Supporting Students’ Mental Health and Well Being in Elementary Education

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Abstract

Research has shown that in Canada 1 in 5 citizens suffer from a mental health problem every year (MHCC, 2012). This statistic does not exclude children, who are the students that fill our elementary classrooms. It has also been concluded through various policy and research documents that there is a direct correlation between student mental health difficulties and academic achievement (SMH-ASSIST, 2013). These statistics therefore optimally position teachers and education professionals to support the reduction of stigma, promote positive mental health, and build student social-emotional skills (SMH-ASSIST, 2013). However statistics also show that teachers do not feel supported or prepared to do this type of work even though they believe it is crucial (TDSB, 2012; Froese-Germain & Riel, 2012; Whitley et. al., 2012; Reinke et. al., 2011; etc.). This qualitative research project uses a literature review and two semi-structured interviews to investigate how a small sample of educators support student mental health and well being in their practices. Interviews with two educators show that teachers are actively working to support mental health and well being in their classrooms however there is still a further need for provisions, education, and a more cohesive implementation plan to support students’ mental health and well being at the elementary level.

Key Words: Mental health, Well being, Stigma, Community
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Dedication:

This research project is dedicated to my Grandparents; Gwen and Al Anderson as well as Delfina and (the late) Silvano Passera. Special mention goes to the loves of my life; Johnathon, Rebecca and Maddie Passera.
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Chapter 1: Introduction

1.1 Introduction

Despite recent national attention to Mental health and Mental health awareness, there has been minimal progress made in Canada with respect to policy implementation of a coherent Mental health strategy (Public Health Ontario, 2013; Ontario Ministry of Education, 2013; Mental health Commission of Canada, 2012; World Health Organization, 2011; Ontario Ministry of Education, 2010; Ministry of Child and Youth Services, 2006). It was not until 2012 that the Federal government published a document called Changing Directions; Changing Lives outlining a Mental health plan for the country, with the beginnings of subsequent action plans trickling down the line to the provinces and then school boards (Mental health Commission of Canada, 2012). This top down approach appears to be problematic as each subsequent level (province, ministry, school board) manufactures their own interpretation of how best to implement what the Federal government of Canada has mandated. Mental health in education is a priority because of the prevalence of mental health and well being issues exhibited by children and youth today and because of the potential of educators to support these issues though intervention strategies and various school supports (Toronto District School Board, 2012; Froese-Germain & Riel, 2012; Whitley, Smith & Vaillancourt, 2012; Reinke, Stormont, Herman, Puri & Goel, 2011; etc.). While supporting mental health in schools is imperative to meeting the strategies and action plans set forth by the government, it cannot be presumed that teachers are equipped to do so.

Research shows that despite the current commitment, Canadian teachers do not feel prepared or supported in supporting student mental health and well being (Froese-Germain & Riel, 2012; Reinke, et. al., 2011). It also has found that the mental health knowledge that teachers
did have would not sufficiently support them in a classroom environment (Reinke, et. al., 2011). The Toronto District School Board (TDSB) reported through a study that a high percentage of teachers believe that student emotional well being is extremely relevant to their school achievement and in that same study it was found that teachers believe a more harmonized approach to supporting mental health is necessary (TDSB, 2013). The problem with this is that, as mentioned, the education system is an optimal place to address mental health and well being with students and our teachers are the front line members of that system. Teachers are not prepared to do this work at the current time therefore the question remains, how can we provision educators with the tools they need to support elementary students mental health and well being in the classroom? Through this research study I investigate education professionals that have shown leadership in supporting mental health and well being in their current practices and disseminate this information so that other Canadian teachers can implement the ideas in their own classrooms.

1.2 Purpose

This study sought to gain valuable insight into the area of mental health and well being in the classroom by learning from educators and education professionals who have demonstrated leadership in this area of supporting mental health in their classrooms. It is my hope that I can then share these findings with those in the education field to further support and enhance their feelings of confidence and skill set when dealing with mental health in the classroom.
1.3 Research Questions

The primary question guiding this research was:

- How does a sample of elementary teachers support student mental health and well being in their classrooms and schools?

Subsidiary questions include:

- What mental health issues do these teachers observe most frequently in their classroom teaching practice?
- How do these teachers instructionally respond to these students’ mental health needs?
- What, if any, resources and factors support these teachers in this work?
- What challenges do these teachers confront and how do they believe these challenges can be met by the school system more broadly?

1.4 Background of Researcher

As a recent graduate with my Bachelor in Child Development I have a strong grasp of early development as well as a passion for the early years and mental health research. I also hold my Early Childhood Education diploma and worked in the field for a number of years gaining invaluable practical experience. As part of the course expectations in my undergraduate degree program I was required to complete an internship through the summer months between my sixth and seventh semester. I applied to work at the Infant Mental health Promotion (IMHP) out of the Hospital for Sick Children (Sick Kids) and was offered an unpaid position with the organization. Through this position I experienced first hand up-to-date training and research in the early childhood community. My time with IMHP really opened my eyes to the realities of the needs of students and families in the community and in school settings in regard to social emotional
developmental support and education. From this experience I learned that early intervention is a key determinant of later social emotional development, and that this intervention can be as simple as creating a support plan for the individual encouraging everyday tasks and activities.

I also completed an applied research paper in the same program, exploring the use of the Ages and Stages Questionnaire: Social Emotional (ASQ:SE) with children of vulnerable populations. The ASQ: SE is used to screen a child’s social and emotional development and is often the first tool to identify a developmental concern in these areas. It can be used from the age of 3 months up to 5 years. It is secondary to the Ages and Stages Questionnaire: 3 that is used to screen all other developmental areas in infancy up to 5 years of age. Through my study it was determined that the tool (ASQ: SE) was not used by professionals in the field of early care and education even though there was sufficient knowledge the tool itself as well as knowledge of its accuracy and benefits due to various reasons. The ASQ: SE is an excellent tool for early detection of social and emotional issues in childhood and with the accompanying developmental support plan it provides simple, every day strategies to support children and intervene early. This research has only furthered my interest in social emotional development and mental health, now continuing on to the elementary level. I am interested to see how early social emotional developments will translate to older children as opposed to ages four and under. It has been repeated over and over again in the current research that I have encountered that the science of social emotional development and mental health is not reflected in current practice. This investigation seeks to determine some practical strategies being used by teachers in the classroom to support children’s mental health and overall wellbeing in the classroom, directly related to social emotional development that begins in infancy.
1.5 Overview of Study

This study was conducted using a qualitative research approach carried out through a series of semi structured interviews with those in the field who have demonstrated leadership in the field of implementing mental health strategies in a classroom setting. Chapter 1 includes the introduction and purpose of the study, the research questions, as well as how I came to be involved in this topic and study. In Chapter 2 I review the literature in the areas of: Defining mental health, Evidence based practice, Child and youth mental health at home, What is being done?, and finally Taking it to the classroom: Teacher perspectives of mental health. Chapter 3 provides the methodology and procedure used in this study including information about the participants, data collection instruments, and limitations of the study. In Chapter 4 I report the research findings and discuss their implications in light of the literature. Chapter 5 includes what was learned; insights, and finally, recommendations for practice and further study. References and a list of appendices follow at the end.
Chapter 2: LITERATURE REVIEW

2.0 Introduction

The following chapter outlines and reviews the literature that is available on current policies and strategies that are in place both nationally as well as provincially related to supporting students’ mental health. Most important to note will be the policy and procedures of school boards regarding Mental health as well as their subsequent recommendations to teaching staff on the topic. Teachers are the front of the line responders when it comes to children’s mental health in the classroom therefore their beliefs and opinions are included as well.

2.1 Defining Mental health

The first step in addressing mental health in education is to determine a clear definition for some of the key terms surrounding the topic. Health, as defined by the World Health Organization (WHO, 1946), “…is the state of complete physical, mental and social well being and not merely the absence of disease or infirmity” (n.p.). This same definition is found through all Canadian governmental policy documents and health/mental health strategy reports. WHO (August, 2014) goes on to define mental health “as a state of well being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (n.p.). In A Shared Responsibility: Ontario’s Policy Framework for Child and Youth Mental health (2006), the Ontario Ministry of Children and Youth Services (MCYS) also use the WHO definition of mental health but then go on to explain further using the British Columbia Ministry of Children and Family Development (2003) definition. Within this expanded definition it is stated that mental health, “…includes all aspects of human development and well being that
affect an individual’s emotions, learning and behaviour, and is again not merely the absence of mental illness” (p. 22).

The only other variant to the definition of Mental health that should be considered along with these is the addition of a child specific element by the World Health Assembly at their 2013 meeting. Within this meeting in section 6 of the Comprehensive Mental health Action Plan (2013) it states:

“With respect to children, an emphasis is placed on the developmental aspects, for instance, having a positive sense of identity, the ability to manage thoughts, emotions, and to build social relationship, as well as the aptitude to learn and acquire education, ultimately enabling their full active participation in society” (p. 3).

This definition directly coincides with research presented through the National Scientific Council on the Developing Child as discussed further in the Evidence Based Practice section below. This WHO definition places emphasis on positive identity, managing thoughts and emotions, building social relationships, etc., which are all pieces required to build executive function and self-regulation.

In Changing Directions, Changing Lives: The Mental health Strategy for Canada (MHCC, 2012) it is noted that there are many mental health problems that range (on a continuum), “…from more common mental health problems and illnesses such as anxiety and depression to less common problems … such as schizophrenia and bipolar disorder” (p.14). Generally most policy documents avoid defining any type of, “…firm line between problems and illnesses…” (MHCC, 2012, p. 14) because the goal of these documents is to support a range of mental health problems (MHCC, 2012).
2.2 Evidence Based Practice

Early experiences as well as predetermined biological factors contribute to the development of children’s young minds (Centre on the Developing Child of Harvard University, 2010). The brain’s architectural framework is building at the same time that a child is showing many visible signs of cognitive, motor, and linguistic developments (National Scientific Council on the Developing Child, 2011). Due to the fact that social emotional development is not physically visible as are other developments in children, frontline workers like educators can too commonly overlook it (Centre on the Developing Child, 2010). Children are capable of extremely deep and intense feelings ranging from grief and anxiety to supreme heights of joy (NSCDC, 2011). These feelings leave their mark on the developing brain and impact that particular child’s interactions in a school setting. The social-emotional developments of the brain lead to the development of executive function and self-regulation that is described as, “... the ability to hold onto and work with information, focus thinking, filter distractions, and switch gears…” (NSCDC, 2011, p.1). There is currently an abundance of research findings in the area of early development and life long learning being disseminated from the Centre on the Developing Child at Harvard University. These include two of the most important reasons for fostering positive mental health and well being in a classroom setting. The first states that children who are offered the opportunity to develop executive function and self-regulation skills successfully benefit both themselves and society over their lifespan (NSCDC, 2011). The second, most essential, factor to developing the necessary skills of executive function and self-regulation are children’s relationships, access to activities to foster these skills/relationships, and the places in which they live, learn, and play (NSCDC, 2011).
Positive executive function skills grow out of the social emotional development of a child, and these are both strong determinants of mental health (Centre on the Developing Child, 2011). These determinants of mental health can be seen both as protective as well as risk factors. The reason for this is that if a child is privy to an environment that cultivates their social emotional development, they will in turn begin to develop self-regulation and executive function skills (Centre on the Developing Child, 2011). These positive self-regulation skills better prepare children to achieve well in school thus continuing on in a snowball like effect until they are in the workforce, making them positive contributing members of society (Centre on the Developing Child, 2011). On the other hand if a child suffers from adverse early experiences that hinder or impede their social emotional development they will not be well adjusted enough to self-regulate or make use of any executive function skills thus causing them to affect society in a negative way (Centre on the Developing Child, 2011). This is especially important for those interacting with children on the front lines, including educators. Encouraging self-regulation skills and executive function is something that teaching professionals can include in their daily plans consistently (cross curricularly) to support student’s well being and promote mental health (Ontario Ministry of Education, 2010).

2.3 Child and Youth Mental health at Home

Currently in Canada it is estimated that 1 in 5 citizens will suffer from or experience a mental health problem every year (MHCC, 2012). This number somewhat differs depending on the research study that is investigated but as a general sense of mental health throughout the country this is the statistic adopted by most (SMH-ASSIST, 2013; MHCC, 2012.). This number also includes children and youth, with the most recent estimate stating that over 1.0 million young individuals are living with a mental illness in Canada (Risk Analytica, 2011). Risk
Analytica, working on behalf of the Mental health Commission of Canada, estimates that by 2041 there will be roughly 1.2 million children and youth between the ages of 9 and 19 living with mental illnesses – at an overall population increase of 31% over 30 years (Risk Analytica, 2011). These statistics are staggering and what is even more problematic is the cost to Canadian economy, which has been estimated at over 42.3 billion dollars in 2011 alone, all in direct costs (this does not include any indirect costs associated to mental illness) (Risk Analytica, 2011). They go on to report “... further research has shown that these children are at a considerable risk of having the same mental illness or developing a new mental illness in adulthood” (p.8). It is also widely accepted by experts in the field of mental health and children and youth that these statistics have been underestimated for both current and future forecasts of the impact of mental illness here in Canada (Risk Analytica, 2011).

Through the many research reports evaluated through various policy documents, it is clear that the relationship between student mental health difficulties and academic achievement is a direct one (School Mental health – ASSIST, 2013). It is extremely difficult for any individual to concentrate in a classroom setting when their mind is elsewhere or hindered by learning disabilities, intellectual disabilities, and/or other learning problems (School Mental health – ASSIST, 2013). School Mental Health Assist (SMH-ASSIST, 2013) points out the importance of early intervention and teacher support in their description of the current state of mental health in Ontario schools, “Given that mental health problems are very real, and very painful, and are often difficult to treat even with support, the earlier we intervene, the better the trajectory for a child vulnerable to mental illness” (p.12).

Current studies on the impact of school mental health on student and school level academic outcomes have made similar findings (Suldo, Gormley, DuPaul, & Anderson-Butcher,
2013). Suldo et. al. (2013) comment on the necessity of a focus on student mental health and not just academic achievement as, “(a) mental health affects learning outcomes, (b) academic achievement affects mental health, and (c) in so far as the mission of schools involves developing competent citizens, a dual focus on mental health and academic outcomes is warranted given their separability” (p.1).

It can be concluded that mental health and student achievement go hand in hand; therefore it would be beneficial to support both simultaneously in the classroom. SMH-ASSIST (2013) goes on to discuss the importance of schools to the mental health promotion movement, “…schools are, indeed, an optimal setting to reduce stigma, promote positive mental health, build student social-emotional learning skills, prevent the development of mental health problems in high risk groups, identify students in need, and support them along the pathway to service” (p.13).

2.4 What is being done?

2.4.1 Globally and in Canada

Through a review of current literature it can been ascertained that there is an influx of global, national and provincial policy and recommendations on supporting mental health at all levels (Public Health Ontario, 2013; Ontario Ministry of Education, 2013; MHCC, 2012 Ontario Ministry of Education, 2010; WHO, 2011; MCYS, 2006; etc.). The message is clear; that mental health is a top priority. Interestingly, it was not the top priority for Canada and Canadian policy makers until more recently (WHO, 2011). The earliest creation of a Canadian Mental health strategy was provided to the country as late as 2012, having not been addressed in any sort of action plan prior to this (MHCC, 2012, WHO, 2011). This fact is not only interesting because it only occurred in
the last five years, but also because it comes over ten years after WHO published the first
Mental health Atlas in 2000. Atlas is a project that was undertaken by WHO to take a
closer look at the information gap on mental health and mental health resources globally
(WHO, 2011). This same publication was updated and reproduced both 2005, and 2011.

Some of the key findings that are indicated through the Atlas report include:
resources to treat as well as prevent mental disorders are deficient, resources that are
available are inefficiently utilized, and that these resources are inequitably distributed
(WHO, 2011). They also go on to report that a larger percentage of high-income
countries reported that a mental health policy was in place (WHO, 2011). WHO defines
mental health Policy as “…an official statement of a government conveying an organized
set of values, principles, objectives and areas for action to improve the mental health of
the population” (p.17). This is something that Canada did not have at the time of the last
update on the Mental Health Atlas (WHO, 2011). This is a particularly shocking as
Canada is considered an affluent nation.

2.4.2 In Ontario

The government of Ontario has produced an array of policy documents in regard
to addressing mental health hailing from various ministries including the Ministry of
Child and Youth Services and the Ministry of Education (Public Health Ontario, 2013;
Ontario Ministry of Education, 2013; Commission of Canada, 2012; World Health
Organization, 2011; Ontario Ministry of Education, 2010; Ministry of Child and Youth
Services, 2006). They actually began creating such documents well before the Canadian
government produced their own strategy (MCYS, 2006). These documents share similar
visions to address child and youth mental health maintaining that mental health is a key
determinant of overall health and well being (MCYS, 2006). *Open Minds, Healthy Minds* – Ontario’s comprehensive mental health and addictions strategy (2011) outlines an approach addressing children and youth in the first three years, including a focus on early intervention (Ontario Ministry of Health and Long Term Care, 2011). Currently there has not been an investigation into the status of these first three years of the strategy even though it is well passed the three-year mark.

Through the Ministry of Education there have been a number of documents produced to support overall wellbeing of students in a classroom setting including; Foundations for a Healthy School, 2014; Equity and Inclusive Education in Ontario Schools, 2014; Learning for All, 2013; etc. These contain a consistent push to not focus solely on academic success of students but rather their overall well being in all facets of teaching and learning (Ontario Ministry of Education, 2014, p. 2). The government of Ontario also created as part of the *Open Minds, Healthy Minds* (2011) initiative, School Mental Health Assist (SMH-ASSIST); an organization intended to help Ontario school boards meet the goals of the outlined strategies in the *Open Minds, Healthy Minds* (2011) strategy (SMH-ASISST, 2013). The theme that is echoed throughout these documents is clear: support mental health of our youth in all aspects of their lives (Ontario Ministry of Education, 2013 & 2014).

**2.4.3 Ontario School Board Policies and Directions**

Ontario school boards have stepped up to the suggested mental health changes by working together with the Ministry of Education and various other government mental health organizations to create their own policies and mandates at the board level (SMH-ASSIST, 2013; TCDSB, 2012 & 2013; TDSB, 2013; etc.). This is coupled with the
support of the Ministry of Education curriculum document changes within the most recent productions including social studies/history and geography K-8 (2013), the new health and physical education curriculum (2015), and the full day kindergarten document (2010) (Ministry of Education, 2013). The most recent of these curriculum documents have an entire section at the beginning of the document dedicated to incorporating mental health across the curriculum on a daily basis (SS/H & G, Ministry of Education, 2013).

The Toronto Catholic District School Board has adopted a mental health Strategy that was outlined in a 2012 report for the years covering 2012 to 2015 inclusive (TCDSB, 2012). This strategy was created as part of the larger vision of the board itself to create an equitable, safe, engaging, healthy and inclusive school system (TCDSB, 2012). The TCDSB’s vision in this strategy is to raise awareness, build capacity and provide an evidence-based approach to mental health (TCDSB, 2012). They outline their strategy in four overreaching goals including: developing and strengthening the organization to support the mental health strategy, raising educator, staff, and family awareness and encouraging mental health literacy (to build capacity and reduce stigma), to implement evidence informed/based mental health promotion and prevention strategies, and finally to establish key working relations and protocols with community partners in support of school mental health initiatives (TCDSB, 2012).

Toronto District School Board created their own ‘strategic plan’ for supporting mental health in their board and schools in an Action Plan laid out over the course of 2013 to 2017 (TDSB, 2014). Within this strategic plan TDSB focuses on mental health as a continuum, similar to the majority policy documents, whereby an individual can move through various levels on the continuum and the earlier they gain proper supports the
better the chance is of them not entering the level of serious mental illness (TDSB, 2014).

The focus of TDSB is on 4 key areas including: a supportive social environment, providing high quality services, the creation of a caring school climate and healthy physical environment, and finally parent and community partnerships (TDSB, 2014). These areas are very similar to those discussed by the TCDSB in their plans. On the other hand the TDSB also outlines their approach to child and youth mental health and well being as one that includes three tiers; Tier 1: All, Tier 2: Some, and Tier 3: Few (TDSB, 2013). The idea is that all students will benefit from whole school strategies and programs designed to support student mental health, some students who appear to be vulnerable – perhaps nearing the more severe level of mental illness- will benefit from individual supports and interventions, while a few students receive both in school intervention and more intensive interventions (hospitals, public health, etc.) (TDSB, 2014, p.16).

York Catholic District School Board (YCDSD) has also outlined their own Strategic Plan in regard to supporting students’ mental health and well being in their schools. As part of the mandate outlined in Open Minds, Healthy Minds (2011) YCDSD is working closely with SMH-ASSIST to achieve an overall objective of better mental health and academic achievement for their students (2013). They have posted on their board website that the plan will meet the following goals specifically: “1) building optimal organizational conditions to support mental health and well being; and 2) building staff capacity in the understanding and awareness of mental health and addiction issues” (n.p., 2013). This mental health and Addiction strategy is mandated to all YCDSD
schools and there are posters with their slogan “A healthy mind means a healthy life,” posted throughout their schools (n.p., 2013).

The School Mental Health Assist organization was created by the government of Ontario to support school boards in their implementation and design of mental health strategy (SMH-ASSIST, 2014). Through this organization they have mandated that each school board be assigned a mental health lead who will take charge of the mental health strategy creation and subsequent implementation (SMH-ASSIST, 2014). They also have been charged with the creation of materials to support school boards in this process, from this they created the document *Leading Mentally Healthy Schools: A Vision for Student Mental health and Well Being in Ontario Schools* (SMH-ASSIST, 2013). This document along with its accompanying online learning tools is available to Principals’ and other school administration to support their school level implementation of the mental health and well being action plans (SMH-ASSIST, 2013). Many of the policy documents and strategy guides that have been created refer to *Supporting Minds: An Educators Guide to Promoting Students’ Mental health and Well Being*, (2013) which was created to support educators in a classroom setting. *Supporting Minds* was created in line with the Federal and Provincial government mental health initiatives as they all refer to supports being necessary in the school system. This document does provide good insight into some helpful strategies for educators, as well as in depth explanations of various mental disorders and illnesses they may encounter. It is not clear whether educators in Ontario are familiar with the document or making use of the strategies listed.
2.5 Taking it to the Classroom - Teacher Perspectives of mental health

It is widely reported that teachers in Ontario school boards feel that mental health and well being is a priority in their classrooms (TDSB, 2012; Froese-Germain, & Riel, 2012; Whitley, Smith & Vaillancourt, 2012; Reinke, Stormont, Herman, Puri, & Goel, 2011; etc.). They have also noted that there is more of a presence in their classrooms of mental health issues, but a general disconnect between strategy and implementation/mental health and well being literacy among educators (TDSB, 2012; Froese-Germain & Riel, 2012; Whitley et. al., 2012; Reinke et. al., 2011; etc.). There is concern from educators with the small number of children who do receive supports when they are finally referred (Reinke, et. al., 2011). However this is why schools provide prime settings for targeting mental health and well being concerns before they have reached a more severe level of mental illness on the continuum (Reinke, et. al., 2011).

In a study done by Reinke et. al. in 2011 within the United States it was reported that in response to a question asking teachers if the level of mental health knowledge they had would meet the needs of their students with 4% strongly agreeing, but 36 % disagreed and 5% strongly disagreed (Reinke et. al., 2011). In the same study it was also reported that 9 out of 10 teachers worked with children with defiant behavior and those experiencing familial stressors yet simultaneously reported that they felt they needed more training in areas including working with children exhibiting externalizing behaviors, classroom management and behavioral interventions as well as supports engaging effectively with families (Reinke et. al, 2011).

Mental health literacy among educators is also a concern expressed across the research (TDSB, 2012; Froese-Germain & Riel, 2012; Whitley et. al., 2012; Reinke et. al., 2011; etc.). The Canadian Teachers Federation conducted their own study looking into teacher perspectives on student mental health in Canadian schools in 2012. Through this study it was determined that
87% of the teachers surveyed felt that a lack of staff training in mental illness was a potential barrier to supporting their students with 52% stating that they strongly agreed (Froese-Germain & Riel, 2012). 75% of them agreed that there is a lack of coordinated services between the school and community partnerships, with just over half of those surveyed claiming that addressing mental illness is not considered a priority of the school (Froese-Germain & Riel, 2012). Taking the perspective of the elementary level in Ontario, Froese-Germain & Riel recorded that 24% of educators reported that they often saw bullying of students with mental illness’ as compared to 17% of secondary school teachers (2012). The findings climax with one number, 97. 97% is the number of educators surveyed who felt there is, “…an important need for additional knowledge and skills training in recognizing and understanding mental health issues in children” (Froese-Germain & Riel, 2012).

2.6 Conclusion: Bridging the Gaps & Furthering the Research

There is little research that could be located to speak to the adequate or inadequate implementation of the strategies and policies that have been created through the various school boards. It will be extremely important to this study to address this gap in knowledge by determining what has been done from the interviews that were conducted with educators and education professionals. TDSB reported through a study of 210 elementary and secondary schools that 97% of school staff believes student emotional well being is extremely important to their achievement in school (TDSB, 2013). The same study also stated that staff felt the need for a stronger more coordinated approach to mental health to support students (TDSB, 2013). In the first year of TDSB’s mental health strategy they were able to lay the foundation to the plan by establishing committees, begin work with SMH-ASSIST, develop their draft mental health strategy, create a snapshot of organizational conditions of TDSB, and also make use of their
student and parent completed census data. All of these steps towards supporting mental health and well being in the classroom are important ones however none of the accomplishments listed address educator mental health literacy training and preparedness to deal with mental health problems in the classroom.
Chapter 3: Methodology

3.0 Introduction

In this chapter I describe the research methodology. I begin by reviewing the general approach, procedures and data collection instruments before elaborating more specifically on participant sampling and recruitment. I explain data analysis procedures and review the ethical considerations pertinent to my study. Relatedly I identify a range of methodological limitations but I also speak to the strengths of the methodology. Finally I conclude the chapter with a brief summary of key methodological decisions and my rational for them given the research purpose and questions.

3.1 Research Approach & Procedures

This study was conducted using a qualitative research approach involving a literature review of relevant literature and existing research as well as semi-structured interviews with teachers and teaching professionals. By definition, qualitative research includes an interpretive, naturalistic approach to the world (Denzin & Lincoln, 2011). Through this study I had the opportunity to examine teachers and teaching professionals and gain insight into their approaches to mental health and well being in a classroom/ school setting. This information then helped me to speak to my initial research question ‘How does a sample of elementary teachers… respond to students’ mental health and well being through their instructional practices?’

Creswell (2013) states that qualitative research is often conducted when the researcher wants to empower the subjects; in this case the intention is to empower the voice of those showing leadership addressing mental health and well being in a classroom setting. This empowerment will hopefully transfer to the results of the study, providing those in the education field further support as well as enhancing their feelings of confidence and skill set when dealing
with mental health in the classroom. Through a review of the literature it became apparent that there were many policy documents provided at every level of government and subsequent school board dealing with mental health and well being at a school level and within the classroom setting. This was an excellent starting place for my study, however I was unable to locate documentation of the application of these policy documents at the school and classroom level. Qualitative research is intended to explore a research question or problem to gain an understanding of a specific phenomenon – in this case the phenomenon being the application of mental health and well being supports in a classroom setting (Creswell, 2012).

3.2 Instruments of Data Collection

The primary instrument for data collection used in this study is the semi-structured interview protocol (see Appendix B). Semi-structured interviews provide the opportunity to hear about participants’ lived experiences (Creswell, 2013). The semi-structured format allows for the interviewer to design and plan an interview that attends to their research focus and questions, while leaving room for participants to elaborate and even re-direct attention to areas previously unforeseen by the interviewer. These semi-structured interviews included open-ended questions to allow the participants to give insight into their realities in the classroom/education settings that they work in regularly (Creswell, 2011). This was well suited to the type of qualitative inquiry being investigated while also addressing the research question as directly as possible. These interviews were completed one on one with one elementary educator and one elementary Vice Principal. I created slightly varied interview protocols for each individual according to their position. The main goal of the interviews was to address the research question through education professionals who have demonstrated a leadership role in mental health and education by
determining what is being instructionally done at a classroom/ school level to address children’s mental health and well being.

3.3 Participants

Here I review the sampling criteria I established for participant recruitment, and I review the range of avenues for teacher recruitment. I have also included a section wherein I will introduce each of the participants.

3.3.1 Sampling Criteria

To develop my research into supporting mental health and well being it was necessary that I found exemplary educators and education professionals to interview so as to provide me with their own experiences within the classroom/ school setting. These educators and education professionals met the following criteria:

- Demonstrated leadership and/or expertise in the area of mental health and well being in education;
- At least 5 years of teaching experience.
- At least one was an educator in an elementary level classroom (preferably grade 6 and below), at least one was a Principal/ Vice Principal or administrator, and finally at least one participant was to be a mental health lead as appointed by the school board.

Teachers and education leaders were sought for their insight based on their demonstrated leadership roles in the area of mental health and well being in education. Demonstrated leadership could be in the form of completing professional development on the topic, working as a school board mental health lead, running various mental health
and well being programs within their school/classroom. This demonstrated leadership is necessary as the study seeks to provide supports for future and current educators/education professionals. They have been educators for a minimum of five years to support beginning teachers as well as teachers new to the area of mental health and well being. This minimum is necessary to demonstrate their dedication and continual efforts to the teaching profession as well as the time it would take to speak to mental health and well being strategies effectiveness over a period of time. The purpose of interviewing at least one educator, one Principal/Vice Principal or administrator, and one mental health lead was to obtain varying perspectives on the state of the field and learn the different challenges and benefits to each position. In the literature review it is documented that not much current research can speak to mental health and well being practices in the classrooms of Ontario therefore a multi perspective approach to the research question would provide the most insight.

3.3.2 Sampling Procedures

To recruit participants I relied on a combination of convenience and purposeful sampling. As I am immersed in a community of professors, education leaders, and teacher mentors I planned to rely on my own network of contacts and connections to locate my interview subjects. Due to my past work in the field, I have some connections with Mental health professionals at Sick Kids (with the Infant Mental health Promotion) who I contacted for further contacts within the school boards that they may of had. These members of IMHP could of been excellent gatekeepers to various other connections related to mental health and education. However it turned out that they did not have any contacts that would meet my specific sampling criteria. I spoke to my two past associate
teachers as one of them was a good candidate to interview and the other had a connection she mentioned to me I could follow up on. One of them turned out to be too busy to be able to meet with me and the other contact I was connected with did not feel comfortable participating in the study for various reasons. I contacted a past teacher I volunteered with a few years ago through email and she put me in touch with Linda as someone she thought fit my sampling criteria quite well. I sent an email to Linda to see if she would agree to meet with me, so we were able to set something up quite quickly. I had a very difficult time tracking down my second participant, as I really wanted to find a Principal or Vice Principal. It wasn’t until a few months had gone by from our meeting that Linda contacted me to let me know she had someone in mind for me to meet. Thankfully this person turned out to be Gayle, my second participant who met the criteria and was an elementary level Vice Principal at the time of our interview. Unfortunately I ran into some issues with locating my final participant and therefore was not able to secure an interview with a mental health Lead. The subjects I choose purposefully based on their demonstrated leadership in the subject area. This was important because I was looking to gain insight from educators and education professionals who can discuss various instructional strategies that they employ to address mental health and well being in their classroom/ educational settings. These strategies will be used to inform my own instructional strategies in the future as well as other beginning teachers and teachers that are new to addressing mental health and well being in their classrooms.

The main sampling procedure that has been chosen is purposeful, more specifically conducted through concept and critical sampling. Concept sampling or theory sampling is a method that is mainly conducted when the researcher is attempting to
generate or discover a theory (Creswell, 2012). In this case I am looking to study the experience of education professionals in mental health support and thus report on their attitudes and methodologies toward tackling mental health in the classroom. Critical sampling is intended to study a critical sample because of its exceptionality (Creswell, 2012). The critical sample in the present study is the lived experiences themselves of the education professionals (be that administrative, educator, or mental health lead) who can attest to the paramount importance of mental health in the classroom and their own experiences with this.

Consequently with critical sampling, I will only be able to gain a small amount of ‘first hand’ encounters/ experiences from my participants (due to time constraints and ethical approval) thus producing a limited amount of data. This then hinders my ability to generalize the results. This is also true of concept sampling since generalization of results would be better suited to providing a theory and this can be difficult given the limited sample available. To combat these limitations have organized a final form of sampling referred to as ‘confirming and disconfirming’ (Creswell, 2012). Creswell (2012) describes this form of sampling as something that is used once studies have begun to basically do exactly as named by going back to various identified mental health leads and gatekeepers to determine whether or not the participants decided upon by the researcher meet the initial criteria.

3.3.3 Participant Biographies

Linda

At the time of the research, Linda was a primary elementary school teacher working for York Catholic District School Board. She held an Honours Bachelor of Arts
in English and Sociology as well as her Bachelor of Education with primary/junior qualifications. Linda also went on to take additional qualifications in Religion Part 1, and Special Education Parts 1 and 2. Linda had experience working in the field of education both as a teacher and a special education teacher for 20+ years, mostly in the York Region area.

**Gayle**

At the time of the research, Gayle was the Vice Principal of two elementary schools under the York Catholic District School Board. She was a classroom teacher prior to this for over 20 years. Education wise, she had her Masters in Education, a Bachelor of Arts in English, and lots of several additional qualification courses including: Religion, Principals’ courses, Drama, and Intermediate/Senior qualifications. Gayle has taught in schools all over the world some that were very affluent and others not so much. These experiences are what inspired her to take a special interest in supporting mental health and well being.

**3.4 Data Analysis**

In addition to an initial survey of the literature on supporting mental health and well being in a classroom setting, new and relevant literature was reviewed on an ongoing basis throughout the study. This was necessary because of the many connections that can be made through the literature and the current practices in the field. The interviews were recorded using an electronic recording device, and subsequently transcribed verbatim. The interview transcriptions were provided to the subjects to review before coding was conducted. The data was read through using the broader research question and interview protocol as a guide and
themes were identified. The literature was also referred back to on an ongoing basis to determine common themes between the data and current research. Null data was also looked at in relation to current research and literature to determine what participants were not raising in their interviews that appeared pertinent in the existing literature. Data collection for qualitative research involves the identification of participants based on their ability to best support and further understand our central phenomenon – in this case mental health and well being in the classroom (Creswell, 2012). It is also the intention of qualitative research to rely on general interviews so as to not restrict the views of the participants, something that would absolutely hinder the outcome of the research itself (Creswell, 2012). Thus through the use of open ended interview questions I hoped to gain the most insight into the phenomenon that these educators and education professionals are experiencing at the front lines of mental health and well being.

3.5 Ethical Review Procedures

This study followed the ethical review procedures outlined by the Master of Teacher program at the Ontario Institute for Studies in Education and the University of Toronto. Participants were asked to sign a consent letter (Appendix A) giving their consent to be interviewed as well as audio-recorded. Participants’ identities will remain confidential and any identifying markers related to their schools or students were excluded. A pseudonym was also applied to all included subjects. There are no known risks to participation. However, given the research topic, it is possible that a particular question may trigger an emotional response from a participant, making them feel vulnerable. I minimized this risk by giving an overview of my intentions prior to the start of the interview as well as reminding the participants that they may skip any question at any time. Participants had the opportunity to review the transcripts and to clarify or retract any statements before I conducted my data analysis. All data (audio recordings)
has been stored on my password-protected laptop and will be destroyed after 5 years. Only my course instructor will have access to the raw data (transcripts).

3.6 Methodological Limitations and Strengths

3.6.1 Limitations

Given the ethical parameters that have been approved, the MTRP can only involve interviews with educators and education professionals, and consequently it is not possible to conduct classroom observations. Observations afford the researcher the ability to record information as it is occurring, to see one’s actual behaviour (Creswell, 2013, p. 213). This direct observation would have allowed a first hand account of teaching practices in the classroom tackling mental health and well being on the front lines instead of solely relying on the narratives of the educators. The limited number of participants and time constraints placed on the research project also prevents the findings from being generalizable, although they still inform this important discussion on mental health support in schools. A great deal of effort and planning went in to the creation of the interview questions and protocol to avoid any leading questions, or researcher bias. It is important to note that generally speaking this bias cannot be entirely avoided, however this is addressed through the background of the researcher and positioning statements.

Initially, as I mentioned, I had every intention of tracking down one of the elusive Mental health leads through any of the surrounding school boards and interviewing them on this newly created position. I really wanted to get to the heart of what their job description is and determine how they were positioned to support educators and students. Unfortunately, I was not able to get a hold of one until quite late in the time frame of writing this paper and when I did they asked if I could go through the ethics board within
the York Catholic District School Board. At this late stage in the process I simply did not have the time or resources to dedicate to such a request therefore was unable to gain any new insight into the position. All that I was able to gather from this is that there is one Mental health lead assigned per school board and in YCDSB’s case the individual is also the head psychiatrist.

3.6.2 Strengths

Though some limitations can be ascertained, it is also true that this study offers many insightful strengths through the research process. The use of semi structured, open-ended questions is an opportunity for practitioners to speak about their lived experiences and to validate these and their voices in this conversation on supporting students’ mental health. This is lending their stories to the larger explanation of the phenomena which in turn will hopefully support beginning teachers and other teachers embarking on the journey to address mental health and well being in their classrooms. Speaking directly to educators and education professionals allows for much more depth and complexity than a survey would allow for due to the open ended nature of the questions and the ability for the teachers to speak to what matters the most to them on the topic at hand.

3.7 Methodological Reflexivity

It should be noted that Gayle gave the impression throughout our interview that she felt as though she was representing the entire board with her responses to my questions. She asked on more than one occasion if her answer was ‘right’ or ‘ok’ and also when we concluded the interview she said that she “…hoped she got everything right.” This puzzled me because I
had made it quite clear that I wanted our interview to be based solely on her own experiences and expertise when it came to supporting students mental health and well being. Linda on the other hand was like an open book through our interview, which was excellent to gather information, but I found a lot of her responses tinged with uncertainty. She was explaining experiences and strategies that are conducive to supporting positive mental health however she did not seem to be aware how important some of the small things she was doing really are. This lends to the fact that currently there does not appear to be enough education, supports, or resources available to educators to support students’ mental health and well being. On an administrative level it appears they know that mental health and well being is a priority right now therefore it is part of their job to support that mandate, the missing link here is the connection from the higher up’s at the board and ministry to the schools and educators themselves.

3.8 Conclusion

In conclusion I have described the research methodology in relation to my research study. I reviewed the general approach, procedures and data collection instruments before elaborating more specifically on participant sampling and recruitment. I included data analysis procedures and reviewed the ethical considerations pertinent to my study. Relatedly I identified a range of methodological limitations but I also spoke to the strengths to the methodology. Finally I conclude the chapter with a brief summary of key methodological decisions and my rational for these decisions given the research purpose and questions. Next, in chapter 4, I report the research findings.
Chapter 4: Findings

4.0 Introduction

In this chapter I report and discuss the research findings that have been gathered through two semi-structured interviews with one elementary classroom teacher and one elementary vice-Principal in York Catholic District School Board (YCDSD). Both interviews were conducted near the beginning of the school year between the months of September and November. Using the data gathered through these interviews to respond to my inquiry question of how a sample of elementary education professionals respond to their students mental health, I have organized the findings into four overarching themes (as well as sub-themes): 1) Participants discussed mental health issues as having a negative effect on classroom learning, 2) Teachers underscored the significance of building community, creating safe spaces, identifying common values, and enacting restorative practices as key approaches to supporting student mental health, 3) Participants reported that there is currently a disconnect between what is actually being done to support mental health and well being and what needs to be done, and 4) Stigma is the biggest barrier towards supporting mental health and well being in elementary education. It is worth noting that although the education professionals had different positions they generally shared an elevated amount of overlap in their responses.

4.1 Participants discussed mental health issues as having a negative effect on classroom learning.

In both interviews the participants discussed the negative affect on classroom learning and environment caused by mental health issues. Participants believed that the specifics of the mental health and well being issues were not as relevant since the common idea discussed was that the students minds were elsewhere therefore they could not focus and participate fully. This could be affected by something as small and seemingly insignificant as an argument or
disagreement with a peer to something more significant such as divorce in their family. The most commonly reported indicators of mental health issues these teachers observed seeing in elementary schools were ‘behaviour difficulties.’ Linda and Gayle both reported that high amounts of incidents and difficulties fall under this designation because there really is no diagnosis or previous intervention conducted prior to their dealing with the concerns of affected children. Other mental health issues reported included depression, anxiety, social emotional difficulties, attention deficit issues and hyperactivity however this was not discussed in depth since these cases often were reported in respect to older students in other classes. Lack of disclosure from these various other mental health issues appeared to be due to the appearance of them in older grades (not my participants classrooms) and even up to high school, as Gayle has been a high school Vice Principal in the past.

Linda described the effects of low self esteem in her students as follows; “Very low self esteem completely affects how a kid will interact with other kids, how they'll … interact with the teacher, participate... if they have low self esteem.” That is to say that they may appear to be withdrawn, and often do not participate in class which could hinder their grades significantly. This is also problematic when students are interacting with one another both in class and on their own time, this could even further distress the students if peers do not understand. As Suldo et al (2013) mention, the mission of our schools is to develop competent citizens that will positively contribute to society therefore it is imperative to address these emotional issues in the classroom before we can expect children to move on to learning. Linda goes on to discuss the absence of what she refers to as ‘basic experiences’ in the students she sees in her classroom now compared to ten years ago.

“Kids are coming now with limited experiences. Limited basic experiences, so seeing an apple tree, going for a walk in nature, problem solving, dressing themselves,
playing outside with an imagination like in a sandbox. Things that were basic for us as educators before, and you would draw on that, are not basic anymore and you can't take those things for granted. So now not only are you teaching but you are also teaching basic experiences.”

The basic experiences that Linda is referring to are in line with the research coming out of the Center on the Developing Child in regards to the development of executive function and self regulation. There are basic experiences that children must engage in to be given the opportunity to develop such skills and it appears that they are more commonly coming to school without these experiences. Linda also mentioned that this affect on classroom learning could happen to other children in the room who may not suffer from any mental health issues. The reason for this, she believes, is that if you have to stop a lesson and address certain children’s behaviors, you are taking away from the lesson or experience for the whole class. “And it is [unfortunate] and curriculum suffers. And the other kids suffer.”

According to School Mental health Assist (2013), it is important to note that for children to focus when their mind is elsewhere or is affected by learning/ intellectual disabilities, and/or other problems is extremely difficult. Thus meaning that the children who are showing signs of ‘behavioural’ or withdrawn tendencies, even seemingly non-attentive could potentially be those who bear the burden of poor mental health. It is necessary then for education professionals to always be aware of this and do their best to support these children with whatever resources they have available to them. Studies regarding the impact of poor mental health on academic achievement also paint a negative light, stating that there is a direct correlation between achievement levels and mental health (Suldo et. al., 2013., SMH-ASSIST, 2013). SMH-ASSIST goes as far as to say that schools are the ‘optimal place’ to address such issues and promote positive mental health (SMH-ASSIST, 2013).
4.2 Teachers underscored the significance of building community, creating safe spaces, identifying common values, and enacting restorative practices as key approaches to supporting student mental health.

In various ways, both Gayle and Linda discussed creating a positive classroom and/or school community as their top priority. Gayle, being in an administrative position, even went so far in saying that she encourages her teachers to create this environment as their top priority even above academics. She believed that without the creation of a positive community in the classroom students won’t feel ‘safe’ and this can negatively affect their daily interactions on all levels. The idea that children come to school with ‘backpacks’ filled with various elements of baggage is something that was mentioned by Linda in our discussion. She mentioned that everyday there could be something new added to that backpack (a fight at home, a skipped meal, a sick family member, an angry friend… etc.) that will add various elements to that child’s day and she felt that was therefore imperative for them to feel comfortable in the classroom to encourage them to either leave that baggage at the door, and safe enough to ask for help. Linda also mentioned that she found social stories to work very well in her classroom to support the creation of a positive community. Social stories being a story (short story or picture book usually) that can be related to a classroom event or even a ‘value’ lesson which also ties in with their religious curriculum.

Some of these stories that were mentioned included: Leo the Late Bloomer by Robert Kraus, My Mouth is a Volcano by Julia Cook, But it’s not my Fault by Julia Cook, Angry Octopus: An anger management story by Lori Lite, and the Have you filled a bucket today? series of books by Carol McCloud. Linda also provided an example of one such incident where she made use of a story to support a child in her classrooms well being. In this situation the child’s younger brother had passed away that morning at home and he was sent to school, so she
read *The Invisible String* by. Patrice Karst with the class. In this story the mother explains to her children that we are all tied together with an invisible string filled with love, and this will never go away. In this incident she was able to validate the child’s feelings of uncertainty and sadness by allowing him to work through his feelings along side his class instead of ignoring the issue as she had seen some other teachers do in the past.

In the literature review under the section titled ‘Evidence Based Practice,’ the importance of creating a positive classroom environment is discussed as a protective factor for children dealing with mental health issues. The Centre on the Developing Child of Harvard University (2011) reports that executive function skills, which are needed to regulate emotions and handle stressors in life, are best fostered through the positive social emotional development of a child. This positive social emotional development is best encouraged in a positive, safe, accepting environment – one that mirrors what both Gayle and Linda are trying to accomplish in their work. By working to build positive classroom environments and making their students feel safe and cared for these teachers believed they were making a big difference on what could possibly be a terrible home situation, bullying issues, or any other underlying mental health issues. This is something that can be instilled in the practices of the classroom itself, by the actions of the educational staff and administration, as well as teaching children the importance of a positive classroom community. Some of the examples that Linda and Gayle gave included very simple things like having posters and signs up of what a welcoming classroom looks like, feels like and sounds like. These signs around the classroom are also consistently discussed and referred to with the children. For instance Linda mentioned one child having a particularly difficult day and described their interaction as follows:

‘Do you have friends in the classroom right now?’
‘No, nobody wants to be my friend’
‘Do you think they want to be your friend when you say 'you're a weirdo' to them?’ And then we say, ‘Is that a welcoming thing to say? Do you remember when we talked about being welcoming with our friends - in the classroom and outside the classroom - What does that look like? What does that sound like?’ and we've got things up around the classroom on what a safe classroom looks like, what a welcoming classroom looks like.

Linda was directly referencing the previous schema that she builds upon in her classroom to permeate the students’ daily actions. She hoped that by doing this she was able to create a welcoming classroom environment and lessen the number of incidents that are encountered of this nature. Linda concluded by staying, “If you use that, if you keep going back to that it can remind them of these things. So its exposing other kids to know that some people behave this way and also gives them solutions on how maybe they could be behaving differently.”

4.2.1 Safety and the Creation of a Safe Place

Both Gayle and Linda constantly mentioned creating a safe classroom environment. They felt that without this safe feeling children would not be comfortable to come to their classroom teacher when they are in need of supports. Students may also have a hard time participating if they feel it is not a safe place for them to contribute. As educators we are trying our best to set our children up for success therefore they believed that it was necessary to encourage and enact a safe, welcoming classroom environment to further propagate participation and learning. On the other hand safety was also stated in the sense that sometimes these reported behavioural issues cause children to harm either themselves or others in the classroom. Linda considered the work that she did through her creation of a welcoming, caring classroom to be paramount in supporting students’ feeling of a safe place in her classroom however she did mention struggling with safety sometimes. Safety in regards to a student that could possibly have an outburst in her classroom, she described one incident in great detail,
So on that second last day of school when the student jumped on my other student and started to kick the heck out of him and wouldn't let go. That day, when I picked the kid up, I pulled his arms off and I walked out of the classroom. There was so much screaming and crying in my class that another teacher stepped into the hall and I said ‘watch my classroom’ and I picked this kid up and I walked him all the way up the hall to the office and I put him in there and I looked at the Principal and said ‘I am not going back in that classroom if he is coming back’ ‘he is not to come back in my classroom.’

This is of course an extreme case, but when it happened and Linda felt very unsupported in how the situation was being handled by all involved. She had mentioned that this had been an ongoing concern over the course of the year, and many meetings and conversations were had in this regard (with parents, the Principal, the school based resource team and special education supports). It got to the point that the safety of her students and herself were at risk and all options had been exhausted therefore she had to involve her teaching union. Basically her final option was to refuse to go back in the classroom with said student being present so the school was forced to ask the parents to keep the child home for the remainder of the week. It is these incidents that teachers feel unprepared and unsupported for. She had no other support person in the classroom that could be with the children if she needed to tend to this particular child, or support for him specifically. This incident relates back to teachers feeling of being unprepared and unsupported in the classroom for handling mental health issues (Froese-Germain & Riel, 2012). As Linda put it, “So York Catholic is committed to mental health and they've got a strategy in place but as far as a resource like a tangible resource - I haven't seen it. So really I don't think I need a document, I think I need a person.”

It is worth mentioning that safety is always the number one priority therefore proper protocol (as set out by the particular school) should be followed in these cases to
request assistance to the classroom and to the student(s) in need. In Linda’s own words she explained,

… as soon as those kids walk in my four walls – this is a safe environment. It doesn’t matter what your morning was like with your parent, whether you had a breakfast or not, if you come from a broken family or a happy family – this is their safe haven. From 9 o’clock ‘till 3:30 you are not dealing with mommy or daddy, you’re not dealing with your sister… this is a safe environment and I’ve got your back.

Creating this ‘safety net’ for children is extremely important when it comes to fostering positive mental health in students. 1 in 5 Canadian citizens suffer from or experience a mental illness, and this includes children (MHCC, 2012). This number does not change whether we know the child suffers from an illness or not, in fact it has been reported that these statistics are underestimated therefore it is possible that more than 1 in 5 children in our class is affected (Risk Analytica, 2011).

4.2.2 Faith

A large part of both interviews focused on the Catholic faith as a resource to support mental health and well being in the school. Linda and Gayle both mentioned the monthly values that are taught and discussed throughout the year and how this can support children in their social emotional understanding and development. The monthly values in the Catholic school system are very similar to the monthly character traits that are encouraged by the public school boards some of these include: courage, compassion, perseverance and unity. The values are mentioned in the mornings over the announcements, through assemblies and teachers implement and refer back to them through their lessons. Gayle mentioned that the Catholic faith and subsequent core values are imbedded in everything they say and do – therefore it is a huge element/ tool in their
approach to supporting mental health and well being. The Ontario Catholic School
Graduate Expectations are included in these values, which expect their students to be:

- A discerning believer formed in the Catholic faith community;
- An effective communicator;
- A reflective creative and holistic thinker;
- A self-directed, responsible, lifelong learner;
- A collaborative contributor;
- A caring family member; and
- A responsible citizen (YCDSB, 2016).

These ideals are woven into all areas of the curriculum not just during a ‘religion period’ so
the students are encouraged to meet the expectations set forth at all times.

Linda mentioned using faith to encourage community in her students and that if the
school is following the graduate expectations, as they should and gathering to observe mass
together and various liturgical celebrations then that sense of community should already have
some groundwork to build off of. The common thread of God connects each person in the
school and they share the same beliefs in that sense. For example Linda stresses the common
love for Jesus in her classroom with her students and lets them know how much he loves
them in return so when an incident occurs she can reference that. She continues,

You will say, ‘you know you have a little piece of Jesus with you?’ ‘well if you
just hit him on his head who else did you hit?!!’ Then… their eyes become big
saucers and ‘ohhhhhh’ and then you say ‘oh who’s feelings did you hurt?’ and
they say ‘oh I hurt Jesus’s feelings too.’ And if their one of those kids that gets it
they become reflective and think ‘I’m just part of this big huge picture that
involves God and making right choices and wrong choices’ so that is something
we can use in the Catholic board as a resource.
4.2.3 Restorative approach

In different ways, both education professionals discussed taking a ‘restorative’ approach to conflict in their schools. What they meant by this was that if an issue comes to the office, or to the teacher’s attention, it would be addressed and then brought back to ‘peace.’ So, if for example, a child is angry with a classmate and decides to kick said classmate they will not just be reprimanded for the aggression but instead the heart of the issue would be discussed and some kind of mutually agreed upon outcome will then occur. If the students were to end up in Gayle’s office for whatever reason she would ensure she first gave each child a chance to speak to their side of the story. Next she would ask them if they thought they made the right choices in such a situation. Then Gayle would ask what could be done differently the next time, in an attempt to restore the peace between these individuals. Finally she would expect the student(s) who had wronged the other(s) to apologize (sincerely) and ensure that they are genuinely at peace with one another. Linda had outlined an almost identical procedure however she also let her students know that she expected the other party/ parties to also accept the apology to give to give that restoration. Participants felt that this restorative approach helps to ensure that the children understand the heart of the issue and thus can better handle such a thing if it were to happen again. It also offers a strategy to teach students positive and healthy social emotional interactions thus supporting their mental health through the discussion that transpires. By taking a restorative approach the educators are fostering students development of executive function and self-regulation thus supporting their successful integration into society as a whole and all relationships in their lives. (NSCDC, In Brief, 2011)
4.3 These teachers believe that there is a disconnect between what is actually being done in schools and what needs to be done to support mental health and well being in the form of preparation and resource support.

Speaking to the big picture, both participants mentioned that there have been many steps in the right direction in regard to supporting mental health and well being policies. They both mentioned being aware of the strategic plan outlined by YCDSB as well as the federal government and Gayle had a copy of Supporting Minds (2013) on hand (although it should be noted that she had specifically downloaded and printed this document in preparation of our meeting). The problem then is that these policies and guides can only go so far and at some point more needs to be done that is more tangible than a document. For example, teachers should be more aware of the information that is included in these documents as well as the many others available and how to access other support services, which is currently not been reported by either participant. Gayle reported that she had worked as a Vice Principal in a middle to high school in the past and they had been equipped with a mental health nurse. This is something that she wished to have available to her at the elementary level but currently there was no such position. Linda mentioned repeatedly, and with great frustration, that documents are not enough and she would really appreciate having some tangible strategies to support children’s mental health and well being in her classroom. This would be including a designated position similar to that of a mental health nurse in both Linda and Gayle’s opinion. According to Ministry of Education documentation, there is to be a Mental health lead assigned to each school board in Ontario however, neither participant knew who this person was or whether or not that this position existed (MHCC, 2012).
4.3.1 Education

Participants both discussed a need for more information sessions, professional development, and curriculum nights based around supporting mental health and well being of elementary students. The only information that Linda had been provided thus far on supporting mental health in her classroom included a PowerPoint presentation over a Lunch and Learn information session at her school. This information session was only on the direction that the school board is moving toward in supporting students’ mental health so no strategies or resources were provided at the time. Aside from that information she would have to search out resources on her own. Linda mainly accessed these supports through her school psychologist and behaviour consultant, searching the Internet on her own, and speaking to other teachers about what strategies worked for them. Linda mentioned that she thought, “…schools are trying [but] I would say at the primary level I’m not seeing it.” This is a sentiment that is echoed by Gayle when she discussed what sorts of initiatives supporting mental health and well being she had encountered. These were all in reference to high school age students since she also worked at this level therefore they were not relevant to elementary education. Some of the strategies outlined by Gayle at the high school level included; information nights for students and families, assemblies planned around mental health awareness and well being, mindfulness initiatives by the student body and the support of an on staff mental health nurse.

It appears, through our discussion, that both participants are dedicated to supporting mental health and well being in their practice but are not entirely sure of themselves. This is due in large part to their lack of training, education, and supports. This directly correlates to the study that was conducted by Reinke et. al. (2011) in the
U.S. where 9 out of 10 teachers dealing with students with mental health and well being issues felt they needed more training. These sentiments echoed here in Canada when The Canadian Teachers Federation conducted a similar study to look into teacher perspectives on mental health. This study found that 97.97% of teachers felt there is a need for additional knowledge and skills training to recognize and understand mental health issues. (Froese-Germain & Riel, 2012)

### 4.4 Teachers believed that Stigma was the most significant barrier to supporting students’ mental health and well being.

Stigma was an extremely strong theme that shone through both participant interviews. The stigma that surrounds just the words mental health can be enormous. Gayle relayed a story of when she was sitting on an equity committee years ago for YCDSB and she had a hard time convincing some of the other committee members to use the words ‘mental health.’ The committee members felt that the phrase had a negative connotation and that it should not be used. Fast-forward to present day and we still have these issues. Linda repeatedly mentioned running into issues with parents when it came time to sign consent forms for further supports or interventions. Often times the parents are in denial about the ‘issues’ or ‘abnormal’ behaviours being reported by the teacher and refuse signature, the reason why this is so frustrating for teachers is that they still have to find ways to manage students in their classrooms and without supports it is often futile. As Linda put it,

> You… need a piece of paper that has to go home that says to the parent to ‘please give us permission to either observe or discuss anything with your [child] if a parent does not want involvement or says there is no problem and refuses signature - then the kid is still in my classroom, I am still having to teach the class so its now my problem.

Gayle referred to this as a sort of, “… automatic defensiveness…” on the part of the parents due in large part to their lack of understanding of how the system of supports is arranged in a school
and also of the situation itself. Gayle also went on to discuss some of the reasons around the reluctance to use the term mental health or sign forms for further supports including some parents and children thinking; “… what will you think of me?, I’m not competent?, I’m not smart?, I’m not good? or whatever…” These are all things we need to work through to support the mental health and well being of our students while also removing the stigma.

4.5 Looking Ahead

Unsurprisingly, both participants expressed a shared interest in supporting student’s mental health and wellbeing in their schools but they both were not entirely sure of themselves. Gayle, as I mentioned in the Methodological Reflexivity section, constantly asked me if she was giving the ‘right’ answer or if she was providing me with the information that I was looking for. Linda on the other hand gave the impression through her conversation nuances that she did not think very highly of the work she had been doing with her students, as if she didn’t believe she was doing ‘good enough.’

It seems that if a Principal or any education professional does not take a personal interest in mental health and well being and then pursue that interest, then the kind of support required for students may not be realized because this work is currently not ‘enforced.’ There are plenty of optional events that have been taking place, and both my participants have sent me copies of the invitation emails in regards to this since our interview including an gathering of high school students at YCDSB head office and an information letter that was only sent out to physical education teachers- perhaps because it was regarding an update to OPHEA regarding mental health. Regardless, because the school board does not appear to be (currently) systematically carrying out their strategic plans in regard to mental health and wellbeing – there is a disconnect. There is a wealth of information available online for teachers to go through (if they have some
Spare time) but this information is generally not known to them to exist. Also, even though there is this bank of information available it still does not address the gap in education and proper protocol understanding and so on, that teachers should have in their ‘toolbox’ of supplies to support their students mental health and well being. Current and future educators need to know what is beneficial to supporting students’ mental health and well being to be aware that they are adhering to that. While the support of students’ mental health and well being is becoming more of a priority there is still need to focus on the strategic plan and process that will make this a reality.

Gayle and Linda both provided examples of their perceptions of mental issues having a negative effect on the classroom learning that was going on. This directly correlates to the research presented in the literature review that speaks to poor mental health having negative affects on academic achievement (Suldo et. al., 2013., SMH-ASSIST, 2013). Furthermore the teachers stressed the significance of building a safe, community environment in their classrooms as a way of encouraging and supporting positive mental health and well being of their students. As SMH-ASSIST (2013) points out, schools are key in supporting mental health especially in the reduction of stigma, building social emotional skills, supporting students and families towards services, and generally promoting positive mental health which can be achieved through this creation of a safe, community environment. Participants mentioned faith and following a ‘restorative’ approach to conflict resolution as also being beneficial strategies to support their students. This restorative approach practices bringing everything back to the peace – so both sides understand their actions, the consequences, and the apologies that are involved to then teach them to make the right choices the next time. Where as faith can be accessed as support
and woven through the curriculum at any time to give students a greater sense of belonging and camaraderie with their peers as well as teachers and staff.

The teachers report their agreement that there is currently a disconnect with what is actually happening in schools and what needs to still be done to support students' mental health and well-being. They related that teachers are mostly aware of the mandate to support mental health and well-being in schools but they are unsure where to access many supports or tangible resources that can be used to go along with this mandate. Reinke et. al. (2011) noted similar feelings from educators, that there are mental health issues present in their classrooms but a disconnect between strategy and implementation as well as mental health and well-being literacy among educators. In fact, one report on Canadian educators concluded that 97.97% of educators surveyed felt that there is a essential need for supplementary knowledge and skills preparation in comprehending and recognizing these mental health issues (Froese-Germain & Riel, 2012).

Lastly my participants described Stigma as the most significant barrier to supporting students’ in their classrooms. This stigma is discussed in reference to parents signing off on various supports or steps that need to be taken to receive supports. Gayle said they often feel ashamed, or believe that this ‘label’ they may receive could make their child appear to be incompetent or thought less of. Linda had similar frustrations, but hers circled back to the revelation that she is not getting enough support as the classroom teacher for without a parental signature there are many steps that can not be taken that may be necessary to gain extra help in the class for the student. These extra supports also in turn support the teacher because if they are given say an Educational Assistant for all or even part of the day, the teacher wont have to focus as much of their attention on said child and can instead focus on incorporating the whole class into lessons including the child in question. SMH-ASSIST (2013) reports the importance of early intervention to better the
trajectory for a child dealing with mental illness issues therefore the weight of the stigma must be stomped out for this intervention to take place.

In Chapter 5 I address the significance of these findings for myself as a beginning teacher as well as the educational community more broadly. I also identify areas for future research given what has been found and make recommendations based on these findings to support students’ mental health and well being in education.
Chapter 5: Discussion

5.0 Introduction

In this chapter I discuss a brief overview of my findings and then go into the implications of these findings. Next recommendations are made based on what was learned for teachers, education professionals, and administration in regard to professional development, access to resources, and consistency in mental health and well being supports. Finally, areas of future research are looked at and the significance of the findings for students are discussed.

5.1 Overview of Key Findings and Significance

This study was designed to learn how a small sample of educators are supporting students mental health in schools. I had also wanted to learn about some strategies and/or possible resources from successful teachers to share with those educators and school-based leaders wishing to support mental health and well being in their classrooms. Taking a qualitative approach, two semi-structured interviews were conducted with elementary educational professionals to answer the primary research question:

How do a sample of elementary educators support students mental health and well being in their classroom and schools?

The two subjects included an elementary level Vice Principal and an elementary teacher both from York Catholic District School Board.

Through these interviews, both education professionals reported that mental health and well being issues had negative affects on their classroom learning environments. They stated that children are coming to school with (as they referred to it) ‘invisible backpacks’ that could house any number of things weighing on their minds. It is very difficult to engage fully in classroom learning with so many other mental health issues weighing on their students minds. Therefore
they felt that this negatively affected the learning in their classrooms since some students were distracted by various ‘backpack items’ while others were being overlooked by their educator since the educator had to spend so much of their attention on children that require extra supports. Suldo et. al. (2013) and SMH-ASSIST (2013) report similar findings, stating that poor mental health has negative affects on academic achievement.

The participants also reported feeling unsupported by administration (at the school and board level) and they believed there was a disconnect between current policy and practice. One Canadian report concluded that just shy of 100% of educators surveyed believed that there is a essential need for additional knowledge and skills training in comprehending and recognizing these mental health issues (Froese-Germain & Riel, 2012). However, they also both commented that the best strategies they employed in their practice to support mental health and well being were through building community, creating safe spaces, identifying common values, and enacting restorative practices as key approaches. According to SMH-ASSIST (2013) schools are a key in supporting mental health and well being since we see them every day and can support things like reducing stigma, encouraging social emotional skills, directing families to services and promoting positive mental health overall. Participants also report faith and following a ‘restorative’ approach to conflict resolution as being beneficial strategies. This restorative approach practices bringing everything back to the peace while accessing faith encourages the thread of community and enacting common values among peers. Lastly, my participants described Stigma as the most noteworthy barrier to supporting students’ in their classrooms. Both described parents as the ones who carried this stigma and mentioned that they often stood in the way of the children gaining various supports that they may require because they were
required to sign off on further observation or screening that the parents felt were unnecessary for several reasons.

It can be deduced from the reported information that in these teachers’ experience there is a lack of support coming out of the broader school board and ministry in regard to mental health and well being mandates. There are currently plans in place that are to be rolled out but they have not yet reached their potential it seems. It will be beneficial to look at the specifics of what is being done currently in schools coupled with the perceptions and wants of the education professionals to determine next steps in the field.

5.2 Implications

5.2.1 The Educational Research Community

In regards to the broad education community it will be necessary for the school boards to work more closely with schools to create a cohesive mental health strategy. I specifically say ‘cohesive’ because currently there are mental health strategies that have been designed and agreed upon in all Ontario school boards, but they just do not seem to working in their intended manner. It was unsurprising that participants spoke of a shortage of mental health and well being recourses for teachers because in my own practice I had not seen anything in the field, nor had it been discussed in any substantial way. However, when I went to search for the policies and strategic plans I found that many of the boards had quite well designed plans as well as links to their own and outsourced resources. The findings from this study underscore the extent that the educational community needs to work harder to get these resources and the research to the intended parties. Initially I had intended to gain a road map of sorts that I could share with the education community on supporting mental health and well being in the
classroom, however I found that my results largely agreed with the current research that was reported in chapter two in that teachers reported stigma as a barrier, they felt unsupported, students’ are suffering from mental health and well being issues, and these issues are affecting their academic progress. This is not to say that my research was done at a loss, because the lack of progress that I found in respect to meeting the strategic mental health plans means that we need to be doing better.

My participants did also provide some useful approaches to supporting mental health in the classroom that can be disseminated to new teachers and teachers who want to do more in their classrooms. Most importantly they emphasized the significance of creating a safe, community environment in their classrooms as a support for children’s mental health and well being. It is in these environments that children feel comfortable engaging in their learning in the first place. Their suggestions for doing this include taking a restorative approach to conflict resolution to bring everything to the peace between parties, finding common values to thread through daily lessons and curriculum – in their case this was faith related.

I think that in regard to school boards, in a more general sense, there is a need to ensure that the information they have available on their websites and in emails and so on, is actually getting out there to those who need it. There was an email that Linda forwarded to me after our meeting that she had been lucky enough to receive by mistake dealing with some mental health supports. This was because the party at the board office who sent it out had for whatever reason decided it only needed to get to the physical education teachers. We need to do better than this. Our school boards need to do better than this. In-service programs for teacher candidates teach that cross-curricular
connections in education support student learning, therefore why shouldn’t all staff be privy to new mental health information that physical education teachers are? I believe that if there was a cohesive plan in place by the board on the dissemination and access of information regarding the topic we would not currently have as many disconnects.

I also believe that the implications of this study for Principals, or really any parties in a leadership role in the schools, is to step up and begin to use that leadership position in an advantageous way. By this I mean speaking up to your board representatives about the disconnects and need for more supports and at the same time taking matters into your own hands to whatever extent you are able. Encourage mental health and well being awareness in your school, do what you can to encourage open conversations on the topic and answer whatever questions you can or direct to further information. Of course, educators are by no means experts in the area of mental health, however we do have a platform that can be used to benefit the cause and the best way to do this is to just start a conversation. Once the communication lines are flowing within the school, we can begin to inform students and families of services and supports available to them and do away with the stigma that many attach to mental health. In regard to new teachers, I know that we are currently getting much more training in the area of supporting mental health and well being in our students however, only beginning in 2016 will a course be directly dedicated to the topic. It will be important for us as new educators to keep in mind the resources that we have been directed to and make use of them – there is a lot of good information available to us we just need to know where to look. I believe that we also have a duty to support other teachers once we do get into the field. What I mean by this is that we have been given the opportunity to receive more
education on the topic then many previous teachers did so if there isn’t already an initiative in your school involving mental health and well being we could be the ones to bring that to our schools. Showing the school boards that this is a topic we care about and is meaningful to our students could possibly help the progression of a more cohesive support plan overall.

5.2.2 My own Professional Identity and Practice

I think that it is obvious from my research background and topic choice that I have a personal interest as well as a strong desire to support mental health and well being in my own classroom environment. From the interviews I did gain an abundance of new knowledge that I would like to apply in my teaching career especially in regards to creating a caring community in my classroom. I had not anticipated how much something that I see as integral to education would be swept to the wayside to ‘deal with’ another day. In my own practice I know that I will always ensure that I first and foremost create a caring community classroom for my students. I would start with taking into consideration the physical set up of my classroom. Initially I may just allow the students to sit wherever but as I get to know them better I would plan to strategically place them in groupings based on their personalities to encourage those who maybe are a little more quite to open up more, and those that are loud/ impulsive to start listening and being more attentive. From here I would have students build community within their groupings, as I would aspire to keep them together for a term (moving them around 2-3 times per year). I would, as my participants mentioned, weave core values and beliefs through all areas of my classroom; displaying these on walls, incorporating them in discussions, and incorporating them in lessons when I am able. I hope to create this safe place for my
students as well. I want them to feel as though they can come to me if they need anything and will not fear any judgement or misgivings. As the research has consistently pointed out, poor mental health is directly correlated to low academic achievement (SMH-ASSIST, 2013). I hope that my students will know that when they come to school they are safe in my classroom, and always welcome. I also find, as Linda suggested, using social stories in my class is very beneficial and makes things a little more tangible/relatable for my students. I have used ‘Have you filled a bucket today’ (Carol McCloud) in more than one of my practicum classes and its wonderful to see the reactions of the students when it is introduced, and then how they remember the valuable lessons that are taught through the story even as time goes by.

Beyond all of what I hope to achieve in my own classroom, I would like to try and achieve this same sense of community within the school as a whole. I have worked in schools that seem to be disconnected as well as schools that are the complete opposite, and the community schools are the ones I see myself in as well as my own children in the future. What I mean by a community school is one that works together, teachers doors are open, administration’s doors are open, parents come and go to help out, everyone helps one another, and all work together with the common goal of supporting the students in the community to the best of our abilities. There is an African Proverb that states, ‘it takes a village to raise a child’, and I am a firm believer in this idea. When a school works together in harmony I think that everything just runs more smoothly and you never feel at a loss because you always know there is someone there to step in if you need support.
This may seem like such a small task, or support for our students but even something so simple as creating a community in the classroom can and will have a large impact. I also would like to act as a liaison for my school, once I am able to secure a full time position, between the school itself and the board in regards to all things mental health and well being related. Working in this capacity could ease the disconnect between policy and current practice in the classrooms. Lastly I would like to continue my pursuit of lifelong learning focusing in areas to support students’ mental health and well being. I have already begun this with my registration in the special education (part one) additional qualification, but hopefully with my passion and dedication to this area I will be able to always support my students as well as my colleagues.

5.3 Recommendations

There are four main recommendations that have come out of my findings to support mental health and well being of our students in schools and they are as follows:

i) Incorporating mental health and well being in pre-service teacher training programs as a stand-alone mandatory course. I have mentioned that beginning next year there will be an inclusion of mental health and well being within pre service teacher training programs. However I believe that this should be a course that is offered on its own, and not in conjunction with any other course content. As of next year, it will be combined with the special education course at OISE, which will not give enough support to the topic of mental health nor will it do justice to special education, which is such a vast topic area on its own.

ii) Offering more readily available professional development programs in supporting students’ mental health and well being. Generally speaking I think that all teachers should be expected to partake in professional development on this topic so they are more prepared to support the students in their classrooms. These PD supports should also provide teachers with not just
strategies but also tangible supports that they can return to whenever necessary. These supports could include a website that has a list of various documents and their topic areas so teachers can easily access the information that they need. This would lessen the strain on teachers in regards to mental health and well being literacy while it will also provide some much needed provisions and a confidence boost in their abilities to support their students.

iii) Create a liaison for each school to support the rollout of mental health and well being strategic plans at the school level. I think that this is the most important of all the recommendations because without the creation of this position there would be no support between the board and the school in regard to specifically mental health and well being. This position would basically serve as the ‘go between’ for the staff of specific schools to the board dealing with mental health and well being and they would coordinate all the professional development days for the school in relation to what the boards are looking for. This would also offer a consistent presence in schools that students would be aware of.

iv) Administration needs to take a lead in fostering family understanding of mental health and well being. The reason being is that my participants both mentioned facing parents as barriers in supporting children with signs of mental illness. If we are able to create more awareness of procedures within the school system and mental health and well being in general we will be fostering a more holistic approach to creating that community environment.

Implementing these three recommendations would greatly ease all of the pressures described by my participants and would also support the connection of current research and practice in the field of education.
5.4 Areas for further research

I get the impression that there is a lack of knowledge not just on the part of educators but also parents in regard to mental health and well being. I think it will be important for research to look at how the education system is supporting parents in the bigger picture of mental health and well being. I have frequently spoken about creating a community as a way of supporting mental health and well being in the school, well parents should be included in this if we really want to see a holistic approach. Also once research is able to determine parents’ views and whether or not they are being supported by the education system, we can look at next steps to get to a holistic approach.

Secondly, research needs to look into the checks and balances that are happening or not happening in regard to all these mental health and well being mandates/strategies. The TDSB strategic plan ended in 2015 and I have yet to see or hear of any follow up documents or plans for next steps. Who is it that ensures these strategic plans are actually being implemented? Is there someone or a committee? Further research will need to be conducted to determine if there is a bigger issue at hand dealing with the creation and subsequent dissemination of school board mental health and well being strategies.

Finally, research should look further into the affects of extreme behaviours in classroom children on their teachers and surrounding peers. The anecdote that Linda shared regarding her experiences with one particular boy were heartbreaking and also quite difficult to hear since they appeared to still have left a lasting impression on her. It would be important also to note what best practices in this situations can be. They are often not black and white but perhaps if research
was to look further into the effects of such incidents on classrooms we could begin to address such situations more directly.

5.5 Concluding Comments

I have found this process to be liberating and challenging at the same time. I have learned so much from my interviews about the reality of the challenges to supporting children’s mental health and well being in the classroom. There is so much that needs to be covered in the classroom on a daily basis and often times mental health can fall by the wayside. I have also found that it is important for teachers to maintain their own mental health as a crucial part of supporting our students’ mental health. Even teachers that are dedicated to supporting mental health in their classrooms can neglect their own and this can negatively affect the classroom environment.

Although there are many important conclusions to this study I think that the one that stood out to me was in relation to the stigma that parents hold around mental health and well being. I knew before undertaking this project that stigma was real and quite prevalent in society, however I never thought that it would stand in the way of educators trying to get support for students in their classrooms. There are a number of ‘hoops’ you have to jump through in the education system to be able to have a child assessed or gain extra supports for them. Unfortunately this often means that an initial evaluation of said child is necessary before moving on to determine the supports they may require, and this is where parents take issue. Both my participants mentioned that parents had refused to sign permission for their children to be supported or evaluated for supports because of the ideas that they have around what that means for their child. They don’t see that it will offer them more supports in their learning which would be equitable, they only see that it is ‘different’ so that makes the child different, or dumb, or
abnormal. Now that I am aware of this fact I will always ensure I offer open communication lines with parents so if there is a concern at any time, they will trust me enough to at least listen to what I have to say.

I am confident that we are making progress in the right direction with the current push toward supporting mental health and well being but we need to do more and we need to be better. Children can not learn in our classrooms if, as Linda put it, their ‘backpacks are too full.’ 1 in 5 children suffer from or will experience some form of mental illness at any given time (MHCC, 2012). This means that in a class of 30, which is quite common in FDK, at least 6 students are dealing with more then you or I may notice. We need to start unpacking the backpacks of students by creating caring classroom environments first and foremost. I implore current and future teachers to make this a priority in their classrooms and hope that my research has set the stage for them to do so.
References


Kraus, R., (2004, April), Leo the Late Bloomer. Harper Collins.


Appendix A: Consent Letter

Date: 
Dear ____________________, 

My Name is Caitlyn Passera and I am a student in the Master of Teaching program at the Ontario Institute for Studies in Education at the University of Toronto (OISE/UT). A component of this degree program involves conducting a small-scale qualitative research study. My research will focus on how elementary educators support student Mental health & well being in the classroom. I am interested in interviewing educators who have shown leadership and initiative in this area in their school and within their classroom. I think that your knowledge and experience will provide insights into this topic.

Your participation in this research will involve one 45-60 minute interview, which will be transcribed and audio-recorded. I would be grateful if you would allow me to interview you at a place and time convenient for you, outside of school time. The contents of this interview will be used for my research project, which will include a final paper, as well as informal presentations to my classmates and/or potentially at a research conference or publication. You will be assigned a pseudonym to maintain your anonymity and I will not use your name or any other content that might identify you in my written work, oral presentations, or publications. This information will remain confidential. This data will be stored on my password-protected computer and the only people who will have access to the research data will be my course instructor Angela MacDonald-Vemic.

You are free to change your mind about your participation at any time, and to withdraw even after you have consented to participate. You may also choose to decline to answer any specific question. I will destroy the audio recording after the paper has been presented and/or published, which may take up to a maximum of five years after the data has been collected. There are no known risks or benefits to participation, and I will share with you a copy of the transcript to ensure accuracy.

Please sign this consent form, if you agree to be interviewed. The second copy is for your records. I am very grateful for your participation.

Sincerely,

Caitlyn Passera RECE BCD
416-803-7715
caitlyn.passera@mail.utoronto.ca

Course Instructor’s Name: Dr. Angela MacDonald-Vemic
Contact Info:
angela.macdonald@utoronto.ca

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 from this research study at any time without penalty.
I have read the letter provided to me by Caitlyn Passera and agree to participate in an interview for the purposes described. I agree to have the interview audio-recorded.

Signature: ______________________________________

Name: (printed) _____________________________________

Date: ____________________________________________
Introduction:
Thank you for participating in this interview. The aim of this research is to learn how a small sample of educators support students’ mental health and well being through their instructional practices. The interview should take approximately 45-60 minutes. I will ask you a series of 23 questions focused on your understanding of students mental health needs and how you respond to these through your teaching practice. I want to remind you of your right to choose not to answer any question. Do you have any questions before we begin?

NOTE*: Each of these questions will slightly be altered depending on the subject they are being asked to. In brackets please find the variations.

Background information:
We will begin with some simple background information…

1. What do you teach? *Grades/subjects (What is the position that you currently hold?)
2. Where do you teach? Can you tell me more about your school? (e.g. size, demographics, program priorities) (Where is this position located?/ At which school/schools do you work?)

3. Can you tell me more about your educational background?

4. What experiences have contributed to your interest in supporting student mental health and well being and your preparation for doing so? *Probe personal, professional, and educational experiences

Beliefs/Values

5. What does mental health and well being mean to you? What do you include/exclude from your understanding of these terms?

6. What do you believe are some of the most significant mental health issues that students are experiencing today? How common are these among your the students you work with, typically?

7. What role and responsibility do you believe schools have for responding to students mental health needs? Why?

8. To what extent do you feel that schools fulfill this role and responsibility? Why?

9. What do you believe have been some of the barriers to doing this work in schools in the past? Why has this not been a primary focus of schools, in your view?

10. What is your understanding of the recent policy commitment to supporting students’ mental health in Ontario schools?
   a. What do you think of this commitment and how it is being/will be implemented and realized?
   b. What concerns, if any, do you have?
   c. What do you believe is the potential of this commitment?
   d. What do you believe it will take to realize this commitment in practice?

11. Why do you believe it is important to support the mental health needs of students?
Teacher Practices

12. How do you support student mental health and well being? What are some of your core instructional practices toward that end? Why do you enact these practices?

13. How, if at all, do you incorporate the topic of mental health and well being in your classroom curriculum? In what subject areas do you do this and why? Where do you see this topic aligning with the curriculum policy? (subjects, grades, strands) (This may be omitted for a mental health lead, it could be asked in a way as to how they incorporate mental health and well being into their planning with the schools they work with – for a Principal it will be asked from their point of view as an administrator)

14. Can you give me an example of a lesson that you have conducted that addressed the topic of mental health? What subject were you teaching? What were your learning goals? What did you have students do? How did your students respond? What outcomes of learning did you observe from them? (Simply ask them to provide an example, then probe the proceeding questions)

15. Can you please give me an example of how you supported the mental health and well being of a particular student?
   a. Who was the student? *grade / mental health diagnosis
   b. How did you know they required your support?
   c. What did you do?
   d. Who else, if anyone, did you involve?
   e. How did the student respond to you? What outcomes did you observe from them?
   f. How, if at all, did you follow up with the student and/or their family?
   g. What resources supported you? *probe re: mental health professionals, books, physical space, etc.

16. How, if at all, do you communicate with parents about students mental health needs? How do parents typically respond and/or work with you?
17. How would you describe your overall approach to supporting students’ mental health and well being? How does this approach align with your philosophy of education? What is your philosophy of education?

18. What do you believe students gain from your approach to mental health and well being in the classroom? What outcomes have you observed from them, generally speaking?

Supports, Challenges, and Next Steps

19. What factors and resources do you consider to be vital to your ability to support students’ mental health and well being?

Section 4: Influencing factors

20. What challenges, if any, have you encountered when supporting students mental health and well being? How did you respond to these challenges? How might the education system further support you in meeting these challenges?

21. What kinds of feedback have you received from outsiders regarding your practices in the classroom? From the students? Other teachers, Principals’, colleagues? Parents’?

Section 5: Next steps

22. What advice, if any, do you have for beginning teachers who are committed to supporting students’ mental health?

23. What goals do you have for your own practice in this area, given the current policy commitment to this area? Is there anything that you will do differently in light of the new policy commitment and related expectations of teachers?
This now concludes our interview. Thank you very much for your time and thoughtful insights into your world!