AN ANALYSIS OF MENTAL HEALTH IN ONTARIO SCHOOLS

How Does the Ontario Education System Support Educators to Identify and Support Students with Mental Health Challenges?

By Julia Fazari

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Department of Curriculum, Teaching and Learning
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Abstract

The purpose of this study is to explore how educators in Ontario’s publicly funded education system are supported to identify and support students with mental health challenges in order to foster an inclusive learning environment. In this exploratory, qualitative research study, six participants with extensive experience in the field of child and youth education and mental health were interviewed. Data was collected through face-to-face, open-ended interviews and compared with relevant bodies of literature to draw connections, implications and make recommendations for next steps regarding how to best support educators in their quest to make the classroom a safe and inclusive place for students to learn.

Keywords: mental health, student(s), educator(s), identify, support, inclusive
Acknowledgements

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# Table of Contents

**Abstract**  
2  

**Acknowledgements**  
3  

**Chapter 1: Introduction**  
6  
  - Purpose of the Study  
  - Research Questions  
  - Background of the Researcher  

**Chapter 2: Literature Review**  
11  
  - Epidemiology: Mental Health in School-Aged Children  
  - Stigma  
    - Removing the stigma  
  - Mental Health in Ontario Schools  
  - Prevention and Intervention  
    - The school’s role  
    - The teacher’s role  
  - An In-depth Look at Empathy  
  - Conclusion  

**Chapter 3: Methodology**  
23  
  - Participants  
  - Role of the Researcher  
  - Methods  
    - Research style  
      - Group interview/discussion  
      - Individual interviews  
      - Field notes  
      - Audio recording  
  - Data Analysis  
  - Participant Consent and Ethical Implications  

**Chapter 4: Findings**  
27  
  - Observation and Identification  
    - Observing a student with a mental health concern  
    - Identifying a student with a mental health concern  
  - Existing Strategies to Recognize Mental Health and Well-being  
    - Destigmatizing mental health  
    - Establishing and maintaining support systems  
      - Provincial support  
      - Support from the school board  
      - Support within the school  
  - The Role of a Teacher  
    - The role of a teacher redefined  
  - Challenges  
    - Lack of resources  
    - Lack of time  
    - Lack of professional support services within a school setting
How Does the Ontario Education System Support Educators to Identify and Support Students with Mental Health Challenges?

Chapter 1: Introduction

The purpose of this study is to investigate mental health in Ontario’s publicly funded schools from an educator’s perspective. This topic has earned a fair degree of attention over the past two decades. Though it is a relatively new focus of research, a vast amount of research has been completed to date. Educators are keen to learn how to appropriately and effectively identify and support students who face mental health challenges. While the introduction of mental health policies and programs signify change is on the horizon, there is still an undeniable gap in knowledge and understanding surrounding the issue.

As researchers continue to conduct studies and new information emerges, policies and strategies are being implemented by governing bodies and educators. Change takes time. The goal of this study is to shed more light on the importance and urgency of attending to the mental well-being of children and youth.

Purpose of the Study

The purpose of this exploratory study is to investigate the experiences, practices, attitudes and beliefs of experienced educators as they relate to the identification and inclusion of students with mental health challenges. Moreover, the purpose of this study is to explore how educators in Ontario’s publicly funded education system are supported to identify and support students with mental health challenges in order to foster an inclusive learning environment.

Research Questions

The main question of this study is: How does Ontario’s public education system support educators to identify and support students with mental health challenges in order to foster an inclusive learning environment?
The following is a list of sub-questions that emerge out of the main research question:

- What is a mental health challenge?
- What challenges do educators face in terms of the mental health crisis?
- What practices, strategies and resources are being used to identify and support students?
- What practices, strategies and resources are being used to dissipate the mental health stigma?
- How can educators be further supported to implement more effective practices and create an inclusive learning environment for students?
- Is there a connection between an empathetic educator and the dissipation of the mental health crisis?

**Background of the Researcher**

I am a 24-year-old female in my final year of graduate studies at the Ontario Institute for Studies in Education at the University of Toronto. I am completing the Masters of Teaching graduate program with hopes and aspirations of one day becoming an educator.

As a future educator, this topic is very important to me for a number of reasons. Firstly, I have always felt compelled to give a voice to the voiceless. Secondly, I am someone who identifies with experiencing anxiety. Anxiety is one of many conditions that would fall under a mental health illness. I have had anxiety for as long as I can remember. My mother claims I had extreme separation anxiety for the first few years of my life. I vividly remember suffering from anxiety and panic attacks as early as 6 years old. In my early twenties, my anxiety heightened as I spiraled into a borderline depressive state. I felt like my life was coming apart at the seams. For approximately 6 dark months, I suffered in silence. I only allowed those very close to me to
see that I was weak and struggling to make it through the day. To an outsider, it appeared as though I had it together. I was blessed in every aspect of my life. I always wore the brightest smile on my face. I was physically healthy, did well in school, excelled in athletics, volunteered and was involved in extracurricular activities, had a multitude of friends, a vibrant social life, and a loving and supportive family. But unfortunately, I was also the girl suffering from anxiety.

I was confused and ashamed. As I lived two distinct lives, I was beyond exhausted as I desperately attempted to hide my weak, unattractive, sad side. For the most part, I was really good at hiding my emotional pain and suffering. Not even my roommates knew I was struggling to make it through the day. The unfortunate thing about anxiety and depression is that it is often a silent and extremely private struggle. It was painful. Anxiety and depression are things that I would not wish upon anyone.

I believe the stigma behind mental illness is still very much alive and present. If it were not, I would not have been so embarrassed or scared to confess that I was struggling. Personally, I think part of the problem is that I did not even know what exactly I was struggling with or why I felt the way I did. As I analyzed my life, I could not identify or accurately articulate the pain in this picture perfect world I was living in. Things just did not seem to add up. It did not make sense. Could I not just smile at my perfect life? Why me?

But then I would ask myself, ‘Why not me?’ This was my battle to fight. Everyone struggles with something. At times, the uphill battle was dauntingly dark. I knew I needed help because I could no longer struggle on my own in silence. I have been told that it takes courage to ask for help. It did not feel very courageous at that moment in time. I felt desperate, pathetic, and broken. When I finally did reach out for help, the first person I confided in was my mother. Equally as bewildered as I was by what might be the root cause of my anxiety, my mother encouraged me to speak with my doctor who referred me to a counselor. I worked with a
counselor who helped me to understand how I had internalized my anxieties all of my life. I let my thoughts spiral out of control and take an emotional and physical effect on my body.

After that initial conversation with the counselor, it took years for me to finally have some clarity and gain some understanding in how to live with anxiety in a functional manner. By no means did my anxiety just disappear and I lived happily ever after. The counselor helped me to understand that in the moments of anxiety I needed to have a strategy to get back to a calm, quiet place in my mind. The counselor also helped me realize that talking with friends and family was the best possible therapy to help me overcome my anxiety episodes. I would love to find a permanent cure and say farewell to anxiety forever. Until then, I am fortunate enough to have friends and family that support me.

In my daily life, I still experience bouts of anxiety completely unrelated to anything. Nowadays, when I am feeling anxious, I will talk about it more freely in hopes that it will pass if I release it. It is frustrating and difficult to gauge when the onsets will occur and how long they will last. Though this has been something that I have struggled with all of my life, I refuse to let it ruin my life and define me as a person. I realize I am not defective and that this is something beyond my control. All I can control is my reaction to situations and my outlook on life. I do my best to remain positive. I recognize that no state is permanent and that even though it feels like I have the weight of the world sitting on my chest during an anxiety attack, that this too shall pass.

Every dark cloud has a silver lining. I am genuinely thankful that I have struggled with anxiety because I believe it has made me a better person. I do my best not to pass judgment on others, for undoubtedly, everyone is fighting a battle that is unbeknownst to me. I know from firsthand experience that problems and fears are very real to the person experiencing them.

Through my experiences, I have developed a greater sense of empathy, which in turn has helped make me a more effective educator. I am acutely aware of, and sensitive to my students’
emotional well-being. As an educator, I will continue to support my students through their educational journeys while remaining committed to upholding their mental health and well-being.
Chapter 2: Literature Review

The research of mental health in children and adolescence is still in its very early stages of development. Though a great deal of research has been conducted on this subject matter over the past 10-15 years, the issue remains far from resolved. The vast majority of people who suffer from a mental illness remain unrecognized and thus untreated. The Canadian Mental Health Association [CMHA] reported that of the approximate 10-20% of Canadian youth affected by a mental health illness, only one out of five receive the mental health services they require (2015b). These children are sitting in the classrooms of each and every school in Ontario. Evidently, mental health problems are still a prevalent issue.

Although there are numerous topics connected to mental health explored in professional literature, the following topics are most relevant to the focus of this study:

- The Epidemiology of Mental Health
- Stigma
- Mental Health in Ontario School Boards
- Prevention and Intervention
- An In-depth look at Empathy

Epidemiology: Mental Health in School-Aged Children

Firstly, the World Health Organization [WHO] (2015) defines mental health as:

A broad array of activities directly or indirectly related to the mental well-being component included in the WHO's definition of health: ‘a state of complete physical, mental and social well-being, and not merely the absence of disease.’ It is related to the promotion of well-
being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders. (para. 1)

A mental disorder is defined by the Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition (DSM-IV) as a:

Clinically significant behavioural or psychological syndrome or pattern that occurs in an individual associated with present distress (e.g. a painful symptom) or disability (i.e. impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. (Stein, Phillips, Bolton, Fulford, Sadler, & Kendler, 2010, p. 1760)

According to Supporting Minds (2013), Ontario’s comprehensive mental health guide designed specifically for educators, “Mental health exists on a continuum” (Ontario Ministry of Education [OME], p. 9). Appendix A includes a diagram that illustrates this continuum (OME, 2013, p. 10).

Mental health issues affect those of all ages, cultures, races, religious groups, academic levels, and social and economic classes (Johnson, Eva, Johnson, & Walker, 2011). Someone suffering from a mental health illness does not look or act in a particular manner (Johnson et al., 2011). There are countless mental health challenges that people struggle with on a daily basis. According to Supporting Minds (2013):

Child and youth mental health problems can be classified into two broad categories: internalizing problems, which include symptoms like withdrawal, anxiety, fearfulness, and depressed moods; and externalizing problems, which are characterized by such
behaviours as aggression, defiance, rule-breaking, and destructive behaviour (Achenbach, 1991). (OME, p. 9)

Examples of externalized illnesses include attention deficit hyperactive disorder (ADHD) and oppositional defiant disorder (ODD) (OME, 2013). Examples of internalized illnesses include anxiety or depression (OME, 2013). Many mental health illnesses show a strong tendency to comorbidity (OME, 2013). According to Supporting Minds (2013), “It is estimated that 50 per cent of children experiencing a mental health disorder have two or more disorders at the same time (Waddell et al., 2002)” (OME, p. 10). Understandably, it is far easier for an educator to identify students that exhibit externalized conditions than internalized ones (Johnson et al., 2011) because their symptoms are more visible. But both external and internal mental health illnesses are difficult to manage and students require additional resources and support to sufficiently work through them.

According to the CMHA (2015b), 20% of Canadians will personally experience a mental illness in their lifetime. Johnson et al. (2011) states that, “1 in 5 young people have some sort of mental, behavioural, or emotional problem; 1 in 8 have a serious depression; and 1 in 10 may have a severe emotional problem, including bipolar disorder or significant mood disorders” (p. 10). As the suffering of these adolescents often goes unnoticed, it should come as no surprise that suicide is the third leading cause of death among young people ages 15–24 (Johnson et al., 2011). Canada has the third highest youth suicide rate amongst industrialized nations (CMHA, 2015b). As critical as this issue may be, 80% of youth that require mental health services do not get the treatment they require (CMHA, 2015b). On page 29 of The Mental Health of Children and Adolescents (2007) book, authors stated that, “Child and adolescent mental disorders, more so than other illnesses, have long-standing costs to society…in terms of education, the burden on
the criminal justice system and social services, associated with high-risk behaviour (Mannuzza et al., 1998; Knapp, 2000)”.

From a local perspective, Ontario has reported that the unresolved issue of mental health in children and adolescents has spiraled to negatively affect the health care system and the provincial economy (Ontario Ministry of Education: Safe and Accepting Schools [OME: SAS], 2014). The CMHA (2015b) estimated the direct economic cost of mental illness in Canada in 1998 was approximately $7.9 billion. Additionally, there was an estimated indirect economic cost of $6.3 billion for uninsured mental health services and time off work for those exhibiting mental health challenges not treated by the health care system (CMHA, 2015b).

Stigma

The mental health crisis is daunting and it is perpetuated due to stigma, discrimination (CMHA, 2015a) and a general lack of awareness and understanding of what mental health is (The Mental Health of Children and Adolescents Book, 2007). Stigma, defined by the CMHA (2008) are the, “negative attitudes or beliefs that are held about people who are perceived as different” (p.1). Discrimination, the behaviour resulting from stigma, is defined as, “actions taken to exclude others because of their perceived differences” (CMHA, 2008, p. 2). According to the CMHA (2015a), many people with mental health issues continue to experience stigma and discrimination on a daily basis. Consequently, students are not stepping forward and identifying themselves as someone struggling with mental health issues because they fear being stigmatized or negatively perceived by others (OME, 2013). Children internalize their struggle, failing to express their mental health ailments due to stigmatization (The Mental Health of Children and Adolescents Book, 2007).
In order to bring the human aspect of these issues to light, Johnson et al. (2011) describe the struggles of a student named Linea. Linea was a star pupil, actively involved in her high school and had plenty of friends. Even though Linea was experiencing a great deal of internal depression, her teachers and counselors failed to recognize any ‘signs’ of depression (Johnson et al., 2011). But that’s just it – there are often no signs with internalized mental illnesses such as depression (Johnson et al., 2011). Unfortunately Linea internalized her battle with depression for so long that she eventually developed bipolar disorder (Johnson et al., 2011). There may be no cure for mental health illnesses, however, eliminating the stigma and discrimination attached to mental health challenges is possible (OME, 2013).

**Removing the stigma.** One approach to remove the stigma around mental health as suggested by the CMHA (2008) is through public education. However, they add that it is equally as important to “fight stigma from the inside out, by building strong communities, supporting consumer empowerment and family organizations, and creating strong systems of services and supports with staff who can offer acceptance and hope” (CMHA, 2008, p. 4).

Educators can help break down the stigma associated with mental health in their classrooms, schools and communities by “discussing mental health issues in class and helping students to find and use reliable, in-depth information on the topic” (OME, 2013, p. 19). Furthermore, by increasing awareness of what mental health is and who could possibly be struggling with mental health ailments, “they are better able to recognize and support students who are struggling with mental health conditions while they are still in school’’ (Johnson et al., 2011, p. 10).

**Mental Health in Ontario Schools.**

A fair amount of legislation has recently been passed in Ontario to ensure schools are safe, inclusive and accepting places to learn. *Open Minds, Healthy Minds* is Ontario’s 10-year
A comprehensive mental health strategy for change in hopes of creating a province where “all people have the opportunity to thrive, enjoying good mental health and well-being throughout their lifetime” (Ontario Ministry of Health and Long-Term Care [OMHLTC], 2011, p. 4). The strategy was released on June 22, 2011 with the aim of strengthening healthcare services, creating a responsive and integrated system, and building awareness and capacity within communities (OMHLTC, 2011). The strategy calls for early identification and intervention to meet the needs of vulnerable children (OMHLTC, 2011). It also aims to provide children with “fast access to high quality services” (OMHLTC, 2011, p. 4). Strategic, comprehensive action plans like Open Minds, Healthy Minds, can help to educate and empower teachers to support their students suffering from mental health illnesses (Johnson et al., 2011).

As of June 5 2012, school boards in Ontario are now required to abide by the Accepting Schools Act, Bill 13 (OME: SAS, 2014). The primary goal of the legislation is to “take preventative measures against bullying, issue tougher consequences for bullying, and support students who want to promote understanding and respect for all” (OME: SAS, 2014). Bill 13 supplements the Equity and Inclusive Education and Safe Schools Strategies. Although the focus of Bill 13 is bullying awareness and prevention, a portion of this action plan includes a focus on mental health practices in schools (OME: SAS, 2014).

Additionally, after the province of Ontario released its comprehensive mental health strategy in 2011, the complete guide for educators, Supporting Minds, was created and released in 2013 (OME, 2013). It was designed specifically for educators to provide them with information on the early signs of mental health illnesses. It also details strategies that can be used in the classroom to support students. Its aim is to help build school-based capacity in “promoting awareness, prevention and early intervention” (OME, 2013, p. 4). Supporting Minds (2013) “expands on topics in Caring and Safe Schools to provide a greater level of detail with respect to
the signs and symptoms of mental health problems and classroom strategies that can be used to support students’ mental health and well-being” (OME, 2013, p.14). Though this extensive guide is extremely helpful, there is no requirement for Ontario teachers to familiarize themselves with it.

However, teachers are mandated to teach mental health via the Ontario curriculum. Ontario educators are responsible for addressing it through the Kindergarten to Grade 12 Ontario Health and Physical Education curriculum (OME, 2015). In this sector of the Ontario curriculum, students will have an opportunity to learn about different facets of mental health and well-being (OME, 2013). The curriculum document also includes student learning for how to build resiliency skills (OME, 2013). Furthermore, the Curriculum Council, the educational policy advisors of Ontario, is currently reviewing how to strengthen equity and build inclusive education and bullying prevention principles into the curriculum (OME: Curriculum Council, 2014).

**Prevention and Intervention**

**The school’s role.** The Mental Health Commission of Canada has teamed up with a number of resource providers, such as the Ontario Centre of Excellence for Child and Youth Mental Health, to develop a number of anti-stigma resources and school-based programs (OME, 2013). According to *Supporting Minds* (2013):

> Since children and youth spend more than six hours a day and more than 190 days a year in school, what happens at school can have a significant influence on a student’s well-being. Schools can be key players in promoting the mental health, resilience, and overall healthy development of students. (OME, p.16)

Furthermore, according to the authors of *School Mental Health Resources and Adolescent Mental Health Service Use*, “Schools are the most frequent providers of mental health services and are
the gateways to additional services” (Green et al, 2013, p. 501). Nowadays, schools are not only a safe space for students to disclose their concerns, but furthermore, they are also places that provide the preliminary services to these students. School mental health resources have a direct influence on whether a student will receive mental health services (Green et al, 2013). When a school has an abundance of resources at their disposal, they are far more likely to be able to support their students in an adequate manner (Green et al, 2013). If schools are an initial source of mental health service to children and adolescents, schools must work in conjunction with psychological professional services (Lynn et al, 2003).

Finally, in regards to students’ educational achievement, according to Supporting Minds (2013):

Students with mental health problems may have difficulty maintaining regular progress at school. Students with severe mental disorders often struggle academically and may need educational supports guided by an individualized education plan. (OME, 2013, p. 14)

In turn, schools are responsible for modifying and accommodating their students in order to create a safe and inclusive learning environment for all students to learn in (OME, 2013).

**The teacher’s role.** As indicated in Supporting Minds (2013), due to their positioning, teachers play an integral role in the mental health crisis (OME, 2013). Though they “cannot and should not attempt to diagnose mental health problems” (OME, 2013, p. 6), “educators have an important supporting role in the diagnostic process, as they can observe aspects of a student’s behaviour in the school setting that may not be evident to the parent or the mental health professional” (OME, 2013, p.12).

Generally, teachers are aware of the role they play in supporting their students (O’Donnell, D'Amico, Schmid, Reeve, & Smith, 2008). They want to be able to support their students in a holistic manner; they want to teach to the whole child, not just to the students’
academic or cognitive domain (O’Donnell et al., 2008). But teachers are struggling with meeting this responsibility, citing lack of support and resources as factors (Lynn et al., 2003). Considering the general public has a lack of awareness and understanding of what mental health is (CMHA, 2015b), current educators must partake in professional development to educate themselves. As of September 2015, Ontario pre-service teacher education programs are expected to include mental health and well-being of students in their required curriculum (Ontario College of Teachers [OCT], 2015).

Researchers consistently agreed that educators play an integral role in identifying and accommodating students with mental health challenges (OME, 2013). With that being said, if teachers are expected to fulfill this role, they must be supported in a manner that makes them capable of doing so. One source called for collaboration between teachers and service providers in hopes of promoting a healthier environment for children to live and learn in (Lynn et al., 2003). This collaborative approach brings mental health service providers (such as psychologists and social workers) closer in proximity to create a “potentially powerful influence on students’ mental health” (Lynn et al., 2003, p. 200). Collaboration between the two parties can help to both alleviate the teacher’s stress and better serve the students.

In the case of mental health awareness in schools, intervention through implementing preventive measures has proven to be most successful (The Mental Health of Children and Adolescents Book, 2007). As schools are a frequent mental health service provider, schools must equip their staff and teachers with the knowledge and skills to be able to identify students with mental health concerns who might struggle to come forward on their own. Therefore, school staff need to collaborate in a manner that simplifies this process for the student while still remaining respectful of how sensitive and private the issue may be to a student (Lynn et al., 2003).
But exactly how do Ontario educators learn to identify students with mental health concerns? One option is for educators to familiarize themselves with the Supporting Minds guide as it outlines the “signs, symptoms, causes, and frequency of different types of problems and their potential impact on student learning” (OME, 2013, p. 6).

Educators have a shared responsibility for the physical and emotional well-being of their students: they have a fiduciary duty of care to the children and adolescents in their schools (OCT, 2013). Furthermore, according to the Ethical Standards for the Teaching Profession (OCT, 2012), teachers in Ontario should be committed to the well-being of all students. They have an obligatory duty to report a student that may be in trouble to the school’s support system (OCT, 2013). For teachers to disregard a student’s emotional turmoil as a child’s misbehavior or adolescent angst would be doing everyone a disservice; and it would be failing to meet the professional responsibilities required of a certified member of the OCT.

Once students have been identified and have been connected with the mental health services they require, educators are expected to collaborate with these services to stay informed on this student’s condition. It should be the teacher’s goal to support the student, without demeaning them through assumptions and stifling their capabilities (Tolar, 1975). It should be a teacher’s goal to simply eliminate additional stress in the classroom (Lynn et al., 2003). To do so, teachers are encouraged to be mindful to engage in the following: communicate clearly and remain flexible, provide relevant instruction, initiate peer interactions, demonstrate respect, and facilitate conditions for increased self-efficacy (Johnson et al., 2011).

**An In-depth Look at Empathy**

Meriam-Webster’s dictionary (2014) defines empathy as “the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and
experience fully communicated in an objectively explicit manner”. Empathy is an even greater and more genuine version of sympathy or understanding (Tolar, 1975). Without empathy, teachers would not be able to provide the support their students yearn for (Tolar, 1975). Fortunately, empathy is a characteristic trait that can be acquired over time and through experiences (Tolar, 1975).

Because there is no cure for mental health, only treatment, educators need to be understanding and supportive of their students’ challenges (OME, 2013). An increased awareness and level of empathy will enable educators to confidently identify and empathize with those students who exhibit mental health concerns (Green et al, 2013). Empathy in teachers will also lead to better practices being implemented in the classroom to ensure school is a safe place to learn, even in cases when students’ symptoms may flare up (Green et al, 2013).

Furthermore, empathy has direct beneficial academic outcomes. It has been proven that “people who receive empathy from others, especially from an early age, develop a higher capacity to learn” (Briggs, 2014, para. 6). According to Briggs (2014),

Empathy and academic outcomes research shows a remarkable correlation between students’ empathetic understanding and their academic performance. For example, researchers (e.g. Bonner and Aspy) have identified significant correlations between student scores on measures of empathetic understanding and their grade point averages, and a review of research related to empathy training/instruction indicates that this instruction enhances both critical thinking skills and creative thinking (Gallo, 1989). (para. 14).

Effective strategies and practices teachers can use to model empathy and create opportunities for students to be empathetic are: role-playing, focusing on non-cognitive skills, promoting emotional literacy and creating a sense of community (Briggs, 2014).
Conclusion

The research of mental health in children and adolescence is still in its very early stages of development. After reviewing the research for the purpose of this research study, it appears that the issue is far from resolved and a fair degree of work still needs to be done. Though the stigma surrounding mental health still exists, the Ontario provincial government has developed and implemented strategies aimed at increasing awareness, prevention, identification, and intervention within schools.

The groundwork for overcoming the dire situation of mental health issues in Ontario schools has been established by Ontario’s comprehensive action plan, *Open Minds, Healthy Minds*, together with *Supporting Minds*. Its emphasis on the importance of effectively implementing preventative factors offers a glimmer of hope in overcoming this epidemic.

It is still unclear exactly how the school boards intend on effectively educating their educators on the epidemic and providing them with adequate support to ensure they can in-turn support their students’ emotional well-being and ongoing academic achievement. Regardless of how school boards intend on educating their educators on how to effectively identify students with mental health concerns, there is no disputing the role empathy plays in resolving this issue and helping students achieve academic success.
Chapter 3: Methodology

The purpose of this exploratory study is to analyze mental health in Ontario’s public education system from an educator’s perspective. The study is qualitative in nature, aiming to get a depth of understanding through the lens of six educators. This chapter presents an overview of the six participating educators, followed by a discussion of the role of the researcher, and the various stages of the research process, including data collection and analysis, and ethical considerations.

Participants

Six educators were involved as participants in this study. The participants represented a range of positions and years of experience in the field of education. They included: one director of Special Education from the OME; two mental health leads from the Toronto District School Board; one guidance counselor and one school psychologist from the Dufferin-Peel Catholic District School Board; one principal from the Toronto District School Board. Participants were chosen based on the following criteria:

• Worked in Ontario’s public education system

• Focused on mental health awareness, prevention and intervention

• Willing to participate in one interview

• Willing to participate in member-checking after the interviews take place

By using a small number of participants, I was able to generate a rich and qualitative case study. Since all participants were educators in some capacity, I was able to analyze and compare their varying experiences and perspectives on the subject matter.
Role of the Researcher

I interviewed four participants individually, and facilitated a small group interview/discussion with the two mental health leads. During the one-on-one interviews and the small group interview/discussion, I did not actively participate. I answered questions directed at me, however, I did not partake in the actual discussion, as I did not want to affect the results. As an interviewer, I remained completely neutral, asking non-leading questions as I uncovered more information from the participants on this topic. I answered questions, clarified the topic, explained vocabulary and rephrased questions when necessary.

Methods

Research style. The case study method was employed for this particular study. Gathering research in this manner allowed for qualitative analysis of this issue to take place. Employing a case study method enabled me to use a variety of different methods and sources to collect data in a contextual setting. It allowed me to ask the participants to view their mental health resources as I took field notes. It also enabled me to facilitate a group interview/discussion as well as individual interviews. Additionally, the case study method enabled educators to contribute significant details based on their experiences.

Data collection. Data was collected through a variety of methods in order to cross-analyze with one another to enhance the validity of the study. The specific methods I employed included collecting field notes, a group interview/discussion, and individual interviews. The following table is a summary of the methods of data collection.

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<thead>
<tr>
<th>Data Collection Methods</th>
<th>Data sources</th>
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<tbody>
<tr>
<td>Audio Recording</td>
<td>Participants:</td>
</tr>
<tr>
<td></td>
<td>- Group Interview/ Discussion</td>
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<td>- Individual interviews</td>
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<td>Group Interview/ Discussion</td>
<td>Mental health leads’:</td>
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**Discussion**

- Personal background
- Educators’ inner voice

**Individual Interview**
Principal, psychologist, guidance counselor, director:
- Personal background
- Educators’ inner voice

**Field Notes**
Participants:
- Mental health resources

**Group interview/ discussion.** Participants were questioned and invited to share their answers and opinions (Appendix B). The participants were encouraged to build off their colleague’s answer, or offer a different perspective if they had one. The aim of this method of data collection was to give the participants a medium to engage in thoughtful discussion on a valuable topic.

**Individual interviews.** Individual interviews served as an opportunity to hear the inner voices of the individual educators. The individual interviews were semi-structured. Participants were asked questions (Appendix C) and asked to further reflect and offer their insight on this topic. The individual interviews gave educators a chance to voice concerns or challenges they have faced surrounding this topic. Individual interviews served a valuable purpose in the case study because educators may have been more comfortable sharing sensitive information in a one-on-one setting versus a group discussion.

**Field notes.** I asked participants for resources relating to the topic that they would not mind me collecting to further analyze. This helped me to gain a better understanding of what educators referred to when mindfully making decisions in regards to mental health awareness, prevention and intervention practices.
**Audio recording.** The participants granted me permission to use an audio recorder throughout the data collection process. Using an audio recorder simplified and eased the process of collecting data.

**Data Analysis**

Data analysis commenced immediately after the data was collected. I used a variety of organization methods to organize the data and synthesize it in a logical manner. For the group interview/discussion and the individual interviews, I identified general themes, and made comparisons across the various sets of data.

**Participant Consent and Ethical Implications**

All participants were required to sign a consent form in order to participate in the study (Appendix D). The consent form clearly stated that the purpose of the study was purely academic in nature and that the findings from the study would be used solely for academic purposes. The identities of those who participated in the study were protected, and the data collected was only shared with the researcher, the research supervisor and the instructor of the research course. All aspects of 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.
Chapter 4: Findings

Findings from this study were collected from four face-to-face, open-ended individual interviews and one face-to-face, open-ended group interview/discussion. Participants offered valuable insights based upon their professional experiences. Pseudonyms were assigned to each of the participants in order to maintain anonymity. Nick, a director of Special Education at the OME, is keen to create better integration processes within and between Ministries. His forty years of professional experiences include classroom teacher, principal, educational consultant, Superintendent of Curriculum, and an associate director role at the OME. Alyssa is a school psychologist in a secondary school with 15 years experience in the role. She is registered with the College of Psychologists of Ontario. Stephanie is now a guidance counselor in a secondary school with 28 years of experience in the educational field. Previously, she worked as a classroom teacher and a special education resource teacher. Amanda is a principal in an elementary school with a focus on restorative justice educational programs. Within her 23 years of professional experience, she has also worked as a classroom teacher. Paul and Christina, the two mental health leads apart of the School Mental Health ASSIST [SMH ASSIST] program at the school-board level, work together to implement mental health strategies in their specific board. They are both registered with the College of Social Workers of Ontario. Though each participant’s background and experiences differed greatly, their thoughts and opinions on the topic aligned in many ways. This chapter will provide an in-depth description of understandings that have emerged based on the data generated from the interviews.

The purpose of this exploratory study was to investigate the experiences, practices, attitudes and beliefs of experienced educators as they relate to the identification and inclusion of students with mental health challenges. Moreover, the purpose of this study was to explore how
educators in Ontario’s publicly funded education system are supported to identify and support students with mental health challenges in order to foster an inclusive learning environment. After transcription, coding and thorough analysis, the following themes have emerged from the data:

1. Observation and Identification
2. Existing Strategies to Recognize Mental Health and Well-being
3. Challenges
4. The Role of a Teacher
5. An Optimistic Future

 Observation and Identification

All participants agreed that mental health challenges can and do affect children of all ages, cultural backgrounds and religions. As Amanda stated, “Everyone can suffer from a mental health illness. There is no picture of what a child or adult suffering from a mental health illness looks like.” Stephanie exclaimed, “Mental health is prevalent and relevant. It is a huge part of education. Teachers are going to have at least one student in their class with a mental health challenge.”

 Observing a student with a mental health concern. Participants’ insights about initial signs and symptoms of those suffering from mental health challenges echoed those described in Chapter 2. They agreed that specific signs and symptoms observed would depend upon the individual illness. Two indicative signs noted by the participants are students who either act out, or conversely, those who choose to retreat. Participants have observed signs and symptoms that appear gradually. In other cases, signs and symptoms are displayed more suddenly. Alyssa described that as mental health challenges begin to develop, some students may start to look and
feel uncomfortable, anxious or on edge; or, they may disclose they want to harm themselves or someone else.

**Identifying a student with a mental health concern.** In terms of identifying students who are exhibiting warning signs, Alyssa described that given the position teachers are in, they are the “best eyes and ears” to make these initial observations and to elevate them to the professionals in the school. Nick emphasized that instead of simply responding to overt behaviour, students would benefit far more if educators addressed “why” they were exhibiting that behaviour in the first place. Figuring out the “why” often requires a conversation with a professional in the school, such as the school psychologist. He explained that through his experience as a teacher and a principal, he has come to understand the difference between observing what healthy growth and development of a child looks like versus what a potential mental health concern looks like. He noted that less experienced educators may not be able to make this distinction as clearly.

Amanda said, “I think teachers are doing relatively fine with identifying students.” Alyssa seconded that notion; she was confident in teachers’ abilities to pick up on the key warning signs and bring the student to the attention of a professional within the school. She stated that once she, as the school psychologist, begins to work with a student that has been identified, she is primarily looking at a child’s ability to function and attain fulfillment from life. She explained that an indicative warning sign of a mental health challenge is when a child is not functioning to their best ability. Both Amanda and Alyssa were far more concerned with the challenges associated with getting the students the ongoing support they require once they have been identified.
Existing Strategies to Recognize Mental Health and Well-being

One area where the perspectives of the participants varied was related to how to classify the current situation regarding mental health. Nick and Alyssa were reluctant to label the situation in schools today as a “mental health crisis,” and instead preferred for it to be classified as an issue. Other participants firmly believed that there is definitely a crisis. Paul refers to it as a “societal issue that schools are not sheltered from.” All agreed that as a society, there are a lot of needs and there is a definite cause for concern. Furthermore, participants agreed that the children who are suffering from mental health challenges may be in crisis temporarily if they do not receive the support they require.

Destigmatizing mental health. All participants referred to the insistent stigma surrounding mental health challenges. Christina concluded that, “If everyone recognizes we are touched by [mental health] in one way or another, it starts to destigmatize it.” She continues, “Part of destigmatizing it is recognizing there isn’t a picture.” Her colleague Paul added, as a society we need to normalize and “break down the stigmas of mental health and move along the continuum towards positive mental health and well-being.” He explained further, “We have to destigmatize mental health in order to move forward with a common understanding of how to best support our students.”

Participants agreed that part of a teacher’s role is to act upon observations they make in regards to a student who is potentially in crisis. Though they may not be diagnosticians, they have an ethical and moral duty to elevate concern to a professional in the school. They voiced that not doing so would only perpetuate the stigma surrounding mental health. Participants also noted stigma is further perpetuated when educators fail to have conversations about mental health. Stephanie said talking about it in a natural manner on a daily basis would help to normalize it and break down the stigma. Nick explained how talking about it will lead to
awareness which will lead to increased knowledge and understanding of the issue. He continued, “We have to have an understanding before we can enable change.” Stephanie concluded, “Stigma is the one reason students are still not accessing the support they require.”

**Establishing and maintaining support systems.**

**Provincial support.** As discussed in Chapter 2, the Ontario provincial mental health strategy, *Open Minds, Healthy Minds: Ontario’s Comprehensive Mental Health and Addictions Strategy*, was created and developed in 2011 (OMHLTC, 2011). Nick stated:

$257 million have been allocated for this mental health strategy amongst all of the provincial Ministries. This came at a time where the province was running a provincial deficit and there was not a lot of money going around. So it was a huge statement.

Included in the strategy is a specific piece on education. Nick emphasized that in order for the strategy to be effective long-term, there needs to be ongoing collaboration within and between Ministries. He stated:

The strategy is being implemented in a way that indicates an acceptance that we are all in this together. No one Ministry, or no one agency, or no one school, or no one board can do this. We all have to look at this and create models for service delivery that we have not had in the past.

More specifically, Nick was able to speak to Ontario’s mental health strategy from the education system’s perspective. The Ministry of Education is responsible for 72 district schools boards, 5000 schools and roughly 2 million children. Despite the number of students in Ontario schools, Nick adamantly maintained that education must continue to play a role in developing mentally healthy children. He eloquently framed the foundation of the strategy:

Everyone has to feel cared for. It is an integrated approach. That is, building the understanding of our educators. That’s what caring really means and what it looks like
and what it feels like from the child’s perspective. And working at it from every interaction not only interpersonally but also those organizational interactions that say to them, we care about you. And make necessary structural changes to prevent the system from falling back to the way it always has been.

When asked what The Ministry of Education has done since the Ontario mental health strategy was released in 2011, Nick explained:

We are enhancing curriculum that will be provided to students so that they will have a deeper understanding of their own health and their own growth. We have created the Supporting Minds document, a very comprehensive resource for educators to help them have a deeper understanding of healthy development but also these are the ‘look fors’ for your children when you start to see. We are connecting within and between agencies. SMH ASSIST is a provincial mental health initiative to support all of our district school boards in creating their own mental health strategies. Each board has at least one mental health leader. The Director of SMH ASSIST leads a team of about 13 coaches around the province who work as liaisons with the mental health leaders to help them to create their own strategies and whole new ways of providing support for children.

Furthermore, Nick noted that, “SMH ASSIST is the mental health coaching model but it is also providing a host of resources for individual school boards and educators.”

In terms of added personnel, Nick explained that over 700 new mental health workers have been hired. A number of these mental health workers have been assigned to district school boards to provide direct support to agencies for students who are being referred. Furthermore, he explained that the OMHLTC has made 144 nurses available to the OME to be distributed and assigned to district school boards. “Part of the strategy is that everyone has a position and
responsibility. It is critical to have someone own this. These roles are a combination of clinical expertise and administrative experience,” Nick explains.

**Support from the school board.** Much like there needs to be collaboration within and between Ministries at the provincial level, there also needs to be consistency and collaboration at the school-board level. Nick noted this consistency and collaboration is the rationale behind the ASSIST initiative, and that is why the roles of these mental health leaders are permanent. He said, “The boards know they have Mental Health Leaders permanently so this is really a sustainable statement to them from the government saying, ‘We support you, you keep going.’”

Christina and Paul describe some of the resources that are made available to them (as Mental Health Leaders in their board) through SMH ASSIST: ongoing coaching support, leadership modules, decision-making tools, resources to support educators in mental health awareness and resources to support professional development for school staff. Christina said, “We have a lot of resources. It is a matter of integrating it into the way we see things and do things. It works through education and destigmatization.” Paul agreed but also noted, “We need to find better ways for our staff to take care of themselves so that they in turn can be more empathetic and supportive in their role.”

**Support within the school.** Schools are just starting to see the effects of the implemented mental health strategy. All participants noted the positive correlation between having a strong connected community within a school and the mental health and well-being of the members of the school. Paul stated, “Part of someone feeling well is feeling connected and feeling safe in the building they are in.” Participants also agreed that it was up to all members of the school to build that sense of community through developing relationships and providing support. More specifically, participants noted there needs to be a collaborative effort between all staff; between educators and students in the school; between students; and between educators and parents.
From an individual school standpoint, it is up to the administrators and mental health team within the school to create the aforementioned positive, community environment through implementing programs and strategies that come from the school board. As a school principal, Amanda highlighted the importance of ensuring her staff felt adequately supported to do their jobs. She encourages her staff to take advantage of board resources and professional development opportunities to better familiarize themselves with mental health. Modeling this herself, she had the *Supporting Minds* resource on hand in her office and noted that she would often refer to it. Both Stephanie and Amanda explained that their school met regularly to discuss mental health. Amanda has also implemented Mindful Mondays at her school; every Monday all teachers are required to take five minutes to think about mindfulness or partake in a mindful activity with their class. Furthermore, her school (along with the family of schools her school is apart of) planned two Mental Health Symposiums for the students and their parents during Mental Health Week. Much like Stephanie and Alyssa’s school, Amanda’s school has a number of clubs and school-based activities that promote mental health and wellness including a walking club, a yoga club, Boys and Girls clubs, eco-programs and outdoor education.

Amanda also emphasized the importance of building and strengthening student-to-student relationships inside and outside of the classroom in order to strengthen the school community. She encourages the teachers within her school to create opportunities for students to interact with one another in a positive and collaborative manner. Her school prides itself on its Restorative Justice Mentoring Programs where students in crisis are taught how to mentor younger students in crisis. The results of this program are astoundingly positive. Not only does this program give students an opportunity to demonstrate leadership and interact with their peers in a positive way, but it also boosts their self-esteem.
All participants agreed every child must feel cared for. Nick emphasized the importance of the educator-to-student relationship. He described how teachers are in positions to have a long-term impact on the social-emotional well-being of their students and how they are responsible for creating positive connections with each of their students. He states:

Every interaction you have with a child is critical, because they are all opportunities for learning. It is those individual interactions that ultimately have the longest impact on the children. More so than the curriculum and everything else.

Paul seconded that notion by stating:

It is important for teachers to build successful relationships with students outside of educational contexts. Nurture them, develop and redevelop them because people change and develop so often. Teachers need to be someone that students feel connected with. They need to be someone they are comfortable going to.

Amanda passionately stated, “If you cannot build a relationship with the students in your class then get out of the job.” She went on to say, “Children cannot learn unless they feel safe and unless they have trusting relationships with the adults around them.”

**The Role of a Teacher**

All participants agreed that educators must possess several critical characteristics including: compassion, trustworthiness, supportiveness, connectedness, flexibility and empathy. Nick affirmed, “You can build the other skills in people, but if you do not bring those characteristics to every interaction you have with a young person, then your skills are negated anyways.” More specifically, participants asserted that teachers need to make genuine connections with their students. When teachers take the time to develop connections with each student, it is far easier for them to notice differences in students and therefore to identify them as a student potentially in need of support as they connect them with the necessary professional in
the school. Paul seconded this notion and explained that teachers need to engage students in things they are passionate about in order to help them develop as people.

**The role of a teacher redefined.** Participants agreed that a teacher’s role today is far different from that of a teacher’s role years ago. Amanda stated, “In this school, instructional leadership often takes a backseat as teachers support their students in what they are going through.” She shared that the teachers in her school often take on a number of roles throughout the day including: mom, dad, best friend, nurse, doctor, clinician, therapist and/or nutritionist. She cited the following example as one of the most challenging aspects of being an educator:

> Our core business is to provide them with curriculum. But, there is a definite disconnect because we are constantly counseling kids. Sure, we are told we are not supposed to but we don’t have another option if the social worker cannot come in to do it. The expectation is that we teach curriculum. The reality is that we are doing a lot of other things in addition to that.

**Challenges**

**Lack of resources.**

**Lack of time.** All participants agreed that if they had more time, they would be able to fulfill their roles more effectively. Stephanie shared, “I am responsible for about 430 students and I just wish I had more time to follow up with students.” Alyssa echoed that notion, “I think everyone could use more time. It would be helpful if I had more time to dedicate to a particular school.” Unfortunately, participants’ time is limited and the ways in which they choose to allocate their time is significant.

**Lack of professional support services within a school setting.** The issues that revolve around timing are highly related to a lack of professionals working in the schools. This list of professionals includes but is not limited to nurses, guidance counselors, school psychologists,
social workers, and child and youth workers. Stephanie explained that with 1600 students in her school, having the school psychologist there only two days a week - one of those days she spends with students with Autism Spectrum Disorder - simply was not enough. Amanda echoed the same sentiment, “We need more professional support services who are available on a regular basis.”

Nick explained the funding for psychological services differs per school board based upon the population within that school board. Some school boards have extensive psychological services because they can afford it. As per the school boards that do lack personnel in these key roles, the students’ learning is often impeded. As mentioned in earlier, when schools have students in crisis who are not receiving the support they require, instructional leadership will often take a back seat. Amanda elaborated on the frustration of not having enough staffed professional support workers:

When a student is in crisis, every child in the class is not able to do the learning that they should or could be doing because so much of the teacher’s attention is focused on managing that one child. It is not about getting the [troubled student] out. It is about getting them the support that we cannot provide. We are educators. We are not therapists.

Alyssa too, cited challenges for educators within her own school that were very similar to issues the educators in Amanda’s school grappled with:

We have to understand that schools are just schools. We want to create empathic and caring communities but if a student is struggling with a mental illness they need treatment and schools are not treatment centres. We have to get them the supports they need outside of the school setting.
Even as a school psychologist, Alyssa maintained, “In a school setting I am here to provide support, not treatment.” Students who require treatment must be connected to a treatment centre in their community to receive treatment.

_Lack of programs and services within the community._ Participants cited a lack of support services within the community as the most detrimental issue. Amanda suggested implementing a telephone support service for educators, especially if there is going to continue to be a shortage of professional personnel within the school. She explains:

We need to have someone to call to say, ‘I have a kid doing x, y and z, how do I proceed? When I was in Australia on a principal exchange, they had this [support] system in place where I could just pick up the phone and get the help I required.

She also explained that in an ideal world, there would be a mental health clinic that she, as the principal, could take a student to if they felt they were in crisis and needed immediate support.

Unfortunately, as Stephanie explained, students who are in need of support will often fail to receive it because waiting times for inpatient and outpatient programs can be up to a year. And even when children do get accepted into programs, they still may not receive the help they require. Amanda’s anecdote highlights this:

There is no place for kids to go when they are in a crisis. We probably have five students in crisis right now (in terms of their mental health). I have had [a clinic] tell me that they cannot take one of the kids in my school who was clearly in a mental health crisis because they said, ‘He is too violent for us to cope with.’ And I said, ‘But you have doctors, nurses, therapists and counselors in a locked ward. You’re saying he is too dangerous to be in your place? So what do you suggest?’ They said, ‘Well, you should keep him there.’
Evidently, from lack of resources to lack of access to programs and services within the community, the mental health situation in schools is flooded with challenges.

**Lack of connectivity.**

_**At the provincial level.**_ Participants cited a lack of connectivity posed a challenge in allowing them to effectively fulfill their roles. At the provincial level, Nick emphasized the importance of being an integrative thinker and acting in an integrated manner. He explained, “Whatever I do has impacts on others. It is challenging sometimes, when individuals make decisions and they have not thought about what impacts will be on others. That is an ongoing challenge.”

Amanda cited a frustrating example of a lack of connectivity within and between education support programs:

In my mind, Special Education and Caring and Safe Schools should be married to each other because they have a lot of commonalities and a lot of our students who are special education students also have issues being safe in schools and vise-versa. Right now we have a student who is currently in a Caring and Safe Schools program because of unsafe behaviour that he is exhibiting. The itinerant teacher that works with him is on medical leave and they have not sent a replacement. So they sent him to special education to get a teacher to help him there but special education has said, ‘We cannot work with him because this is a Caring and Safe Schools student not a Special Education student.’ Bottom line, the child needs assistance and he is not getting it.

She explained that due to official paperwork, the student could only receive help from the program where the paperwork had been received and processed.

_**From a bureaucratic standpoint.**_ Amanda shed light on how problematic bureaucratic factors can be at times. Her aforementioned Caring and Safe Schools example highlighted how
“red-tape” inhibits educators from assisting students in ways they need it most. She noted educators are not allowed to do certain things (such as providing a child with additional support) without going through a tremendous amount of paperwork. She emphasized it is not because they, as educators, are not willing to complete the paperwork, but rather, because it is too confusing and daunting for parents to sign off on. Without a parent’s signature on the required paperwork, educators’ “hands are tied”. Consequently, the paperwork frequently ends up preventing educators from helping a child. Amanda suggested simplifying the support acquisition process by creating simpler, standardized forms for parents and educators to fill out when they are seeking support services.

She also suggested appointing a liaison for all community agencies to address the issue of parents having to fill out multiple application forms for individual treatment centres within the community if their child requires additional support outside of the school setting in the form of treatment.

At the school level. Finally, Amanda highlighted a number of disconnects within a school setting, including what an educator’s role entails in theory versus what actually happens in practice:

A significant part of my day is dealing with children who are acting out or who are in crisis because of something that is beyond their control. It has nothing to do with learning or instruction. There is no single shot solution where I can just say, try harder and you’ll do better on the test. Or, try harder and you’ll be less depressed. No! They need so much support. [Often] they do not have an educated family that is willing to get them the support they need because there is stigma attached to the issue. And it is so very hard for teachers to do their core job of teaching the curriculum while they have students in their class who are in crisis.
Stephanie also cited occasional disconnects between teachers and administrators within the school as being problematic. She emphasized that teachers must feel supported by their administrators from every perspective. Despite the connectivity issues, participants agreed in order to effectively address these issues, it is necessary to continue to collaborate and maintain ongoing communication.

**An Optimistic Future**

**Mental health is on everyone’s lips.** Mental health is having a pinnacle moment, especially within the education system. As Christina stated, “Mental health is on everyone’s lips.” In regards to the future of mental health in general, participants agreed that unfortunately mental health challenges will likely always exist. Nick states,

> Unfortunately, I do not think eradication is possible. Cure is not possible. That is something we have to accept. But recognizing needs…the education system needs to continue to play its role in helping to build mentally healthy children.

**The importance of empathy.** Participants agreed that it is extremely important for educators to be empathetic and display empathy to all of their students, not just the students who have been identified as having a mental health concern. Nick defined empathy as:

> An understanding where a person is coming from and accepting and recognizing that and giving feedback about the interaction so that the other person knows that you know. It comes from listening and really connecting and acknowledging. There has to be that sense of feeling.

Stephanie defined it in a similar way: “Empathy is opening your mind and your heart to something someone is going through.” Amanda also discussed that education is a process by which teachers and children can develop empathy.
Stephanie cautioned educators to be empathetic through understanding and accommodating students without hindering the students learning and social-emotional developmental process. She explains, “There are times that we are too accommodating. It is important to create situations for students to build resiliency. Life is not always easy.” Participants agreed that it is incredibly important for students to begin to build resiliency from a young age. Discussed again in the following section, resiliency will be a critical factor in the mental health strategy going forward.

The future of mental health and the ministry education. Participants foresaw a semi-hopeful future for mental health within the education system. Nick explained, “The first three years [of the strategy] were dedicated to children in need. The Ministry of Children and Youth Services were responsible for leading the initiative.” As the province moves into the fourth year of the strategy, [the OMHLTC] is assuming responsibility; as the strategy progresses, it now includes children, youth and adults. Nick explained that in his role, he is responsible for Special Education. He continued:

Mental health is just one sector of my entire role. There are 12 other exceptionalities; technically, mental health isn’t even an exceptionality. So it has never really been the Ministry’s responsibility explicitly. We have always had supports for children’s mental health needs but we have never had formal processes.

He explained they are taking steps in the right direction. He was incredibly hopeful about the future of mental health in the education system. In regards to plans for future resources and implementation of programs and strategies, Nick stated:

We are unlocking more effective evidence that informs more effective practices to support children and youth. This is very much an integral process. Because we have the SMH ASSIST initiative in place and we have the money going to the school boards, this
is a continuous improvement concept. It is not something where we put in three years of work and then we say, ‘Oh we’re finished. We’re all done now.’ And then in addition of course there will be other connectors made with other agencies. The Ministry of Children and Youth Services is transforming the way its agencies are delivering mental health services and part of that process is they are creating lead agencies in each of the 34 areas across the province who will be responsible for children’s mental health services. We are collectively creating pathways to care. The preventative piece is very much so the role of the education system and in many ways public health. So we will work with that through curriculum etcetera.

Nick clarified that the way in which students will be identified and receive support going forward will be determined based on the expertise and resources available within each community. He also expressed the reality that the Ministries were still in the middle of working out the fine details of how that would unfold.

Christina also emphasized that going forward, one of the most critical pieces will be to “teach people how to better cope and build and uncover resiliency and the skills that go along with that, such as problem solving and self-advocacy.” Christina and Paul explained that as a society, the focus needs to shift from pathology to prevention. Paul followed up with another optimistic viewpoint:

Going forward, it’s going to be about reframing it from a crisis to just being about mental health and well-being. Our overall philosophy is building resiliency and giving people the skills that they need to cope. We will always have people that will struggle. So we need to have those supports in place.
Participants all cited ongoing communication, collaboration and effective support systems as critical components that need to be at the core of a successful combatting of issues related to mental health.

Finally, participants also referenced the benefits of additional pre-service training and courses related to mental health. Many cited lack of preparedness to deal with issues relating to mental health and well-being as being a source of tension in their earlier years. As previously mentioned in Chapter 2, Nick enthusiastically shared, “We are now apart of the new two year program for pre-service teachers. Not only is Special Education going to be a requirement, but mental health is going to be a requirement.” He highlighted the importance of preparing future educators for the roles that they will be fulfilling as teachers of tomorrow.

**Conclusion**

Ultimately, all interviews ended on a positive note. Participants were hopeful about the future of mental health and how the province would continue to provide support through the education system. Policies, initiatives, funding and strategies have been put in place in the very recent past, and the time is now to focus on implementation through collaboration to support the mental health and well-being of all Ontario children and youth.
Chapter 5: DISCUSSION

The purpose of this exploratory study was to investigate the experiences, practices, attitudes and beliefs of experienced educators as they relate to the identification and inclusion of students with mental health challenges. It was to explore how educators can identify and support students who exhibit a variety of behaviours that may be indicative of a mental health challenge in order to foster an inclusive learning environment. As part of the research process, six experienced educators who were knowledgeable in the field of mental health were interviewed. In this chapter, meaningful connections between literature (previously explored in Chapter 2) and the study findings (previously discussed in Chapter 4) will be drawn. Potential implications for educators will also be identified. Finally, some limitations of the study and possible steps for further research in this area will be discussed.

Connections to Literature and Analysis of Findings

In this section, the following topics will be discussed in reference to literature reviewed in Chapter 2 and the findings shared in Chapter 4:

1. The Epidemiology of Mental Health
2. Existing Strategies to Recognize Mental Health and Well-being
3. Challenges
4. From Mental Health to Mental Wellness

The epidemiology of mental health. In 2011, Ontario’s long-term comprehensive mental health strategy, Open Minds, Healthy Minds was introduced in hopes of creating a province where “all people have the opportunity to thrive, enjoy good mental health and well-being throughout their lifetime” (OMHLTC, 2011, p. 4). Nick’s role as a director at the OME, is to play an integral part (working collaboratively alongside other Ministries) in personifying the vision of the mental health strategy. As a result of this strategy, Supporting Minds, the complete
guide to mental health specifically designed for educators, was created and released in 2013 (OME, 2013).

Participants noted the economic costs of not addressing the issue to be nearly immeasurable but certainly catastrophic. As previously analyzed in Chapter 2, the economic cost of mental illness in Canada for the health care system was estimated to be at least $7.9 billion in 1998 – $4.7 billion in care, and $3.2 billion in disability and early death (CMHA, 2015b). An additional $6.3 billion was spent on uninsured mental health services and time off work for depression and distress that was not treated by the health care system (CMHA, 2015b).

Observation and identification: the school’s role and the teacher’s role. Participants agreed that since children spend significant amounts of time with their teachers, teachers are in a position to observe and identify children that may be exhibiting potential mental health concerns. As indicated in Supporting Minds (2013):

Educators have an important supporting role in the diagnostic process, as they can observe aspects of a student’s behaviour in the school setting that may not be evident to the parent or the mental health professional. (OME, p. 12)

Participants also agreed that part of a teacher’s role (as indicated by their ethical duty and fiduciary duty) is to act upon observations they make in regards to a student who is potentially in crisis.

All participants concurred that it is important for teachers to know what to look for and how to identify a student that may be struggling with a mental health concern. Supporting Minds was introduced with the aim of helping “build school-based capacity in promoting awareness, prevention and early intervention of mental health and addictions issues” (OME, 2013). It includes, “signs, symptoms, causes, and frequency of different types of problems and their potential impact on student learning” (CMHA, 2013, p. 6). Though this extensive guide is
extremely helpful, there is no requirement for Ontario teachers to familiarize themselves with it. Participants were more plagued by how to support their students beyond the initial identification that a student may require additional support.

Participants’ insights about initial signs and symptoms of those suffering from mental health challenges echoed those described in Chapter 2. Similar to those noted by Johnson et al. (2011) and those found in Supporting Minds (OME, 2013), participants observed and identified students of all ages, races, backgrounds, academic levels, and social and economic classes with a variety of mental health challenges. Inevitably, mental health concerns are prevalent and relevant amongst children and youth.

**Existing strategies to understand mental health and well-being.**

*Destigmatization.* Participants noted in congruence with research that stigma is still a prevalent factor perpetuating the mental health crisis (CMHA, 2015a). Furthermore, cross analysis of research and participant responses revealed that educators are at the heart of destigmatizing the mental health crisis. According to Supporting Minds (2013):

> [Schools] can have a significant influence on a student’s well-being. Schools can be key players in promoting the mental health, resilience, and overall healthy development of students. (OME, p. 16)

Participants viewpoints coincided with that of research in that educators have an opportunity to help break down the mental health stigma by becoming educated on the topic of mental health and spreading awareness to their colleagues and their students (OME, 2013). Educators have the ability to influence their students – a number of which who undoubtedly belong to the group of 80% of youth that require mental health services but do not get the treatment they require (CMHA, 2015b).
Prevention and intervention: establishing and maintaining support systems within and between organizations, at every level. As noted by the participants, the mental health crisis is a societal issue that children and youth are not exempt from. Appropriately, the issue is being addressed in a comprehensive and cohesive manner that extends far beyond the Ministry of Education. As Nick stated, in 2011, $257 million was allocated towards Ontario’s mental health strategy amongst all related Ministries that is outlined through Ontario’s comprehensive mental health and additions strategy in *Open Minds, Healthy Minds*. Subsequently, *Supporting Minds*, Ontario’s comprehensive mental health resource tailored to educators was introduced in 2013 (OMHLTC, 2011).

Participants noted the need for collaboration within and between organizations, at every level of an organization. This includes within and between ministries; at the school board level, between community service providers and schools; between all school staff; between educators and students in the school; between students; and between educators and parents.

Because “mental health problems can seriously impair children’s ability to be successful at school” (OME, 2013, p. 5), it is critical that the education system has a combination of preventive and reactive strategies in place to support students with mental health challenges. Funded and guided by these foundational strategies, mental health initiatives such as SMH ASSIST have been developed and implemented at the district school board level to ensure school boards are creating their own mental health strategies. Furthermore, as indicated by Nick, over 700 new mental health workers have been hired and 144 nurses have been made available to the Ministry of Education. From a provincial perspective, Ontario is contributing significantly to addressing the mental health crisis in schools today by creating and enforcing necessary support systems.
Participants noted that from an individual school standpoint, it is up to the administrators and mental health team within the school to create a positive, safe community environment. Nick framed the success of the strategy as being dependent on the following:

Everyone has to feel cared for. It is an integrated approach. That is, building the understanding of our educators. That’s what caring really means and what it looks like and what it feels like from the child’s perspective. And working at it from every interaction not only interpersonally but also those organizational interactions that say to them, we care about you.

Through support from the school board, educators in the school must implement and deliver school-based programs and strategies that serve as a combination of prevention and intervention.

**Challenges.**

**Lack of resources.** Participants noted that the aforementioned collaboration is happening within and between organizational levels, however, due to a lack of personnel and time constraints, the collaboration is not happening frequently and as seamlessly as it should be. Once students have been identified, the goal is to connect them with the necessary professionals to ensure they receive the mental health services they require. However, as indicated by the participants of this study, due to a lack of resources, that is not always the case. Social workers, school psychologist and Child and Youth Workers are not permanent members of each school. Rotating between a number of schools, their time must be allocated to children with the highest needs in each school.

**Lack of connectivity.** Whether it is in-school support or community treatment and support, there seems to be a general lack of cohesiveness. According to *Open Minds, Healthy Minds*, Ontario’s mental health strategy aims to provide children with “fast access to high quality services” (OMHLTC, 2011, p. 4). But as participants indicated, there are wait times of up to a
year for inpatient and outpatient treatment services; children and youth are not receiving the support they need in a timely manner. Furthermore, due to lengthy paperwork and uncontrollable bureaucratic factors (such as the Caring and Safe Schools example discussed by Amanda), often students will not receive the in-school support services they require.

The role of the teacher. Due to the lack of resources and lack of connectivity within and between organizations, the role of the teacher is being redefined. All participants agreed that every child needs to feel cared for. Nick emphasized the importance of the educator-to-student relationship. Similarly to information found in the Supporting Minds (2013) document, he described how teachers are in positions to have lasting social-emotional impacts on their students and how they are responsible to create positive connections with each of their students (OME, 2013).

A teacher’s role is being redefined due to the contradictory factors of: the fiduciary duty of care they hold in regards to students, and, the lack of support they receive in regards to students’ mental health challenges. Teachers are fully aware of their fiduciary duty of care to the children and adolescents in their classroom (OCT, 2012); and, their obligation to uphold to Ontario’s Ethical Standards for the Teaching Profession by being committed to students’ well-beings (OCT, 2009). Research and participants agreed that teachers are struggling to fulfill their role of teaching curriculum because they are not being adequately supported in terms of students’ mental health challenges. Amanda and Alyssa highlighted that schools are not treatment centres and therefore, educators are not supposed to be providing support beyond their means. However, if there is no one else available, how else can teachers uphold to the aforementioned Ethical Standard and fiduciary duty of care without providing support? Evidently, instructions about providing care and how much care to provide to a student are confusing and contradictory. Even though they are not trained to do so, too often, educators are left with no choice but to step away
from their role as instructional leader and step into the role of support provider to try to support students in crisis that are not receiving the support they require.

**From mental health to mental wellness.** The future of mental health seems fairly optimistic as it is now being recognized as an epidemic and receiving the attention it deserves. Participants highlighted the importance of shifting the focus to mental wellness for all. As previously mentioned in Chapter 2, as of September 2015, Ontario pre-service teachers will be educated on mental health challenges. Furthermore, similar to information discussed in Chapter 2, in addition to the mandated Mental Health in Ontario’s Health and Physical Education curriculum, Nick revealed that they are analyzing ways to further infuse mental health and wellness into the curriculum.

Similar to information discussed in the Open Minds, Healthy Minds (2011) and Supporting Minds (2013) comprehensive strategies, Nick explained that the mental health strategy is a long-term, integral process within and between ministries (OME). In regards to plans for future resources and implementation of programs and strategies, Nick disclosed that the province would be committed to carrying out the strategy and continuing to transform the way agencies deliver mental health services. Christina also noted the importance of building capacity and resiliency in students; this was also emphasized as a critical component to building mentally healthy children and youth as discussed in Supporting Minds (OME, 2013).

**Empathetic educators.** Participants’ definition of empathy aligned with the definition discussed in Chapter 2. Much like in the literature explored in Chapter 2, participants emphasized the importance of an empathetic educator. They agreed that it is extremely important for educators to be empathetic and display empathy to all of their students, not just the students who have been identified as having a mental health concern. Furthermore, because there is no cure for mental health disorders (OME, 2013), participants agreed educators must be
understanding and supportive of their students’ needs. However, as agreed by participants, educators must first build their awareness and understanding of mental health so that they can be able to be more empathetic of students that suffer from these conditions.

**Implications and Recommendations**

There are a number of significant implications that can be drawn from this research study. If the issue of mental health illness is not addressed as a society, mental health challenges will perpetuate and continue to drain the economy of billions of dollars annually. So firstly, the province needs to continue to fund the mental health strategy through the Ministries so that they can continue to build the necessary support systems that provide support to children, youth and adults. Secondly, educators need to have a foundational understanding of what mental health and wellness is so that they can normalize it and help to destigmatize it. Thirdly, teachers need to connect with students and create a safe place for all of their students to learn. Finally, those educators who are knowledgeable in this area must be leaders in their school and act as role models to their colleagues.

**Develop and enforce support systems.** The implications of this study determine that there needs to be a high level of transparency and collaboration within and between organizations. The Ministries need to continue to operate in an integrative manner with a common goal of achieving mental health and wellness for all. More specifically, the OME needs to continue to reinforce support systems that have already been established and implemented at every tier: at a provincial level, at the school board level and at the school level. In some cases, this may require topping up additional personnel in schools (such as social workers, school psychologist and Child and Youth Workers). Furthermore, the dissemination of new information about practices, strategies and support systems needs to be ongoing. Additionally, better support systems need to be established at a community level to provide the schools with the support they
need - such as inpatient and outpatient mental health treatment centres. Findings from this study also imply that removing bureaucratic barriers (such as lengthy paperwork and exasperating application processes to treatment centres) would be beneficial. One recommendation made Amanda was to create a liaison to simplify and coordinate the application process. The study implies that change takes time, and as a society we must remain committed to developing necessary strategies, practices, processes, and support systems.

**Normalize mental health.** Implications from the study indicate that destigmatizing mental health will help to combatting the epidemic. Educators will be critical components to aid in the destigmatization process and shift the mental health illness epidemic towards mental health and wellness for all. Since educators play such a crucial role in addressing this mental health crisis, they must be trained appropriately to fulfill their duties to the best of their ability.

As discussed in Chapter 2, in 2015, it was reported that of the approximate 10-20% of Canadian youth affected by a mental health illness, only one out of five receive the mental health services they require (CMHA, 2015b). Though the work of an educator may never be able to change the first part of that statistic, it is certainly possible for them to influence the second part of that statistic by: observing, identifying and connecting students with the support services they require; and through destigmatizing mental health and promoting mental wellness. The Mental Health Commission of Canada has teamed up with a number of resource providers, such as the Ontario Centre of Excellence for Child and Youth Mental Health, to develop a number of anti-stigma resources and school-based programs (OME, 2013). A recommendation for a classroom teacher would be to use these resources to help combat the stigma against those with mental health problems.

The findings of this study imply that schools need to find ways to normalize mental health and wellness. One recommendation would be for administrators and mental health teams to
make it a mandatory for teachers to self-educate themselves on mental health and wellness by reading the *Support Minds* document. Education will lead to awareness, which will help to develop understanding. Furthermore, to aid in destigmatization, teachers should try to infuse mental wellness into their lessons. They could also model mental wellness by regularly taking the time to practice mindfulness with their students. As role models for mental health and wellness, teachers should also encourage their students to become self-advocates. Normalizing mental health will help to create a positive, trusting, stigma free environment.

The findings of this study also imply that educators, specifically teachers, will continue to play a significant role in identifying students that may be struggling with mental health issues and connecting them with the professional support services they require (OME, 2013). Therefore, ongoing collaboration between educators and service providers is necessary in hopes of promoting a healthier environment for children to live and learn in (Lynn et al, 2003). Findings imply that such collaboration would help to alleviate stress from the teacher’s role.

**Create a safe space to learn.** Study findings imply that it is critical for educators to create a safe place for all students to learn in. To do so, teachers are encouraged to communicate clearly and remain flexible, provide relevant instruction, initiate peer interactions, demonstrate respect, and facilitate conditions for increased self-efficacy (Johnson et al., 2011). Furthermore, the findings in this study imply that educators must possess or develop a number of key characteristics that will be critical to their success as an educator. Undoubtedly, it is incredibly important for teachers to be intelligent and competent however, as discovered, it is of greater importance for teachers in particular to be able to create meaningful connections and to empathize with all of their students. As Nick so eloquently stated, “You can build the other skills in people, but if you do not bring those characteristics to every interaction you have with a young
person, then your skills are negated anyways.” This is the foundation of creating a safe, welcoming and inclusive learning environment for all students.

One recommendation would be for educators to model empathy to their students when appropriate, while also creating opportunities for students to develop resiliency. Because children and youth are not always receiving the treatment services they require, and mental health disorders may impede student learning and achievement outcomes (OME, 2013), it is that much more important for educators to display empathy to their students. As discussed in Chapter 2, given the direct correlation between empathy and academic outcomes, students who receive empathy are more likely develop a higher capacity to learn (Briggs 2014). Evidently, being an empathetic educator will yield better teaching practices to ensure the classroom is a safe place to learn, even in cases when students’ symptoms may flare up (Green et al, 2013). Empathy should be a critical component of every teacher’s pedagogy.

**Educational leadership.** Finally, educators who are knowledgeable in the area need to use their knowledge in a productive manner by promoting mental health awareness and creating a community that is actively engaged in mental health and wellness. One recommendation is for educators with knowledge in this area to act as role models and share their knowledge, strategies and practices with associate educators in the form of Professional Learning Communities. As implied through the findings of the study, it will then start to create a ripple effect throughout the school, throughout the community and throughout society. Another recommendation is to find ways to inspire educators to find innovative ways to exemplify mental wellness in their schools.

**Limitations and Implications for Future Research**

A number of similarities were apparent after comparing the findings with the relevant literature in this area. Though the research had depth and breadth, the sample size used in the research study would be considered too small for the findings and the implications from these
findings to be deemed generalizable across all education systems. A further study with a larger pool of participants would be useful to draw more conclusive and generalizable findings of how the education system supports educators to identify and support students with mental health challenges in order to foster an inclusive learning environment. A future study involving the degree to which an empathetic educator is positively correlated with student learning outcomes would also be interesting and useful.

**Conclusion**

In summary, a tremendous amount of work has been done to help combat the mental health epidemiology in Ontario schools through the funding of the provincial mental health strategy. Although many steps have been taken to rectify this issue, there is still a great deal that needs to be addressed. Evidently, several gaps within and between the education system and support systems need to be enforced to create a cohesive response to mental health illness. These issues must be addressed so that educators are able to effectively identify and support students with mental health challenges in order to foster an inclusive learning environment.

As a teacher and researcher, I have developed a deeper understanding on this topic. I look forward to uncovering further information on this topic in the future, in hopes of fostering an inclusive learning environment for my students.
References


Appendices

Appendix A: Mental Health Illness Continuum

The following is a diagram from *Supporting Minds* (2013) that illustrates the mental health continuum (Ontario Ministry of Education, p. 10).

Appendix B: Group Interview/ Discussion Questions

Group Discussion Questions for TDSB Mental Health Leads

Please answer the following questions to the best of your ability. You may or may not have similar answers. Do your best to answer true to yourself. Feel free to offer differing opinions or build off your colleague’s response if you agree with it.

Background Information

What specific qualifications do you have? (Degrees, diplomas, certificates)

How long have you been in this role?

What led you to this role?

Describe what your role as a Mental Health Lead for the TDSB entails.

What do you like about your job? Dislike?

What is your experience with mental health?

Interviewees Understanding of the Topic

Describe what the mental health crisis looks like in the education system today.

From your understanding, what does someone suffering from a mental health illness look like?

What types of things might someone suffering from a mental health illness say or do?

What role should the Ministry play in eradicating the mental health crisis?

What role should the school board play in eradicating the mental health crisis?

What role should educators play in eradicating the mental health crisis?

How does Bill 13 (Accepting School Act) play a role in the mental health crisis in schools?
How does the Ministry support school boards, which in turn, enables them to support their educators to create a safe and inclusive learning environment for all of their students?

What are some critical characteristics that a successful educator must possess?

In your own words, define empathy.

Can empathy be developed over time?

Is there a connection between the mental health crisis and empathetic educators?

Is there a disconnect between what is known about mental health and the ways in which educators are expected to operate?

**Situational Questions / Approach Strategies**

What specific initiatives has the school board implemented to directly support educators?

What future initiatives does the school board plan to implement to eradicate the mental health crisis in schools?

What would you encourage educators to do in their classrooms to help bring awareness to the mental health crisis?

How can educators be more supported to be able to adequately identify and support students to foster an inclusive learning environment?

What are the costs of not addressing the mental health crisis in schools?

**Challenges**

What is the greatest challenge in terms of the mental health crisis?

What challenges do you foresee in making the school a more inclusive and welcoming place to learn for all?
Appendix C: Individual Interview Questions

**Interview Questions for a school principal:**

*Background Information*

How long have you been working as an educator?

What specific qualifications do you have? (Degrees, diplomas, certificates)

Why did you first become a teacher and then eventually a principal (or vice-principal)?

What do you like about your job? Dislike?

What is your experience with mental health?

*Interviewees Understanding of the Topic*

Describe what the mental health crisis looks like in the education system today.

From your understanding, what does someone suffering from a mental health illness look like?

What types of things might someone suffering from a mental health illness say or do?

What role should the Ministry play in eradicating the mental health crisis?

What role should the school board play in eradicating the mental health crisis?

What role should educators play in eradicating the mental health crisis?

How does Bill 13 (*Accepting School Act*) play a role in the mental health crisis in schools?

How does the school board support educators, enabling them to create a safe and inclusive learning environment for all of their students?

What are some critical characteristics that a successful educator must posses?

In your own words, define empathy.
Can empathy be developed over time?

Is there a connection between the mental health crisis and empathetic educators?

Is there a disconnect between what is known about mental health and the ways in which educators are expected to operate?

*Situational Questions / Approach Strategies*

What specific initiatives has your school implemented to directly support educators in creating a safe and inclusive learning environment?

Are there any future initiatives planned to help eradicate the mental health crisis in your school?

As a principal, how do you bring awareness to the mental health crisis?

How do you support your educators in creating a safe and inclusive learning environment for their students?

Have you ever had a student in your school that has been diagnosed with a mental health illness?

How did you first become aware of this students’ mental health concern?

In your time as a teacher and principal, have you ever identified a student that you were concerned may be exhibiting signs that they were suffering from a mental health illness?

If no, do you think you have ever taught a student with a potential mental health concern that simply flew beneath your radar?

If yes, how did you go about doing this?

Why did you approach this situation in this manner?

In retrospect, is there anything that you would have done differently?

Did you make any changes to accommodate this student? If no, why not? If yes, please elaborate.

As an educator, how can you be further supported to be able to adequately identify and support students to foster an inclusive learning environment?

What are the costs of not addressing the mental health crisis in schools?

*Challenges*
What is the greatest challenge in terms of the mental health crisis?

What challenges do you foresee in making the school a more inclusive and welcoming place for all to learn?
**Interview Questions for a school guidance counselor and school psychologist:**

**Background Information**

How long have you been in this line of work?

What specific qualifications do you have? (Degrees, diplomas, certificates)

Describe what your role as a school psychologist/ school social worker entails.

How long have you been specifically working in a school?

What do you like about your job? Dislike?

What is your experience with mental health?

**Interviewees Understanding of the Topic**

Describe what the mental health crisis looks like in the education system today.

From your understanding, what does someone suffering from a mental health illness look like?

What types of things might someone suffering from a mental health illness say or do?

What role should the Ministry play in eradicating the mental health crisis?

What role should the school board play in eradicating the mental health crisis?

What role should educators play in eradicating the mental health crisis?

How does Bill 13 (*Accepting School Act*) play a role in the mental health crisis in schools?

How does the school board support educators, enabling them to create a safe and inclusive learning environment for all of their students?

What are some critical characteristics that a successful educator must posses?

In your own words, define empathy.

Can empathy be developed over time?
Is there a connection between the mental health crisis and empathetic educators?

Is there a disconnect between what is known about mental health and the ways in which educators are expected to operate?

*Situational Questions / Approach Strategies*

What specific initiatives has your school implemented to directly support educators in creating a safe and inclusive learning environment?

Are there any future initiatives planned to help eradicate the mental health crisis in your school?

As an educator, how do you bring awareness to the mental health crisis?

Have you ever had a student in your school that has been diagnosed with a mental health illness?

How did you first become aware of this student’s mental health concern?

In your time as an educator, have you ever identified a student that you were concerned may be exhibiting signs that they were suffering from a mental health illness?

If no, do you think you have ever taught a student with a potential mental health concern that simply flew beneath your radar?

If yes, how did you go about doing this?

Why did you approach this situation in this manner?

In retrospect, is there anything that you would have done differently?

Did you make any changes to accommodate this student? If no, why not? If yes, please elaborate.

As an educator, how can you be further supported to be able to adequately identify and support students to foster an inclusive learning environment?

What are the costs of not addressing the mental health crisis in schools?

*Challenges*

What is the greatest challenge in terms of the mental health crisis?

What challenges do you foresee in making the school a more inclusive and welcoming place for all to learn?
Interview Questions for a director of Special Education at the Ministry of Education

Background Information

What specific qualifications do you have? (Degrees, diplomas, certificates)

How long have you been in this role?

What led you to this role?

Describe what your role entails.

What do you like about your job? Dislike?

What is your experience with mental health?

Interviewees Understanding of the Topic

Describe what the mental health crisis looks like in the education system today.

From your understanding, what does someone suffering from a mental health illness look like?

What types of things might someone suffering from a mental health illness say or do?

What role does the Ministry play in eradicating the mental health crisis?

What role does the school board play in eradicating the mental health crisis?

What role do educators in the school play in eradicating the mental health crisis?

How does Bill 13 (Accepting School Act) play a role in the mental health crisis in schools?

What are some critical characteristics that a successful educator must possess?

In your own words, define empathy.

Can empathy be developed over time?
Is there a connection between the mental health crisis and empathetic educators?

Is there a disconnect between what is known about mental health and the ways in which educators are expected to operate?

Situational Questions / Approach Strategies

From a mental health perspective, how does the Ministry directly support the school board?

What specific initiatives has the Ministry implemented to help eradicate the mental health crisis in schools today?

What future initiatives does the Ministry plan to implement to eradicate the mental health crisis in schools?

What would you encourage educators to do in their schools and classrooms to help bring awareness to the mental health crisis?

How can educators be more supported to be able to adequately identify and support students to foster an inclusive learning environment?

What are the costs of not addressing the mental health crisis in schools?

Challenges

What are some of the biggest challenges the Ministry faces in terms of mental health?

What challenges do you foresee in making the school a more inclusive and welcoming place for all to learn?
Appendix D: Letter of Consent for Interviews

Date: ___________________

Dear ___________________,

I am a graduate student at OISE, University of Toronto, and am currently enrolled as a Master of Teaching candidate. I am studying _________________ 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. My course instructor who is providing support for the process this year is Dr._______________. My research supervisor is ___________________. The purpose of this requirement is to allow us to become familiar with a variety of ways to do research. My data collection consists of a 40 minute 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: _______________________________

Phone number, email: _______________________________

Instructor’s Name: _______________________________
Phone number: ___________________ Email: ___________________
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 _______________________(name of researcher) and agree to participate in an interview for the purposes described.

Signature: ______________________________________

Name (printed): ___________________________________

Date: ______________________