many children in the developmental stage experience angst and "moody" days. However, the difference between those children having a bad day and children who are depressed, is that those who suffer from depression, suffer for long periods of time.

Students who experience many symptoms that significantly affect their behavioural, emotional, physical, and/or cognitive functioning may be struggling with a depressive disorder (Evans, Van Velsor & Schumacher, 2002). The symptoms may differ between children with depression and adults with depression. Younger children may express their depression by claiming they have a stomach ache, a headache, or other aches and pains (Supporting Minds, 2013).

Research has shown that the average age for onset of major depression is between eleven and fourteen years of age (Lewinsohn et al., 1993). It can be assumed that this average is attributed to the idea that children at this age go through significant changes in their lives, and specific life events occur that can impact their mental health.
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Considering one in five youths suffer from a mental disorder, it is common for teachers to have students with depression in their classroom and are just unaware of it or if they are aware of it, do not know what to do to support these students emotionally or academically.

Students with mental health challenges may not be receiving the support they need. This can result in potentially unproductive behaviour causing them to be viewed as lazy or defiant. However, most depressed children are not being deliberately defiant and uncooperative. Instead, they cannot gather the personal strength or resources to perform as well as they may have been able to previously (Huberty, 2004).

Presenting just one kind of mental illness, gives a glimpse into what educators can encounter in their classrooms and how difficult it can be to support these students. Educators need to very observant with their students and have a knowledge and understanding of the characteristics of mental illness and its effects on students and their academic performance. However, teachers need to be mindful that they are not to diagnose the child, but to observe, be there for the child, and support these students with practical strategies in the classroom.

School Board Initiatives

Through research, it is quite evident that provincially and specifically, within school boards, the Ministry of Education has really begun focusing on the overall well-being of our students. Understanding and focusing on the well-being of students at an early age displays the importance of prevention at adolescence. Each board has developed a strategy and guide for not only educators but for students who have a mental health issue, their parents, as well as the community.
**Toronto District School Board**

"Mental health and well-being belongs to everyone and is key to student success and that is why I have made this a clear priority at the TDSB."

- Donna Quan, Director of Education

The Board's role is to connect families and educators with the right resources which include but are not limited to: school social workers, creating a safe and caring school environment, providing child and youth services, psychological services, as well as community partnerships (Toronto District School Board, 2014).

In 2013, the Toronto District School Board announced a new mental health strategy after a recent survey found that many of the city's students scored low on questions measuring social and emotional well-being (O'Toole & Brown, 2013). Research showed that a significant portion of students in grade 7 to grade 12, reported "a host of physical symptoms associated with depression" (O'Toole & Brown, 2013).

Even though it is known that 1 in 5 children under the age of 19 has a mental health issue, it was not until two years ago that the TDSB uncovered the alarming statistics that exist within our classrooms. Research coordinator, Maria Yau supports this statement by saying, "It is disturbing because we didn't expect a high percentage...It is a wake-up call" (O'Toole & Brown, 2013). The purpose of the new mental-health strategy is to help those who may not be comfortable in disclosing their struggles.

The Toronto District School Board launched a strategic four-year plan focusing on the years 2013-2017. TDSB's Children and Youth Mental Health and Well-Being gives educators and society a detail outlined of what the strategic plan consists of. In the plan, the Director of Education, Donna Quan says that "Our Years of Action 2013-2017 plan outlines how we will
direct and align our resources to support student achievement and well-being. Mental health and well-being is essential to student success and achievement which is why I have made it a clear priority for our schools” (Children and Youth Mental Health and Well-Being, 2014, p.1).

The action plan aims to de-stigmatize mental health issues and raise awareness in schools and society across the TDSB. Quan confidently states that "students, parents, and TDSB staff will be better able to identify concerns and know what to do when they, or someone they know, needs help” (Children and Youth Mental Health and Well-Being, 2014, p.1). As previously mentioned, it can be difficult for educators to identify when a child in their classroom is struggling with a mental health issue, and with this strategic four-year plan, the TDSB aims to help teachers gain the knowledge and tools they need to know in order to support these students.

The TDSB stresses the importance of focusing on students' mental health and recognizing the early signs of mental illness that often go undiagnosed and untreated.

In this document, the TDSB outlines their vision:

- A new transformed culture where mental health and well-being is integrated into every aspect of each student’s school experience.
- A shared understanding of the connection between mental health and well-being and student achievement which supports every student’s academic and personal success.
- A shared responsibility for every student’s mental health and well-being that guides our decision making and allocation of resources.
- A coordinated approach to providing a continuum of service that is aligned and responsive to the needs of students, parents and staff (Children and Youth Mental Health and Well-Being, 2014, p.5).

Additionally, the TDSB shares their commitments within the document where they aim:

- To support staff to be caring adults in the lives of students.
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• To raise awareness and increase knowledge through professional learning and the implementation of evidence-based promotion, prevention and intervention programs.
• To identify students in need of enhanced support and to help them and their families to connect to appropriate care through effective referral systems and pathways.
• To collaborate with partners within a larger system of care (Children and Youth Mental Health and Well-Being, 2014, p.5).

Throughout the document, the Toronto District School Board shares their detailed plan for every year. Within each year of the plan, the document provides bullet points of how the Board is going to implement this research-based initiative. The plan moves beyond educating teachers but including students and parents. In order to de-stigmatize mental health issues, the TDSB states that they will: provide professional development for teachers to increase their awareness as well as build skills and knowledge, reduce the stigma, establish mental health and well-being teams, expand and strengthen community mental health partnerships and engaging with parents as key partners in mental health initiatives (Children and Youth Mental Health and Well-Being, 2014, p.11).

The Toronto District School Board website outlines the importance of mental-health and the well-being of our students stating that there is a direct link between the availability of social, emotional, psychological, and physical support to student achievement. The TDSB wants to move beyond playing a passive role, they want to provide "real, practical information and dispelling myths" (Toronto District School Board, 2014).

As a staff member, the TDSB provides online training for the Children and Youth Mental Health and Well-Being initiative it launched in 2014. It also gives the TDSB teachers a monthly newsletter that focuses on different aspects of promoting mental well-being.
The training module that is available to staff outlines the foundations of mental health and well-being. Mental illness can be viewed with a very wide lens, but the module provides educators with a definition that organizes and creates a basis for their knowledge. What makes this module even more comprehensive and thorough is that it gives teachers strategies and resources they need to support the students in their classroom.

The essential training module provides an introduction to the concept of the mental illness, the learning objectives for participants, an understanding of the physical, social, emotional, and cognitive signs, to better recognize indicators, and strategies in promoting a mentally healthy classroom and student well-being.

**Hamilton-Wentworth District School Board**

The Mental Health Strategy launched by the HWDSB in 2012-2013 is designed to "raise awareness, build capacity, engage partners, and provide a coordinated and evidence-based approach to supporting student well-being" and provide a basis for the vision of promoting a positive mental health image (2014).

The action plan is created to support schools, staff, programs, and students. In order to support schools, the HWDSB's Mental Health Leadership Team provides hands-on planning and coaching for school leaders to implement a healthy school environment that strengthens climates of well-being. The HWDSB staff will have access to resources for professional learning to build "awareness, literacy, and expertise" (2014). The Board's Mental Health Leadership Team is piloting two programs: "Coping Power" and "Positive Action" which are designed to support students and their mental health and well-being.
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Additionally, the Mental Health Strategy provides educators and the public a comprehensive list of documents that are divided into the categories of: students, parents, and the community. It is evident that the HWDSB believes that information and knowledge about the mental well-being of an individual should be accessible to the public.

It was created to go beyond just promoting mental health and well-being in students, but establishing a three-tiered framework that integrates promotion, prevention, and intervention as well as delivering evidence-based mental health services for students. The HWDSB's efforts led them to be the school board lead for School Mental Health ASSIST. ASSIST is a provincial implementation support team that helps Ontario school boards promote student mental health and well-being.

ASSIST has developed a comprehensive guide called *Open Minds, Healthy Minds* that provides Ontarians with the three-tiered framework of promotion, prevention, and intervention. It focuses on a forward-thinking vision as well as long-term strategies for change (Open Minds, Healthy Minds, 2011).

By identifying mental health issues at an early age, it can help shorten the journey to recovery. When educators are able to intervene and identify the possibility of mental health issues within their students, they can receive the appropriate services and support. Ultimately, it is up to the province and the school boards to keep promoting these resources and available support for educators, students, and the community. Additionally, the educator must take the initiative to access these resources to gain the knowledge and understanding of mental health issues as well as the strategies they must implement to support their students.

Just as the document suggests, once society can have an open mind about mental health issues and are willing to learn more about it, can we develop a healthy mind.
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Chapter 3
Methodology

Procedure

Creswell develops a working definition of qualitative research that,

"begins with assumptions and the use of interpretive/theoretical frameworks that inform the study of research problems addressing the meaning individuals or groups ascribe to a social or human problem. To study this problem, qualitative researchers use an emerging qualitative approach to inquiry, the collection of data in a natural setting sensitive to the people and places under study, and data analysis that is both inductive and deductive and establishes patterns or themes. The final written report or presentation includes the voices of participants, the reflexivity of the researcher, a complex description and interpretation of the problem and its contribution to the literature or call for change" (p. 44, 2013).

The reason qualitative inquiry plays an important role in my research is the belief that my topic needs to be explored. It is essential to support and guide my research in understanding how teachers and educators respond to students with mental health issues in their classrooms. Within qualitative research, I am able to bring certain beliefs and philosophical assumptions to my research (Creswell, 2013). After careful research for my literature review, it became evident that there are a lot of resources and strategies available for educators. In addition to the resources and strategies used by educators, I intend to uncover other key factors that are addressed by educators in order to support these students.

I have acquired the belief that teachers and educators play a large role in helping their students succeed by implementing resources and strategies. It is essential to note other factors that teachers address through their interviews to support students who possibly exhibit mental
health issues as well as those students who are officially diagnosed. Qualitative research allows for this exploration to occur and to gain a deeper understanding on my topic.

**Instruments of Data Collection**

The nature of the research involves a literature review and face-to-face interviews with four educators. The literature review explores the studies done by various researchers on the given topic to support and give guidance to my own research. It outlines and gives substance to what mental illness is, take a deeper look into the initiatives different schools boards offer, and how these illnesses impact the lives of these students at the school setting.

Using previously developed research and government information, the use of resources is thoroughly explored and developed to give a sense of basic knowledge to the kind of questions that will be used in the face-to-face interviews.

As viewed in Creswell's working definition, qualitative researchers are able to conduct face-to-face interviews within a natural setting. The benefit of conducting my interviews with the participants in a classroom at the school allows the participants to be at the site where they experience the issue under study (Creswell, 2013). The natural setting allows participants to feel comfortable during the interview and have access to resources they may want to use or talk about throughout.

Using myself as a key researcher gives me the opportunity to uncover a lot of research and support from my literature review to guide and facilitate the face-to-face interviews with the participants. The benefit of conducting open-ended interviews leaves room for information the participant deems important to share that I may not have initially thought of. It gives me the opportunity to change any of the questions if I see the interview leading to another direction that is evidently beneficial.
The interviews also allow for the participants to have a voice. It moves just beyond the literature review and my initial assumptions that will enable me to gain an insider view on the research problem. The qualitative research process gives researchers the opportunity to focus on the knowledge that the participants have on the presented research problem and not what was primarily assumed (Creswell, 2013). Essentially, it gives me a deeper and richer understanding of the topic.

More specifically, the type of qualitative inquiry that will occur falls under the approach of phenomenological narrative research. A phenomenological study "describes the common meaning for several individuals of their lived experiences of a concept or a phenomenon" (Creswell, p. 76, 2013). In my study, the educators interviewed will all have experience working with students who exhibit the possibility of having a mental health issue as well as those who were officially diagnosed by professionals.

Within narrative research, as a method, it begins with the "experiences as expressed in lived and told stories of individuals" (Creswell, p. 70, 2013). Throughout the interview, the four participants will share their lived experiences of working with students who exhibit the possibility of a mental health issue as well as those students who have been diagnosed. They will tell their own personal accounts, and even though they will have different experiences, it will all contribute and support my research.

As the key researcher, I need to be aware and sensitive to the potential of my research to disturb the site and how I end up representing the population of my study. The participants selected also must be reminded that they will remain anonymous in order for them to speak freely and give as much knowledge as they have, especially of the vulnerable population that is discussed.
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Participants

When selecting participants for my study, I intend on selecting four educators from the Toronto District School Board and the Hamilton-Wentworth District School Board. I have had the most experience in the TDSB and aim to make connections through teachers that I will be in contact with. I also have close relationships with two educators in the Hamilton-Wentworth District School Board who can contribute to my research as well as connect me with those who have worked with students with mental health issues.

The criteria I will use when selecting participants for my study includes:

• Has resources available for their students
• Has had students with mental illnesses in their classroom
• Has suspected the possibility of having a student with a mental health issue
• Wants to have an influence in giving a deeper understanding of the topic
• Has a relatively thorough understanding of mental illnesses

Ethical Review Procedure

This research topic has followed the ethical review approval procedures for the Master of Teaching which stipulate that the student will contact two to three knowledgeable educators who are known to have expertise in the given topic area. The participants will only include teachers, principals, or parents and will not involve classroom pupils or observation of the classroom. When contacted, I will give the participant a consent form (Appendix A) that outlines the purpose of the research topic and how the data given by the participant will remain confidential to protect the anonymity. The names of the participants, schools and school districts will also remain confidential and will not be revealed.

Along with the consent form, the participants will need to provide a signature stating that they are fully aware of what the study includes and that they can choose not to answer some of the questions, or drop out at any time.
The interview involves a preparation of 16 questions (Appendix B) related to the topic and will be approved by the research supervisor. The participant will have the opportunity to read over the interview questions a few minutes prior to the interview and with their permission, it will be audio-recorded. The questions will then be transcribed and the copy will be sent to the participant to check for accuracy in order to continuously re-establish respect and assure their anonymity.

**Limitations**

As stated, qualitative research allows for assumptions and beliefs to be present. However, these assumptions and beliefs may alter throughout my research and can be viewed as a limitation. When interviewing the teacher participants, I could potentially uncover problems and limitations I had not seen throughout the literature review. One teacher may have a vast variety of helpful resources and have a thorough understanding of the needs of each individual student. While another may believe they have access to a lot of resources, but in comparison, it is not nearly as much as expected.

A second limitation that could be presented is the restricted time and participants I have access to. The interviews are conducted once per person and therefore may not uncover as much detailed information as expected. The number of participants also proves to be limiting. Even though each educator has thorough knowledge on the topic, it may be difficult to access and gain enough information to support my research, especially in correlation with the time constraint. Interviewing more educators can only add more knowledge and substance to the data.

Another possible limitation is that the teachers may not answer the presented question as fully or detailed as initially hoped. Additionally, giving the participants the questions ahead of time, may affect the way the participants shape their answers.
Strengths of the Research Design

Even though there are limitations presented in this research, the study will be a lot more focused. As qualitative inquiry intends, the restricted number of participants continues to provide an insight on the educator's perspective and experience. The educators' narrative will be specific and will provide an insight I would not receive using a literature review.
Chapter 4
Findings

Throughout this chapter, I will present and discuss the data collection and the findings that were uncovered during the interview process. To reiterate, the interviews aimed to discover the key factors that are addressed by teachers in order to support students who exhibit the possibility of having a mental health issue as well as those who are officially diagnosed by professionals. It is evident that throughout the interviews, I had uncovered that my participants felt as though their school and school board was lacking in providing resources and support. The participants clearly stated that they were all in favour of receiving more resources, however it was largely up to them to find the necessary tools to implement into their classrooms.

This chapter begins with a brief introduction of each of my participants. The main purpose of the introductions of my participants is to exemplify their backgrounds and levels of experiences to provide a basis of knowledge on this topic. The chapter then continues to examine the data and the analysis of the findings throughout the interviews. The overarching themes that emerged during the one-on-one interviews that will provide a foundation for the analysis include: (a) awareness/acceptance vs. denial, (b) student / teacher relationships, (c) understanding the student's profile, and (d) resources and support for teachers. Furthermore, subthemes exist within each theme, which helps to narrow the focus of the findings and to allow differences in participant responses to be distinguished.

Meeting the Participants

Each participant in the study is an educator who teaches in Ontario. More specifically, they are from the Toronto District School Board as well as the Hamilton Wentworth District
Charlotte:  
Charlotte is a primary/junior teacher in an open concept school in the Greater Toronto Area. She has been teaching in the TDSB for fifteen years and has been co-teaching in her current school for five years with Wanda (participant explained in next section) in a split grade 3/4 class. She has taught grades 1 to 4 but has largely focused on grade 3. Throughout her fifteen years of teaching, Charlotte explained that she has had a lot of experiences with students who have different mental illnesses that ranged from serious anger issues to students who were on medication to treat their illnesses. When asked how she would define mental illness, both her and Wanda agreed that: "A mental illness in a student to us is: when a student has experienced a trauma, or has a biological imbalance that causes stress, anxiety, or depression and displays behaviour in school that can inhibit their social, emotional and academic success".

Wanda:  
Wanda is also a primary/junior teacher who co-teaches with Charlotte in an open concept school in the Greater Toronto Area. She has been teaching in the TDSB for twenty-two years in schools that ranged from inner-city to middle class environments. Wanda has had a lot of experience with teaching a range of grades from kindergarten to grade 5. Wanda states that she has a lot of experience with students who either were diagnosed or she has suspected to have a mental illness. She explained that each student differed drastically, some came from stressful and broken environments while others came from supportive and loving families. Wanda also
stressed that the importance of mental illness in the classroom did not emerge until about five years ago.

Diana

Diana has been teaching in the Hamilton-Wentworth District School Board for twelve years in the primary/junior sector. Her teaching experiences vary greatly and allows for a lot of work dealing with students who are suspected or diagnosed with a mental illness. She began teaching in a treatment class which was a part of the care corrections and treatment of the board for three years, she then taught a behavioural grade 4/5 class for three years, kindergarten and grade 2, and currently grade 3 for five years now. Her current school environment is in a middle class settled part of the Hamilton mountain that she considers a "safe neighbourhood".

Lucy

Lucy has been a teacher for twenty-six years and has taught primarily in the junior grades ranging from grades 4 to 8 but currently is teaching grade 5 in the Hamilton-Wentworth District School Board. In her long years of experience, Lucy has come across a range of students in her classroom that vary in mental illnesses both diagnosed and suspected. She explains her frustration with the school board and the lack of support and resources she receives particularly with one student, Joe\(^1\) who she has taught for a year and a half and was clinically diagnosed with depression at age nine. Throughout the interview, she continuously highlights her belief that there should be a "marriage between schools and hospitals" where students with mental illnesses can be placed in an alternative setting that will be able to meet their needs which are not being met in a general classroom.

\(^1\) Pseudonyms are in place for every student mentioned to maintain anonymity
Lucy defines mental illness as: "anything that is debilitating to your daily normal routine of what you have to do. It interferes with who you think you are and what you know that you are capable of achieving, but for some reason are unable to do. You don't deal with life's little problems the same way other people do. You don't perceive things the way most other people do. There are many different kinds of mental illness...but whatever kind it brings you down from the best you that you can be and are on any given day / month / circumstance."

**Emergent Themes**

Throughout the interview and data analysis process, four themes emerged as well as several subthemes.

*Theme 1: Awareness/Acceptance vs. Denial*

*Subthemes:*
- Student Awareness/Acceptance vs. Denial
- Parental Awareness/Acceptance vs. Denial

*Theme 2: Student/Teacher Relationships*

*Subthemes:*
- Communication

*Theme 3: Understanding the Student's Profile*

*Subthemes:*
- Life Experience/ History

*Theme 4: Resources and Support for Teachers*

*Subthemes:*
- Challenges
Awareness/Acceptance vs. Denial

While the specific content varied across participants, they each spoke of the importance of awareness, or in some circumstances, lack thereof. This area of the analysis focuses on whether the student is self-aware and how it can impact their presence in the classroom, their acceptance, as well as those students who are in denial of the possibility of a mental illness. This section also highlights the parent's role in their child's life. Some parents presented awareness and acceptance of the possibility of their child having a mental health issue while others displayed a sense of denial.

Student Awareness/Acceptance

Some of the students mentioned throughout the interviews, exemplified strong self-awareness of their mental illness that contributed to their ability to control their actions in the classroom. Throughout the interviews, it became evident that when the student was more self-aware and accepted the possibility of a mental illness, they were more proactive in preventing the type of behaviour that may occur as a consequence of their mental health issue.

During her interview, Charlotte uses one student in particular as an example of the mental illness she experiences in her current classroom. Martin, whose parents are divorced and has a father who has mental health issues himself, is suspected to have depression and severe anger issues, has come a long way.

"He got suspended multiple times because...someone would look at him the wrong way and he would just explode and scream "I effing hate this school, I hate everybody". This year we have had some incidents, but he is more aware, he knows outside is not a good place for him where things can happen so he can be safe here, fewer kids, he can do what he wants, he makes a poster. So he is also keeping himself out of trouble. Avoid situations where he knows he can get angry".

Charlotte goes on to support this thought by explaining:
"And he knows too, he says his heart needs to cool down. He is very aware of when he feels anger".

When looking at the example of Martin, it is clear that he is aware of his anger issues and depression to the point that he actively removes himself from instances that could act as triggers. It is evident that he accepts his mental health issues and with that acceptance comes being proactive in his own life. Through talking about his illness and recognizing his triggers, Martin is able to understand how to take control of his life and has the ability to continue on a positive path where he does not feel controlled by his mental health issue.

Diana adds to this with her own experience with her student:

"Stephanie has grown a lot through the year. Since being professionally diagnosed and is taking medication, she has been really open and understands why she may be feeling a certain way at a particular time. She will actively remove herself from a situation when she knows it may affect the way she feels. If she is starting to feel anxious, she will tell me ahead of time so I can then give her some time before she continues a task".

Even at such a young age, this particular student seems to have quite an awareness of her mental health issue and plays an active role in understanding how and why she may be feeling that particular way at that moment. When a student is mindful and aware of his or her mental health issue, they can feel more in control of their life. Because mental health is a stigmatized topic in today's society, people often feel labelled by their mental illness and feel as though it defines the kind of person they are. However, if they are able to become aware and accept their mental illness, they can begin to feel that they are in control of their life and they are the ones who define their life, not the stigma.

\textit{Student Denial}

However, throughout my interviews, the majority of my participants explained the challenges they encountered when it came to the student's lack of awareness when attempting to acknowledge the possibility of a mental health issue. Therefore, it can be difficult for the teacher...
to provide support for the student when he or she is in denial. When someone is in denial, it is typically because it acts as a coping mechanism in response to a distressing situation. However, denying something such as a mental health issue runs its risks in developing into something more serious for the individual. Typically, when someone is in denial, it may be understood as though they are trying to "protect" themselves from the truth, however, staying in denial can interfere with treatment or possible support the child may need not only within the classroom, but also within their lives.

Working with students who are diagnosed or are suspected to have a mental illness, can be difficult to begin with however, the denial that some students may exhibit, can prohibit any further steps to be taken place.

As Diana suggests,

"When I attempt to approach one particular student, who I feel as though may have some serious anxiety issues, it seems like I hit a roadblock. Without a diagnosis, I feel like I can't do much but try and work the child. I go to her and I try to co-create strategies in trying to help her throughout her work, but she doesn't reciprocate. She would often comment that she doesn't need the additional time or help because nobody else in the classroom needs it so why should she ".

Lucy continues this idea using the example of Joe who has been diagnosed with depression,

"He goes out of his way to act socially unacceptable, to illicit comments from other students but then continues to play the victim. Emotionally, he is irrational and illogical although he is a very bright student. He hates himself. I do not know how to break that self-loathing cycle. Even if he achieves a level 4 grade, he crosses it out and gives himself a level 1 instead"

Despite the reassurance these participants attempted to give their students, the denial displayed by the child made it difficult to support. The literature shows that it can be difficult for individuals who have been labelled with a mental health issue to move beyond the label. This is because they begin to define themselves by this label. When a person feels a certain way about
themselves, it can be difficult to move past, especially when they constantly reminded by the stigma.

**Parental Awareness/Acceptance**

The process parents go through if their child is diagnosed or is suspected to have a mental illness can vary among individuals. The parents mentioned throughout the interviews have faced the difficult task of being approached by the teacher who raised the suspicion of their child having a mental illness. Because teachers are not doctors and are not there to diagnose the student, they can only come to the parent or guardian with a concern. With those concerns, it is important to have the evidence to support the suspicions, otherwise, the teacher runs the risk of encountering parents who are in denial of the possibility.

Only one out of the four participants has attended a workshop on mental illnesses, therefore, they use their professional judgement to understand the child's actions. Wanda and Charlotte developed a checklist to send home with one student for the parents to check off and help determine whether their suspicions were correct or if he was just displaying this behaviour at school. Wanda explains:

"We really feel like ADD, not hyper because he doesn't finish anything he cannot concentrate on finishing it. Like a variety of, like he is very bright and can give you quite a bit of knowledge on the carpet about things, but written and focusing he cannot do. So that's one thing, we have noticed this but you need to have your doctor check this out. No one is saying medication, but that's what a lot of parents jump to. With someone like him this year I think you just start with the parents. This is what I'm seeing at school, have you noticed anything at home? Is it a sort of sadness, I'll just come out and say it you know he seems really sad at school not really sure why and either parents Chris from last year, mom might open up and say yeah he has seen a lot of abuse when he was young or this happened and that happened. Usually you can find a reason for it, not very often do the parents not know where its coming from there's usually something, whether it's between the parents or the past, something like that".

Charlotte adds to Wanda's statement by saying:
"For this one example, one of the things we did is that we sent home a checklist for Chris saying that we noticed a lot of these characteristics and seeing whether the parents agree or not".

Looking at this particular example, both Charlotte and Wanda highlight the importance of reaching out to the parents and turning the parent's awareness to the concerns they have about their child. They both understand how cautious they must be when approaching the parents about their concern because they acknowledge that they may run the risk of the parent believing that the teacher is pushing medication onto the child.

Instead of jumping to conclusions about the child, Charlotte and Wanda decided that they needed to know how consistent his behaviour was, and whether or not it occurred at home, and therefore, they needed the cooperation of the parents.

Because they presented their suspicions as a partnership with the parents, the parents ended up being more receptive to their suspicions, Charlotte says:

"I think because we sent home a checklist to get the parents involved without fully approaching them and having them feel attacked really helped. They understood our concerns and actually took the time to look at the checklist when he was at home. They actually saw what we saw at school, which I think is an important first step to supporting the student."

Wanda added:

"When we have the parent's acceptance and support it becomes a little easier for us in the classroom. We gain this partnership with the parents and together we come up with strategies with the student in order for him to be successful in the classroom."

This is also true in Lucy's case where the child has already been diagnosed and prescribed medication. When a parent or guardian accepts the teacher's suspicions and the child's mental health state, it becomes an easier transition to support the child. In this case, the child was officially diagnosed and placed on medication. Just as Wanda and Charlotte had stated previously, their hope for parental awareness is not necessarily to put the child on medication, but to create strategies together to support this child in the classroom.
Parental Denial

When the teacher may suspect that the child has a mental illness, their initial step is to contact the parents or the guardians. Because mental illness has been viewed as a taboo subject, many parents and guardians find it difficult to shake the stigma enough to be willing to hear any suspicions the teacher may have. Without the guardian's support and acknowledgment of the teacher's suspicion, it can be very difficult for the teacher to create strategies for the student in the classroom. Many parents have a hard time facing the possibility that their child has a mental health issue based on the worry that their child might suffer and face a difficult life ahead of them.

Using personal experience, Wanda explains that:

"I think that people don't think that kids worry or think and they do, they really do. They worry about their parents, they about all sorts of things. They hear people talking...then leading up to last year, having parents who aren't ready to say yes there is an issue. So when you have a student who clearly needs certain help or might benefit from medication and the parents won't even consider it, you know, it's a struggle. Like the one who moved away last year, probably had that issue and things like depression quite possibly. It makes such a big difference when you have parental support".

It is common for parents and guardians as well as other people in the child's life to dismiss their behaviour and actions as trivial and hormonal. It can be seen as a phase based on their age and not taken seriously.

This denial goes on further even when there are clear signs of struggle from the child, Lucy explains that:

"Still at 9 years of age, parents are not willing to admit that the child's threats of "I hate myself and "I wish I were dead" and "everyone hates me" are real and very serious".

Diana explains a similar experience of rejection and denial of any issues with the child from a guardian:
"I called mom to try and get her on board with getting her son help, but she just took it as an accusation that she wasn't a good mother. She yelled at me and threatened to call the superintendent. I reassured her that I wasn't accusing her, I just want to work together because together we can get him on track. She later told me she appreciated it but didn't want to discuss the matter any further”.

All of the participants acknowledge that without the support from parents or guardians, it is extremely difficult to support the student in the classroom. They all agree that they hit a roadblock when it came to getting the help and support from denying parents, especially because of the student's young age and how often their emotions and behaviours are dismissed. However, the denial may hinder the child from being recognized or diagnosed professionally and can create consequences for the child in their future.

**Student/Teacher Relationship**

A major factor in contributing to a positive relationship between the student and the teacher is creating a safe and comfortable environment for the child. It is the teacher's responsibility to establish an environment where the child finds the teacher approachable. Because students spend so much time of their lives in school and in the classroom, it is essential for the teacher to create a space where their students feel like it is safe to voice their concerns and their personal struggles. It is when the teacher is involved with the child's struggles that they can begin the process of supporting this particular student.

Once this type of environment is established, it allows for open communication to occur between the student and the teacher. When there is open communication, it gives the teacher the opportunity to provide support for the child.
Communication

Having open communication between the student and the educator is key. Each participant suggested that it was easier to defuse a situation when they were aware of the kinds of triggers that particular student has. Once there is a level of respect achieved between both parties, communication can occur and the educator is able to gain a better insight of the child's life.

Charlotte supports this statement with a specific student in her current classroom to illustrate the level of respect between the two of them:

"The thing about Martin though, you know he has those issues but he has always been receptive and followed instructions so if you asked him to come over here, he always says yes. He was polite with us. There was never any, like, resistance to us teachers. To me he always kind of got that respect between teacher and student and he was quiet at the beginning and that's when I found out he had been to counselling service for kids who, with specifically, I think mostly anger, and just emotional issues".

Wanda furthers this statement by adding:

"And plus, he is also more comfortable with us because we are familiar so if he needs someone, he'll come straight to us whereas the supply teacher, they don't have that comfortable level".

Once that relationship is created and the child feels positive support from their teacher, it can assist the teacher in preventing the behaviour from reaching that level of potential outburst.

Educators also rely on communication with other educators to receive the information and support needed for that particular student. In order to prepare for students to come into the classroom at the beginning of the year, teachers talk with that child's previous teachers to hopefully gain an understanding of what to expect.

Wanda explains that:

"The teachers talk. So he\textsuperscript{2} didn't come until mid September I think so he, the teacher who had him previously said so..did so and so come back yet? and she would go on to explain

\textsuperscript{2} Martin
the kind of behaviour he would present in her classroom and the types of strategies she would implement. It is extremely helpful, however, you can't just assume a child will behave a certain way at the beginning, you kind of have to develop that relationship with that student first and figure out what he or she needs".

Even though communication with other teachers from the student's past is crucial, just as Wanda has acknowledged, it is important for teachers to not have preconceived notions of the child. It is the teacher's responsibility to take the time to get to know the student and create that atmosphere where open communication can occur. Therefore, it is through the relationship between the teacher and student that the teacher can understand the entirety of the student without basing their suspicions on previous assumptions.

**Understanding the Student's Profile**

Throughout the interviews, it was evident that prior to any type of suspicion the teacher may have about a student, they felt as though knowing the student's background was essential. Different types of mental illnesses result from either environmental, biological, or psychological factors. It is through the relationships and open communication between the teacher and student mentioned before, that the teacher can begin to understand the entire student.

When teachers have a better understanding of the student's profile, it gives them evidence for their suspicions as well as a reason as to why the child may have been diagnosed with a particular mental health issue. When educators have a better idea of what is going on in the child's life, it can help determine how they may support them in the classroom.

*Life Experience/History*

As discovered in the literature review, there is no exact cause of most mental illnesses. However, it is becoming more clear through research that many of these conditions are contributed by social and environmental, genetic, and biological factors separately or combined.
A child may live through an extremely traumatic incident that scars them for the rest of their lives which impacts their mental state. Certain stressors can trigger an illness within an individual who is already susceptible to a mental illness. Environmental factors that were discovered throughout the interviews were, but not limited to: divorce, a dysfunctional family life, feelings of inadequacy, low self-esteem, and substance abuse by the child's parent.

Charlotte gives substance to this example by stating:

"Cause mom and dad weren't together so he felt it was really stressful, he didn't see his dad very often even though his dad would promise he would come and visit him so that would really upset him, understandably. And then this year, we have a student whose parents also split up and dad has said things to this child because dad is not healthy himself, so it's really affected his son as well".

Knowing the child's profile allows the teacher to understand why they may be behaving a certain way in the classroom. Charlotte states that because of her knowledge of the child's background, she can create realistic expectations for him in the classroom that will prevent him from having sudden outbursts:

"I think because we know his background, we kind of have different expectations of him. I might not talk to him the same way I would talk to another student. if this student isn't following instructions or directions, I'll kind of have a reason why at the back of my mind. Another student who has a very stable home, has a mom and dad, had breakfast, and doesn't listen to instructions, I would talk to that child in a different way. We have different expectations for different kids depending on the circumstances".

A common problem for students with mental illnesses in the classroom is their inability to complete their work due to distractions:

"So a kid who has ADHD, their work doesn't get done because I think that physically cannot get it done. Whether it is hyper activity where they can't sit still or whether it is a distraction. With a kid who is depressed or has anxiety or something like that they can't get their work done because they are so busy with everything that they are feeling inside, that their mind is so full, to try and even focus on something seems so nothing, has no importance to them because of how much is going on in their head".
Knowing the child's diagnosis allows Charlotte to understand as to why they may be struggling at school and not completing their work on time. In that the case, it is not that the child is unable to do the work, they may just need more time or "off the clock" time where they can be distracted for ten minutes and then settled back into working.

Even though a child could be diagnosed, the teacher has to continue to work with the student and come up with strategies to support their success in the classroom. From experience with Joe, Lucy suggests that:

"He has been on Prozac for the past couple of months which seems to make him a lot happier and social with others. It has not improved his disposition towards school work and that is a struggle to have him complete. He would rather just sit there and stare into space for extended periods of time. That's when I have to try and reduce quantity but remain consistent in the quality of work".

Additionally, it is essential for teachers to understand the child's home life which could be identified as a trigger for the possible mental health issue.

"One of the girl's mom was the one who told me she wanted to kill herself. The mom is worried about it but that is the divorced situation where she goes back and forth between the mom and dad. That child tends to chew her lower lip until she gets a rash all the way around her face".

This particular student is having tremendous difficulty with her parent's divorce to the point of contemplating suicide and dealing with that difficulty physically by chewing her lip until she gets a rash all over her face. Knowing these factors can help teachers determine the kind of support they may need within the classroom.

Furthermore, some mental illnesses have been linked to biological factors where the mental health issue is genetic and runs through the family. Susceptibility is passed on in families through genes. In these interviews each of the participants has noted at least one parent having a mental health issue themselves.
KEY FACTORS IN SUPPORTING STUDENTS WITH MENTAL HEALTH ISSUES

Lucy's student Joe who was officially diagnosed with depression and is on medication states that:

"Joe's mother also suffers from depression and so there is history there"

Her awareness of Joe's mother's illness gives her the understanding as to why Joe was possibly diagnosed and placed on medication. As stated, when a parent suffers from a mental illness, the child is inherently susceptible to it.

It is common for many individuals with a mental health issue to develop a substance use problem. Not only is the child inherently susceptible to a mental illness because it runs in their family, but they are exposed to a parent who has a substance use problem. This illustrates the combination of both biological and environmental factors.

Wanda supports this by saying:

"We speculate that the dad has a large impact on how he reacts in class, there is possible alcohol issues in the past as well, so he wasn't allowed to see the mom or the son for quite a while, which created problems for the son. I think he is currently receiving some treatment for his mental health issues, but continues to struggle with his substance abuse problems".

When students come to school, they bring their home life, past experiences, and history along with them. There are multiple factors that act as triggers in a child's life, and it is up to the educator to understand the student's profile to gage the possible mental health issues the child presents.

Resources and Support for Teachers

Throughout the interviews, each participant highlighted the lack of resources they received from their school and school board. Each of them felt as though they did not have the necessary tools or knowledge to understand which steps to take when they had suspicions that a child may exhibit symptoms of a mental illness. Even when the child was previously diagnosed
and put on medication, each of the participants felt as though it was up to them to figure out how to support that child in their classroom.

**Challenges**

Throughout the interviews, each participant acknowledged that it is not their role to diagnose students because they are not doctors. However, they highlighted that the amount of time they spend with students allows them to use their professional judgement to understand that their student is facing challenges and present these findings to professionals who do have the capacity to make a diagnosis.

A possible resource that helps support teachers are professional development workshops. However, only one out of the four participants has attended a workshop on mental illness which illustrates how the other three participants use their professional judgement to understand the child's actions. Wanda and Charlotte developed a checklist to send home with one student for the parents to check off to help determine whether their suspicions were correct or if he was just displaying this behaviour at school. Wanda explains:

"We really feel like ADD, not hyper because he doesn't finish anything he cannot concentrate on finishing it. Like a variety of, like he is very bright and can give you quite a bit of knowledge on the carpet about things, but written and focusing he cannot do. So that's one thing, we have noticed this but you need to have your doctor check this out. No one is saying medication, but that's what a lot of parents jump to. With someone like him this year I think you just start with the parents. This is what I'm seeing at school, have you noticed anything at home? Is it a sort of sadness, I'll just come out and say it you know he seems really sad at school not really sure why and either parents Chris from last year, mom might open up and say yeah he has seen a lot of abuse when he was young or this happened and that happened. Usually you can find a reason for it, not very often do the parents not know where its coming from there's usually something, whether it's between the parents or the past, something like that".

Charlotte adds to Wanda's statement by saying:

"For this one example, one of the things we did is that we sent home a checklist for Chris saying that we noticed a lot of these characteristics and seeing whether the parents agree or not".
The challenge when it comes to developing professional judgement is the fact that participants feel as though there is a lack of workshops and information available for them. However, as educators, they acknowledge the importance of understanding mental health issues and knowing how to support these students in the classroom.

Lucy suggests that:

"I feel like the board just started to talk about mental illnesses within the past five years. It is such a new thing within the school board that I feel like they are still trying to figure a lot of things out. Don't get me wrong, I think it's amazing we are finally talk about it but I want to delve deeper. I want more workshops, more information, and practical strategies to implement into my classroom."

Professional development workshops are crucial for an educator throughout their careers. The purpose of workshops is to include knowledge and content that is research-based to provide teachers with quality-teaching strategies. Especially with a sensitive topic such as mental health that deals with the overall well-being of a child, it is important to take the time and attend these workshops in order to understand what mental illness is and how to implement practical strategies within the classroom.

The participants also stated that the principal plays an important role as a support system, especially when the teacher is introducing their suspicions to the parents and guardians of the child.

Charlotte says:

"We talk to the principal because she knows all the kids in the school, she touches base, talks to the special education or resource teacher. Comes up with strategies that the teachers could use. Some need a psych evaluation depending on the issue. I guess you start talking to the principal and say, look, I have noticed and it's probably something other teachers have noticed too and then you know parents telling them we want to bring them up to the school support team this is what we are thinking or just checking in".
Each of these participants experience different situations. Wanda and Charlotte seem to receive some support from the principal whereas Diana and Lucy seem to encounter more difficulties and challenges. When explaining the process she typically takes, Diana says:

"I had a meeting with one student's parents and I wanted to have the principal there for back up. As soon as I started to suggest what I have observed, I immediately got resistance from the student's father and the father began to yell at me. The principal just sat and so I had to remove myself from the situation. I was frustrated with the principal because he didn't stop him. To my face he supports me and what I do with the student, but I felt like he should've stepped in when the dad was yelling. ".

Without the proper support from parents or the principal, the participants stated it is extremely difficult to continue with the process. In response to Joe's particular experience Lucy encountered a lot of difficulties:

"I initially contacted the parent, but that didn't work. So I contacted the principal and we arranged a meeting with the parent. That didn't seem to provide much help so I called CAS when there were threats of suicide. However, they told me to call COAST. COAST then told me to tell the parent to call COAST and if the parent did not, then COAST would intervene. The parent was then told to take Joe to the doctor. The general practitioner referred him to a psychiatrist who he sees once every two weeks which is not nearly enough".

This example illustrates that even if there is some professional support outside of school, the participants felt as though it was not enough for the child. With the lack of professional support the participants felt they needed, they believed it was necessary to use their professional judgement to take matters into their own hands.

When asked what they do if they do not receive the support they feel they need, Wanda stated that:

"You just kind of manage with them. You find resources on your own. I recently came across a lesson plan on stressed out kids and how to help kids, which we should do. But it really teaches kids what stress is, what does it feel like, and it goes through the physical feeling you can have and the fact that you can".

Diana supports this statement by saying:
"I go out on my own and get the resources I need and spend a lot of my own money. But especially starting with the treatment class, grades 1-8, whoever came and went, I accumulated whatever I could".

An additional challenge that teachers face is having the ability to implement the strategies they did have because of the teacher to student ratio.

When experiencing difficulties in class, Diana explains that:

"Behaviourally, he hurts other kids, he starts making noises. So in the morning when we are on the carpet, he starts making noises or he will mimic me or just does anything to disrupt the learning that is going on. Usually to the point that I have to send him out of the classroom, which isn't, I've talked to him about it, this is no solution for you, you're not learning but on the other hand, I have to have the other children learning as well. I've tried to present this to the principal as well, like I have to have the other children learning, and I don't want to send him out".

It is clear that Diana is aware of the child's struggles but finds it extremely difficult to support him in any way when he is resistant and she has twenty-some other students to keep teaching. Therefore, instead of stopping and addressing the issue, which will hinder the rest of the class's learning, she feels as though she has no choice but to send him out.

Whereas Wanda and Charlotte have a very different classroom environment because of their co-teaching, Wanda states that:

"And I think because of our situation, because we are two teachers in the same class, she can take the time to talk to him, while I take the class for a lesson. If we're in, just by ourselves, I don't think...I wouldn't have the time".

Wanda acknowledges that their classroom environment is unique and without having Charlotte there with her, she would not be able to find the time to address the issue without either taking away learning time for the class, or that particular student. Charlotte adds:

"Having to talk to him, while having all the other students waiting for me at the carpet. Cause we are two adults, we can take the time to talk to the kids. If there is something going on, one us would take the class".
KEY FACTORS IN SUPPORTING STUDENTS WITH MENTAL HEALTH ISSUES

Whether they received the appropriate support or resources, each participant mentioned that they tried to create a positive environment as best as they could. Each of them had outlined the importance of it being an ongoing process with the student; and that there will not be one possible solution.

Charlotte points out:

"I don't think it was until a few years ago, it was before five years ago it was all about literacy literacy literacy, how to get them to read now, it's more like the whole person, mental health, being healthy mentally, physically, the whole person is looked at now".

Wanda adds:

"A lot of times it's just an ongoing process you know it's constant review, review over and over".

The responsibility teachers have for the well being of their students has begun to take precedence over other areas in the classroom. These participants all outlined the importance of the overall well-being of the child.

Lucy says:

"It is when we support the child emotionally, that we can begin to support them academically".

Stating this, it is evident that more professional development workshops as well as open support among the school boards and teachers should increase and become readily available.

Diana's quote is one that will stick with me:

"My responsibility is to try and get my students help and try and make them successful in whatever way I can. It's a big responsibility ".

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Chapter 5
Discussion

Introduction

This research study has provided information in the area of the key factors that are addressed by teachers to support students who have mental health issues or exhibit the possibility of having a mental health issue in the classroom. The participants have reiterated prior research acknowledged throughout chapter two by providing their understanding of what mental illness is, the outside resources and support they need in providing the necessary assistance for the students in their classrooms, and the challenges they experience when trying to implement these strategies. In this final chapter, I intend to combine research with the findings from this particular research study to provide implications for the teaching profession.

From Theory to Practice

When I began this research study, I was convinced that based on the literature and plethora of resources I found on the boards I focused on, that the participants I would be interviewing would mirror this thought. I believed that because this topic is such an important issue and mental well-being is becoming more prevalent in our classrooms, that the teachers I interviewed would present all of the resources they had access to. After completing the interviews, I was quick to realize that my participants had their own unique definitions of what mental illness meant to them as well as the lack of support they felt they received in order to gain the knowledge to assist their students. All four of the participants displayed dissatisfaction when we spoke of the kind of preparation they received about mental health issues. However, what was consistent between the research and the ideas expressed by the participants was the importance of de-stigmatizing mental health issues and acknowledging the importance of early intervention.
Why Focus on Mental Health Issues in the Classroom?

A major commonality between research and the participants' responses was the belief that mental health issues should be highlighted and addressed within the school environment. Research has shown that there is an alarming rate of children suffering from a mental illness and that the majority of them go undetected. The literature highlights that because children spend most of their lives in school, teachers play a key role in having the ability to engage in preventative measures (Hofweber, 2009). All of the participants acknowledged the importance of their role in their students' lives. However, each of them stated that they encountered major challenges due to their lack of expertise in mental well-being. Because detecting mental health issues in a child is extremely difficult, even for mental health professionals, the participants stressed the difficulty of approaching the situation.

Both the research and the participants stressed that talking about mental health issues within the school environment will help de-stigmatize the topic. The more knowledge an individual has on understanding how mental illness develops and how it can be treated, the more likely misconceptions will begin to diminish. Research shows that mental illness can have serious affect on the child's ability to reach their potential in the classroom (Hofweber, 2009). This was mirrored in the participants' responses where they witnessed firsthand the struggle these students faced academically. Therefore, focusing on diminishing the stigma associated with mental health issues and bringing the topic into the classroom, will help the students not only academically but prevent more serious problems in the child's future.

Defining Mental Illness

Understanding the definition of what mental illness means is a daunting and difficult task. The term mental illness is very broad and encompasses a lot of different mental health
issues with which each of them exhibiting different symptoms and causes. The complexity of the definition can affect how an individual views mental illness. In the case of my participants, when asked what their definition of mental illness was, they all varied and were not as consistent as one would believe. Especially looking at the research, and how boards stress knowing what mental illness is, the inconsistency and lack of certainty is slightly alarming.

Ultimately, their own definition impacts how they see mental illness. Some of them saw challenging behavioural students as having a mental illness for example. Even though behaviour can contribute to the student's mental illness, it is not necessarily the cause, which some of the participants were unaware of. They often used the child's behaviour and actions interchangeably with the reason as to why they believe the child has a mental illness.

Referring to the literature, the modules given by the TDSB to their staff members online outlines the definition of what mental illness means and thoroughly acknowledges the different kinds as well as practical strategies to implement within each teacher's classroom.

**Causes of Mental Health Issues**

Another commonality between research and my participants' responses is that they acknowledge that there are multiple causes of mental health issues. Research shows that mental health issues can be caused by biological, social and environmental, as well as genetic factors (Canadian Mental Health Association, 2015). Throughout the interviews, each of the participants stressed the significance of knowing the student's profile. They suggested that it gives them a criteria of understanding symptoms they correlate with mental illnesses. When acknowledging the student's life experience and history, it gives the educator a better idea as to of what is going on in the child's life and ultimately, it can help determine how the educator can support them in the classroom (The Mental Health Strategy, 2014).
When the educator is aware of the child's background, they can create realistic expectations for them in the classroom. Many students who suffer from a mental health issue, do not perform to their full potential in the classroom (Children and Youth Mental Health and Well-Being). If the teacher is aware, they can develop strategies to assist this student in order for them to succeed academically.

Implementing Practical Strategies

How teachers can implement practical strategies was dominant in the research, but was lacking in the interviews. Throughout the research I came across a lot of documents provided by the schools boards, the Ontario Ministry of Education, as well as the interactive and informative training module that was available for every staff member who is a part of the TDSB. However the participants continuously stressed the lack of support they received from their school and school board. Each of them felt as though they did not have access to practical strategies and would often have to independently search or use their professional judgement on what to do with the student.

The inconsistency between the interviews and the research that focuses on the implementation of practical strategies was something that concerned and surprised me. Personally coming across resources among both the TDSB and HWDSB made me think that since I was not a part of that board's staff and I could come across this information, that certainly the actual participants would have definite access and knowledge of it.

Unfortunately, it is unclear as to understand the reason behind the discrepancy between the boards and the staff. As a researcher, it seems as though the school boards are making these documents and resources readily available, however, I cannot help but wonder why the participants were so unaware of their existence.
Implications/Recommendations

This research provides further support in understanding mental illness in the classroom. Throughout the research and interviews, it is evident that there is a lot of resources and support out there. It is a matter of how accessible they are. Acknowledging the mental well-being of a student is a fairly new concept within schools. Many of the documents provided by the two school boards were developed within the past five years. Therefore, because of how new it is, school boards and school staff need to continue to stress its importance in order for the topic to be more known.

As stated, research has shown that if teachers can detect the mental well-being of a student early enough, they can intervene and help diminish the possibility of the child developing harsher consequences in their future. Preventative measures taken at an early age can help the child's future where they can succeed academically as well as lead a happier and healthier life. Knowing that mental health issues can be difficult to detect, especially in adolescences, particularly because of their age and their shame of disclosing such information, only stresses the significance of making this topic front and centre within the school environment. It needs to move beyond the classroom, the entire school needs to get involved in acknowledging how attainable the goal of making the importance of student's mental well-being really is.

In fact, what has been suggested through this research is that spreading awareness of mental well-being is possible as long as there is a strong relationship between the school board and the staff. Learning about mental health issues is attainable, as long as the information is easily accessible and readily available for staff. This study has led to the recommendation that educators, and schools altogether, use the research-based information provided for them and translate it into the classroom setting where students and parents alike can broaden their
knowledge and become more aware of the implications of mental health issues and the importance of the well-being of our students.

It is also recommended that staff, students, and parents have an understanding of what mental illness is. Having a skewed definition of the term can create the risk of impacting how people see mental illness and wrongly suggest a student may have one solely based on their behaviour for example. This is also true for pre-service teachers. Understanding mental health issues and its different aspects should become an integral and larger component in their training. Currently, the topic of mental health issues is given a small amount of time within pre-service training.

Based on this study, research shows how students can benefit from educating and raising awareness of mental well-being in schools and therefore, should be given more time with experienced professors and become its own subject area instead of melting in with another.

A list of recommended practices can be derived from this research:

- Making professional development workshops mandatory and readily available for staff
- Continue to have the module online for convenience but as a principal, make staff aware that it is there, and mandatory to complete
- Work with students and parents to raise awareness of mental well-being within the school
- Establish a definition of what mental illness means and make it known throughout the school
- Make it a school initiative to raise awareness and keep it going throughout the year, rather than designating one month or day to it
- Have students in charge of raising and spreading awareness within the school
Limitations

The definition of mental illness posed as one of the largest limitations of the study. Throughout the interviews, each of the participants would often mistake behaviour as a reason to believe that a child had a mental health issue. Behaviour can contribute to their mental illness but it does not necessarily mean that it is the cause of the mental illness. Without having a concrete definition of what mental illness is, it can be difficult for the teacher to understand the correct symptoms a child may be exhibiting and this could result in misuse of strategies. This issue was also raised in the literature review, where a child's behaviour could be dismissed as juvenile angst, but it could also be wrongly associated with having a mental health issue. Therefore, some of the examples the participants used as children having a mental health issue, could be mistaken and considered void within this research. Further research may consist of providing participants with an existing definition prior to engaging in the interview.

Further Study

Further research should focus on the relationships between school boards and teachers when it comes to the accessibility of the resources. It is important to understand how we can take the documents and support that the school board has developed and translate it into the classroom and practice for teachers. From this research, there should be a focus on strategies, tools, and further examples to assist teachers and schools on how to implement raising awareness of mental well-being within their classes and the school environment as a whole.

I also believe it is vital to look at the success some schools and teachers have in raising awareness in their classrooms and the key factors they consider when they support students with mental health issues. Further research should look at these teacher's strategies, philosophies, and
perspectives on mental health issues in their classroom and how they support these students, as well as determining how to implement these strategies that makes their students successful.

**Conclusion**

Promoting mental well-being is becoming a prominent focus in Ontario school boards. Finding a way to implement practical strategies and raising awareness in schools to make these students succeed and de-stigmatizing mental illness should be at the forefront of our classrooms. It is crucial to look at the whole student in order to teach them academically. Students who suffer from a mental illness are negatively impacted in other aspects of their lives and may go undiagnosed and undetected. It is the teacher's responsibility to gain the appropriate knowledge and understanding of mental illnesses and the well-being of their students to assist in early detection.

Research and the participants highlight the alarming number of individuals who suffer from a mental health issue and how it is necessary to tackle the stigma at the school setting. Through the literature and interviews it is agreed that if more of these students are detected at an early stage of their lives, the consequences they would typically experience later on in their lives could be prevented. Prior to entering the work force, pre-service teachers should be exposed to a more in-depth education on mental illnesses and the practical strategies that could be implemented within the classroom. The school boards need to promote the readily available resources they have for existing educators, while teachers should actively look for support and factors that can help them address mental health issues of students. Mental health issues are sensitive topics which only makes them more important for awareness and de-stigmatization and it is through education that we can make this possible.
References


KEY FACTORS IN SUPPORTING STUDENTS WITH MENTAL HEALTH ISSUES


KEY FACTORS IN SUPPORTING STUDENTS WITH MENTAL HEALTH ISSUES


Appendix A: Letter of Consent for Interview

Date: __________________________

Dear __________________________,

I am a graduate student at OISE, University of Toronto, and am currently enrolled as a Master of Teaching student. I am studying how technology is used to improve social interactions and verbal communication for students with autistic spectrum disorder at the elementary level for the purposes of a graduate research paper. I think that your knowledge and experience will provide insights into this topic.

I am writing a report on this topic as a requirement of the Master of Teaching Program. My course instructor who is providing support for this assignment this year is Geraldine Burns.

The purpose of this requirement is to allow us to become familiar with a variety of ways to do research. My data collection consists of a 45-60 minute interview that will be audio-recorded. I would be grateful if you would allow me to interview you at a place and time convenient to you, outside of school time.

The contents of this interview will be used for my research project, which will include a final paper, as well as informal presentations to my classmates and/or potentially at a research conference or publication. I will not use your name or anything else that might identify you in my written work, oral presentations, or publications. This information remains confidential. The only people who will have access to my assignment work will be my research supervisor and my course instructor. You are free to change your mind at any time, and to withdraw even after you have consented to participate. You may decline to answer any specific questions. I will destroy the audio recording after the paper has been presented and/or published which may take up to five years after the data has been collected. There are no known risks or benefits to you for assisting in the project, and I will share with you a copy of my notes to ensure accuracy.

Please sign the attached form, if you agree to be interviewed. The second copy is for your records.

Thank you very much for your help.

Yours sincerely,

Researchers name: Sara Varga
Phone number, email: (905)220-1488, svarga@utoronto.ca

Instructor's Name: Geraldine Burns
Phone number: gburns6144@hotmail.com
Consent Form

I acknowledge that the topic of this interview has been explained to me and that any questions that I have asked have been answered to my satisfaction. I understand that I can withdraw at any time without penalty.

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

Signature: __________________________

Name (printed): __________________________

Date: __________________________
Appendix B: Interview Questions

1) When did you complete your degree?

2) How long have you been a teacher?

3) What grades have you taught? What grade are you teaching now?

4) What is your classroom dynamic currently? How do the students differ?

5) What is your experience with students who have a mental illness?

6) What are the challenges you have experienced with these students?

7) How do these students present themselves? What are they like behaviourally, academically, socially and emotionally?

8) Do you have different expectations? What accommodations do you make for these students?

9) What is your relationship like with their guardians?

10) If you suspect that a student has a mental illness, what steps do you take?

11) What kind, if any, professional development courses or prior instruction did you receive about mental illnesses?

12) What kind of resources do you use to support these students?

13) How is the school support in regards to mental health awareness?

14) If the student was given a diagnosis, what changes? What was further given?

15) What kind of progress do you witness with students who you suspect have a mental illness, as opposed to those who have the diagnosis?

16) Is there anything you would do differently in regards to the kind of resources in your classroom and how you use them to support your students?

17) What do you think are your responsibilities?