Supporting Students’ Mental Well-being in Ontario Elementary Education

By

Brigit Fry

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

This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivs
CC BY-NC-ND

Copyright by Brigit Fry, April 2015
Abstract

As the topic of mental health is becoming more familiarized through mainstream discourse, research is unveiling alarming statistics. Child and adolescent mental health problems are posing a national epidemic in Ontario schools. Although mental health promotion and support is a shared responsibility, teachers are increasingly called upon to support their students’ mental well-being at school. The purpose of this research study is to investigate the ways in which Ontario educators are currently supporting their students’ mental health. Four participants, all Ontario educators who have experience working with students with mental health problems, are interviewed through semi-structured interviews. Data is collected through the interviews, is analyzed and interpreted, and compared to the literature on the topic. Several themes and implications arise from the analysis process and from the current literature. It becomes clear that although there is a shared belief that teachers play a significant role in supporting students’ mental health, it does not come without its challenges. This research paper highlights the various challenges that teachers face when required to support the well-being of students, as well as effective strategies and resources currently being used. The aim of this research is to increase awareness on the topic of mental health and to illustrate the importance of early and on-going mental health promotion and support in schools.

Key Words: mental health, mental health problems, challenges, support strategies
Acknowledgements

I wish to express my gratitude and appreciation to the following people:

Thank you to my research supervisor, Anne Marie Chudleigh for her continuous support throughout this process. Her genuine feedback has been invaluable and her tireless efforts have not gone unnoticed. Thank you for being so patient, calming, and truly inspirational.

Secondly, I would sincerely like to thank my research participants for the time they took away from their busy lives to assist me in this study. Your expertise and personal experiences have highlighted the commitment you share to all students. Thank you for your enthusiasm and your willingness to speak openly and honestly throughout the interviews. Your participation has provided significant implications for the education community and helped to raise awareness on the importance of student mental health and wellness.

I would also like to thank my Master of Teaching cohort, J/I 142. Every one of you has provided me with support and guidance over the past two years, and for that I am truly thankful. You are all wonderful, caring individuals and I am so proud to now call you my colleagues.

Lastly, I want to express my gratitude towards my family. My mother and father have always provided me with constant strength and encouragement. They have always believed in me and have never let me down. I am beyond proud that I can call them my parents, and am sincerely grateful to be able to lean on such strong individuals. Your own strength and resilience inspire me for my own journey through parenthood.
TABLE OF CONTENTS

Abstract ................................................................................................................................. 2

Acknowledgements .............................................................................................................. 3

Chapter 1: INTRODUCTION ................................................................................................. 6
  Introduction to the Research Study .................................................................................. 6
  Research Questions ........................................................................................................ 10
  Background of the Researcher ....................................................................................... 11
  Overview ......................................................................................................................... 13

Chapter 2: LITERATURE REVIEW .................................................................................... 14
  What is Mental Health? .................................................................................................... 14
  The Impact of Mental Health ........................................................................................ 15
    Mental Health and Academics .................................................................................... 17
  School as a Setting for Mental Health Promotion ....................................................... 18
    The Role of Teachers ................................................................................................. 18
  Challenges Faced by Teachers ...................................................................................... 20
    The Health Care System & Societal Views ................................................................ 21
    Teacher Preparedness ............................................................................................... 23
  Resources and Strategies .............................................................................................. 27
    The Whole-School Approach ..................................................................................... 29
    Building Self-efficacy in Students ............................................................................ 30
  Conclusion ...................................................................................................................... 32

Chapter 3: METHODOLOGY ............................................................................................... 34
  Introduction to the Methodology ................................................................................... 34
  Instruments of Data Collection ...................................................................................... 34
  Participants ...................................................................................................................... 35
  Ethical Review Procedures ............................................................................................ 37
  Limitations ...................................................................................................................... 38

Chapter 4: FINDINGS .......................................................................................................... 40
  Introduction ...................................................................................................................... 40
  Participants’ Experiences with Mental Health Problems in Schools ......................... 40
    Impact of Mental Health on Academics ..................................................................... 42
  The Role of Educators ................................................................................................... 43
  Challenges ....................................................................................................................... 46
    The Importance of Family Involvement .................................................................... 49
  Preparedness ................................................................................................................... 51
  Avenues for Mental Health Support and Promotion .................................................... 54
    Trained Professionals ................................................................................................. 54
    Community Partnerships ............................................................................................ 55
    Initiatives and Resources .............................................................................................. 56
  Review of “Supporting Minds” ................................................................................... 57
Chapter 1: INTRODUCTION

Introduction to the Research Study

According to the Canadian Mental Health Association ([CMHA], 2013), 1 in 5 Canadians will develop a mental illness sometime in their life. This alarming statistic includes children and youth as well. The CMHA (2013) states, “many [mental] illnesses first develop in adolescence … affecting people at a time in their lives when they are establishing important relationships, self-confidence, and educational paths”. Unfortunately, the CMHA (2013) also makes evident that mental health problems are commonly regarded as “adult problems”, and thus it can be challenging to understand how difficult children’s lives can be because we tend to look at their problems through “adult eyes”. However, the research speaks for itself. According to Children’s Mental Health Ontario (2015), “mental health problems continue to grow among children and youth, and are predicted to increase by over 50% internationally by the year 2020, to become one of the five most common causes of morbidity, mortality, and disability among children”. Adolescent mental health problems are posing a national epidemic so as society, it is imperative to recognize this. Even more importantly, it is essential not to overlook the mental health problems of our younger population merely because of their age.

The World Health Organization (WHO) defines mental health as “a state of well-being in which an individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (2007). Thus, good mental health is not only the absence of a mental illness but rather, is part of the foundation of overall healthy well-being and effective functioning in all individuals. Mental health is affected by numerous factors in our daily lives, and can affect us all differently based on our own resilience and coping mechanisms. Generally, mental health can be impacted
by factors related to the physical, social, and emotional well-being of individuals (WHO, 2014). However, there are certain risk factors that increase the likelihood of the development of mental health problems. These risk factors include internal influences, such as biological and psychological risks, and external influences, such as stressful family and community environments and experiences (Trussell, 2008). Although some mental health problems – ones that stem from biological make-up and psychological disorders – are inevitable, others are preventable with early intervention and support (Supporting Minds, 2013).

National headlines broadcasting the unforgettable tragedies at Columbine High School in 1999 and Sandy Hook Elementary School in 2012 are a somber reminder of the urgency to support our children’s mental health at an early age, in an attempt to prevent further tragedies from occurring. The shooters in both these cases experienced mental health problems (Hong, Cho, Allen-Meares, Espelage, 2010; Reflecting on Sandy Hook: One Year Later, 2014).

The Columbine shooters, Eric Harris and Dylan Klebold both received counseling sessions for depression, impulsivity, and anti-social behavior before their heinous crime (Hong et al., 2010). Eric’s counselor diagnosed him with having “pathological narcissism, anti-social tendencies, paranoid traits, and unconstrained aggression” (Hong et al., 2010, p. 862). In addition, Eric was prescribed a “psychiatric medication called Luvox for obsessive and compulsive disorder and was court ordered to attend an anger management class shortly after being arrested for vandalism” (Hong et al., 2010, p. 862). Dylan was evaluated as being “depressed, over-anxious, mistrustful, and exhibited reclusive behavior patterns which [were] consistent with a clinical diagnosis of avoidant personality disorder or social phobia” (Hong et al., 2010, p. 862). Unfortunately, it has been reported that both young men experienced bullying
victimization (Hong et al., 2010) at school. So, although they did receive some support for their mental health, it was clearly not enough.

Like the Columbine shooters, Adam Lanza, the perpetrator from the Sandy Hook massacre, had “significant mental health issues that affected his ability to live a normal life and interact with others” (Reflecting on Sandy Hook: One Year Later, 2014, p.10). Moreover, it has been revealed that upon graduating high school at the age of 18, the mental health treatment arranged for him by his mother and his school ceased (Reflecting on Sandy Hook: One Year Later, 2014), leaving him little support and professional resources moving forward.

It should not take the heart-breaking loss of life at both Columbine and Sandy Hook to raise awareness of the necessity of child and adolescent mental-health promotion. Initiative needs to be taken to support the younger population’s mental well-being in order to prepare them for prosperous and bright futures.

Educators have a duty to help their students flourish. Their mission “extends beyond developing the cognitive capacity of their students” (Koller & Bertel, 2006, p. 202), implying that teachers ought to be concerned with other areas of student development, including their mental health. In 2007, the Association for Supervision and Curriculum Development (ASCD) launched its Whole Child Initiative, an effort that promotes the long-term development and success of children (2013). This initiative calls on educators to support their students in areas beyond academics. With an increased demand on teachers to support the whole child, the subject of mental health promotion and support has become a mainstream topic in schools.
Purpose of the Study

The steady increase in adolescent mental health problems inspires the focus and supports the urgency of my research. The purpose of this phenomenological study is to investigate the ways in which Ontario Elementary School teachers effectively support their students’ mental health, and to highlight the need for ongoing mental health promotion and support in schools. In Canada approximately 15 to 20 percent of children and adolescents suffer from some form of mental disorder – meaning that one in five students in the average classroom suffers from a mental health problem (Kutcher, Venn, & Szumilas, 2010). This substantially high number makes it extremely important for teachers to be part of the collective who are deemed responsible for adolescent mental health.

Many researchers and professionals argue that schools have the potential to be one of the most important and effective agencies for promoting mental health (Graham, Phelps, Maddison, & Fitzgerald, 2011; Jerusalem & Hessling, 2009; Johnson, Eva, & Johnson, 2011; Reback, 2010; Schwean & Rodger, 2013; Stafford, 2007) and therefore, it is essential that educators take appropriate action to not only support their students academically, but socially, emotionally, and mentally as well. As Koller and Bertel (2006) state, “schools are primarily concerned with student learning, but mental health is essential to learning” (p. 199). Thus, teachers are also responsible for developing and strengthening their students’ mental well-being.

Furthermore, evidence has revealed a direct link between mental health and academic performance (Dix, Slee, Lawson & Keeves, 2012; Schwean & Rodger, 2013; Stafford, 2007; Strowig, 1964). Research indicates that students with poor mental health experience lower academic achievement, show less school engagement and participation, and pose a higher risk of school drop-out (Froese-Germain & Riel, 2012; Koller & Bertel, 2006; Stafford, 2007; Whitley,
Smith, & Vaillancourt, 2012). It is evident that mental health problems have an enormous impact on student learning; subsequently, it is even more apparent that teachers do all that they can to support their students wholly.

Unfortunately, there is a large stigma surrounding mental health issues. This stigma has the ability to prevent many children and adolescents from discussing their problems and inhibits them from seeking help. The CMHA (2013) recognizes that the stigma surrounding mental health problems alienates people and causes them to feel isolated and humiliated. This unsettling viewpoint also addresses the need for my research. We need to use our educational institutions and teaching professionals to address this stigma and attempt to destroy it.

**Research Questions**

The aim of this research paper is to shed light on how elementary school teachers support the mental well-being of their students. The research will also explore the deeper systemic issues surrounding mental health and the challenges that teachers face while trying to support their students.

**Main Question**

• How are Ontario Elementary School teachers effectively supporting their students’ mental well-being?

**Sub-questions**

• What strategies are elementary school teachers using to support their students’ mental health?

• What resources are available for elementary school teachers?

• Are there any professional development opportunities for elementary school teachers to increase their knowledge and understanding of student mental health? (I.e. common mental health problems, possible symptoms or characteristics of various mental health problems, strategies to support their students, etc….)
• What challenges are involved in supporting students who suffer from mental health problems?
• What measures are teachers taking to help eradicate the stigma that surrounds mental health problems?

**Background of the Researcher**

As someone who has been diagnosed with having a mental health problem, I personally understand the impact it can have on one’s life. Thankfully, my family has always been very supportive, but it has not been until relatively recently that I felt I could discuss the problems that I struggle with beyond the walls of my home. As a child, I was often quite hesitant, and even embarrassed at times, to openly discuss the problems I struggled with. Upon reflection, I attribute this to society’s perceived notion of mental health problems and the stigma that surrounds it.

Throughout my elementary school years, mental health was rarely discussed publically. As a child who yearned for discussion on the topic, I often internalized a lot of my problems for fear of being judged and stigmatized. Unfortunately, the internalizing of my problems turned into a vicious cycle that rapidly took hold of me, and my anxiety began to completely interrupt my life. I avoided many situations and regrettably, missed out on multiple exciting opportunities. It was not until I was older when I spoke with a professional – someone who offered me support, and provided me with various coping strategies and tips for improving my mental health – that I learned how to manage and combat my anxiety. Furthermore, I discovered I was not alone in the challenges that I faced.

Although its symptoms are not always active, anxiety is something I am going to have to face for the rest of my life (Canadian Mental Health Association, 2015). I am thankful for the support I received, beyond my family, when I sought it. The reality is I had to seek the
additional support; it was not readily available. I often wonder how my life would have been different had I received mental health support and promotion from an early age. Would my anxiety have less of an impact on my life now?

Research indicates that among adults who have a mental health diagnosis, 70% can identify that their disorder had an onset during their childhood years (Schwean & Rodger, 2013). This statistic highlights the importance of giving our younger population the mental health support and promotion that they need early on, in an attempt to prevent mental health problems from effecting them later in life. Additionally, according to professionals in the field, “addressing the mental health of our young people should be a priority for schools” (Kutcher et al., 2010, p. 44). As an educator I take this priority seriously and will use my career as a gateway to support my students in all aspects of their development.

My personal experience surrounding mental health has created my passion for this topic. Through my research, I strive to illustrate the current mental health crisis surrounding our elementary school-aged children, and by doing this my hope is that others recognize the importance of this research. Our children are our future; thus, we must stand together and provide them with the on-going support they need to be successful, independent members of society. To develop successful children, we must focus on promoting their mind, body, and soul equally. Although mental health is just one area of many that we need to support in our children, it has been neglected for far too long. My goal is to increase the awareness on the topic of child and adolescent mental health and to make an impact on the lives of the younger population who struggle with mental health problems.
Overview

Chapter 1 includes the introduction and purpose of the study, the research questions, as well as what led me to pursue this topic of study. Chapter 2 contains a review of the literature on the presented topic and focuses on five central themes. Chapter 3 provides the methodology and procedure used in this study, including information about the participants and data collection instruments. Chapter 4 outlines the findings from the research which emerged through the participants’ interviews, and connects to the literature as appropriate. Lastly, Chapter 5 provides a review of the research findings, including implications that can be drawn from the study, as well as recommendations for the education community and for future areas of study. References and a list of appendixes follow at the end.
Chapter 2: LITERATURE REVIEW

What is Mental Health?

As previously stated, the World Health Organization (WHO) defines mental health as “a state of well-being in which an individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (2007). In addition, the Canadian Mental Health Association ([CMHA], 2015), a nation-wide, charitable organization that promotes and supports the mental health of all says the following:

Mental health is key to our well-being. We can’t be truly healthy without it. It involves how we feel, think, act, and interact with the world around us. Mental health is about realizing our potential, coping with the normal stresses of life, and making a contribution to our community. It may be more helpful to think of good mental health as thriving. Good mental health isn’t about avoiding problems or trying to achieve a ‘perfect’ life. It’s about living well and feeling capable despite challenges. Mental well-being is bigger than the presence or absence of a mental illness. People who live with a mental illness can and do thrive, just as people without a mental illness may experience poor mental health.

It is important to acknowledge the prominence mental health has to our lives and that all people, regardless of age, need to take care of their mental health.

According to a newly developed resource guide for educators titled Supporting Minds: An Educator’s Guide to Promoting Students’ Mental Health and Well-being (2013), mental health exists on a continuum. This means that mental health problems range in severity and people may experience different aspects of the continuum throughout their lives. The document describes the lower end of the continuum as “Occasional stress to mild distress; no impairment”, the middle of the continuum as “Mild to moderate stress; mild or temporary impairment”, and
the high end of the continuum as “Mental Illness; marked distress and moderate to disabling or chronic impairment” (p. 10). The lower end of the continuum can involve merely feeling the worries and stress from everyday life, whereas the higher end of the continuum involves more serious long-term conditions such as bi-polar disorder or schizophrenia (Mental Health Foundation, 2015). Not everyone will experience mental health problems that range over the entire continuum throughout their lives but unfortunately, some do.

Nevertheless, mental health is vital to our overall health; thus, regardless of where individuals’ mental health falls on the continuum, we must approach them all with support, empowerment, and adequate treatment to help them overcome their difficulties. Furthermore, by providing early support to our students, we may be able to prevent current mental health problems from escalating further down the continuum.

The Impact of Mental Health

According to the World Health Organization (2015), one’s overall health is determined by three important co-existing factors: physical, social, and mental well-being. This means that one cannot be truly healthy if one’s mental health is suffering. This relationship highlights the necessity to promote, support, and protect our own mental health and the mental health of those around us, including our students.

In addition to impacting our overall health, literature reveals that mental health has a considerable influence on other aspects of our lives as well. For instance, many people whom experience mental health problems have a lower economic status (CMHA, 2015; Dix et al., 2011; Schwean & Rodger, 2013; Sickel, 2014). This is primarily attributed to the challenge of finding adequate employment opportunities (CMHA, 2015; Schwean & Rodger, 2013). The
CMHA (2015) explains that without access to quality employment, people with mental health problems rely on income supports from social assistance, which are inadequate to maintain a decent standard of living. What is even more astonishing is that many people whom experience severe mental health problems will earn one-third less per year than those not suffering from severe mental health problems, costing individual families to lose approximately $300,000 of their lifetime income (Sickel, 2014).

Beyond the economic burden that mental health problems can create are several other impacts that mental health problems can have on the lives of many. The literature informs that people whom experience poor mental health have difficulty maintaining safe and affordable housing (CMHA, 2015), are more prone to involvement in the criminal justice system and more likely to experience family breakdowns (Schwean & Rodger, 2013), have strained interpersonal relationships with families and friends, and experience increased workplace discrimination or pressure due to their health status. (Sickel, 2014). The impact of mental health problems is substantial and affects so many aspects of an individual’s life.

Moreover, there is a higher mortality rate among those experiencing mental health problems (Sickel, 2014), and this rate is already horrifyingly evident in our younger population. In Canada, suicide is the second leading cause of death among young people aged 10-24, and each year an average of 294 youths die from suicide (Canadian Children’s Rights Council [CCRC], 2014). The CCRC (2014) explains that adolescence is a time of “dramatic change” and that the transition from child to adult can be “complex and challenging”. As elementary-school educators, it is essential that we recognize the vulnerability of our students at this time in their lives and do all that we can to protect and support their mental well-being.
The alarming results of having poor mental health illustrate the urgency for this research paper and the necessity for a deeper understanding of how teachers can support the mental well-being of their students. If we do not intervene and support our students’ mental health immediately, we risk the prosperity of their futures. As Dr. Stan Kutcher and his colleagues wrote, “the earlier [mental health problems] are addressed through appropriate interventions, the more likely that beneficial effects will be achieved in both the short and long term” (2010, p. 44). Thus, it is paramount that we, as educators and a society, stand together and ensure that our students – society’s future generation – are truly healthy.

**Mental Health and Academics**

The link between children’s mental health and education is well known. In the *Canadian Journal of School Psychology* it explicitly states, “The connection between mental health and school success has been established” (Schwean & Rodger, 2013, p. 139). This is not a new theory, but one that has been represented in literature dating back to the 1950s and 1960s (Delp, 1950; Strowig, 1964).

With the heightened awareness of child and adolescent mental health within recent years, there is sufficient new literature and research suggesting the same relationship. There is consensus that poor mental health significantly hinders learning and academic achievement (Dix et al., 2012; Froese-Germain & Riel, 2012; Koller & Bertel, 2006; Reback, 2010; Schwean & Rodger, 2013; Stafford, 2007; Whitley et al., 2012). Furthermore, children who experience mental health problems are more likely to drop out of school altogether (Koller & Bertel, 2006; Schwean & Rodger, 2013; Whitley et al., 2012). Consequently, it is the responsibility of all
teachers to encourage and support their students’ educational needs while simultaneously attending to their mental health needs as well.

**School as a Setting for Mental Health Promotion**

Present literature suggests that schools are in a good position to foster mental well-being because “school is the centre of many adolescents’ lives” (Johnson et al., 2011, p. 13). As explained by *Supporting Minds* (2013): “Children and youth spend more than six hours a day and more than 190 days a year in school [so] what happens at school can have a significant influence on a student’s well-being” (p. 16). As a result, the school setting has a major impact on students’ mental health and is a convenient location to help foster it. Moreover, research shows that school-wide mental health promotion creates a significant positive impact on the development of children (Dix et al., 2012) and is ultimately more effective versus mental health support programs available at other sites (Schwean & Rodger, 2013). Ranganathan (2008) urges every school to “perceive itself has a micro-universe which can make a substantial difference to children’s lives” (p. 21). If every school follows this request and takes a proactive role in ensuring the psychological well-being of its children, it is sure to have an advantageous effect on their mental health.

*The Role of Teachers*

If schools are the platform, teachers must be the speakers. Few would dispute the claim that educators are in a high position of trust. They are entrusted with public confidence towards the academic, social, and emotional development of [adolescents] and young adults (Scarfo & Zuker, 2011, p. 19). This high expectation occurs because “the common law clearly establishes...
that teachers have a duty of care towards students under their care. It is called being in loco parentis” (Scarfo & Zuker, 2011, p. 47). This Latin term communicates that teachers are to act in place of the parent for the purpose of educating the child, expressing the view that educators are not merely teaching students but are caring for them wholly. The relationship between mental health and overall health has been established, meaning teachers must consider their students’ mental well-being in order to effectively help them develop overall.

Additionally, educators are already expected to combat many emerging public health concerns that involve their students. These include but are not limited to bullying, violence, and [sexual] harassment (Graham et al., 2011), so it comes as no surprise that the mental health concerns of their students are also expected to be mandated to teachers. Ultimately, along with delivering the provincial curriculum, teachers are now expected to be more involved as “tier one mental health professionals” (Rothi, Leavey, & Best, 2008, p. 1217), “by virtue of their career choice” (Graham et al., 2011, p. 494). There is a substantial amount of literature to support the view that teachers are responsible for educating the whole learner, and this includes the mental well-being of every single student. (Graham et al., 2011; Koller & Bertel, 2006; Ranganathan, 2008; Supporting Minds, 2013; Whitley et al., 2012).

According to Whitley and colleagues (2012), teachers are in a good position to foster student mental health because “[they] and other school personnel are often first to observe behaviours that indicate either the development or worsening of mental health problems” (p. 58). This can be related back to the previous literature acknowledging the large amount of time students spend at school.

According to the International Journal of Special Education (Trussell, 2008), there are multiple ‘risk factors’ and ‘protective factors’ that can affect the mental health outcomes of
children and adolescents. Risk factors are defined as “those negative or potentially negative conditions that impede or threaten normal development” (Keogh & Weisner, 1993 as cited in Trussell, 2008, p. 149), whereas protective factors are defined as “those environmental context variables that buffer or mediate the negative impact of biological or psychosocial events over time” (Werner, 1986 as cited in Trussell, 2008, p. 150). Not surprisingly, the journal (Trussell, 2008) indicates that two powerful protective factors to maintaining good mental health and development are:

1. Having an affectionate relationship with a significant, caring adult;
2. Having an external support system to help provide a sense of belongingness.

Subsequently, the support of teachers towards their students’ mental well-being is vital and ultimately each teacher has the power to protect and even possibly prevent a student from experiencing mental health problems in his or her life.

**Challenges Faced by Teachers**

With the increase of students with a variety of emotional needs being integrated into the general classroom, increased demands are being placed on teachers. They have to ensure that not only do they address the required curriculum material, but they must also ensure that they are creating a caring learning environment for a variety of students with a variety of needs (Graham et al., 2011; Koller & Bertel, 2006; Rothi et al., 2008). This task can be overwhelming for many teachers as the needs of their students can differ greatly. Moreover, research indicates that many mental health issues onset during childhood or adolescence (CMHA, 2015; Stafford, 2007), furthering the pressure put on teachers to identify and/or support the mental health of their
students early on. Although many mental health problems are treatable, early prevention is crucial (*Supporting Minds*, 2013).

It is troublesome enough that in a classroom of thirty students, five or six students may be experiencing a mental health problem; however, what is more alarming is the fact that fewer than 25 per cent of those children and adolescents will actually receive specialized treatment (*Supporting Minds*, 2013). The gap between the number of children suffering from mental health problems and the number whom actually receive treatment creates a challenging situation for teachers and school staff. With few students receiving the professional support and intervention that they need, the obligation is again pushed onto school personnel to assist those in need of mental health support.

**The Health Care System & Societal Views**

The gap that exists between children and adolescents whom experience mental health problems and those whom receive professional support is caused by a variety of factors. Present literature (Corrigan, 2004; Reid & Brown, 2008; Sartorius, 2007; Schwean & Rodger, 2013; Tsao, Tummala, & Roberts, 2008; Whitley et al., 2012) suggest that the two biggest factors are:

1. Issues within the healthcare system
2. Stigma.

Reid and Brown (2008) assert that adequate treatment for children with mental health problems is insufficient due to “fragmentation, or disciplinary ‘silos’ in the health care system, as well as insufficient numbers of qualified professionals, inadequate funding, and long wait times” (Reid & Brown, 2008 cited in Whitley et al., 2012, p. 57). Furthermore, Schwean and Rodger (2013) attest that “the service delivery system and pathways for treatment for child and youth mental
health in Canada, and Ontario specifically, are costly, highly fragmented, and difficult to navigate for families and children” (p. 138). The lack of appropriate and timely treatment for children with mental health problems further extends demands onto our educators. It is critically important for teachers to know how to identify mental health problems, as well as how to support all students’ mental well-being. Unfortunately, mental health problems have a variety of causes and take a variety of forms (Supporting Minds, 2013). Moreover, the forms of specific mental health problems can change from one child to the next, making it increasingly difficult for teachers to identify common mental health concerns within their classes.

Apart from matters in Ontario’s healthcare system, another leading cause of insufficient treatment and support stems from society’s perception of mental health problems. Mental health stigma – a negative stereotype surrounding people experiencing mental health problems – presents barriers to successful and timely intervention and support (CMHA, 2015; Sickel, 2014; Whitley et al., 2012). Stigma is defined as, “an attribute that is deeply discrediting, where a person is diminished from a whole and usual person, to a tainted, discounted one” (Goffman, 1963 cited in Tsao et al., 2008, p. 70).

Literature presents the adverse consequences of mental health stigma, highlighting that stigmatization leads to increased isolation, lower self-esteem, fewer social opportunities, decreased access to treatment, and ultimately less chance of recovery for those experiencing mental health problems (Corrigan, 2004; Tsao et al., 2008). Furthermore, Sartorius (2007) suggests that stigma also impacts decision-making from “community and health decision-makers” as they “see people with [mental health problems] with low regard, resulting in reluctance to invest resources into mental health care” (p. 810). This is quite alarming as these people are some of the most vulnerable and need tremendous support.
Ultimately, because of the stigma surrounding mental health problems, those experiencing problems either delay treatment or go untreated altogether for fear of being labelled and discredited within society (Corrigan, 2004; Kessler et al., 2001; Sartorius, 2007). This greatly impacts educators and other school personnel, increasing the pressure and responsibility they face in their role as caring professionals. As previously stated, in the average classroom five to six students will experience a mental health problem but with few of them receiving the qualified support that they really need (Supporting Minds, 2013), school staff face an increased demand to approach each situation informed and ready to assist the individual(s) in need.

**Teacher Preparedness**

Noticing the early signs of mental health issues and knowing how to support the symptoms can make a big difference in the escalation of a mental health problem. Unfortunately, current literature suggests that teachers feel ill-prepared and ill-equipped to deal with such issues (Froese-Germain & Riel, 2012; Graham et al., 2011; Schwean & Rodger, 2013; Whitley et al., 2012). A major study expressing this information occurred in February 2012 when the Canadian Teachers’ Federation worked alongside the Mental Health Commission of Canada to gauge teachers’ knowledge and comfort when tending to various mental health problems. A national online survey of more than 3,900 teachers (of this total 2,324 were elementary teachers) in English and French schools from across the country was conducted. The goal of the study was to “assess teachers’ perceptions of barriers to the provisions of mental health services for students and to indicate their level of preparedness to address mental health issues [students] may face” (Whitley et al., 2012, p. 59).
The study revealed important information about Canadian teachers’ perception of their own level of preparedness in terms of supporting student mental health. Of the total number of participants, 87% of participants agreed that “a lack of adequate staff training in dealing with children’s mental illness is a potential barrier to providing mental health services for students in their schools” (Froese-Germain & Riel, 2012, p. 12). Interestingly, when asked about their own preparedness, over 65% of participants admitted that they had not received any professional development, such as “knowledge acquisition or skills training” (p. 16), to address student mental illness and mental health problems. Of the teachers who had obtained professional development, the majority of them were veteran teachers, holding 25 years of experience or more. Therefore, of the 65% of teachers holding no professional development, over three-quarters of them were teachers with less than five years of experience. Consequently, 97% of the teachers surveyed reported an important need for “additional knowledge and skills training in recognizing and understanding mental health issues in children” (p. 17). There is an obvious inconsistency then between teachers’ views on the importance of student mental health training, and those that actually obtain education on the topic.

A second study from Reinke and colleagues (2011) reveals similar results. The purpose of the study was to evaluate “teachers’ perceptions and attitudes of mental health needs in their schools including most common concerns and barriers for addressing mental health needs and issues related to their experience, knowledge, training, and adoption of interventions” (p. 2). Of 292 teachers from five different school districts who completed an online survey, the majority of participants expressed a lack of adequate training and knowledge in terms of mental health. For example, in response to the statement, “I feel that I have the level of knowledge required to meet the mental health needs of children with whom I work”, only 4% of teachers expressed that they
‘strongly agreed’ and 24% expressed that they ‘agreed’. The remaining participants fell under ‘neutral’, ‘disagree’ and ‘strongly disagree’. On an alternate question, teachers responded to the statement, “I feel that I have the skills required to meet the mental health needs of the children with whom I work”. Again, only 4% of teachers indicated that they ‘strongly agreed’ (p. 7). The numbers speak for themselves. It is evident that teachers feel underprepared and ill-equipped to satisfy the needs of their students experiencing mental health problems.

The literature highlights two main causes for teachers’ lack of preparedness in the area of mental health support and education. Firstly, it is suggested that teachers do not receive adequate training at the pre-service level to prepare them and provide them with sufficient knowledge or field experience to work with children facing mental health problems in schools (Graham et al., 2011; Koller & Bertel, 2006). A study conducted by Koller and Bertel in 2004 reported that first-year baccalaureate teachers, in both regular and special education programs, graduating from approved colleges of education felt “unprepared to recognize and/or intervene in typical mental health issues confronting today’s teachers” (Koller & Bertel, 2006, p. 202). Thus, a shift must happen in all teacher-education programs to properly train and prepare educators in terms of student mental health and well-being. As Koller and Bertel (2006) attest, a simple child psychology course in teacher education programs is not enough to prepare educators for the mental health realities of their future students.

The other main reason teachers do not feel confident in supporting their students’ mental health is because of the increased demands put on them (Graham et al., 2011; Koller & Bertel, 2006; Roeser & Midgley, 1997; Rothi et al., 2008). According to one Superintendent, classroom teachers are so “overburdened with new curriculum, changing pedagogies, increased expectations, new demographics and reduced resources” that they have little time to really focus
their efforts in one area (Sherman, 2008, p. 2). Furthermore, with the rise of inclusive education, teachers are increasingly over-whelmed by the diverse needs within their classrooms and by the added pressure that comes along with ensuring all learners’ needs are addressed (Koller & Bertel, 2006; Rothi et al., 2008). Teachers are expected to regularly differentiate their lessons for the multiple intelligences within their class, and accommodate and/or modify their instruction and assessments when required. These two pedagogical decisions alone require substantial time and effort on the part of the teacher. The need for increased mental health professional development is just another issue added onto the long list of duties teachers are expected to prepare for.

It is important to recognize that our educators are at a high-risk of burnout, defined by Blazer (2010) as “a state of physical, mental, and emotional exhaustion resulting from chronic stress” (p. 1). According to Blazer (2010), burnout is most prevalent among the helping professions due to the responsibility for the well-being of others, and at any given time 5-30% of teachers show distinct symptoms of it. It appears that as the expectations of duties intensify for teachers “few have little time to stay up to speed with what [is] expected of them” (Sherman, 2008, p. 2), thus leading them down a precarious path towards burnout. Ultimately, a lack of proper training upon entering the education field, and a sense of astounding pressure from the demands of the profession leave teachers feeling incapable and unskilled when required to support the mental health needs of their students.

Teachers themselves are not the only ones who are insecure with their abilities as mental health aides. Research shows that administrative leaders feel the same towards their teachers. A study of school administrators in Ontario, by researchers Santor, Short, and Ferguson (2009), asked participants to report upon the degree to which they thought educators were “prepared to
identify and manage student mental health issues” (p. 61). In brief, “key informants indicated that educators are minimally prepared to accurately identify and respond to student mental health concerns” and suggest there is an “urgent need for capacity-building in this area” (p. 61).

A similar study from the United States reports findings that are consistent with results from within Ontario: 346 elementary school principals were interviewed by Frabutt and Speech (2012). Of the total participants, 92 principals voiced a need for increased mental health training or professional development that was “most apparent at their school or among their faculty” (p. 160). Excerpts from the study, voicing the opinions of the principals involved, demonstrate this need: “Our staff needs additional training for students with attention deficient disorders and other behavioral disorders which affect learning” and “Understanding the different types of mental health issues and how they impact education [is] needed” (p. 161). Subsequently, there is an urgency for educators to further their knowledge on the subject of student mental health. The literature shows that teachers recognize the importance of their knowledge on the subject matter, yet for a variety of reasons, too few have obtained adequate and relevant professional development and training.

**Resources and Strategies**

Perhaps teachers also feel ill-equipped to manage student mental health concerns because current research does not suggest that there is any *mandatory* professional development for Ontario Elementary teachers on the topic. Surprisingly, it appears that if teachers want to further their knowledge and understanding, they must seek it out for themselves. My research indicates that there are a limited number of professional resources aimed specifically for educators on the topic of mental health that are easily accessible.
As previously mentioned, the document *Supporting Minds: An Educator’s Guide to Promoting Students’ Mental Health and Well-being* (2013) is an excellent K-12 resource designed specifically for teachers. This document was created by Ontario’s Ministry of Education after the Ontario government released a province-wide strategy for addressing mental health and addiction problems. The document, titled *Open Minds, Healthy Minds: Ontario’s Comprehensive Mental Health and Addictions Strategy* (2011) aims to “reduce the burden of mental illness and addictions by ensuring that all Ontarians have timely access to an integrated system of excellent, coordinated and efficient promotion, prevention, early intervention, community support and treatment programs” (p. 7). With this vision in place, the Ministry of Education created *Supporting Minds* to provide useful information to all educators. Its purpose is to “help educators understand more about mental health in order to promote the mental health of all students” (p. 6). While the guide stresses that teachers should not be diagnosing mental health problems, they do have a significant role in promoting school-wide positive mental health, identifying possible mental health concerns, and connecting students and their families to the appropriate professional services when needed. The document details signs, symptoms, causes, and frequency of occurrence of various mental health problems, as well as the role that teachers play in supporting and promoting their students’ mental well-being. Helpful and practical strategies and resources are also included throughout the document.

Unfortunately, there are few similar resources that are as easily accessible as this one; however, if a teacher invests the time and effort to research, they will find an adequate amount of helpful resources. For example, Children’s Mental Health Ontario (2015) provides teachers with 12 useful resources that can be found online. Titles include *Making a Difference - An Educators’ Guide to Child and Youth Mental Health Problems (Third Edition)* (Buchanan, Colton, &
Chamberlain, 2010), *The ABCs of Mental Health – A Teacher Resource* (The Hincks-Dellcrest Centre, 2008), and *TakingITGlobal - Mental Health Thematic Classroom* (Wishart & Kutcher, 2015). All 12 resources provide teachers with strategies, tips, and useful information for supporting and promoting student mental health and well-being.

**The Whole-School Approach**

A similar theme among all of the resources and literature I have examined is the importance of implementing a whole-school approach as a strategy to help support and promote student mental health. Weare and Markham (2005) state:

> The health promoting school approach attempts to shape the whole school context, including the school’s ethos, organization, management structures, relationships, and physical environment, as well as taught curriculum and pedagogic practice, so that the total experience of school life is conductive to the health of all who learn and work there. (p. 118)

This approach recognizes the school as a system of care. Moreover, it stresses the importance of moving beyond merely inserting curriculum materials into the health curriculum (Wyn et al., 2000) and using *all* aspects of the school as a vehicle to promote mental well-being.

My research has concluded that this approach is highly effective as it has a significant beneficial impact on social and emotional development (Trussell, 2008), increases much needed discourse on the topic (DeSocio et al., 2006), heightens resiliency in students (Graham et al., 2011), and helps to develop more integrated community responses (Wyn et al., 2000).

As discourse on mental health increases so does education and awareness. This discourse is highly effective since mental health education is a form of prevention (DeSocio et al., 2006).
A study by DeSocio and colleagues (2006) reveals that a whole-school approach is also a great precaution to combating stigma: Through an implemented school program, students learned all about mental health and common mental health problems among children and adolescents. They were encouraged to ask questions, seek out further information, and discuss with their peers. By the end of the program, DeSocio and colleagues (2006) concluded that many benefits were achieved. Most importantly, the whole school approach appeared to significantly reduce stigma as students were more willing to seek help from their peers and teachers and regularly discuss the topic.

Ultimately, the school-wide approach should be viewed as an avenue to promote mental health; one that is on-going and uses all aspects of school life to do so. It should not be implemented only when mental illnesses occur and need to be addressed, but rather should be viewed as a holistic preventative measure to support the entire school community.

**Building Self-efficacy in Students**

Another strategy that the literature shows to be effective in supporting student mental health is through building self-efficacy in students. Self-efficacy is defined as:

The subjective certainty of being able to cope with new and difficult demands by means of one’s own competencies [and] applies not just to demands which can be routinely met but more significantly to challenging demands which require the investment of effort and persistence for being successful. (Jerusalem & Hessling, 2009, p. 330)

In order for students to become self-efficacious, Jerusalem and Hessling (2009) attest that there are four important influences that play a factor, all of which can be implemented within schools:

1. Direct personal experience of success or mastery;
2. Vicarious self-efficacy experiences, for example through watching successful role models;

3. Symbolic experiences, through encouragement and communication of confidence in one’s capabilities, through evaluation by oneself or others;

4. Positive arousal interpretation when confronted with demands. (p. 331)

By experiencing these four influences, students have a higher chance of displaying positive mental health. For example, simple words of encouragement and positive appraisal from teachers both lead to stronger self-efficacy, ultimately benefiting students’ overall mental well-being. Alternately, discouragement from teachers can have a severe negative impact on student mental health. Thus, teachers must be cognizant of the impact their words have on students.

Alongside self-efficacy, Jerusalem and Hessling (2009) also stress the importance of social self-efficacy in supporting student mental health. They define it as, “the competence to effectively deal with social demands and social situations” and that the basis for it is “the development of social competences, such as communication skills, and the ability to cope with social conflicts” (p. 336). Therefore, having stronger social self-efficacy allows students to interact more confidently and wholly in all social situations, ultimately benefiting their overall mental well-being.

Class climate, especially, is described as being a “cornerstone” for the development of social self-efficacy (Jerusalem & Hessling, 2009, p. 336), meaning it is highly important to acknowledge the relationship between classroom environment and student mental health. Student-teacher relationships, pedagogical decisions, and student-student relationships all contribute to forming social self-efficacy in students. Thus, as a means of supporting student mental well-being, teachers must reflect on their own classroom climates and ensure that they are
creating an environment where social self-efficacy can be adequately fostered among those in the class.

**Conclusion**

It is evident within the literature that supporting mental health among students is a responsibility of educators; however, with little pre-service training and increased demands the majority of teachers feel unprepared and ill-equipped to deal with the mental health realities of their students. Teaching-related resources, such as *Supporting Minds* (2013), are available for educators but are not always easily accessible. Furthermore, I have yet to discover any mandatory professional development opportunities for teachers.

Society and the education sector need to design ways to increase the confidence and preparation of all teachers in order to effectively and appropriately support students’ mental well-being. Currently, the literature (Graham et al., 2011; Koller & Bertel, 2006) suggests that increased training at the pre-service level would be an effective way to combat this issue. However, time will tell if this suggestion is taken seriously.

My research and review of the literature highlights the relationship between mental health and overall health: strong mental health is vital for overall health. It is also apparent that mental health has a significant impact on other factors of life, including economic status and employment opportunities (CMHA, 2015; Dix et al., 2011; Schwean & Rodger, 2013; Sickel, 2014), interpersonal relationships and suicide rates (Sickel, 2014), and learning and academic achievement (Dix et al., 2012; Delp, 1950; Froese-Germain & Riel, 2012; Koller & Bertel, 2006; Reback, 2010; Schwean & Rodger, 2013; Stafford, 2007; Strowig, 1964; Whitley et al., 2012). Fortunately, with appropriate support and early intervention, some mental health problems are
preventable and all are treatable (Supporting Minds, 2013). Subsequently, as caring professionals who spend lengthy amounts of time with students, teachers must be part of the collective deemed responsible for supporting child and adolescent mental health.

Two common strategies among the literature are considered highly effective for supporting student mental well-being. They are:

1. Implementing a whole-school approach to foster positive mental health and awareness (DeSocio et al., 2006; Graham et al., 2011; Trussell, 2008; Weare & Markham, 2005; Wyn et al., 2000) and,

2. Allowing opportunities for students to build self-efficacy and social self-efficacy during school (Jerusalem & Hessling, 2009).

These are two powerful ways for educators to promote and support the mental health of all students.
Chapter 3: METHODOLOGY

Introduction to the Methodology

The purpose of this research study is to investigate the ways in which Ontario Elementary School educators are effectively supporting their students’ mental well-being. The research will further explore challenges that teachers face with this responsibility, and highlight additional resources and strategies that are helpful. Additionally, the origin of the resources and strategies will be explored to determine if educators seek them out independently or if they are mandated by schools and school boards.

There is an obvious gap between teacher confidence in managing mental health issues and the public’s expectation of their abilities. A goal of this study is to uncover and understand why there is a lack of confidence among educators, what can be done to heighten it, and also how their apprehension impacts the level of mental health support educators are able to successfully provide to their own students.

Instruments of Data Collection

Data was collected through semi-structured interviews with four research participants. Two of the interviews were conducted with individual participants, and the third interview was conducted with two participants. The interviews were conducted face-to-face to allow for a more authentic dialogue; however, participants were informed that if they were unable to attend an in-person interview, alternate arrangements could be made such as phone, Skype, or e-mail correspondence. Fortunately, all participants were willing and able to meet face-to-face at a time and place convenient for them.
With the permission of the participants, all interviews were audio-recorded with two separate devices in case one failed to function properly. With comfort in knowing that all responses were being taped, I was able to maintain better eye-contact and appropriate body language with the participants, expressing an authentic interest to their responses and the overall study. In addition to the tape-recorders, I used an interview protocol to collect data (Creswell, 2013, p. 164). The interview protocol included all of the interview questions with ample space to write down key points, further questions, and informal notes regarding the body language of the participants.

Once the interviews were complete, the audio files were transcribed and coded in a timely fashion. The transcriptions were then analyzed for reoccurring themes and relevant information to the research study.

Participants

My participants were required to work in the field of education and work within the Ontario school system; however, I was indifferent to gender, years of experience, and subject expertise. The most important requirement was that the participants be willing to speak openly and honestly during the interview. I was more focused on finding participants with a willingness to share their thoughts and experiences related to mental health than how many years they had been teaching, or where they worked exactly.

The four participants of this research study were all identified through mutual acquaintances. They hold varying teaching experiences, expertise, and years in the field. Most importantly, they entered my study with enthusiasm and eagerness to participate.
The first participant, Danielle (I will note that all names used are pseudonyms), has been teaching for 16 years. She is currently a Special Education teacher, but holds past experience as a homeroom teacher with all three divisions at the elementary level. Interestingly, she has been working at the same school for her entire teaching career and makes note of witnessing the changing demographics within the neighbourhood over the years.

The second participant is Martha. She is a school Principal and has been an administrator for the last 16 years. Prior to becoming a Principal, Martha taught at the elementary level for 13 years in grades K-6. Throughout that time she also supported Special Needs classes for intermediate students and thus has experience with students with emotional difficulties, multiple exceptionalities, and children with learning disabilities.

My third participant, Tom, is a Board Trustee within the Greater Toronto Area (GTA). He is a veteran educator, holding extensive experience within the education sector. His roles have included Principal, Vice-Principal, secondary school teacher, Student Success Lead, and Special Education Principal throughout his 30+ years of experience.

Finally, my fourth and final participant is Alison. She is the Mental Health Lead employed by the Ministry of Education for one of the Boards in the GTA. She is a Social Worker not an Ontario certified teacher; however, still holds an educator role in terms of supporting, promoting, and treating the mental health of individuals and students.

Danielle and Martha had individual, private interviews; whereas, Tom and Alison were interviewed together at their request (they come from the same Board and are colleagues).
**Data Collection and Analysis**

The individual interviews with Danielle and Martha lasted roughly an hour in length. The third interview with Tom and Alison was a bit longer; about an hour and a half in length. Participants were informed that, if necessary, interviews could be collapsed into two shorter time slots, but this did not need to occur.

A lot of thought and consideration was put into developing and sequencing the interview questions for this study (see appendix A). The question sequence was determined to first collect the background information from each participant regarding their teaching experience and general knowledge of mental health. The second set of questions required the participants to reflect on their own pedagogy and the mental health support they provide for their students. The participants were also asked to analyze and critique their own abilities on the topic of study.

As previously mentioned, the audio-recordings were transcribed and coded following the interviews. I listened to each audio file and read the transcripts several times over the course of the analysis stage of the research process. The transcriptions were compared, contrasted, and subject to mark-up. All of the initial codes were analyzed to unveil common themes across the data. The findings from the data analysis are discussed in chapters four and five.

**Ethical Review Procedures**

This research study followed the ethics protocol for students within the Master of Teaching program at the University of Toronto’s Ontario Institute for Studies in Education. Before engaging in any part of the study, participants were provided with a formal letter of consent that had to be signed in my presence (see appendix B). The letter outlines the purpose of
the study, important contact information, as well as crucial standards necessary to adhere to the approved ethical protocol. These included:

- Confidentiality: no information was used that could reveal the identity of the four participants. Additionally, all shared information remained private with the exception of the researcher, my research supervisor, and my research course professor.
- Choice: participants were informed that participation in my study was voluntarily and that they could withdraw from the study at any point in time without facing any personal or professional consequences.
- Access to information: participants are entitled to view any information I have collected or synthesized upon request. Their interest in accessing this information will not have an impact of any kind on their personal or professional lives.

Limitations

The time frame allotted for this study is quite short, ultimately creating unfortunate limitations for this study and impacting the overall depth of the research. Likewise, the limited time frame impacts the number of participants I was able to include. The small sample size narrows the perspective of the qualitative research and its findings. The size is too small to make any generalizations, thus only portraying the thoughts and strategies of a limited few. Due to the nature of this study, all participants teach within relative close proximity to each other. This means that the collected data will only highlight findings from a very small region in Ontario – again, limiting the ability to generalize the data against all teachers across the province.
Lastly, I tried to not let my own experiences with mental health hinder my ability to succeed at this study. I attempted to remain confident and focused, but most importantly unbiased throughout the process.
Chapter 4: FINDINGS

Introduction

The purpose of this chapter is to highlight the findings from the study and to relate them to the literature reviewed in Chapter 2. As mentioned, each interview was transcribed and coded upon completion. The findings from this study are a result of analyzing, interpreting, and comparing the interviews and their codes. Many of the findings are consistent throughout all three interviews; however, when contrasts occur they are made evident to the reader.

The significant themes that emerged from the findings provide the organizational framework for this chapter. They are: Participants’ Experiences with Mental Health Problems in Schools, which details the participants’ background information on student mental health through their encounters with it in schools; The Role of Educators, which highlights the responsibility of teachers in terms of supporting student mental health and well-being; Challenges, which expresses the various difficulties surrounding student mental health and wellness; Preparedness, which shares each participants’ personal comfort level when assisting students with mental health problems, as well as any training the participants have received; Avenues for Mental Health Support and Promotion, which details various available resources for teachers and students; and lastly, Strategies; which includes the ways the participants are currently supporting student mental health.

Participants’ Experiences with Mental Health Problems in Schools

When asked to reflect on their own experiences, and detail possible signs that a student with a mental health problem might illustrate, the participants’ experiences aligned with the literature on the topic. They have all witnessed mental health problems manifest themselves in
various ways within students, but agree that signs and symptoms can be either externalized or internalized. Martha states:

[Signs] can be overt or covert: so kids who are out in the yard just moving around touching kids, pushing kids, kicking kids. So that behaviour is very noticeable. But also, [there are] kids who are incredibly withdrawn who might just be sitting behind a wall, you know, stuck in a corner … just sitting by themselves by the fence.

The signs that Martha depict show the impact that mental health problems can have on students socially. Moreover, the signs and symptoms witnessed by the other participants illustrate the impact that mental health problems can have on students physically, academically, and emotionally as well. For example, Danielle shared that two of her current students both experience bouts of anxiety but exhibit it in different ways. The first student regularly bites his lip when anxious feelings emerge, whereas the second student routinely picks at his fingers. Danielle has also witnessed students “shut down” in class and refuse to do any work.

Tom describes the signs of mental health problems he has witnessed as students routinely missing school, losing their appetite, and becoming increasingly disengaged in class. In addition, he, as well as Martha, acknowledge having seen students with scars on their arms from cutting. Alison has witnessed the same signs and symptoms of mental health problems in students, and adds lack of communication to the list as well. All of their observations are reflected in the literature that suggests signs, symptoms, and severity of mental health problems vary from student to student but significantly impact overall health and wellness.

When asked about the most common mental health problems in schools, all four participants note that anxiety and Attention Deficit Hyperactivity Disorder (ADHD) are the most prevalent. In addition, Martha shared that Oppositional Defiant Disorder (ODD) is also quite
common within her school. Interestingly, Alison raises concern of teachers “over-labeling and anthologizing” before they truly know what is going on with students. She stresses that there are many factors that can affect students’ mental health and so teachers need to delve to the root of the problem before they jump to applying a label of a certain mental illness. As an example she explains, “[a student might not have] eaten this morning, or [might not have] slept in five days because [her] parents [were] fighting”. She urges teachers to “remove all pieces” of the puzzle in order to recognize what the underlying component is that might be causing a mental health problem. Furthermore, Danielle stresses that mental health and wellness does not need to be specific to any diagnosis, but in fact all students benefit from mental health promotion and support because of its connection to their overall healthy development and well-being.

**Impact of Mental Health on Academics**

Just as the literature suggests, all of the participants notice a correlation between mental health and academic achievement at school. The participants agree that students with stronger mental health perform better at school versus students with weaker mental health. Martha describes mental health problems as a “roadblock for many” and insists that strong mental health is vital for the success of the individual child as well as for the success of the entire classroom. Martha shares that, “If [mental health problems] are not addressed, you don’t have that cohesive group mentality”, implying how one student’s mental health can affect an entire classroom environment.

Danielle spoke more to the relationship between mental health and academic achievement by suggesting that if a student is preoccupied with the symptoms of a mental health problem, they will not be able to concentrate on learning. She states:
If [students] don’t feel comfortable, if they don’t feel safe, if they’re anxious all the time, learning is not the first and foremost thing for them. They’re so stressed out, they’re so anxious about what might be going on with their peers, what might be going on at school, [that] they can’t focus. They can’t do their work.

She furthers this thought by saying, “If a student is not stressed out but relaxed, they’ll be able to perform tasks more effectively”. While discussing this relationship, Danielle recalled a student whose learning was severely inhibited by his anxiety. She explained that when “faced with the slightest bit of stress he would just shut down” and “wasn’t aware of what was going on” around him. This student’s experience is a prime example of the impact that mental health problems can have on student learning, and illustrates the need for on-going mental health promotion and support in schools.

The Role of Educators

During our interview, Alison acknowledged the difficulty of identifying mental health problems among students who internalize them. She explains, “I think there are a lot of students who present themselves as looking quite good, and that’s part of the worry for a lot of educators and adds some stress for them because they’re saying ‘I had no idea’”. In response to this, Tom admits that it is more “intuition on that level”, highlighting the importance of teachers being cognizant of what is going on within the lives of their students.

Danielle agrees with this. In her interview Danielle emphasized the need for teachers to constantly “keep their ear to the ground”, implying that teachers need to be observant and open-eared for any potential conflicts or challenges within the school. She too, believes that teachers ought to really know their students. She contests, “The more you know [your] kids the more you
can sense their changes in mood”. She recognizes this as a preventative measure as well by stating, “If you don’t know what’s going on with the kids socially, then when problems arise, it’s a little more difficult to deal with. You know? So you could stop problems before they spiral out of control”.

Danielle shared an experience she had with one of her students, whose sudden change in behaviour raised a concern in her mind. She recounts:

One of my students – let’s call him Carl – has autism. His dad left when he was diagnosed so it’s been his mom and his grandma taking care of him, so the grandma has been a large role in his life. He’s been so anxious. And the funny thing is, I didn’t know [his grandma] was sick, but the first two weeks of school, his behaviour – like [the anxiety] all manifested itself in his behaviour. He wasn’t being naughty, [he] was attention-seeking, like being really loud and trying to be the class clown. I was thinking ‘what on earth is going on?’ I wouldn’t go as far to say it was unusual, it wasn’t his typical behaviour. I guess it would be unusual. But I contacted the mom and I said look, the past week you know, he’s been having a bit of trouble adjusting. Then the mom e-mailed me telling [me his] grandma’s sick. And it all made sense.

Because Danielle recognized the change of behaviour in her student, she was able to provide the appropriate support for him in a timely fashion. Additionally, she admitted that uncovering the root of his disruptive behaviour changed her perspective of him. She confides, “At first I just thought he was being difficult but when I knew the whole story it totally changed how I approached him, how I dealt with him, and the strategies that I used”.

Beyond being aware of the lives of their students, Tom believes that teachers have a responsibility to build authentic, meaningful relationships with each of their students. He
explains that along with this relationship, teachers should provide the necessary support for student success. Tom states:

Teaching is always about relationship. It’s really not about content or anything. And so, often times, students will have a relationship with their teacher. They’re often one of trust and openness, and so, it’s important that teachers are able to provide whatever resources they can, you know, that builds on that relationship of authenticity.

Alison believes that this relationship is important as well because it enables teachers to “tap into” underlying causes of issues more easily. She describes in our interview that teachers have the potential to “alleviate some of [the] things that kids carry with them” by being aware of what is going on in their lives. She shared a story of a coworker who noticed that a student was being teased at school because of his reading level. The coworker changed the boy’s duo-tang so that it matched everyone else’s and merely slid his personalized material into it. Assuming that the boy had reached the average reading level, his peers stopped teasing him. So often it is simple, strategic responses like the one Alison’s colleague performed, that have the ability to prevent mental health problems from escalating.

Alison, Danielle, and Tom all express the belief that teachers need to be in-tune and responsive to their students’ needs. Through their experiences and observations, it is evident that teachers have the potential to make a substantial impact on the mental health and well-being of their students.
Challenges

The participants admit that many challenges exist when it comes to supporting their students’ mental health. Many of the challenges align with those discussed in Chapter 2; however, they also share new difficulties that were not evident in the literature.

Resources

Martha and Tom both attest that a lack of resources impedes teachers’ abilities to effectively support their students’ mental health. Martha’s main concern revolves around inadequate funding to properly train her staff. She shares, “Challenges are always related to money. So right now, I’m trying to get more staff trained, so it’s finding the cash to do that”.

When asked to describe any professional development opportunities available from her Board, Martha replied with, “So in our Board how I see it, is we’re at the beginning stages”, implying that currently there are limited opportunities available for educators to increase their knowledge and training on student mental health. Although she acknowledged that her Board “runs programs for kids with autism and their teachers”, and that the social work department has “other little workshops” to offer, Martha suggests that there is not yet a sufficient amount of resources available to teachers that specifically focus on student mental health. She does, however, express optimism and anticipation of more mental health-specific services to become available to educators in the near future.

Tom’s concern is affiliated with the lack of human resources within the Board. As he points out, “There is only one [Mental Health Lead per Board]” and is afraid that the perception of some people is to step back and assume that any concerns regarding student mental health is the sole responsibility of the Mental Health Lead. He notes that this is a misperception; that in fact all educators need to work together to support student mental health. However, he does
imply that there needs to be an increase in trained professionals who are specialized in mental health and wellness, within the Board.

As a retired classroom teacher and Principal, during our interview Tom spent a fair amount of time comparing the available resources from when he was teaching to the present day. He noted that in the past, resources were “so limited” and that dialogue of mental health “wasn’t talked about”. When asked to describe the prevalence of mental health in the past versus in today’s society he states, “It’s just so different. I mean even just to have a person with Alison’s background working in the School Board, you know is huge. Even the recognition that mental health is an issue is big”. So, although Tom acknowledges that available resources have increased over the years, he still suggests that there are not enough for the realities of mental health problems faced by today’s students.

Contrary to the other participants, Danielle praises her Board for the initiatives and resources available for teachers. She states, “We do have a lot of resources as teachers…[and] we have a lot of good initiatives by the Board”. However, the examples that she provides do not have a primary focus on student mental health and well-being. For instance, she describes an opportunity to attend a Special Education display at the Catholic Education Centre in Toronto where different agencies attend and talk to the public. Danielle informed me that this opportunity is open to parents, students, and teachers. She also mentions that her Board provides a lot of in-service Special Education classes that involve “non-violent crisis intervention”, for example, “Like restraining or helping students. Like helping students without physically restraining them. Helping to talk them down and stuff like that”. Additionally, Danielle informed me that “[she is] always getting e-mails from the Psychology Department talking about [how] February is mental
health or mental awareness month”, but did not elaborate on if they provide actual resources or not.

Danielle does express the concern that a lot of the available resources for teachers must be sought out independently. She states:

Many of the workshops you have to seek out yourself. Like, they’re not going to advertise it, but if you go to what we call our PAL, our Professional Auxiliary Learning [database] you can go through and you can see what’s being offered … you have to take the initiative and search [for them].

She also adds, “[The Board] is not going to say ‘You have to take this course’”, implying that none of the workshops are mandatory. She confirms my belief in this area, as I suggested in Chapter 2 that there are no mandatory professional development opportunities for teachers. Furthermore, she validates my findings from the review of the literature that it often takes the initiative of the individual teacher to seek out resources and opportunities.

Being the Mental Health Lead for her Board, Alison is aware that resources are provided to teachers in her Board. She shares, “We send out memos for mental health and wellness with resources attached. We kind of do a theme per month and then attach additional resources”. She adds, “I think we’ve learned the importance of repetition. So you send it to [teachers], and you send it again, and then you send it again”. She chuckled when she said this but informed me that the need for repetition is due to the “competing demands” in teachers’ lives. Subsequently, Alison sends resources but, unfortunately, cannot guarantee that teachers will take the initiative or have time to read them. It appears that one of the challenges is that teachers are not obligated to read the material that is sent to them. According to all of the participants, there are no mandated resources or professional development opportunities that teachers must use to educate
themselves on the topic of student mental health and wellness. It is a tricky situation because as the literature and my participants express, teachers feel overwhelmed with the duties of their profession, so mandating something else will definitely not relieve them of any stress. However, if opportunities are not mandated, it is left up to the responsibility of each teacher to obtain the knowledge and information that they need to effectively support the mental health and well-being of his or her students. Sadly, this cannot be guaranteed.

**The Importance of Family Involvement**

In all of the interviews, the participants mention that family involvement or lack of involvement can have an enormous impact on supporting students’ mental health. In some cases, as Tom explains, families can be resistant to allow their children to obtain the support that they need. He attributes this to pride, noting that some families have the mindset of, “Let us do what we need to do”, but also acknowledges that it may be a challenge for some families to make the commitment to take their child to wherever the services are, since most available services are outside of the school environment. In other cases, Tom explains that some families may be in denial and do not want to accept the fact that their child may be suffering from a mental health problem.

Danielle spoke of the same challenge during her interview. She revealed to me an ongoing battle that she had with a family regarding their son. He was diagnosed with ADHD and prescribed Ritalin – a commonly used medication for this specific diagnosis – for his impulsive and disruptive behaviour. Unfortunately, his family was inconsistent with giving him his medication. Danielle explains:
[His] parents would not medicate him. Like he had a prescription for Ritalin [but] the parents chose not to give it to him and I could see the difference between when he was on the Ritalin and when he was off the Ritalin. Like I knew because when he was on it he was calm, he did his work, there weren’t outbursts, and he got along with his friends.

When he was off the Ritalin [there were] outbursts, frustration, and arguing with friends. When asked why the parents chose not to regularly medicate their son, Danielle replied, “They just didn’t want to. They didn’t see the need for it”. She acknowledges that she held regular meetings with the parents, “stressing the importance of being consistent”, but yet they continued with the inconsistency. It is obvious from Danielle’s observations that this student functioned better when he received his medication. Frustratingly, it was his parents’ responsibility to appropriately give the medication to him; something that they chose not to do. Unfortunately, it is situations like these that negatively impact children and show that without family support and involvement, supporting the mental health of students can be a real challenge for teachers.

Martha also highlights the importance of family involvement when supporting student mental health by sharing with me an experience involving a current student of hers. She confides that the young boy was new to her school and when he initially started it was clear that he was struggling with something but she was not sure what it was. She explains:

When he first started here I was quite concerned because I felt that the other kids were picking on him. As I went out to the yard and started to observe I realized that he didn’t have the skills to interact with the other kids. He was just going around pushing kids so they fell, throwing a ball at them – and usually at their heads – so something to create a reaction. Once he got the reaction the children would start to confront him and that gave him an interaction. So then right away he would start hitting and punching [them].
Martha admits that initially she assumed the student “just didn’t have the skills to interact and socialize” but wanted to meet with his family to discuss his behaviour. Upon meeting with his family, Martha confesses she learned a lot about his background and family situation. His mother revealed the struggles of leaving their former country and entering Canada as refugees, and the difficulty of having no familial support around them. By meeting with his family, Martha was able to better understand why the boy was acting the way he was, and furthermore, she was able to provide the student and his family with sufficient support, and direct them to the appropriate services that they needed.

According to Tom, Danielle, and Martha, family involvement is paramount when supporting student mental health. Positive family involvement can lead to significant benefits for students experiencing mental health problems. On the contrary, lack of family involvement can impede the improvement and support of those same students.

**Preparedness**

When asked about their comfort level and preparedness when supporting students’ mental health and well-being the participants gave various responses. However, it became evident that any training and/or knowledge they received was due to their own initiative.

Martha describes mental health as a “huge spectrum”, following what the literature says about it. She expresses “I’m very comfortable at the lower end, but my expertise at the higher end, like dealing with schizophrenia is limited”. She continues:

I’ve had to deal with that in the past and I’ve always had to work in tandem with a psychologist or psychiatrist. So I take a backseat to that but I’m a part of it at the same time. So the lower end, I think I’m very comfortable with my years of experience, but as
the more specific concerns come to my attention I don’t feel I have as much experience to really do it justice, but I do know where to go for help.

Martha informed me that she and all of the principals in Ontario were invited to a voluntary conference to learn about the new document *Supporting Minds* (as mentioned in Chapter 2), but apart from that experience, she admits to not receiving any additional professional development on the topic of student mental health and well-being.

Like Martha, Tom has also not received extensive training on the topic. He explains that he is “much more comfortable now than [he] was in the classroom” partly because “[he is] much more aware of it”. In addition, he confides that his son has recently been diagnosed with a mental health problem which has consequently made him “more empathetic and understanding about [mental health problems] and the fact that [they] exist”. When asked to describe any professional development that he has received, Tom admits that he has not received any. He attributes this to the fact that mental health “wasn’t talked about” when he was a teacher. There were no opportunities available for him. He was very honest during the interview and expressed that this is an area that he as “neglected”. He shared that when he was a teacher, he often “avoided [the reality of mental health problems] because [he] didn’t know what to do”. He explains that he “wouldn’t be doing that in these days, but in those days [he] just didn’t want to ‘go there’”.

When asked to rate her own comfort level from one to ten, with ten being *very comfortable* when required to support her students’ mental health, Danielle confidently responded with a nine. She states, “I’ve dealt with a lot of kids. I’ve dealt with *adults* with mental health problems”. This could be partly attributed to the fact that she is a Special Education teacher and often interacts with students who are struggling. Additionally, she has taken it upon herself to access a lot of resources. She informed me that often times, the Special
Education conferences that she attends provide workshops on various mental health issues, so she holds that experience too.

Alison, unlike the other participants, has received substantial training on student mental health and wellness and is very comfortable when required to support it. However, this is attributed to her personal background from before entering the education sector. She expresses, “I’m quite comfortable but I’m coming from an in-patient psychiatric unit. I have a totally different background”. She describes having worked with and helped children who were “very much high-risk” in the past, so her experience is beyond those of the other participants. Alison’s knowledge and understanding about mental health and wellness is unique, and does not appear to be common among teachers.

Besides from Alison’s response, the other participants’ responses surprised me. I was expecting them to be significantly less comfortable when faced with student mental health problems because of my review of the literature on the topic. As expressed in Chapter 2, the literature suggests that teachers feel ill-equipped and unprepared to support students’ mental well-being in schools (Graham et al., 2011; Koller & Bertel, 2006; Whitley et al., 2012). Koller and Bertel (2006) attribute this to teachers receiving “little, if any, specific competency-based training regarding their role in knowing how to identify a wide variety of precipitant mental health issues facing students today” (p. 201). However, it is important to reiterate that one of the limitations of this study is the small sample size, meaning the number of participants is too small to make any significant generalizations.
Avenues for Mental Health Support and Promotion

Trained Professionals

Illustrated through Tom’s experience as a teacher, there were minimal mental health-related resources available in the past. Fortunately, my participants have highlighted a movement in the education system towards increasing the number of trained professionals within School Boards. So, although teachers themselves still feel unprepared to support mental health problems as they arise, there are people within the board who they can turn to for help.

First and foremost, Alison’s position – a Mental Health Lead – is relatively new to the education sector as Tom reflected on the position not existing when he taught in schools. According to Alison, “every school board across the province, as far as [she] knows has a Mental Health Lead, and they are in charge of employing the district’s mental health strategy”. She shares that they all meet “several times a year” to plan strategies and initiatives that they wish to pilot in their Boards.

Alison commented on the fact that there are “all these new roles and expansion” within the education sector in regards to mental health and wellness. She expresses, “Guidance now has teams like Social Work or Psyche Associates, or Special Education Resource Teachers”. Tom concurs with his statement of, “We didn’t have a social worker when I was a teacher. They existed professionally but not within a school”.

Danielle and Martha both referenced their School-Based Action Team (SBST) in their interviews. Martha describes the team as “support personnel consisting of a social worker, a psychologist, a speech and language specialist, and an assessment and programming teacher” whereas Danielle describes hers as including just “a psychologist and social workers”. Regardless, these teams are available to bring into the schools and assist teachers when they are
challenged with students who require extra support. Martha even explained how parents are invited to discuss their children with the SBST as well, if concerns arise. In addition, Danielle highlights that “every school should have what’s called a Health Action Team” and explains that “the focus is on healthy living and for the past four or five years there’s been a major focus on student mental health”.

Consequently, my participants highlight the fact that more and more trained professionals are available for teachers and students to turn to for extra support. This does not decrease the responsibility of teachers having to support their students’ mental health, nor does it resolve the fact that resources specific to mental health and wellness are not easily accessible for teachers. Rather, it increases services and support for students.

**Community Partnerships**

Many schools and school boards have partnerships with various community agencies as additional support for their students and teachers. As Alison points out, “There are community programs that will come into schools. There are tons”. As an example, Alison informed me about Safe Talk provided by LivingWorks Education (2014), a suicide intervention training company that trains community helpers of all kinds. This is one agency that will come into schools and educate teachers on one aspect of mental health literacy.

Danielle also shared some opportunities for further education on mental health from within the community. She informed me that many hospitals offer classes on multiple topics, and has personally attended some of the ones regarding mental health.

Like Danielle, Martha also mentioned classes offered from the hospital in her area. She shares:
They invite us to parent and teacher talks about ADHD and autism. We have the autism team who goes all the time. We have little workshops that the teachers can go to for the day to learn more about that one issue.

Additionally, Martha discussed other community agencies that her school partners with to support student mental health. For example, Aisling is a “community group that works with social and emotional issues for children until they are about twelve” and comes to her school “a lot”. She notes that she has run parent and student programs through Aisling at her school. Furthermore, Martha explains that The Centre for Addiction and Mental Health (CAMH) in Toronto, is another partner and a place for students to turn to once they are too old for Aisling.

**Initiatives and Resources**

Alison and Tom were able to provide me with various initiatives and resources for teachers to help support and promote their students’ mental health. Alison mentioned that she has sent the resource *The ABCs of Mental Health*, by the Hincks-Dellcrest Centre (2008) to teachers within her Board. This is one of the resources I referenced in Chapter 2. She describes it as “quite cool” and likes it because “[teachers] can either use activities to engage their students or their [student’] parents”.

Interestingly, Alison also shared with me a new anti-stigma campaign expected to be launched with her Board in the near future. It is called *The Elephant in the Room Campaign* and focuses on breaking down the stigma associated with mental health problems. It has not been launched yet but she is hoping to pilot it very soon.

In addition, Tom mentioned another one of the resources I referenced in Chapter 2. He highlighted *Making a Difference - An Educators’ Guide to Child and Youth Mental Health*
Problems (Third Edition) (Buchanan, Colton, & Chamberlain, 2010) and expresses “I know some people didn’t like it because I think there was a feeling that people who read it thought they could then diagnose”. I have personally perused the resource and Tom is correct; there is a lot of heavy, detailed information within it. Subsequently, teachers need to remember that it is only a guide intended to provide them with beneficial information on the topic of mental health. It is not intended to transform them into experts on the topic. They must remember to leave the diagnosing to professionals in the healthcare system.

Tom also shared with me an online resource called Front Door. It is provided by the Kitchener-Waterloo area and provides information for where children and families can access mental health support. Tom describes it as “one-stop shopping” because it brings a number of agencies together. He attests, “[a] student can either be referred or self-referred and get some initial assessment, a little bit of support, and then linked to other community work and organizations”.

Review of “Supporting Minds”

Surprisingly, only Alison and Martha mentioned the Ministry of Education’s new document Supporting Minds (2013) during their interview. What was more surprising was the contrasting views they had towards it. Martha describes the Ministry’s initiative on the document as “phenomenal” but Alison is not as complimentary. She expresses:

I have mixed feelings about that document. I actually really think there’s quite a bit in there that maybe could be quite frightening for teachers. It says it’s an educator’s guide, but I think if you have a student for example with schizophrenia or advanced psychosis, we’re going to rely on our community resources to help us out in the classroom. And the
teacher can say “Well maybe we can try this and help in that” but use somebody else as a guide. Because I think that a lot of teachers feel “Oh my gosh, I’ve looked at the document and the expectation is that I now know what I am doing” and when you read it and you put it into action – two completely different things. It’s a slippery slope between too much information and not enough, right?

Alison’s feelings towards the document are very similar to the feelings Tom expresses towards Making a Difference (Buchanan, Colton, & Chamberlain, 2010). This is interesting because both documents are very similar in nature. It is important to note that Supporting Minds (2013) does however, insist that it is only a resource and should not be used by teachers to determine diagnosis.

Strategies

Personal Mental Health Promotion

All four participants expressed various strategies for supporting student mental health; however, common among them was the theme of teachers being unable to effectively support students’ mental well-being until they tend to their own mental health. Martha personally expressed this as, “I think you can’t raise any mental health with children until you look after yourself; look after your own mental health”.

Interestingly, Alison shared that as the Mental Health Lead for her Board, numerous teachers have come to her asking what initiatives and resources are available for them. She shared that, “Addressing staff concerns is something that’s come up every day since I’ve started.
Staff are asking, ‘What about staff who work in the Board and their own mental health and wellness?’

Tom expresses this same worry by implying that the demands put on teachers are increasing. As a retired teacher he states,

I’m sure if I were [still] a teacher I’d say ‘What exactly do I want to focus on right now?’

You know? ‘Because I’m overwhelmed and I’m going to have my own mental health crisis pretty soon because I’ve got all these things I’ve got to do’.

Similarly, Danielle implied this same concern as she spoke about a new teacher whom she is mentoring. She shared that her mentee is considerably overwhelmed with the demands of the profession, so much so that he has missed a substantial number of work days. Unlike the other participants, Danielle did imply that the stressors from the profession decrease as you become a more experienced teacher. This may be her personal opinion, but based on my review of the literature (Koller & Bertel, 2006; Rothi et al., 2008), the majority of all teachers – whether seasoned in the profession or not – feel overwhelmed and burdened as more is continued to be expected of them.

**Increasing Self-efficacy and Social Self-efficacy in Students**

Although not explicitly stated, some of the strategies that Danielle employs in her classroom inevitably help to increase the self-efficacy and social self-efficacy of her students. As reviewed in Chapter 2, this is something that Jerusalem and Hessling (2009) believe can have significant benefits for supporting and promoting student mental health.

For example, Danielle’s classroom environment is “very interactive”. Her students sit at group tables, instead of individual desks, so that they are able to work with their peers and
collaborate. She strongly encourages teamwork. Additionally, she suggests decreasing the number of expectations for students who are struggling. She advises, “Limit the expectations. Choose very few expectations for [them] to do and just have [them] master those … because then [they are] successful at something”. Furthermore, Danielle urges that “getting [students] involved [in the school community] is important and it makes them feel good”. These strategies increase the students’ social skills, provide them with attainable goals, and increase their sense of purpose within the school environment. Subsequently, the strategies Danielle uses promote the [social] self-efficacy of her students, and according to the literature, can positively impact their overall mental health.

*Mindful Moments*

Interestingly, Martha, Alison, and Tom all communicate that meditation is becoming an increasingly common strategy within schools to help promote positive mental health for all. As something that was not evident during my review of the literature, I was initially quite intrigued by this strategy.

Martha shared with me how she has been working on implementing mediation within her school for the past five years now. She expressed how a retired principal visits her school and the two of them work together. They create dialogue about what meditation is, why it is valuable, and exercise the strategy twice a month with the entire school. Martha ensured to highlight the calming nature of the strategy and how she has seen it transform her students over the years.

Alison is also familiar with meditation as mental health promotion. She describes it as, “Getting kids to sit still and take a deep breath, and kind of let things fall away”. She contests that teachers can employ it at, “whatever time of the day makes sense for them. Just to help kids
regain focus and develop a skill”. She shared how one colleague “strategically plans it after recess” in order to allow her class to regroup and calm down before delving into the lesson. Ultimately, Alison stresses that meditation is a chance for students to be mindful of what they are thankful for and to “steer kids away from the material pieces” in life.

Like Martha, Tom has also had experience introducing mediation to his students. He admits that his students were initially skeptical of the strategy at first, but once they were familiarized with it they became “really relieved”. He described how he encouraged his students to be “in the present moment”. As an example, he explains, “The shower is where you plan your days, you have your fights, and all that kind of stuff, but no one ever just pays attention to the water”. It is true. We are often so preoccupied with bigger, ‘more important’ things in life that we often tend to forget to focus on, and appreciate, each individual moment.

In addition to introducing meditation at her school, Martha also urges her teachers to implement “positive situation journals” into their classrooms. She encourages teachers to ask their students to reflect on one or two positive things that have occurred throughout the day, and explains how the journals allow students to practice “mindful moments”.

Based on the personal experiences of Martha and Tom, it appears that meditation and practicing mindfulness are effective strategies to supporting positive mental health of all students.

**Additional Quick and Easy Strategies**

Each of the participants shared additional tips and strategies that can be used in schools to support and promote student mental health and well-being.
Danielle stresses the importance of “being aware of what is going on in the classroom” and genuinely “listening to the kids”. She says:

If the star student is going home having three to four hours of homework every night then there’s a problem because the struggling student may be doing five or six or just giving up after half an hour because it’s too much.

She urges teachers to be aware of workload and to ensure that students have time in class to finish their work “in order to consolidate what they know”. She also encourages teachers to “focus on the dynamics of the classroom” and to “be very aware of any changes in behaviours or mood” among students, in order to be able to intervene if needed. Additionally she advises to “teach children different coping strategies” that involve “encouraging students to get a drink, take a walk, or telling a friend or someone at the office” when they are stressed or upset. She explains that those simple strategies can help students “cool down and debrief” and act as coping mechanisms.

Martha promotes the strategy 1-2-3-Magic with her students at school. She describes it as “a very old program [that] works [because] it helps [students] to calm down and to realize that they need to self-regulate themselves”. Essentially, when students act out they have until the count of three to alter their behavior. If the teacher reaches three and the student is still acting out, the student receives a time-out. Martha also mentioned that parents can use this strategy at home too, to help children learn how to take control of their own behaviour.

Tom urges the necessity of creating “invitational environments” within schools to support student mental health. He expresses, “How we operate in the school system has to be based on creating the most inviting, warm, inclusive environment so that everything we do is a part of that and [so] that all students feel welcomed”. Furthermore, he adds that schools need to be
“physically inviting” and suggests this can be accomplished through the simple means of hanging up artwork in the halls and office. Tom provided the following example to express why spaces should be physically inviting: “I mean if you go into a school, often times I feel sorry for the little kids, but you go into the office and there’s a big barrier, you know, they’re looking up and around trying to find anybody”. His point is that students need to feel welcome and safe, so it is important that schools set-up their environment so that this can happen for all students. In addition, Tom urges teachers to take a “really strong stance if there’s bullying”. He suggests dealing with bully-like behaviour in a “visible” way so that all students know that it will not be tolerated.

Lastly, both Tom and Alison stress the importance of discussing mental health and wellness with students at an early age. They both agree that early discourse can relieve stigma associated with mental health problems and can increase resiliency in students. Alison even suggests using the Dr. Seuss book My Many Coloured Days as an avenue of introduction to mental health for younger students. She urges:

Engaging in conversation, whether its five minutes or four minutes or whatever it may be [is so beneficial]. But just getting them right from the get-go to understand it’s ok if you’re having a bad day. It’s ok if you don’t feel as strong as you did yesterday. Ultimately, both Tom and Alison believe that heightening the awareness of mental health and the potential difficulties it can pose will only benefit the mental well-being of students.
Conclusion

The findings from this study highlight key perspectives from current educators within Ontario’s school system. Although they hold different positions within the system, they all share a professional duty of care towards students.

Although some of their experiences and opinions vary slightly, their responses to the interview questions unveiled very similar perspectives and fundamental beliefs on the topic of student mental health. Most importantly, all of the participants consider mental health a crucial topic to be addressed in schools and believe that all educators – including themselves – are responsible for promoting and supporting it in students.

The findings from the interviews correspond with the review of the literature. Essentially, teachers should be promoting and supporting the mental health and well-being of their students; however, many challenges make it difficult. As evident from findings, inaccessible resources, uninvolved families, and insufficient training opportunities all make it difficult for teachers to support the mental health of their students. Currently, there are good strategies being used by some educators, but not consistently across the province.

Ultimately, as a society, we need to continue forging ahead with raising awareness of the importance of mental health. We need to continue to develop and implement effective strategies for our students in order to help them be healthy and happy.
Chapter 5: DISCUSSION

Introduction

The purpose of this research study was to investigate the ways in which Ontario elementary teachers effectively support their students’ mental health and well-being. Its aim was to highlight various strategies being employed by current educators, as well as to uncover the challenges they face when called upon to support student mental health. My research findings detail some effective strategies currently being used within schools but the findings also illustrate the various challenges teachers experience that impede their abilities to effectively serve all students under their care.

In this final chapter I review the findings, consider the implications that emerged from the study, offer recommendations for the education community as well as for future areas of study, and share some concluding thoughts.

Review of Findings

The participants all share a common understanding of what mental health is and the role that it plays in our lives. Additionally, they recognize the importance of supporting and promoting it in schools. Based on their responses, they have all taught students who have battled mental health problems, highlighting its unfortunate reality for today’s students. Because of their
experiences, each participant understands the detrimental effects that poor mental health has on students’ overall well-being.

Tom, Alison, Martha, and Danielle were all able to describe various signs and symptoms of poor mental health in students. Together, they were able to express the social, emotional, physical, and academic impact it has on the lives of many. Moreover, each participant recognizes the relationship between mental health and academic achievement. Martha and Danielle were especially explicit in this relationship and eloquently described how poor mental health severely impacts learning.

Alison raised a crucial point during her interview. She urges for recognition that evidence of mental health problems does not mean evidence of mental illness. She stresses that mental health is affected by many factors and cautions educators from anthologizing and over-labelling before getting to the root of the problem.

As mentioned in Chapter 2, teachers play a key role in supporting and promoting student mental health as they are often one of the first to witness a change in mood or behaviour in their students. Danielle spoke to this and subsequently advises teachers to be aware of what is going on in the lives of their students. Additionally, Alison implies that teachers may be able to actually prevent problems from arising by “tapping into” various situations involving their students.

In terms of challenges that exist for teachers when required to support the mental health and well-being of their students, all of the participants attest to there being several. Although Tom expresses that there has been an increase of awareness over the years on the importance of mental health, and thus services and resources have become more available within the education system, he implies that challenges still remain a factor in effectively supporting the mental health
of all students. Challenges that were highlighted during the interviews include accessibility and amount of resources available, funding, involvement and support of family members, and training and overall preparedness of teachers. It became evident that there has been an increase of trained professionals within the education system; however, that does not denote the responsibility that teachers have to support student mental health.

It was brought to my attention that the community has become quite involved in battling mental health problems within society. Many community agencies are providing resources and opportunities for educators to further their knowledge on mental health. Unfortunately, all of these opportunities must be sought out personally, and in light of the evidence that teachers feel increasingly overwhelmed, few are taking the initiative. Currently, as discovered through this study, there are no mandatory mental health professional opportunities for educators.

To restate, all of the participants express the importance of supporting students’ mental well-being; however, it was made clear that this cannot happen effectively unless teachers ensure that they are protecting and caring for their own mental health first. With the increased expectations of our teachers, this seems to be a bit problematic. However, the strategies revealed from the findings, especially meditation, can be useful for teachers as well. It is important to remember that everyone has mental health and many of the strategies used for one group will also be effective for another. Since not all strategies will work for everyone, we need to increase mental health literacy, deepen our knowledge and understanding on the topic, and strive for a pocket full of multiple useful strategies.
Implications and Recommendations

Through this study I have uncovered a breadth of new knowledge and understanding on the subject matter. Although the topic of mental health has always been of interest to me, I am now more passionate than ever.

Many implications can be drawn from this study, but I think the most important one revolves around teachers’ willingness to support their students’ mental health. If teachers do not make an effort to support the mental health of their students, then they are subsequently doing them a disservice. It is clear that strong mental health is vital for student success; thus, all teachers must be exercising strategies to support and promote student mental health and wellness. Of course, teachers cannot be expected to do this alone. Mental health promotion is a shared responsibility. It takes the education community, parents, and the public to ensure the success of our future generation.

Some great strategies have been introduced to me through this study; however, I believe the easiest way to begin supporting mental health in schools is to provide education on the topic. This, in turn, will heighten mental health literacy among our students and educators. It will raise awareness on the topic and hopefully aid in reducing stigma associated with mental health problems. I believe no age is too young to begin this discourse. The sooner we educate our students on mental health, the sooner we can begin to combat this national dilemma affecting our younger population.

This study has provided with me great insight for my future practice. I am highly aware of the beneficial effects early mental health literacy can have on students and thus, plan on implementing it early on. I believe that mental health education should not be one-off occasions, nor limited to such events as Bell’s Let’s Talk Day. Mental health education and literacy needs to
be continuously woven into our everyday lives. This is something that I promise to do in my future practice as an educator.

I have always recognized the importance of a strong relationship with students’ families; however, this study has illustrated how critical it is for this connection to be made. As a recommendation for the education community, I strongly encourage teachers to establish regular communication with students’ families. For some students, this steady contact may be the reason that mental health problems are brought to light. If teachers consistently communicate with families, they have a better opportunity of truly knowing what is going on in the lives of their students. They can acquire information about their students’ lives outside of school, including their home-life. Throughout my experience, I have discovered that families are more willing to divulge, sometimes personal and sensitive, information to teachers who demonstrate a sincere concern for their students’ well-being. This, in turn, can potentially aid teachers in supporting their students’ mental health by being aware of the challenges and strengths in their students’ lives.

Another recommendation that I have for the education community revolves around mental health training for teachers. Through this study, I have discovered that many teachers feel unprepared to support student mental health effectively; furthermore, many teachers have little preparation and education about it at the pre-service level. Thus, I suggest that more in-depth training be included in pre-service teacher education programs in Ontario. An increase of knowledge before they enter the field can potentially relieve educators of their own stress and anxiety that often results from feeling ill-equipped to manage mental health in students. Additionally, I propose that boards of education make mental health professional development mandatory for teachers. In light of my research, I have yet to discover any opportunities that are
mandated by school boards. I think this kind of professional development would be a practical and powerful way to heighten teachers’ knowledge and comfort levels with student mental health. Currently, it is up to teachers themselves to access resources and attend professional development based on their own interest and choice. Unfortunately, my research has highlighted that not all teachers take the initiative to do so. Even one session of mental health professional development – one that is consistent across the province – has the ability to increase teacher confidence and understanding on the topic.

**Areas for Future Study**

An area for future research would be to interview participants from all across Ontario. Although this would require extensive work, I believe it is the only authentic way to uncover if teachers in the province are adequately serving the students under their care. Moreover, it would also be interesting to analyze the difference in perspectives of student mental health in urban versus rural areas. Does the location of teachers and schools impact their views and comfort on the topic?

Secondly, three out of my four participants have backgrounds in Special Education. I would be interested to conduct the same study with more General Education Teachers in order to compare their comfort and knowledge on the topic. In my experience, Special Education teachers already support students with varying increased needs and demands, thus I am curious if this impacted the comfort and experience of my participants.

Lastly, I am aware that all Initial Teacher Education programs across the province are extending their programs from one to two years. I would be interested in interviewing graduates from a two-year program in order to discover if the increased length allotted for increased training and/or experience with student mental health.
Concluding Thoughts

The purpose of this research study was to investigate the ways in which Ontario elementary teachers currently support their students’ mental health and well-being. Its aim was to highlight strategies being used by current educators, as well as to reveal the challenges that they face when called upon to support student mental health. I uncovered various effective strategies being employed and also discovered a multitude of difficulties that teachers face surrounding student mental health.

My study has highlighted the importance of positive mental health and its relationship to overall well-being. It has demonstrated the vital role that teachers and schools play to promoting and even preventing mental health problems among students. Ultimately, our schools need to come together and stand up for increased awareness, promotion, and education on mental health inside and outside of the classroom. Furthermore, teachers need to make it a priority to obtain further education on the topic in order to better serve their students. They need to introduce mental health literacy into their classrooms at an early age and make it part of everyday life. I wholeheartedly promise to use the information I have discovered in my future practice as an elementary school teacher.

As shared in Chapter 1, I have personally battled with poor mental health throughout my life and know first-hand the impact it has on one’s self all too well. My hope through this research is to shed light on the topic and increase awareness of its importance. If through this study, I can prevent a single student from experiencing the struggles that I have crossed, I will be ecstatic. My hope is that the education community recognizes the seriousness of this issue and
begins to put steps in place to help all teachers better support and promote mental health awareness in schools.

Finally, I would like to share some final words of gratitude towards the participants of this study. Thank you for taking the time out of your busy schedules to participate in this study. I whole-heartedly appreciate your willingness to be involved and your enthusiasm on the topic. Your commitment to all students is inspiring and something I will strive for throughout my future endeavors.

REFERENCES


Ministry of Education. (2013). *Supporting minds: An educator’s guide to promoting students’*


**APPENDICES**

**Appendix A: Interview Questions**

**Participant Background Information**
1. Please give a brief background of yourself, including your current position within the board.
2. When did you become certified in Ontario?

**Participant understanding of Mental Health**
3. In your experience, what signs might a student with a mental health problem illustrate?
4. What are some common mental health problems among elementary school children?
5. Why is it important for teachers to support their students’ mental well-being at school?

**Teacher Practices (Challenges and Strategies)**
6. Bring to mind a student whom you feel may have [had] a mental health problem. What made you consider that this student experienced a mental health problem?
7. When you came to this consideration, what were your next steps with this student?
8. When you considered the possibility of this student having a mental health problem, did it impact your perspective of him/her?
9. When you think about other students, can you think of other strategies to support all students’ mental health?
10. Specifically, what is the role of administration within your school when it comes to student mental well-being?

11. What challenges exist in supporting students’ mental health?

12. There is a large stigma that surrounds people experiencing mental illness and mental health problems. What strategies, support, or resources can you offer to help eradicate this stigma?

13. On a scale of 1-10, with 10 being “very comfortable” and 1 being “not at all comfortable”, how would you rate your own comfort level when required to support a student with a mental health problem?

Opportunities & Professional Development
14. Can you talk about the Professional Development opportunities and resources available for educators in Mental Health?

15. What professional development have you received or what resources have you accessed?

Next steps/advice
16. Are there any resources or tips you can offer other teachers to help raise mental health awareness within schools?
Appendix B: Letter of Consent for Interview

Date: ___________________

Dear Participant,

I am a graduate student at OISE, University of Toronto, and am currently enrolled as a Master of Teaching candidate. I am studying the topic of student mental health for the purposes of investigating an educational topic as a major assignment for our program. I think that your knowledge and experience will provide insights into this topic.

I am writing a report on this study as a requirement of the Master of Teaching Program. 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 an hour-long interview that will be tape-recorded. I would be grateful if you would allow me to interview you at a place and time convenient to you. I can conduct the interview at your office or workplace, in a public place, or anywhere else that you might prefer.

The contents of this interview will be used for my assignment, which will include a final paper, as well as informal presentations to my classmates and/or potentially at a 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 tape 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,

Researcher name: Brigit F.

Phone number, email: xxx

Research Supervisor’s Name: Anne Marie Chudleigh
Phone #: xxx

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 Brigit Fry and agree to participate in an interview for the purposes described.

Signature: ________________________________

Name (printed): ________________________________

Date: ________________________________