The “Art” of Mental Health

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For the degree of Master of Teaching

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THE “ART” OF MENTAL HEALTH
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Abstract

Arts education is beneficial for a child on a holistic level encouraging creative thought and recognizing its benefits on the social-emotional well-being of a student. Arts education is not, however, being used to its full potential with regards to supporting student mental health, specifically generalized anxiety disorder (GAD). The main question guiding this study is how is a small sample of Ontario arts educators using the Arts to support students with mental health issues, specifically students with generalized anxiety disorder (GAD)? Two current Ontario arts educators, in the private and the public boards, explained their strategies and practices on how to support students with mental health issues in their classes in a 45-60minute semi-structured interview. Results indicated that more professional development needs to be done in order to support teachers so they can support students mental health issues, that teachers are using preventative measures such as creating checklists or differentiating learning and assessment in order to promote mental health and well-being in the classrooms.

Keywords: Arts education, Mental health, Generalized Anxiety Disorder, Anxiety
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CHAPTER 1: Introduction

1.0 Research Context

Every individual has a right to a healthy mental state. Mental health is a state of well-being whereby, an individual has the skills to cope with the normal stresses of every day life and they feel confident in who they are and contribute productively to society (World Health Organization, 2014). Yet, constant and evolving stressors (e.g. biological, psychological and social), leave many individuals feeling that their healthy mental state is compromised (Centre for Addiction and Mental Health, 2012). If an individual cannot cope with these increased stressors or if there is an existing biological or psychological condition, it is possible that mental illness may occur (CAMH, 2012).

Mental illness refers to a variety of disorders that negatively affect mood, thinking and behaviour in individuals. It includes disorders such as depression, anxiety, schizophrenia, eating disorders and addictive behaviours (The Mayo Clinic Staff, 2014). Symptoms become diagnosed as a mental illness when they are ongoing and affect an individual’s ability to function on a daily basis (MCS, 2014). Mental illness does not discriminate. It can affect anyone regardless of his or her age, gender or race. It typically has an on-set during the child and adolescent years of someone’s life (CAMH, 2012). According to the Canadian Mental Health Association (2016), approximately 10 -20% of Canadian youth will have experienced or have been affected by a mental illness or disorder. Therefore, it is important that children and adolescents have necessary supports in place in order for them to feel safe if they ever begin to exhibit symptoms of unhealthy mental well-being.
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It is important that individuals recognize their right to a healthy mental state, especially children and youth. Over 80,000 Canadian children and youth experience mental health issues (Mental Health Commission of Canada, 2013). The most common mental health issues are anxiety disorders, whereby 6% of children and youth suffer from them (Children’s Mental Health Ontario, 2015). Anxiety disorders occur when an individual suffers intense feelings of fear or panic that are not in proportion to the situation (Health Canada, 2009). There are 6 common types of anxiety disorders: panic disorder, social phobia, agoraphobia, post-traumatic stress disorder, obsessive-compulsive disorder and generalized anxiety disorder (GAD) (Health Canada, 2009). For the purpose of this research, I will focus on generalized anxiety disorder.

GAD is when an individual expresses generalized and persistent worry over daily situations. The worry is exaggerated and unfounded (Gorber, Langlois, Rehm, Samokhvalov & Spence, 2013). In order to be diagnosed with GAD the symptoms must persist for 6 months (Health Canada, 2009). Without treatment, anxiety disorders can carry on into adulthood, affecting these individuals and their success academically, socially and personally (Anxiety Disorders Association of Canada, 2007; CMHO, 2015; MHCC, 2013). Although anxiety disorders are distressing, accompanying symptoms further complicates them. These symptoms may include: depression, eating disorders and substance abuse problems (Health Canada, 2009). Despite the fact that generalized anxiety disorders tend to be common, with 3% of the population being affected by them, they are treatable using alternative methods of psychotherapy (Gorber, Langlois, Rehm, Samokhvalov & Spence, 2013).
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While educators are not meant to be qualified as experts in mental health, they are expected to be supports for students struggling with mental health issues in the classroom (Open Minds, Healthy Minds, 2011). The Ministry of Education in partnership with the Ministry of Health and the Ministry of Children and Youth Services, compiled a document entitled *Open Minds, Healthy Minds: Ontario’s Comprehensive Mental Health and Addictions Strategy* (2011) that comprises a comprehensive long-term plan and strategies on how various stakeholders such as school communities can begin to support students exhibiting mental health issues. This is based on a four goal plan that includes: Goal 1- Improve mental health and well-being for all Ontarians, Goal 2- Create healthy, resilient and inclusive communities, Goal 3- Identify mental health and addictions problems early and intervene and Goal 4 – Provide timely, high quality, integrated, person- directed health and other human services. This is further supported with the new Health and Physical Education (2015) curriculum. The new curriculum incorporates awareness of the importance of student mental health and well-being, including strategies and coping mechanisms for all students, and promotes the presence of positive mental health in all strands of the Health and Physical Education curriculum.

Based on these documents and support from the Ministry of Education to support students with mental health issues, these documents do not suggest the amount of involvement educators are required to undertake to support students already exhibiting symptoms of mental health issues or that are diagnosed with mental health illnesses or disorders. These documents also do not suggest any further professional development required or explicitly state holistic methods that can be used in the classroom without the
support of a mental health professional immediately present, such as using arts education to help benefit students to express and explore their emotional and mental well-being.

Comparatively, the Ontario Arts Curriculum states that the arts are a means for students to explore and express themselves creatively (Ministry of Education of Ontario, 2009). Furthermore, the arts helps students “develop the ability to communicate and represent their thoughts, feelings, and ideas” in alternative ways that may prove to be more holistic (MEO, 2009, pp. 3). This idea behind the arts as a means of expression and exploration embodies the general concept behind expressive arts therapy practices (OATA, 2014) and is reflected in the Ontario Arts curriculum.

The creative process also allows for students to engage in creative opportunities to explore a student’s sense of self or identity beginning with an internal dialogue, and then relating it to their peers, the school community and their family (Morgan, 2001). Morgan (2001) discusses the use of using multi-disciplinary creative projects to promote positive mental health as it helps students begin to understand new ideas, feelings or beliefs and can forge a group identity that can create a sense of belonging for those individuals who previously felt alienated. The possibilities held by the arts to create meaning, foster a strong sense of self and inclusion, through the use of self-reflection and collective art is already implemented into the current Ontario Arts curriculum (Ministry of Education, 2009, pp. 3-6; Morgan, 2011). Therefore it would seem that there is already a serendipitous resource to help students with anxiety built into the Ontario curriculum through arts programming.

There is one caveat however; the budget for the arts is continually being cut, thus eliminating a potential resource to help those students with anxiety (The Elementary
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Student’s Federation of Ontario, 2012). The lack of funding for arts education is a primary cause for concern when equating the potential benefits of arts education with supporting students’ mental health. By restricting funding for a mandated resource (the arts are a core subject in elementary education), students may be prohibited from being able to explore their sense of self (identity), relation to their peers and creating a sense of community in order to support their own mental health needs (Morgan 2001).

1.1 Research Problem

The overarching problem that I will be focusing on in my research is how arts educators are using arts education to support students with mental health issues, specifically those students with GAD. This is in recognition of increased budget cuts being made to arts programs, limiting the resources available to provide quality arts instruction. Therefore, many students with GAD may not be able to benefit from a means of holistic self-expression through the Ontario mandated arts curriculum (ETFO, 2012). The arts has the benefit of being able to combat depression, reduce tension, expand social networks and create a secure sense of community (Arts Health Network Canada, 2010) budget cuts can assure that students have the potential of losing out on opportunities for socio-emotional exploration, that can potentially benefit their mental health. This can be especially true of those students that are suffering from GAD and find the arts to be helpful in regulating their feelings of anxiety through a means of expression and exploration (Ontario Arts Curriculum, 2009).

Secondly, through increased interest and promotion of positive mental health and well-being by the Ministry of Ontario and the Ministry of Education (Open Minds,
Healthy Minds, 2011), it seems that educators are now seeing an expansion in their responsibilities to include those of mental health practitioners. However, many of these teachers feel that they are not prepared or properly equipped to handle students with mental health issues (Daniszewski, 2013). With this situation as a context for this study, the research will look at what strategies, professional development and/or support teachers are receiving in order to promote their own knowledge about mental health but specifically with regards to GAD.

1.2 Research Purpose

The main purpose behind this research study is to learn how a small sample of Ontario teachers use the arts to support students with mental health issues in learning how to cope with their feelings of anxiety, specifically generalized anxiety disorder. I am hopeful that this research can inform teacher development provided by school boards and pre-service teacher training programs with regards to preparing teachers to be responsive to the mental health needs of students, while also teaching them the strategies and benefits of arts integration in the context of supporting mental health, despite budget cuts being made to arts programming. Professional development is crucial for teachers as most teachers feel ill equipped and under prepared, with little training in their pre-service teacher training programs (Daniszewski, 2013).

The final purpose of this research study is to promote the arts as a viable resource to support students’ mental health. The data from this research will hopefully prove the need for quality and equitable arts programming in all schools by increasing funding.
The following section will outline the main research question and sub-questions this study is looking to collect data on.

1.3 Research Questions

The main question guiding my research is: How is a small sample of Ontario arts educators using the Arts to support students with mental health issues, specifically students with generalized anxiety disorder (GAD)?

Subsidiary questions include:

1. How and where in the curriculum do these teachers integrate the arts as a form of responsive pedagogy for students with GAD?
2. What experiences and factors inform these teachers’ competence and confidence in this area? What resources support them in this work?
3. What are some of the challenges of using the arts to help support students with their anxiety issues and how do these teachers respond to these challenges?
4. What outcomes do these teachers observe from their students, based on their efforts to help students cope with their anxiety?

1.4 Background of the Researcher

I am interested in this topic because I had my first anxiety attack when I was 12 years old. I began to feel an inordinate amount of pressure in order to come out the top of my class. I began to worry about everything and magnified situations without any evidence or proof that there were reasons to be worried. Despite these feelings, I did my best to hide it from my teachers and parents and was able to maintain above average
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grades and graduate without any issues. The anxiety however, never subsided and I continue to carry it with me to this day.

I am one of the fortunate cases in that I discovered a coping mechanism in order to help me with my feelings. I became very involved in the performing arts. It was through the arts that I was able to find ways to explore my feelings and begin to make sense of them through music and drama. It is still a mechanism that I use today when I begin to feel the familiar overwhelming anxious feelings. Therefore, I believe in the healing powers of the arts. My belief in the healing influence of the arts was further proven when I decided to experience expressive arts therapy to aid with my anxiety as an adult. I was fortunate in finding a professional that incorporated arts therapy and cognitive behavioural therapy together to help me learn to deal with my feelings. Even with the help of a professional, my anxiety has never gone away. However, with her help I am able to find creative solutions to help regulate my feelings.

I understand that not everyone will be as receptive to using the arts to help with mental health issues. My passion and love for the arts definitely creates a bias in my belief in the benefits of this research. As with anything that is related to the arts or methods of dealing with mental health there will be controversy and individuals criticizing the validity of this method. I also understand that some students may not benefit from this type of tool. I have not mentioned, but I am not unaware, that in extreme cases students suffering from GAD will require medication and professional help from a registered psychotherapist whose skills go above those of an educational professional. I bring this awareness and bias into my work and will be sure to take it into consideration as I continue my research.
1.5 Preview of the Whole

In order to respond to the questions that are guiding this research, I will use a qualitative methodology to engage in 2 semi-structured interviews with educators that are currently using the arts to help support students with mental health issues and/or exhibiting symptoms of generalized anxiety disorder. In chapter 2, I will be reviewing and analysing the current literature available in the areas of defining generalized anxiety disorder and its impact on academics and social development, effective treatments for GAD, current classroom strategies being employed to support students with GAD, arts programming in schools and gaps in the literature. In chapter 3, I will elaborate on my research methodology, including recruitment and background information on the participants. In chapter 4, I will report on my findings and analyze the data presented by the participants. Lastly, in chapter 5, I will provide an analysis of my findings and consolidate conclusions that can be drawn from them regarding my own practices and implications as a new teacher. I will also make some suggestions for potential research in further studies on this subject.
Chapter 2: Literature Review

2.0 Introduction

This chapter recognizes and discusses research that is currently available and written by accredited scholars and researchers. The purpose of this chapter is to discuss the current knowledge and ideas established about generalized anxiety disorder, effective treatments for generalized anxiety disorder, teacher preparation in supporting students with mental health, current classroom strategies implemented to support students with mental health issues, Arts programming in schools and gaps in the literature. This chapter will focus on resources while analyzing their strengths and weaknesses and discussing their merits. It is through these resources that the conversation surrounding a relationship between generalized anxiety disorder and Arts programming will begin and will outline the current thoughts, values, beliefs and strategies already in place.

2.1 Generalized Anxiety Disorder (GAD)

2.1.1 Defining Generalized Anxiety Disorder: What is it?

According to the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5), a generalized anxiety disorder (GAD) can be referred to as excessive worry or anxiety that is disproportionate to a given situation (American Psychiatric Association (APA), 2013). These feelings of anxiety and worry are generally in reference to school and/or work (APA, 2013). The overwhelming feeling of anxiety experienced by individuals tends to be considered “age appropriate” (APA, 2013). This
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refers to the fact that adults will be more inclined to feel anxious about work, family and relationships (APA, 2013). Comparatively, children’s anxiety tends to be related to performance (APA, 2013). Children that are diagnosed with GAD tend to be perfectionists, with little to no self-confidence, with a willingness to conform and are constantly seeking reassurance (APA, 2013). It must be noted that children that experience these symptoms may be over diagnosed with this disorder (APA, 2013). This may be due to the fact that GAD has a co-morbidity rate exceeding 80% (APA, 2013; Brown, DiNardo, Lehman & Campbell, 2001; Naragon – Gainey, Gallagher & Brown, 2014; Noyes, 2001). Co-morbidity can be defined as an individual that exhibits symptoms of more than one mental health issue (Noyes, 2001).

Individuals who suffer with GAD experience feelings of excessive worry and/or anxiety, accompanied by further symptoms, such as: feelings of restlessness, fatigue, difficulty focusing, muscle tension, irritability, headaches, twitching, feeling shaky, muscle aches, nausea, sweats and diarrhea (APA, 2013). In order to be officially diagnosed with GAD, symptoms must persist for a minimum of 6 months (APA, 2013; Health Canada 2009). These symptoms will vary from person to person, depending on the severity of the anxiety. The combination of the mental and physical stressors affects individuals and their ability to participate in a variety of daily activities (Naragon – Gainey, Gallagher & Brown, 2014). GAD can affect an individual on a variety of levels including social activities, leisure activities, professional endeavours, and maintenance of their household (Narragon – Gainey, Gallagher & Brown, 2014).

2.1.2 Impact of GAD on Academics
There is very little research with regards to the impact of GAD on student achievement. The research that is available on anxiety and academic performance tends to refer to anxiety in general terms (Huberty, 2013; Lyneham, 2009; Ontario Ministry of Education (OME), 2013; Van Ameringen, Mancini & Farvolden, 2003). Those suffering from GAD tend not to exhibit explicit signs of being anxious, thus rendering it more difficult for educators to provide support (Minahan & Rappaport, 2012; OME, 2013). Therefore, educators may want to be aware of the potential signs that a student is struggling by looking for erratic and inconsistent behaviour (Minahan & Rappaport, 2012).

There are several behaviours associated with anxiety that affect academic performance. The first factor is aversion. Aversion refers to a student avoiding coming to school and frequent absenteeism (Huberty, 2013; OME, 2013; Van Ameringen, Mancini & Farvolden, 2003). This also relates to a student not participating within the classroom due to a fear of failure (Huberty, 2013). It could also interfere with academic achievement if the student becomes easily frustrated and may even refuse to do schoolwork (OME, 2013; Lyneham, 2009; Van Ameringen, Mancini & Farvolden, 2003).

A second factor that can contribute to a decline in student academic performance is a difficulty concentrating. Students that suffer from anxiety have a difficult time focusing on tasks at hand as their worries tend to permeate their thoughts (Huberty, 2013; Lyneham, 2009). Difficulty in concentration is further exacerbated as it affects a student’s ability to retain information and compromises their memory (Lyneham, 2009). Thus, these students have trouble meeting expectations and can seem lazy or disengaged (OME, 2013). This difficulty in concentration may also contribute to students tending to
choose easy tasks over more difficult ones (Huberty, 2013). Lastly, students that experience severe anxiety may drop out of school before completing their high school education (Lyneham, 2009; Huberty, 2013; Van Ameringen, Mancini & Farvolden, 2003). A student’s anxiety may even explicitly contribute to them deciding not to attend post-secondary education (Van Ameringen, Mancini & Farvolden, 2003).

Overall these factors contribute to a student’s low level of academic achievement and performance (Huberty, 2013; Lyneham, 2009; OME, 2013; Van Ameringen, Mancini & Farvolden, 2003). Ultimately, a student’s anxiety levels may have a direct correlation with a decline in their grades (OME, 2013). There are some exceptions as there are some students that may have a milder case of anxiety along the anxiety spectrum (OME, 2013). These students tend to exhibit perfectionist tendencies (APA, 2013; Huberty, 2013) that allows for them to succeed academically (OME, 2013).

2.1.3 Impact of GAD on Social Development in Children

There is a severe lack of literature on how GAD impacts the social development in children. Much of the information concentrates on the social development of children with regards to social phobias or those individuals suffering with depression. There is some discussion on how symptoms of anxiety affect students in a general manner but are not specifically related to GAD.

As Lyneham (2009) suggests in her general overview of the effects of anxiety on social development, those suffering anxiety tend to have fewer social relationships and they are less satisfying. Children who suffer anxiety avoid social situations as they see neutral situations as threatening and expect to be judged or criticized by their peers (Lyneham, 2009). These expectations come from an unrealistic sense of negative self-
worth due to perfectionistic tendencies (Lyneham, 2009). It is also typical of those suffering anxiety to compare themselves to others (Lyneham, 2009) and noting that, peers may also avoid these students since they can identify anxiety in them and report liking those children less (Lyneham, 2009).

2.2 Effective Treatments for GAD

2.2.1 Cognitive Behavioural Therapy (CBT): What is it?

The most common form of treatment for anxiety disorders is through cognitive behavioural therapy (CBT) (ADAC, 2007; CMHO, 2015; Health Canada, 2009; MHCC, 2013; Gorber, Langlois, Rehm, Samokhvalov & Spence, 2013). CBT is a psychotherapy that is based on The Cognitive Model of Emotional Response (National Association of Cognitive-Behavioural Therapists, 2014). This refers to the idea that it is our thoughts that influence our emotions and once we have found new ways of perceiving situations we can control negative emotions such as anxiety and depression (National Association of Cognitive – Behavioural Therapists, 2014; Gorber, Langlois, Rehm, Samokhvalov & Spence, 2013). CBT is a short-term therapy (18-20 sessions) but the goal is to provide life-long skills (Borkovec & Ruscio, 2001). This may prove beneficial for children as it may provide them with the necessary skills to cope with anxiety as they progress towards adulthood.

2.2.2 Benefits of CBT for Children with GAD

The thought processes that accompany the feelings of worry and anxiety in individuals with GAD are rooted with 4 core beliefs (Dugas, Gagnon, Ladouceur & Freeston, 1998). These beliefs are 1) that worrying helps avoid disappointment, 2)
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worrying protects loved ones, 3) worrying can stop “bad” things from happening, and 4) worrying helps find a better way to do things. These beliefs are reinforced when the feared event does not occur and those beliefs are proven to be “correct” (Dugas, Gagnon, Ladouceur & Freeston, 1998). This may mean that it is especially important to influence a child with GAD’s thought processes early, before these beliefs become ingrained in their cognitive development.

In children, the use of CBT treatment is meant to encourage new thought processing, problem-solving skills and provide strategies to cope/eliminate negative thoughts through identification of realistic versus unrealistic thoughts (Anxiety and Depression Association of America, 2010; Effective Child Therapy (ECT), 2014). In order to begin developing the necessary skills to adapt negative behaviour it is important to identify feelings of anxiety and assess if there are any specific triggers that account for them (Borkovec & Ruscio, 2001). In so doing, this will begin to alert the child to know when to replace negative self-talk and challenge maladaptive behaviours in order to cope with their feelings of anxiety (Albano & Kendall, 2002; ECT, 2014). These cognitive processes will also be accompanied by relaxation techniques as a means to help quell their feelings of anxiety (ADAA, 2010; Borkovec & Ruscio, 2002; ECT, 2014). Lastly, it is important that the parents of the child are involved throughout this process (ADAA, 2010; Albano & Kendall, 2002; Borkovec & Ruscio, ECT, 2014). This ensures an extra level of support for the child and helps to facilitate these strategies in the home and the school setting (ECT, 2014).

Further research indicates that CBT is proving to be the most effective treatment in children between the ages of 7 – 17 years old (ADAA, 2010). This has proven
especially true with the addition of an antidepressant (ADAA, 2010; ADAC, 2007; CMHO, 2015; Health Canada, 2009; Gorber, Langlois, Rehm, Samokhvalov & Spence, 2013). The antidepressant that is proving to be the most effective in children is a selective serotonin reuptake inhibitor (SSRI) (ADAA, 2010).

2.2.3 Criticisms of CBT and its use with Children

CBT is still considered a developing domain (Cartwright–Hatton, Roberts, Chitsabesan, Fothergill & Harrington, 2004). Although research is proving that it is beneficial towards helping individuals with anxiety, it is still limited and needs to be pursued further (Cartwright–Hatton, Roberts, Chitsabesan, Fothergill & Harrington, 2004). Further research needs to be conducted as to the role cognitive functions (i.e. thought processes) play with regards to the cause of anxiety and other psychological disorders (Stallard, 2002). It is also criticized as to whether it is appropriate for a wide range of ages due to the large role cognitive development plays using this treatment (Stallard, 2002). That is to say, many children exhibit emotional or behavioural problems while learning to develop “normal” behaviours and so it is argued that some of these behaviours may be appropriate developmentally and are not a cognitive deficiency (Stallard, 2002).

2.2.4 Expressive Arts Therapy: What is it?

A further suggestion for treatment of GAD includes expressive arts therapy. This method of psychotherapy is still relatively new and therefore there is very little literature on the efficacy of this treatment (International School of Interdisciplinary Studies (ISIS), n.d.; Malchiodi, 2005). This method uses a combination of modalities such as music, movement, drama and visual art to help individuals explore their feelings and emotions.
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(Arts Health Network, 2010; Canadian Counselling and Psychotherapy Association (CCPA), 2012; ISIS, n.d.). It is a way for individuals to creatively engage with the problem they are currently experiencing through a series of artistic activities and discussion (ISIS, n.d.).

2.2.5 Potential Benefits of Expressive Arts Therapy for Children with GAD

While I was unable to locate research specifically discussing the benefits of expressive arts therapy for children with anxiety, it is possible to discuss the benefits of this type of therapy in general.

Expressive arts therapy proves beneficial, especially for children and youth due to the fact that this demographic may not know how to express how they are feeling verbally (Art Therapy Journal, 2013; ISIS, n.d.). Therefore, expressing themselves through various art forms can be a valuable tool in understanding how they are feeling (Art Therapy Journal, 2013). The potential benefits of this type of therapy include that “it does not rely on verbal skills, it encourages creative thinking and risk-taking in a safe space, may be less intrusive and yet is capable of releasing strong emotion safely” (Ontario Art Therapy Association (OATA), 2014). By using a variety of arts mediums to engage children it has the potential to improve communication and interpersonal skills, increases awareness through self-expression and can increase self-esteem (Essex, Frostig & Hertz, 1996). Also, by encouraging children to express themselves artistically, it opens lines of communication that traditional “talk therapy” may not be able to (Malchiodi, 2005). It promotes self-expression, requires active participation, imagination and mind/body connections (Essex, Frostig & Hertz, 1996; Malchiodi, 2005). The role of the therapist in this instance is meant as a facilitator and
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therefore the child has the ability to explore their problems and develop their own personal meaning and understanding (Malchiodi, 2005). This allows children to be considered “experts” on their own lives and active participants in their own treatment (ISIS, n.d.; Malchiodi, 2005). Most importantly it empowers children to use their imagination and gain insight into their anxiety in productive and creative ways (Malchiodi, 2005).

2.3 Current Classroom Strategies

A thorough analysis of the available literature shows that more research is needed in order to discuss strategies and procedures teachers can use to benefit students with GAD in the classroom. There is, however, extensive research that speaks to strategies that can benefit the students from experiencing general symptoms of anxiety.

A comprehensive document provided by the Ministry of Education of Ontario (2013) discusses mental health and the various disorders students may be dealing with (OME, 2013). The Supporting Minds document provides definitions and discusses potential strategies, symptoms to be aware of when dealing with students with mental health issues and also illustrates the importance of working with parents and mental health professionals to benefit the student (OME, 2013). The information provided within the document and corroborated by other, albeit few, authors suggests that in order to reduce anxiety in the classroom teachers should be using a variety of strategies (Buchler, 2013; Donovan & Spence, 2000; Meldrum, Venn & Kutheer, n.d.; OME, 2013). The strategies include 1) creating safe and positive classroom environments (Bailey, 2009; OME, 2013), 2) assuring that there are clear and consistent expectations
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(Buchler, 2013; OME, 2013), 3) use authentic and specific praise (Donovan & Spence, 2000; OME, 2013), 4) knowing the students and their personalities (OME, 2013) and 5) ensuring that there is a set schedule (Donovan & Spence, 2000; OME, 2013). These 5 core concepts create an environment where students are able to understand what is expected of them and they can feel safe and reassured.

Along with these suggested strategies it is important that teachers be aware of their students’ reactions to certain situations and their behaviours (OME, 2013). Research suggests that teachers be vigilant to any potential triggers a student may have that cause their anxiety (Buchler, 2013, OME, 2013). Their observations should also include the duration, the intensity and frequency of anxiety-provoked moments (OME, 2013). These strategies, while be able to aid student’s to cope with their feelings of anxiety and may also be used as preventative measures to reduce anxiety so that anxiety disorders do not manifest (Donovan & Spence, 2000). Further preventative strategies include teaching students relaxation techniques (Bailey, 2009; Buchler, 2013; Donovan & Spence, 2000; OME, 2013) such as mindfulness and positive self-talk. It is important to note that teachers must also be aware of the socio-cognitive emotional development that a child is undergoing (Donovan & Spence, 2000; OME, 2013). This plays a role on deciding whether a student is exhibiting symptoms of a mental health disorder or going through natural development.

The teacher is the adult that spends much of their time with the students on a regular basis (Donovan & Spence, 2000; Masia-Warner, Klein, Dent, Fisher, Alvir, Albano & Guardino, 2005; Meldrum, Venn & Kutcher, n.d.; OME, 2013). Therefore they are given a unique opportunity in that they may be one of the first to identify any
developing mental health issues (Masia-Warner, Klein, Dent, Fisher, Alvir, Albano & Guardino, 2005; Meldrum, Venn & Kutcher, n.d.; OME, 2013). The early identification of symptoms of anxiety only increases the preventative measures necessary to reduce the chance of an anxiety disorder developing (Donovan & Spence, 2000, Meldrum, Venn & Kutcher, n.d.). In so doing, it is also possible for students to learn how to cope with their anxiety in authentic situations and applications (Donovan & Spence, 2000; Masia-Warner, Klein, Dent, Fisher, Alvir, Albano & Guardino, 2005).

By applying these methods as part of the classroom teachers are promoting positive mental health practices for all students while aiding those that may already be diagnosed (Donovan & Spence, 2000). All of these skills are built on through a series of modeling techniques (Buchler, 2013; Donovan & Spence, 2000; OME, 2013), explicit teaching of relaxation techniques such as breathing (Buchler, 2013; Donovan & Spence, 2000; Masia-Warner, Klein, Dent, Fisher, Alvir, Albano & Guardino; OME, 2013) and encouraging students to reach out to their support systems (Donovan & Spence, 2000).

Finally, the most important thing that a teacher can do is become part of the team for child success (Bailey, 2009; Donovan & Spence, 2000; OME, 2013). This requires opening a line of communication with parents (Bailey, 2009; Donovan & Spence, 2000; OME, 2013). It also includes talking to students about mental health (Bailey, 2009; Meldrum, Venn & Kutcher, n.d.; OME, 2013) and working with other professionals if a student has already been diagnosed with an anxiety disorder (OME, 2013). These discussions should become part of the curriculum to reduce stigmatization of mental health issues (Meldrum, Venn & Kutcher, n.d.). Furthermore, these discussions between students and academic personnel, as well as mental health professionals, may also include
implementing an Individualized Education Plan (IEP) to accommodate a student’s mental health needs (Bailey, 2009). While the Ministry of Education does not explicitly refer to anxiety as an example of needing an IEP, the purpose of an IEP is to implement a plan that the school can follow in order to meet the needs and expectations of an exceptional student’s learning needs (OME, 2000). These plans need to be continuously revised in order to meet the student’s continual progress and adhere to their needs in response to their immediate skill set (OME, 2000).

2.4 Teacher Professional Development and Mental Health

According to the Health Advisory Service in the UK, there is a three-tiered model of care for children with mental health issues (Gowers, Thomas & Deeley, 2004). This model places teachers and school nurses, among others, on the first tier as individuals that can provide primary care of students with mental health problems (Gowers, Thomas & Deeley, 2004). This places an inordinate amount of responsibility on teachers for the mental well-being of these children (Gowers, Thomas & Deeley, 2004) with an implication that teachers are being forced into becoming diagnosticians (Daniszewski, 2013; Gowers, Thomas & Deeley, 2004). These sentiments are acknowledged by Canadian society as well, as teachers spend 6-8 hours a day with students and therefore have the opportunity to notice any concerns such as changes in behaviour (Canadian Teachers’ Federation (CTF), 2012; Daniszewski, 2013; OME, 2013; Whitley, 2010).

Despite these implications that teachers are meant to provide a primary identification and potential diagnosis of a student with mental health concerns (CTF,
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2012; Daniszewski, 2013; Gowers, Thomas & Deeley, 2004), many teachers feel ill equipped to support these students (Daniszewski, 2013; Gowers, Thomas & Deeley, 2004; Koller, Osterlind, Paris & Weston, 2004; Reinke, Stormont, Herman, Puri & Goel, 2011). The Canadian Teachers’ Federation conducted a study (2012) that included how teachers viewed their knowledge and understanding of students’ mental health needs. It was reported that 97% of the teachers believe that they require further professional development and training in dealing with students with mental health concerns (CTF, 2012). It also concluded that 84% of teachers felt that they needed more support in developing classroom management skills and strategies when a student with mental health issues has externalizing behavioural problems (CTF, 2012). Lastly, teachers feel as though they are part of the solution to help guide these students but they feel that they require more support from school personnel, administration, boards and mental health professionals (CTF, 2012; Reinke, Stormont, Herman, Puri & Goel, 2011).

The literature discusses that many teachers feel that they did not receive any mental health training during their pre-service teacher programs (Whitley, Smith & Vaillancourt, 2013). These programs tend to focus more on teachable subjects, pedagogical approaches, educational issues, curriculum, assessment and classroom practices (Whitley, Smith & Vaillancourt, 2013). As these programs are addressing other key issues teachers do not realize that they are lacking in skills and abilities with regards to supporting students with mental health concerns until they are in the field (Koller, Osterlind, Paris & Weston, 2004). Teachers reported that there was one child development class during their pre-service teacher training, however it did not address mental health issues or discuss its relationship to the classroom (Daniszewski, 2013).
Some teachers acknowledged that they have received some training in mental health concerns with students but that it was inadequate (Gowers, Thomas & Deeley, 2004). It was also discussed that training that was received was not imparted during pre-service teacher training but by professional mental health professionals once already in the field (CTF, 2012).

Therefore, research has shown that teachers feel responsible for diagnosing students with mental health issues (Daniewszki, 2013; Gowers, Thomas & Deeley, 2004). However, they do not feel prepared for this responsibility (Daniszewski, 2013; Gowers, Thomas & Deeley, 2004; Koller, Osterlind, Paris & Weston, 2004; Reinke, Stormont, Herman, Puri & Goel, 2011) as they had little or no formal training either through pre-service training programs (Whitley, Smith & Vaillancourt, 2013) or professional development (CTF, 2012).

### 2.5 Arts Programming in Schools

#### 2.5.1 The Benefits of Arts Education

Arts education is considered to be one of the core subjects that makes up Ontario’s educational curriculum (Ontario Arts Council (OAC), 1997; Ontario Curriculum, 2009). It is expected that all Ontario elementary schools include the arts within their curriculum from Grades 1-8 (OAC, 1997; Ontario Ministry of Education (OME), 2009). This is due to the benefits arts education has on the “intellectual, social, physical, and emotional growth and well-being” of the child (OME, 2009). Thus the arts are considered part of a well-rounded and holistic education (Catterall, 1998; Gullatt, 2007; OAC, 1997; OME, 2009; People for Education (PE), 2013).
When considering the benefits of the arts, the first thing to consider is that they provide a way for students to express themselves (Gullatt, 2007; OME, 2009). It provides students the opportunity to be fully engaged in their learning (Gullatt, 2007; Perin, 1994; Smithrim & Upitis, 2005). The Ontario Arts Curriculum (2009) also places an emphasis on the creative process. This begins to foster skills such as creativity, imagination, critical analysis, risk taking/experimenting and creating, revising and reflecting on artistic practices (OME, 2009). These skills are considered to be some of the core concepts of involvement with arts education (Gullatt, 2007; Perrin, 1994; Smithrim & Upitis, 2005).

The literature enumerates further skills that the arts promote such as collaboration, self-esteem, self-motivation and can provide the opportunity for cultural exploration (Burton, Horowitz & Abeles, 2000; OAC, 1997; OME, 2009 Perrin, 1994). For instance, many French language schools in Ontario have developed a philosophy that the arts are to be used to explore Franco-Ontarian culture (OAC, 1997). They explore their culture through music, drama and literature to recognize to feel part of their linguistic and cultural identity (OAC, 1997).

Further benefit of the skills that are fostered within the arts curriculum is that they are considered to be transferrable to non-artistic subjects such as mathematics or literacy (Burton, Horowitz & Abeles, 2000; Catterall, 1998; Eisner, 1999; OAC, 1997; Smithrim & Upitis, 2005; Upitis, 2011). By allowing students the opportunity to use various art modalities to show their understanding of the material (Catterall, 1998), teachers are catering to the multiple intelligences and various learning styles within their classrooms (Catterall, 1998; Gardner, 1983; OAC, 1997). In a study conducted by Smithrim & Upitis (2005), they implemented a program, The Learning Through the Arts (LTTA) program,
whereby they researched 6 schools from across Canada to discover what benefits the arts has within school communities on non-arts subjects. This program invited artists from the community into the classroom to collaborate with teachers on how to use arts to create a unit plan for a non-arts related subject (Smithrim & Upitis, 2005; Upitis, 2011). The results that were discovered was that after 3 years of implementation students’ results were higher in computation mathematics as opposed to those schools that did not use the LTTA program (Smithman & Upitis, 2005; Upitis, 2011).

These applied skills such as creativity, problem-solving, imagination and risk-taking extend even further: into the workforce (OAC, 1997; Perrin, 1994; Spohn, 2008). In an ever-changing society, potential employers require future employees to have a variety of skills such as adaptability and those fostered by engagement in arts education to further the success of their businesses (OAC, 1997; Perrin, 1994). The OAC (1997) released a document, Making the Case for Arts Education, in which they provided specific quotations from CEOs of companies that are explicitly advocating for the arts. In this way, the arts has a way of humanizing learning (Gullatt, 2007).

2.5.2 Critique on Arts Education

While research indicates that the skills fostered and nurtured through arts education are transferable between subjects (Catterall, 1998; OAC, 1997; Ontario Curriculum, 2009; Perrin, 1994; Smithrim & Upitis, 2005, Upitis, 2011), there are those that critique this claim (Burton, Horowitz & Abeles, 2000; Eisner, 1999). While Burton, Horowitz & Abeles (2000) and Eisner (1999) advocate for arts education, they are skeptical of whether skills such as problem-solving, creativity, imagination and others touted by researchers are unidirectional (Burton, Horowitz & Abeles, 2000; Eisner,
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1999). This can be defined as, skills that are considered to be acquired through arts education but are transferable to non-arts subjects. It is the view of Burton, Horowitz & Abeles (2000) and Eisner (1999), that the skills “engendered” through arts education may be developed within non-arts related subjects and brought into the creative process, thus creating a multidirectional use of skills. They also claim that due to this multidirectional set of skills, it undermines the value of authentic arts education because it seems as though arts subjects cannot stand on their own (Burton, Horowitz & Abeles, 2000; Eisner, 1999). They also imply that the arts are only considered important when benefitting non-arts related subjects (Burton, Horowitz & Abeles, 2000; Eisner, 1999).

2.5.3 Challenges in Arts Education

The primary issue regarding challenges for arts education is that there is not enough funding provided by the school boards (Berube, 1999; Gullatt, 2007; OAC, 1997; PE, 2011; PE, 2013). One of the most recent budget cuts to arts education in Ontario occurred in 2012, when the Ministry of Education of Ontario decided to eliminate the Program Enhancement Grant that was meant to fund programs for students to have a “well-rounded education”, including the arts (PE, 2011; PE, 2013). By eliminating this grant, schools were reducing their budgets $66 million dollars over a three year time period (ETFO, 2012). Therefore, if the arts are seen as an enrichment program they are typically the first programs to be removed (PE, 2013).

This challenge is also recognized in the United States with the implementation of the No Child Left Behind Act in 2001. This act assigned arts education as part of the core subjects to be taught in schools (Spohn, 2008). It also introduced standardized testing in mathematics and literacy (Spohn, 2008). According to a study done by Spohn (2008), she
discovered that standardized testing affects arts education. Teachers admitted to reducing
the amount of time dedicated to art instruction in order to increase instructional time for
mathematics and language arts in order to meet government standards (Spohn, 2008).

This restriction on funding means that students may not receive equitable arts
education (Berube, 1999; PE, 2011; PE, 2013). Without the support of government
funding, arts education programs depend upon the fundraising efforts and donations
provided by the school community (PE, 2011; PE, 2013). Thus, the quality of arts
education depends on how affluent the community (Berube, 1999) is. Without specific
funding for arts education (PE, 2011), the education is varied between institutions
(Burton, Horowitz & Abeles, 2000).

A second critical challenge faced by arts programming are the types of instructors
available to teach the arts (PE, 2011; PE, 2013). With decreased funding, only 44% of
schools have either a full- or part- time music teacher (PE, 2013). Without a specialist
music teacher many students will not be exposed to or have the opportunity to be part of
a choir, learn a musical instrument or perform or display their art in public (PE, 2013).
The Ministry of Education does not have specific guidelines about qualifications needed
to be an elementary specialist teacher (PE, 2011). Therefore, arts education may fall to
classroom teachers who feel as though they do not have the necessary skills, language or
pedagogical practices (Bresler, 1993). This is in comparison to teachers in Britain for
whom pre-service teacher training requires arts-training (Catterall, 1998).

2.5.3 The Benefits of the Arts for Children with GAD

After a thorough analysis of the literature there was little with regards to how the
arts benefit children with anxiety. Aside from a study by Sandmire, Gorham, Rankin &
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Grimm (2012), that explored the benefits for first year undergraduate students using arts activities to reduce stress, there were no articles. The study did show highly reduced stress levels when the students spent 30 minutes engaged in artistic activities including painting, colouring and drawing (Sandmire, Gorham, Rankin & Grimm, 2012). It was suggested that the repetitive and fluid motions were almost “trancelike” (Sandmire, Gorham, Rankin & Grimm, 2012). Despite the gap in literature, this study could prove promising with regards to future studies on the benefits of arts for children with GAD.

2.6 Gaps in the Literature

Based on the literature currently available with regards to the importance of mental health is overwhelming. The Ministry of Education recognizes the importance of healthy minds and well-being in their students (OME, 2013). Much of the research and literature available however, either generalizes anxiety or refers to well known disorders such as depression and social phobia (ADAA, 2010; Borkovec & Ruscio, 2001; Effective Child Therapy (2014); Huberty, 2013; Lyneham, 2009; OME, 2013; Van Ameringen, Mancini & Farvolden, 2003). There is a severe lack of literature that is specifically related to the impacts treatments such as CBT or expressive arts therapies have on children with GAD. This is furthered by a lack of information on the impact of GAD in general. This gap in literature also extends into the realm of the arts.

While the literature discusses the benefits of the arts (Catterall, 1998; Gardner, 1983; Gullatt, 2007; Perrin, 1994; OAC, 1997; Smithrim & Upitis, 2005) and the challenges (Berube, 1999; OAC, 1997; PE, 2011; PE, 2013; Spohn, 2008), it does not
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address the benefits of arts education for those suffering with GAD or any other type of anxiety disorder.

Lastly, there is very little information regarding the benefits of expressive arts therapy in general. Though the literature specifically identifies this type of psychotherapy as a treatment for anxiety (ISIS, n.d.; OATA, 2014), no research has been conducted on it as of yet.

In conclusion, these large gaps in literature indicate a need for this study. By undertaking this research, it is the hope that a new demographic of students will be helped.

2.7 Conclusion

In conclusion, the literature reflects the need for further research in the domain of the benefits of the arts on GAD and a need for more funding for arts education in the schools. While there seems to be a variety of literature on each subject individually, there is little to connect these elements together. Therefore, this current study will be important in bringing these issues to the forefront and encourage implementation of arts based strategies to help students with GAD learn to regulate their feelings.

In this chapter, I reviewed the current literature on 1) GAD, 2) effective treatment strategies for GAD, 3) current strategies in the classroom, 4) teacher professional development in mental health and 5) arts programming in schools. I learned that there is a lot of potential for integrating arts education as a support for students with mental health issues, especially those with anxiety. It became apparent to me, however, that teachers feel overwhelmed by this and that further professional development will be
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needed to support them. This is relevant to my research because it informs the current context of what educators are facing in the classroom. It will help to model the interview protocol that will be followed during the semi-structured interviews that serve as the research method for this research study. My research will contribute to this existing body of, what I consider to be policies and general information, by referring to specific strategies and procedures currently in practice by educators in the classroom. In the following chapter I will discuss the methods for my research and the criteria used to find my participants.
Chapter 3: Methodology

3.0 Introduction

This chapter is a detailed description of the methods used in my research to recruit participants to accumulate data and the process by which the data will be analyzed. I begin by describing the approach and procedures that I utilized during my research including any frameworks, theories or methods by which the data will be analyzed. Secondly, I will outline the instruments used for data collection. The third section explains the methods by which data will be collected and outlines the background of the participants including means of recruitment and participant biographies. The chapter continues with the methods on how data was analyzed and I will also address the ethical considerations of this research project. Finally, I will review the methodological strengths and limitations of this research project based on the guidelines presented by the University of Toronto’s ethics board and the Master of Teaching program considerations. The conclusion of this chapter will include a brief overview of key methodological decisions for this research and outline the upcoming chapters of this research study.

3.1 Research Approach and Procedures

The research for this study was conducted using a qualitative research approach. The benefit of using qualitative research for this study is that it allows for a variety of theories and methods to be used, sometimes in conjunction with each other, based on the specific research question posed (Creswell & Miller, 2000; Whittemore, Chase &
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Mandle, 2001). It also takes into account the researcher’s preconceptions on the topic and their biases (Creswell & Miller, 2000; Whittemore, Chase, & Mandle, 2001). The benefits of this type of methodology are appropriate for this research study because it allows for a more naturalistic curiosity on behalf of the researcher (Creswell & Miller, 2000). It also allows for the researcher to look at their research problem through a variety of “lenses” that each focus on a different aspect of his/her research problem (Creswell & Miller, 2000; Reeves, Albert, Kuper & Hodges, 2008).

The qualitative research approach’s merits include allowing for the researcher to take into account the lived experiences beliefs and values of the individuals, in this case, educators. The information shared by the participants during the 2 semi-structured interviews, which served as the instruments of data collection, was used as data to be analyzed in the fourth chapter of this study. In the following section I will detail the process through which data was collected.

3.2 Instruments of Data Collection

In accordance with the guidelines of the Master of Teaching’s Research Paper (MTRP) the instrument of data collection used was a semi-structured interview protocol. Semi-structured interviews provide the researcher the opportunity to retrieve data using a circumscribed list of open-ended questions associated with the overall research questions being investigated (DiCicco-Bloom & Crabtree, 2006; Kajornboon, 2005). This type of data collection allows for the interviewee to refer to their own personal experiences and it also allows for them to be able to address other aspects of the research problem, that can arise during an interview that may be unforeseen by the researcher (Cohen & Morrison,
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2005, p.146; DiCicco-Bloom & Crabtree, 2006; Kajornboon, 2005). The added benefit to this type of methodology is that semi-structured interviews allow for a dialogue to occur while staying on task using the list of questions generated previously by the researcher (Kajornboon, 2005).

Before beginning the interview, the participants were given a letter of consent (Appendix A) explaining the expectations of the interviewee and assuring confidentiality of the interviewee and their school, as well as their right to opt out of the study at any point without consequence. The letter of consent was signed by the interviewee and they were provided with a copy of the letter for their records. They were assured that they had a right to withdraw from the study at any time and that they also had the right to choose not to answer any of the questions. It was also explained that their identities and the identities of their affiliated schools would remain confidential. I also explained that they would be provided with a copy of the completed written transcript should they want it in order to make any clarifications or elaborate further.

The interviews were recorded on a digital voice recorder. Once the interviews were completed the files from the digital voice recorder were transferred to a laptop and a password-protected file. They will remain in this file on the laptop for five years as outlined by the OISE code of academic ethics.

3.3 Participants

In this section I elaborate on the participants used in this study. I review the criteria and rationale behind these, as well as the type(s) of recruitment methods I used to locate them. I have also included a section with the participants’ biographies in order to
provide some context concerning their teaching experience and background with regards to mental health practices in the classroom, specifically for students with GAD.

3.3.1 Sampling Criteria

There were 2 participants recruited for this study. These teachers were recruited through personal contacts and professional networking. One of the teachers teaches in the Toronto District School Board and the other participant teaches at an independent school in Toronto, Ontario, Canada. This method of recruitment encouraged teachers from Toronto to participate due to convenience of location, already established professional networks such as suggestions from colleagues and provided the researcher data on what is already being practiced within school boards that may prove to be potential employers in the future. The personal connection between the researcher and the participants has an added benefit of building a rapport to allow for authentic data to be expressed by the participants.

The criteria for the participants were:

- Teachers will have been working in the profession for 1 year, 5 years and/or 10+ years
- They will be employing arts education methods with children diagnosed with generalized anxiety disorder
- They will have demonstrated leadership, commitment, and/or expertise in arts education

Teachers will have varying amounts of teaching experience so that I can learn to what extent teacher preparation and professional development in this area has informed their commitment and practice. They will also be employing arts education methods, this
includes music, visual art, movement and drama, with students that are diagnosed with generalized anxiety disorder so that I can begin to understand the response these students have with this method. I will also be able to gain insight and information to help further my personal practices with this method in the future. Lastly, the teacher participant’s leadership, commitment and expertise in arts education will provide educated insight into their teaching practices when using arts education with students with generalized anxiety disorder.

3.3.2 Sampling Procedures/Recruitment

The method used for recruiting participants for this study varied. The primary method of recruitment was through convenience sampling (Creswell, 2013). Convenience sampling refers to a type of participant recruitment whereby participants are located through acquaintances and/or previous relationships of either the researcher or their professional network (Creswell, 2013). This type of sampling reduces time and effort necessary in locating a participant but can compromise the validity of the data collected (Creswell, 2013). I am fortunate enough to be acquainted with peers and professionals within the field of education and I was able to collaborate with them for recommendations and suggestions on potential research participants. The second step I pursued for participant recruitment was contacting several colleagues and professional acquaintances within the Toronto District School Board and private school boards that have a reputation for strong arts education programs.

The following section will discuss the participant bios.
3.3.3 Participant Bios

The participants in this study are identified by pseudonyms. The first participant is Lola. She has been teaching for 13 years, with experiences in the public and the private school board. Currently she teaches Junior Kindergarten to grade 4 music and Junior and Senior Kindergarten French in a private school. Previously, she has taught grade 4, 5, and 6 homeroom. She has also taught grade 4, 5, 6, 7 and 8 French and Core French in the public school system.

Phyllis is the second participant of this study. She has been teaching for 8 years. Her current teaching subjects are grade 7 and 8 visual arts and grade 4/5 Core French. In the past Phyllis has had a wide range of teaching opportunities and subjects including grades 4-8 Core French, 6, 7, and 8 visual arts.

3.4 Data Analysis

The importance of data analysis allows for the researcher to begin making sense of the relevant data collected during the research process (Caudle, 2010). It is through this process that meaning is made and analytical conclusions are drawn based on this data (Caudle, 2010). Therefore, in this section, I will discuss the process on how I analyzed the raw data collected during my research.

Firstly, I transcribed all of the interviews onto my password-protected laptop into a Microsoft word document. Next, using my research questions as an interpretive tool, I highlighted data presented by the participants during their interviews that seemed to correlate with answers to my research questions. Once I had chosen specific pieces of
data for analysis I followed the procedure as outlined by Creswell (2013). I began by organizing the pieces of the transcription (the data), into textual units of the individual transcriptions. I placed specific words and sentences together creating short phrases or key ideas that may classify these fragments of data together as codes (Saldana, 2008). Once I had all of the codes individually organized I began placing the data into a chart and organized them as main themes. As I continued my analysis, which included reading and re-reading the transcripts, I began to synthesize the themes into smaller categories and incorporating sub-themes into my analysis. Once this process was completed I was able to begin to derive meaning from the available data. The meaning and findings from this analysis will be discussed in chapter 4.

3.5 Ethical Review Procedures

The ethical considerations for this paper are in accordance with the ethical procedures as outlined by the Master of Teaching program at the University of Toronto. Each participant was given a letter of consent (Appendix A), that gave an overview of the research study, the requirements of participation, and any ethical considerations raised by the research. Participants were reassured that there would be no risks in their participation. The consent letter explains that participants’ identities would remain confidential and that pseudonyms would be assigned and any identifying data would be excluded. I reminded participants that they could choose not to answer any questions they felt uncomfortable with and/or to withdraw from the study completely without consequence. Lastly, in order to ensure that the participants felt comfortable providing information for this study they were offered a copy of the transcript from the interview.
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This allowed for them to elaborate on any points or make any changes they felt necessary to further the research.

I also assured participants that the recorded interview and transcripts would be kept on my personal password-protected laptop. The only person that would be able to access the data would be myself. The data would remain there for 5 years, after which time I would destroy it.

3.6 Methodological Strengths and Limitations

There are several methodological limitations involved in this study. The first limitation is time. The Master of Teaching program is a two-year program that includes four month-long practicum sessions and a full course load including an average of thirty hours of mandatory class attendance, in addition to work outside academia to support costs of living. Secondly, the sample size of participants is quite small as there are only two participants. While these participants provided quality data, research findings from the small sample cannot be generalized to a broader population. Thirdly, the scope of the MTRP does not allow for classroom observations and therefore it was not possible to witness the participants of the study in their practices in dealing with children with generalized anxiety disorder and the methods they employ. Observation is a crucial method of collecting data (Creswell, 2013). It allows for the research to observe and, at times, participate in the phenomenon being studied (Denscombe, 1998). The researcher is able to witness what actually happens instead of relying on a third party interpretation (Denscombe, 1998). A further limitation to this study is that students’ voices could not be included as data for this study. Finally, generalized anxiety disorder is difficult to diagnose as a specific mental health condition (American Psychiatric Association, 2013).
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It is usually considered a symptom of a larger mental health problem such as autism or social phobia (American Psychiatric Association, 2013). Therefore, it may be difficult to locate participants for this study that are helping students that have been specifically diagnosed with generalized anxiety disorder.

The methodology of this study derives its strengths from three main points. The first strength is that the defined number of interviewees allowed me to probe intimately into the participants’ experiences and practices. The second strength is that the interview process was an opportunity for me to learn from a range of experienced educators. It is an opportunity to validate the hard work of these individuals. Finally, this type of qualitative methodology highlights the current practices in place through first-hand accounts on behalf of the research participants.

3.7 Conclusion: Brief Overview and Preview of what is Next

In conclusion, in this chapter I describe my methodological decisions in designing this qualitative study. I reviewed the sampling criteria, recruitment procedures, and the various ethical considerations. I also outlined some of the methodological strengths and limitations. In the following chapter, chapter 4, I report the findings of my research.
Chapter 4: Data Analysis

4.0 Introduction

The intent of this study is to determine how arts educators are using arts education to benefit students exhibiting symptoms of generalized anxiety disorder. This chapter reports and discusses the findings accumulated through my research on arts education benefitting students exhibiting symptoms of generalized anxiety disorder, by outlining the data accumulated during the research process. The method used to derive data was through two semi-structured interviews with arts education teachers as participants. One of the participants, Phyllis, is a visual arts and French teacher, teaching in a public school board. Comparatively, the second participant, Lola, is a music and French teacher in a private school board. The findings to be discussed have been divided into themes and sub-themes that emerged from the answers of the participants based on their own personal experiences, values and beliefs on arts education and the potential benefits it has on supporting students with mental health issues, specifically anxiety. The themes addressed by the participants and that will be discussed throughout this chapter are: 1) perceived causes and symptoms of anxiety in the classroom, 2) the benefits arts education can have on students with anxiety, 3) devaluation of arts education, 4) strategies to support students’ mental health, and 5) professional supports for teachers to help support students with anxiety.

The themes presented within this chapter will be compared and contrasted between the participants’ responses and will also refer back to the main research question
of this study: How are Ontario arts educators supporting students with mental health challenges through arts programming, specifically those students with generalized anxiety disorder (GAD)? The data provided by the participants will help to answer this question as well as be supported with information by previous literature presented in chapter 2, the literature review.

4.1 Perceived Causes and Symptoms of Anxiety in the Classroom

It is not determined how or why GAD presents itself in individuals as they are categorized as feelings of worry that seem disproportionate to a given situation and tend to present without any significant reasoning to support these feelings (APA, 2013). Therefore, GAD tends to be easy to misdiagnose or goes unidentified and did not come as a surprise to me that the participants interviewed were not familiar with the specific disorder. The participants, Phyllis and Lola, two arts educators from the public and private school boards respectively, were familiar with the idea of anxiety as a general concept and are able to identify it in their students. While having teachers recognize symptoms of anxiety in students is important in order to promote positive mental health and well-being in the classroom, teachers not being aware if a student is suffering with GAD, has the potential to impact the student negatively. This lack of knowledge on how to support students with GAD will affect their socio-emotional well-being and may continue to perpetuate the illness so that as they continue to develop these individuals may have difficulty pursuing social activities, professional endeavours and maintain relationships (Narragon – Gainey, Gallagher & Brown, 2014).
Lola spoke of specific causes and symptoms she’s perceived in her students such as apprehension to complete assigned tasks, fear, isolation and withdrawal. Alternatively, Phyllis speaks about the concept of anxiety in a general manner, usually referring to anxiety encompassing “a huge range [of behaviours]”. She is aware of certain causes and symptoms for those students suffering with anxiety, including nail biting, restlessness and an eating disorder. Her approach is to provide many supports within her programming to minimize anxiety in the classroom. Both participants recognized two sub-themes that characterize symptoms and causes of anxiety in their students: behavioural symptoms of anxiety and possible external causes for anxiety.

4.1.1 Behavioural Symptoms of Anxiety

The participants identified several behavioural factors of anxiety that they witness in the classroom. Those factors are combinations of a reluctance to participate in class or complete assigned tasks, fear, isolation, withdrawal and in some cases, hostility or aggression.

The most prominent factor is an aversion or reluctance to accomplish tasks assigned by the teacher. Both participants discussed specific instances whereby students’ inability to complete assignments were not related to a lack of understanding of the work but related to their fear of completing the task. The fear could stem from being afraid of failing or, in some cases, as described by Lola, their fear of success. Lola explains that students experience anxiety because they fear the unknown. This includes being successful and having the responsibilities and expectations that accompany success. There is a fear that causes anxiety that the student will fail or be successful. The fear of
success is based on an expectation that they will have to continue to be successful which adds pressure on the student and causes them anxiety.

Um, [pause] some of them can be quite stubborn and dig in their heels. Um, or unwilling to try something because their fear of failure is greater than, you know. Or sometimes it can even be their fear of success is greater than their fear of failure. (Lola, personal communication, October 2015)

Therefore, when dealing with students that are anxious in regards to performance within the classroom she states that she can only provide support in a variety of ways, such as positive and descriptive feedback, communication with her students, allowing for leadership opportunities, to help them regulate their behaviour to the best of hers and the students’ capability.

Phyllis also spoke about aversion or reluctance to complete tasks in the classroom as a behavioural symptom of anxiety. She reported on a specific student that found French difficult and would avoid doing tasks assigned to him. This particular student’s mother tongue is Spanish and once Phyllis showed him a correlation between the two languages, his success in the French language and the class increased.

The research previously written by Huberty (2013) corroborates with the behavioural symptoms of anxiety witnessed by the two participants. Huberty (2013) discusses that an aversion to work is the primary sign to look for when assessing a student for potential anxiety. The other themes mentioned during the interviews, isolation, withdrawal and aggression could be assimilated into a category known as fear. Fear is specifically addressed by Lola and is validated as a symptom by the research conducted by Lyneham (2009). Lyneham (2009) reports that the anxiety that children
may be feeling contribute to their fear of being ostracized by their peers and this can lead to further behavioural issues such as withdrawal and isolation.

One aspect of behavioural symptoms of anxiety, reported by Phyllis, is aggression. Lola did not mention this as a symptom, she referred to students withdrawing into themselves and isolating themselves from their peers. The literature review did not uncover symptoms of aggression, though it was reported that those individuals suffering symptoms of anxiety might feel restless (American Psychiatric Association [APA], 2013). Therefore, while aggression may not be a traditional example of anxiety it should not be ruled out, as each individual exhibits symptoms of anxiety in different ways (Naragon – Gainey, Gallagher & Brown, 2014).

The participants of this study are able to identify the beginning signs of students that may be struggling with anxiety through changes in their behaviour. This is significant because many times students are labelled as lazy or disengaged (Ontario Ministry of Education [OME], 2013) when they are, in fact, dealing with anxiety. By having educators recognize the beginning signs of anxiety in the classroom, they will be able to provide supports and resources for that student to help them succeed academically and personally (OME, 2013).

4.1.2 External Causes of Anxiety

Anxiety is usually “triggered” by an external factor and educators need to be aware of the specific triggers for those students dealing with anxiety (Borkovec & Ruscio, 2001). The most common trigger of anxiety for children is related to performance anxiety, usually in reference to their schoolwork and/or peer groups (APA, 2013). Anxiety may be based on unfounded beliefs and seem excessive based on the given
situation (APA, 2013). In the case of Lola and Phyllis they identified a variety of triggers that contribute to student anxiety including performance anxiety, specifically referring to the expectations and influence of parents and their home environment.

Phyllis reported on how the students’ home life can have a great impact on the students’ level of anxiety. She discussed how, in her experience, what is perceived as a mental health issue can be confused with a child not having their basic needs met.

I don’t want to say abusive situations. But situations where the student is hungry or you know, tired or hasn’t eaten or hasn’t slept. You know, that, that sort of manifests itself with the same kind of behavioural issues. So, you still have to, you know, know, Ok! Is this child, does this child have these mental health issues or do I need to give him an apple or a banana, right? (Phyllis, personal communication, November 2015)

While Phyllis also discusses the authentic need to understand anxiety issues and how to help those students, she is also aware that some of the triggers for anxiety are beyond academics and relate directly back to the students’ home environment. She has also witnessed the anxiety that is caused by parents placing pressure on their children in order to meet certain expectations, claiming, that one student who had received 87% on a test actually “Asian failed”. This example of how students react to assessment, even if it is considered an exceptional mark, indicates that the pressures and anxiety felt from students may be starting in the home, based on cultural expectations, in this case. While the literature does not explicitly indicate that parental pressures are a cause of generalized anxiety disorder, Phyllis’ example illustrates the potential of how a student may be triggered into having feelings of anxiety that could perpetuate GAD.
Consequently, Lola expressed that parental influence and expectation is the main cause of child anxiety. She reported on meeting many parents of students who, themselves, exhibit symptoms of anxiety and therefore believes that it is a learned behaviour as children tend to model after their parents. She discussed that while parents may provide their children with opportunity for success, that absent parents or parents going through a divorce will have a large impact on their child’s anxiety levels. She emphasizes the importance of maintaining open communication between parents and educators in order to benefit the student’s mental health needs.

The literature review does not speak directly to the impact parents have on students’ anxiety levels. This is due to the specificity of the literature review directed towards generalized anxiety disorder (GAD). GAD is usually based on an inherent belief system that the worries and anxieties felt by an individual are unfounded in reality. For example, a student will fear failing a test and begin to exhibit symptoms of anxiety despite the fact that their work leading up to the test has proven successful. While there are triggers, and parents and home life may be one, it is not explicitly stated in the literature review. That is not to say that the literature review does not validate the experiences of these teachers dealing with students with anxiety. For instance, it is important for teachers to be aware of the socio-cognitive emotional development of the student (Donovan & Spence, 2000; OME, 2013). Child development can be a factor in student anxiety levels and could be out of balance due to issues in their home environment. Also, the literature review references a need to maintain communication and a relationship with parents in order to benefit the students needs in dealing with their anxiety (Bailey, 2009; Donovan & Spence, 2000; OME, 2013).
The literature review may present a gap in understanding the role parents play in generating student anxiety however, the real experiences of the participants indicate that it is an issue to be monitored. The significance of understanding that students may develop symptoms of anxiety due to parental influence and expectation is that it prepares educators to begin the conversation on mental health well-being with their students and their parents. It also allows for teachers to begin forming strategies and creating community and safe space for their students so they feel supported at school, if not, in the home.

4.2 The Benefits Arts Education can have on Students with Anxiety

Lola and Phyllis view the importance of arts education on anxiety in two different realms. Lola believes the need for arts education to be used as a socio-emotional way for students to express and explore their feelings. She reported on her use of dance in the classroom to form community and holistic learning for her students. She also believes in the role arts education plays in helping students to cope with high levels of anxiety and that the skills learned in the arts are transferrable to other areas such as public speaking.

Phyllis spoke to the role arts education plays in helping students synthesize and learn new information. For instance, she has students draw visual representations of the days of the week for her core French classes. She uses music to teach certain math concepts. By including this differentiated way of processing new information, her students have shown reduced levels of anxiety and know that her programming includes a variety of ways of presenting information. Though, it is Phyllis’ belief, based on her experience, that using the arts to explicitly help students’ levels of anxiety is dependent
on the type of student. It is not something she would normally incorporate into her programming. It would have to be on a case-by-case basis.

The literature review validates the participants’ responses. Ontario’s Arts Curriculum is the basis for arts education in the province of Ontario and explicitly states the need for the arts to support students’ “intellectual, social, physical, and emotional growth and well-being” (OME, 2009). The idea of using the arts in a holistic manner to identify with the whole child, as proposed by Lola, is integral to a full education (Catterall, 1998; Gullatt, 2007; OAC, 1997; OME, 2009; People for Education (PE), 2013). The literature also discusses the flexibility of using the arts to integrate with other subjects such as math and literacy, which is Phyllis’ philosophy on the use of arts education to help benefit students with anxiety issues (Burton, Horowitz & Abeles, 2000; Catterall, 1998; Eisner, 1999; OAC, 1997; Smithrim & Upitis, 2005; Upitis, 2011). One of the critiques addressed in the literature, though not indicated by the participants, is that by using arts education for something other than the integrity of art making devalues the authenticity of arts education (Burton, Horowitz & Abeles, 2000; Eisner, 1999). The participants tend to view it as a tool to benefit the students and improve their mental health. They never explicitly referred to using the arts for the benefit of authentic art making purposes.

Phyllis and Lola’s views on arts education and its place in the classroom comprise a full view on the benefits of arts education. It is significant to take note of their complementing views as their practices embody the goals of the Ontario Arts Curriculum. By utilizing the arts on a holistic level to benefit the socio-emotional well-
being of the student and using arts education as a vehicle to understanding other core subjects we can see the necessity of arts education in our schools.

4.3 Devaluation of Arts Education

While the benefits of arts education is touted to be fundamental to a student’s ability to gain new perspective on themselves and the world around them (OME, 2009) challenges in promoting arts education continues. This section refers to arts education as a whole and is not specifically related to anxiety, as both participants have different goals when using the arts with their students. Despite this difference in learning goals, both participants agree that there is a serious devaluation of arts education within our society. The contributing factors stem from lack of funding from school boards, lack of respect for the arts and unqualified teachers teaching arts subjects.

4.3.1 Funding

Both educators expressed their concern that society, especially those controlling funding, does not value the importance of arts education. Lola discussed the notion that public perception tends to be very business oriented and often the benefits for the students are not always in the forefront of the minds of the school boards or governments. Phyllis’ opinions regarding funding and budget cuts matches with Lola’s opinions. She states that money is the biggest issue when it comes to supporting arts education. There never seems to be enough money and therefore resources are cut, class sizes exceed manageable limits and contribute to increased levels of student anxiety.

While Lola and Phyllis both made comments in reference to necessary funding for arts education, their respective situations differ greatly. Lola comes from a private school
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board where funding for arts education is plentiful. She acknowledges the differences between the public and private school systems. That is worth noting, as public education is free and arts education funding is the first to be cut when considering a new budget in a school board (PE, 2013). By cutting arts education first the message that is being sent to society is that the arts are undervalued and unnecessary. Phyllis did not refer to funding directly relating to devaluation in arts education. “And yet, they cut budgets and they put 40— you know like, they’re going to have anxiety issues because the teacher can’t— … Forget about spending 5 minutes with the kid”. She referenced funding as a whole in terms of not having enough money for proper resources and she believes it is a contributing factor due to overcrowded classrooms and increased levels of anxiety. She believes that lack of funding directly correlates with high anxiety levels in the classroom for students and teachers alike, whereas Lola did not make this comparison.

Phyllis’ belief that decreased funding increases anxiety levels is not supported within the literature review. This is to say that the literature review does not compare how funding affects anxiety in the classroom. It does support Lola’s views on arts education within the public school board. The government of Ontario reduced arts programming by $66 million dollars (ETFO, 2012) and therefore treats arts education as an enrichment program versus a core subject as mandated by the Ontario curriculum (PE, 2013). Lola’s views are further supported by the literature review in that, by reducing arts education budgets it is up to private donations and fundraising to help support arts education in individual schools and thus leads to inequitable arts education programming dependent on how affluent a community is (Berube, 1999; PE, 2011; PE, 2013). This is especially true when comparing Lola and Phyllis’ situations. Lola is from a private school board
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where funding is not normally an issue as students pay tuition and parents are able to afford to make further donations on behalf of arts education. In comparison, Phyllis teaches in a public school board where funding is limited and continuing to be attacked by budget cuts. This devaluation of arts education continues to propagate the notion that society has a lack of respect for arts education.

4.3.2 Lack of Respect for Arts Education

Both educators feel that while funding seems to be the issue on a large scale, personal perceptions on arts education tends to be negative within smaller communities. Lola says she feels that many people do not understand the importance she places on creating a rich program for her students. “And some people would say, well it’s just music. Just sing some songs. But it’s not, right”? While Phyllis found that when she began teaching her current visual arts program that it was considered a “free period” and she received push back from some parents and administration as she began to adhere to curriculum guidelines. This included teaching the visual arts curriculum in French as per the French immersion guidelines at the school. Both participants found that they did have allies in the form of some colleagues, administrative staff and some parents but they feel that the majority of the population cannot see the benefit of arts education.

Lola and Phyllis’s responses illustrate the general perception of how arts education is being undervalued. Their answers supported each other’s and they expressed the same opinion. The majority of people are indifferent to arts education and do not seem to understand that it goes beyond teaching a child how to draw or how to make music. Arts education teaches transferrable skills and does have a curriculum that needs to be adhered to in order for the student to be successful (OAC, 1997; Ontario Ministry of
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Education (OME), 2009). As purported in the literature review arts education is meant to teach the child on a holistic level (Catterall, 1998; Gullatt, 2007; OAC, 1997; OME, 2009; People for Education (PE), 2013). It is a set of subjects that provides new avenues for learning and exploration that is key to becoming a functioning member of society (Burton, Horowitz & Abeles, 2000; OAC, 1997; OME, 2009 Perrin, 1994) and teaches skills that are even valued within the corporate world (OAC, 1997; Perrin, 1994; Spohn, 2008).

The lack of respect for arts education continues to be a problem within our society. Arts education is another way to differentiate strategies on how to teach and promote critical thinking, creativity and emotional expression. These are integral skills for our students to be learning and by ignoring this resource it is a disservice to students. Lack of respect of arts education is further exemplified by hiring unqualified educators with little to no content knowledge or personal experience with the arts to teach arts subjects.

4.3.3 Unqualified Teachers, Teaching Art Subjects

Another aspect of devaluing arts education is by having unqualified teachers, teaching specialty subjects. A qualified arts teacher should be someone who has either specialized in the arts, i.e. has the arts as a teachable and/or is someone who has had personal experience engaging with the arts. For instance, Lola is a music teacher but she also performs in theatrical productions on her own time. Phyllis was a graphic designer prior to becoming a visual arts teacher. A qualified arts teacher is someone who has the passion, content knowledge and experience with the art form to draw on when teaching students. Comparatively, an unqualified arts educator is someone who has little to no
content knowledge about the arts and little personal experience with it. This lack of knowledge may also induce anxiety and stress for the educator and this can have repercussions such as modelling a devaluation of arts education.

Lola discussed her feeling on how students are losing out on the benefit of teachers creating rich arts programs and inspiring passion for the arts because teachers that feel uncomfortable or have no knowledge in the subject are being asked to teach arts. Phyllis also reinforces this sentiment. She agrees that unqualified teachers are being asked to teach arts subjects, thus devaluing arts education. “When the people don’t know a lot about [the arts], they’re intimidated or worried. Or a lot of times they’ll be like, just do whatever. So it doesn’t have, it doesn’t really have the reputation like it deserves, right?” She feels that in cases, whereby unqualified teachers teach the arts, parents and other stakeholders have trouble understanding that there is a curriculum to follow and she has skills that she needs to assess.

The literature review recognizes that budget cuts and funding are a major issue with regards to arts education (Berube, 1999; Gullatt, 2007; OAC, 1997; PE, 2011; PE, 2013). It also continues to state that budget cuts leads schools to finding alternative means to raise funds, usually independently, can lead to inequitable arts education programs (Berube, 1999; PE, 2011; PE, 2013). The literature review also addresses the lack of qualified arts specialist teachers due in large part to funding (PE, 2011; PE, 2013). Lastly, the literature review does not speak directly to the concern that there is a devaluation of the arts in society as a whole. It can be inferred that this is the case however, due to decreased budgets in arts education, fewer arts specialist teachers and increased emphasis on preparation for standardized tests (Spohn, 2008).
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The participants recognize the need for society to recognize the benefits of arts education. By devaluing the arts we are putting future generations at risk of missing out on an entire skill set provided through arts education. The only way to ensure that the arts continues to be valued is by putting more funding into arts education, supporting arts initiatives and encouraging specialist teachers to teach arts subjects.

4.4 Strategies to Support Students’ Mental Health

Despite the challenges that need to be overcome, the participants have developed strategies in order to promote student mental health within their own classrooms. Both of these participants have made these strategies as part of their standard programming and have found them to be very effective to promote student self-confidence, leadership and understanding of content. These strategies are scaffolding, ensuring that they are familiar with the needs of their students, both academically and personally, and differentiation.

4.4.1 Scaffolding

Scaffolding is the process whereby educators allow for a gradual release of responsibility in favour of the students nurturing new skills with the help of support from the teacher and their peers before eventually accomplishing a task individually. Lola and Phyllis both speak to this in their interviews. They also both use scaffolding in different ways. Phyllis likes to use checklists. She finds that by giving students checklists and breaking down larger tasks it reduces the amount of anxiety felt by a student and provides them with a starting point on how to begin the assigned task. Whereas Lola’s tactics are a little different as she has the responsibility of putting on the school musical every year. She begins her scaffolding with a conversation with each individual child on what they
feel their capabilities are and she decides what role the child will play in the musical. Every year she will continue to foster her students’ musical abilities and give more responsibility to the student based on their needs and abilities.

The Supporting Minds document cited in the literature review is the core document, provided by the Ontario Ministry of Education, on how to support students’ mental health and well-being (OME, 2013). It is a primary source document that lists strategies and resources for teachers in order to promote and support student mental health. It is divided into two sections, the first being how to use the document. The second section identifies individual mental health issues and discusses what the specific issue is, including symptoms, and what educators can do to support students with these symptoms. It places value on creating a safe environment where students feel they can learn (Bailey, 2009; OME, 2013) that includes a variety of strategies to support mental health (Buchler, 2013; Donovan & Spence, 2000; Meldrum, Venn & Kuthcer, n.d.; OME, 2013) this includes, scaffolding. Supporting Minds, however, specifically refers to scaffolding for those students that feel anxiety undertaking large assignments (OME, 2013). This was not reflected in the answers of the participants. They used this as part of their regular teaching practices for all assignments. Thus, this calls to question whether the literature should refer to specific mental health issues or discuss the benefit of good teaching practices.

Scaffolding allows for students to feel secure as they undertake the process of learning. It is significant for them to feel that their teachers support them, as it reduces the fear of failure and they can feel confident in taking risks in regards to their own learning. It is part of good teaching practices to use scaffolding to support all students, regardless
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of whether they suffer from anxiety. By using scaffolding in their daily teaching practices, educators are preventing symptoms of anxiety and may counteract these feelings before they occur.

4.4.2 Knowing the Needs of Students

Lola and Phyllis both recognized the need to know the personalities, attitudes and behaviours of the students with whom they work. In order to benefit their students and help them maintain good mental health and well-being it is important to acknowledge where their students’ skill levels are, how they react to stress and how the students view themselves and their own needs. As an educator this knowledge of their students requires them to provide varied forms of assessment and know the right ways to encourage their students, be it through positive feedback or introducing challenges. This is to say that they will recognize their students’ needs and create programming that is specifically catered to that student while providing accommodations and modifications as necessary.

Lola spoke about specific students and how she recognized that not all of her students are ready for more responsibility. Therefore by knowing her students she is able to provide them with the best strategy for their needs. She speaks of one student in particular who was struggling but “…wanting to make her feel like she was being recognized for the work that she was obviously doing. And now she’s more willing to take on a leadership role”.

Phyllis also spoke about the importance of knowing the students that she works with in order to best support them. Her reasoning for knowing students well, in order to support their learning, is to be able to provide differentiated instruction. She wants to be able to provide a variety of activities so that it meets the needs of all learners and multiple
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intelligences. ‘So they know that I always have something up my sleeve that they are
going to be able to do. And I always say to them ‘Pfft. Don’t worry about this. I got other
stuff”, right? It takes a lot of anxiety out of it”. She feels that the variety in teaching
methods has a direct correlation in relating to a reduction of anxiety levels.

The scope of the literature review did not include detailed research on the benefits
of knowing students in order to support mental health. Many of the strategies proposed to
support mental health in the classroom were lists made by the Ontario Ministry of
Education. Knowing the needs of students can fall within the category of creating
positive and safe classroom environments (Bailey, 2009; OME, 2013), and explicitly
knowing students’ personalities and attitudes (OME, 2013).

It is important for teachers to be able to recognize the needs of their students,
especially concerning mental health because teachers spend the majority of the student’s
time together (Donovan & Spence, 2000; Masia-Warner, Klein, Dent, Fisher, Alvir,
Albano & Guardino, 2005; Meldrum, Venn & Kutcher, n.d.; OME, 2013). It allows for
teachers to be the first to identify if there are any issues that need to be addressed by
parents and further supports (Masia-Warner, Klein, Dent, Fisher, Alvir, Albano &

4.4.3 Differentiated Learning and Assessment

Differentiated learning is the cornerstone of Lola’s and Phyllis’ curriculum
programming. While Phyllis spoke about differentiation explicitly, Lola simply discussed
her teaching methods that happen to include differentiation simply by design. For
instance, Lola speaks about being able to bring outside artists to the school to teach the
students about opera, or having the opportunity to take the students to see outside
productions. She also speaks about using technology in the classroom through applications on the SmartBoard. In order to help her students learn to appreciate music she brings in instruments and movements into her programming.

Phyllis is very explicit in explaining her use of differentiation for student learning. She referred to specific examples of having different versions of tests and quizzes based on a student’s proficiency in the French language. She also talked about teaching the days of the week through a visual representation and kinesthetic means.

This is another example of where the literature does not speak in depth about differentiation in the classroom to support students with mental health needs. It is also part of a list, produced by the Ministry of Education in the *Supporting Minds* document (OME, 2013). While differentiation is not highlighted within the literature review, it is still an important part of helping reduce levels of anxiety in students. Both of the participants use it as part of their regular programming in the classroom. Phyllis claims that she does not see much anxiety in her classroom as a result of the different opportunities she gives students to share their knowledge. Therefore, differentiation plays an important role in supporting students with anxiety by allowing them to synthesize information in a variety of ways.

### 4.5 Professional Supports for Teachers to Help Support Students with Anxiety

Lola and Phyllis identified three main supports for supporting students with mental health issues and anxiety. They both expressed their most important support as fellow teaching colleagues while parents were named as a secondary support. Admittedly, neither participant felt that the administration supported them individually.
Lola feels as though “…sometimes it’s easier just not going to them and dealing with everything on my own. Which I’m not the only one who feels that way across the board. Uh, at my school we talk about it frequently, about the lack of support”. Phyllis is in agreement with Lola, though she acquiesces that it depends on the community of the school and the priorities of administration. Interestingly enough, neither participant mentioned the Ministry of Education and their resources as a means to help students with mental health issues.

The literature review is also sparse in discussing professional supports for teachers on how to help students with anxiety. This could be because it is still a new initiative for educators to be aware of in their classrooms and because there is still an uncertainty of the role educators play in supporting students with anxiety. It does make reference for the need for educators to become part of the team to ensure the success of a child who is suffering from anxiety (Bailey, 2009; Donovan & Spence, 2000; OME, 2013). It further mentions the need for teachers to speak about mental health in the classroom (Bailey, 2009; Meldrum, Venn & Kutcher, n.d.; OME, 2013) that is something that neither participant mentioned.

The participants feel that they are not receiving the support necessary to benefit students with mental health issues. They are looking to their colleagues and parents of students to ensure the success of their students. This is important to note as it shows that they are depending on creating a network of individuals who interact with the student on a daily basis. It is unfortunate that they do not feel supported by their administration. Presumably, the administration is the one able to provide further resources beyond the school walls to aid the individual child.
4.6 Conclusion

In conclusion, the themes identified during the interviews spanned from symptoms and causes of anxiety that included behavioural symptoms and parental influences to how arts education can benefit students in general, but also those students dealing with anxiety. The third theme addressed is despite the benefits to arts education, there is still a devaluation of arts education through lack of funding, lack of respect for arts education and by hiring unqualified teachers to teach arts subjects. In response to the challenges presented through the devaluation of arts education, teachers continue to persevere in order to support student mental health by using a variety of strategies that include scaffolding, knowing the needs of students and differentiated learning and assessment. Finally, this chapter presented the theme of professional supports to aid teachers in supporting their students and discussed the notion that the participants felt they had more support with colleagues and parents, than their administrative staff.

The themes established throughout this chapter could be incorporated into a teaching philosophy of what are good practices for supporting all students and not just those with anxiety. Much of what is discussed, specifically the sub-themes of strategies (scaffolding, knowing your students and differentiation), are good teaching practices and are meant to be used as preventative measures against anxiety in students. The idea that educators are using strategies such as these tends to corroborate with the literature review. It is likely that since educators spend most of their time with students they will be the first to identify any symptoms of mental health issues and anxiety (Donovan & Spence, 2000, Meldrum, Venn & Kutcher, n.d.) thus enforcing the notion that teachers work in preventative versus reactionary measures against anxiety.
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One factor that became evident during the interviews and presentation of themes during this chapter is that while arts education has its benefits there does not seem to be a direct correlation between arts education and positive mental health. In the case of the participants they do not use the arts as a learning goal to aid those students with mental health issues. The benefits of arts education is part of the literature review but does not fit in with the other subjects reviewed. This is due in large part to the fact that teachers are teaching skills as outlined by the curriculum and are not mental health professionals.

Another theme discussed at length in the literature review and very little by the participants was their pre-service training in dealing with mental health. The literature review stated that most teachers feel under qualified to support students’ mental health (Daniszewski, 2013; Gowers, Thomas & Deeley, 2004; Koller, Osterlind, Paris & Weston, 2004; Reinke, Stormont, Herman, Puri & Goel, 2011). Lola did not mention her pre-service training at all and Phyllis felt that it was her life experience that prepared her to help students’ mental health issues and not her pre-service teacher training. “I know that when I was at OISE and I was with some students who, you know, were more your age, um, I don’t know if they would have the same answer. I think life experience really helped me in a big way”. I found this to be the most interesting discrepancy between the literature review and the responses of the participants. The literature explicitly highlights that 97% of teachers feel they require further professional development in supporting students’ mental health (Canadian Teachers’ Federation, 2012). This is a staggering percentage and neither one of the participants referred to, or referred only briefly, to their pre-service teacher training and how it prepared them to support students with mental health issues. This could be due to the number of years they have been teaching (8 years
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for Phyllis and 13 years for Lola) and so they have developed their own strategies unaffiliated with their pre-service teacher training.

To conclude, the themes presented throughout the literature review and the participants’ interviews indicate that educators have a variety of strategies designed to support students’ socio-emotional well-being and mental health. They tend to err on the side of preventative measures by creating classroom programming that offers choice with regards to assessment and learning, opportunities for leadership and multiple ways of organization such as checklists. The participants encourage the use of the arts in order to support students’ understanding in cross-curricular subjects however neither one explained the use of it to support mental health issues in the classroom. Lastly, teachers look to their colleagues as the primary source of support in helping their students and may feel unsupported by the administration. In the following chapter, I will discuss potential outcomes for the data collected and what further research can be done to expand on this topic.
Chapter 5: Implications

5.0 Introduction

“The arts are not a way to make a living. They are a very human way of making life more bearable. Practicing an art, no matter how well or badly, is a way to make your soul grow, for heaven's sake” (Vonnegut, 2005). Kurt Vonnegut explains the importance of creating art. This sentiment is the reason why I began researching arts education and its implications on mental health, specifically anxiety. I chose anxiety because engaging in the arts has always helped me to cope with my personal struggles with anxiety. Thus, I became curious as to what is currently being done in the arts classroom to help those students suffering with anxiety and anxiety disorders. I posed the question: how are arts educators using arts education to help students with generalized anxiety disorder (GAD). GAD refers to the consistent and unfounded anxieties and fears exhibited by a student over a prolonged period of time, which differs from anxiety experienced by students over short periods of time with specific triggers such as a lot of homework or parental pressure.

It has been discovered during the course of this study that arts educators are not using arts education to benefit those students suffering from symptoms of GAD. It became apparent during the two 45-60 minute semi-structured interviews that comprised the research component of this paper that teachers tend to engage in preventative pedagogical practices to reduce anxiety in their students for their own specific topics. There was little to no discussion on strategies to help students with anxiety using the arts specifically. This research was conducted with two arts educators from Toronto, Ontario, Canada. Phyllis is a grade 7 and 8 visual arts teacher in the public school system and Lola is a junior kindergarten to grade 4 music teacher teaching in the private school system.
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Upon reflection I find that I have come across a subject that requires a lot of attention. While the research cites that arts education is beneficial for a child on a holistic level thus encouraging creative thought and recognizing its benefits on the social-emotional well-being of a student (Catterall, 1998; Gullatt, 2007; OAC, 1997; OME, 2009; People for Education (PE), 2013) it is not being used to its full potential with regards to supporting mental health.

This concluding chapter will outline the implications of the research, as analyzed in Chapter 4 as well as extrapolating on key findings based on the data collected through the two semi-structured interviews conducted as the basis of the research. This will be followed with a discussion on the implications that the data can be used to influence change with various stakeholders such as, the Ontario Ministry of Education, parents, teachers and administration. I will also comment on recommendations on how this data has influenced my personal opinions, practices and views on education as a teacher and as a researcher. Lastly, I will provide areas for further research in order to continue benefitting the mental health and well-being of current and future students.

5.1 Overview of Key Findings

The purpose of this study was to identify arts education practices and strategies arts educators are using in their classrooms to help students with GAD. This could include using music to help students self-regulate or draw a picture in order to communicate thoughts and feelings. My initial and biased assumptions of the role arts educators play when it comes to the general mental health and well-being of students became very apparent as the process of recruitment began and there were few people
willing to participate. Many educators felt they did not meet the criteria of using arts education to help students with their anxiety issues. Even fewer educators knew the difference between a generalized anxiety disorder and symptoms of anxiety. Therefore, the main key finding relating to this research is that there is still a very broad and unclear definition of what mental health is, specifically relating to the difference between symptoms of anxiety and an anxiety disorder. This then leads to the question, whose responsibility is it to determine the answer? Also, how much can an educator be responsible for when it comes to a student’s mental health and well-being? The participants in the research support their students through a variety of good pedagogical practices such as extreme differentiation in learning and assessment and individualized positive feedback. This type of pedagogy serves as preventative pedagogy to avoid anxiety and both participants related it specifically to the subjects that they teach. While this may reduce anxiety in arts based subjects it does not respond to other anxieties felt by the student. Despite evidence in the literature citing that arts education has potential benefits to aid students with mental health issues (Sandmire, Gorham, Rankin & Grimm, 2012), there seems to be a disconnect between the research and the experiences and data from the participants.

In the next section I will discuss the implications of not having a mandated definition of mental health or strategies in place to support students with mental health issues. I will relate the implications to the key stakeholders for whom this affects and what the findings implies with regards to my own teaching practices in the future, as well as my role as a researcher.
5.2 Implications

The implications provided by this research can be divided into two categories. The first category looks at the implications of what happens if the issues detailed in the key findings section are not addressed in reference to primary stakeholders in the education community such as the Ontario Ministry of Education, administration, students, teachers and other supporting personnel such as guidance counsellors and resource teachers. The second lens through which these implications will be discussed will be what it means for myself as a teacher and as a researcher.

5.2.1 The Educational Research Community

The key findings of this research identified that there does not seem to be a clear and specific definition of what mental health is in relation to the education community. Neither is there a designation of what the responsibilities of educators are in order to support students with mental health issues or whose responsibility it is to identify and implement specific strategies to benefit students with mental health issues. These issues affect various stakeholders within the education community beginning with the students.

The implications for students, if definitions and duties do not become clear, indicate that they will continue to struggle dealing with their mental health problems. This could potentially lead to more serious issues in high school and beyond, as they may not have received individualized and concrete support throughout their formative years. These issues could lead these students to be labelled as behavioural students that through a misdiagnosis could prevent them from receiving appropriate support and they may find themselves in a home school program (HSP) or other specialized education program that
is limiting their potential for success. Student misdiagnosis and lack of support for student mental health and well-being also has implications for their parents.

Ostensibly, parents want their children to be successful academically and personally. It calls to reason then that the implications for parents based on this research is that they will be frustrated and call to question the efforts and competence of teachers to help their child. Parents will feel a need to make frequent phone calls or plan meetings with the teachers to discuss their child. It is also a possibility that a parent’s frustration with a student’s undiagnosed anxiety or other mental health issues could cause them to add pressure on a student, thus perpetuating the student’s anxiety. Also, without a professional diagnosis a parent may dismiss the symptoms and not provide exterior support the child requires beyond school resources.

It can also be implicated that a parent’s need to support their child or seek to find supports for their child would be brought to the attention of the administration. It can put more pressure on administration to find supports for a student’s mental health. The added pressure felt by administration could potentially affect the distribution of funding throughout the school. Thus, the funding may be allocated to supporting mental health initiatives that, without a clear definition of what mental health and well-being is by the Ministry of Education or embracing by the school community, could be wasted. These funds may be better suited to arts funding initiatives that in turn may benefit the student due to the holistic commitment arts education provides (Catterall, 1998; Gullatt, 2007; OAC, 1997; OME, 2009; People for Education (PE), 2013). Though the administration may be the ones to determine the areas for funding, it is ultimately the teachers that are expected to implement any new programming decisions.
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By virtue of engaging with students for long and main periods of the day, teachers are expected to notify the proper supports, including administration and parents should mental health issues be suspected (CTF, 2012; Daniszewski, 2013; Gowers, Thomas & Deeley, 2004). This implies that teachers will need to be familiar with mental health symptoms, strategies and treatments to care and provide for their struggling students. These expectations go beyond their expertise and training and can place further stress on teachers that can contribute to teacher burnout. This added and implied responsibility to be a mental health expert would require more work and independent professional development that would only increase a teacher’s already heavy workload and detract from being an effective and engaging teacher.

Currently, teachers do have support in the form of school counselors and resource teachers but with limited funding available for these positions students may not see these educators on a consistent basis. If changes are not made by the Ontario Ministry of Education school counselors and resource teachers will continue to be limited. The resources and time allotted to them will continue to be pared down. This may be especially true as there is an increase in misdiagnosis from a lack of a clear definition of mental health and clear designation of responsibility for who should be making decisions on students’ mental health and well-being.

These implications indicate that a renewal of how mental health and well-being issues are being treated within school communities. Much of these implications are already currently happening in schools whereby there is a feeling that there is never enough being done for these students. It is suggesting that the way the education community looks at mental health and well-being needs to be addressed and a new approach, a holistic
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approach, should be considered. The arts addresses a holistic approach and teachers have a responsibility to integrate this into their practices during arts education, which is something that I plan to do as a future educator in my own educational pedagogy and practices.

5.2.2 Professional Identity and Practice

As a future educator, the data presented by this study reaffirms many aspects of my teaching philosophy. In order to support students and attempt to eliminate feelings of anxiety or discouragement it is essential to offer multiple forms of differentiated learning and assessment, feedback and recognizing the needs of your students. This creates a foundation for students to be able to succeed. By providing concrete strategies such as checklists, positive feedback and other physical supports a student will have many opportunities to succeed that will increase their self-confidence and provide them with transferrable skills to benefit them as they continue with their education. These are all strategies that I intend to use with my future students along with providing opportunities for students to use various artistic modalities to communicate, express thoughts and feelings and engage in mindfulness practices. This type of strategy to help support student anxiety was not mentioned by either participant but that only reaffirmed my initial suspicion that the arts are not being used to support student mental health. Therefore, this is something that I would like to initiate in my own classrooms. I would like to invite members of the community such as an expressive arts therapist to help me create and collaborate on educational strategies to support student mental health in the classroom. The findings that there is a lack of arts educators already implementing these strategies in their classroom also holds implications for me as a researcher.
With regards to the implications that these findings have for me as a researcher, I would like to have changed the criteria for my participants and engaged with a community beyond the school community. I would have recruited either expressive arts therapists that work with teachers and educators or spoken to coordinators of arts programs whose goals are to support youth with mental health issues, specifically relating to anxiety. Due to the limitations of this study that state that participants must be educators with an implicit stipulation that the educator works in a classroom or school setting, interviewing participants that use alternative programs was not an option. Therefore, as a researcher I will have the potential of doing my own research on this subject with my own classes. I want to continue exploring how to find a correlation between mental health and arts education in schools as it is already mandated that all students must have arts education and the potential for benefitting students with anxiety and other mental health issues are available.

Essentially, the implications that the findings have on my future teaching practices and pedagogy indicate that I will be among the beginning stages of using holistic mental health practices within the classroom. As a researcher, I will be conducting valued research within my own classes and creating a relationship between symptoms of anxiety and the benefits of arts education.
5.3 Recommendations

The data presented from the participants indicates that there is a need for change in supporting students with mental health issues. Teachers are not trained to address students’ mental health issues beyond identification that there may be a problem. In order to support teachers several things need to occur. The first is that teachers should have more exposure to special education courses during their pre-service teacher training. Special education courses should run the length of the two-year pre-service teacher education programs or at the very minimum an entire school year. Secondly, the Ministry of Education needs to create a clear and concise definition of what mental health and well-being is in schools. The Ontario Ministry also needs to outline the responsibilities of teachers with respect to mental health and the next steps once the needs of the student escalates.

Teachers are not mental health practitioners therefore encouraging them or mandating them to further their independent professional development to become more familiar with mental health issues does not seem practical. Instead, the Ministry of Education should be creating holistic and alternative methods to benefit these students and teachers. The Ministry of Education should create a final edition of *Supporting Minds: An Educator’s Guide to Promoting Students’ Mental Health and Well-Being* (2013) and make it a required reading for all educators as it explains different mental health issues, strategies and supports available to teachers to support their students with mental health issues. The Ontario Ministry of Education should also allocate funding specifically to holistic and alternative mental health programming to be implemented in
all schools. It should also work closely with school boards to guide administration on how to properly allot funding.

The administration has a responsibility to promote positive mental health and well-being in their schools. It should become part of the school community and this should be through a school wide initiative towards mindfulness and holistic education. Administration should continue to promote and create extracurricular arts programs for students so that they are able to engage with the arts in a non-evaluative way. It will encourage the creative process and students will be able to create without fear of judgement. A more proactive way to implement and integrate the arts into positive mental health initiatives is through inviting expressive arts therapists into the school community to help students deal with anxiety and other mental health related issues. Expressive arts therapists are psychotherapists that use various art modalities to help individuals with mental health issues engage creatively with their problems (ISIS, n.d.). Using these varied artistic activities and discussion some of the onus will be removed from teachers, school counselors and resource teachers to feel as though they are mental health experts while gaining new resources and practices to benefit their students.

Teachers can also take advantage of the partnership with these mental health professionals to incorporate expressive arts therapy concepts into their classrooms in order to reduce and regulate anxiety. They should also continue to use good pedagogical practices such as differentiation and positive feedback to promote preventative methods before feelings of anxiety can occur and also emphasize that those skills are transferrable between subjects.
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These recommendations are the beginning of what needs to be done to help create positive mental health in our schools. It has to begin with an initiative from the policy makers, the Ontario Ministry of Education. As it stands now, the expectations of a teacher’s responsibility to help support student mental health and well-being is unclear and creates stress for everyone involved. This system is not benefitting the students and changes need to be made. In the following section I will be discussing areas for further research that were not covered in this current study.

5.4 Areas for Further Research

The research, as provided by this study, indicates that teachers tend not to consider the general mental health and well-being of their students beyond their own subjects. While this is not a criticism of their pedagogical strategies to support their students’ mental health and well-being, it would suggest that the education community may be missing an opportunity to use the resources currently available to it. Further research needs to be done on arts programs that already exist and can be implemented into a school setting. For instance, *Rock your True Inner Beauty* is a community program for youth, based in Mississauga that uses the arts to explore social issues and build self-esteem and confidence in a safe environment. How can these types of programs that already exist and do not require teachers to be mental health professionals get brought into schools? What would a partnership between a program like that and/or a program run by an expressive arts therapist look like in a school setting? By reaching out to the community we are setting an example for our students and their families that mental health is important and it is encouraged for individuals to seek help.
A second consideration for further research is the role that parents/guardians are playing in their student’s mental health and well-being. What more could they be doing to help their child’s reduction in anxiety? What is their role now? Should parents/guardians be expected to play a larger role in the school community to further support their child? It is expected that teachers play a large part in teaching children how to socialize but where does their job end and a parent’s/guardian’s take over and vice versa? Parents/guardians are an integral part for student mental health and well-being. There seems to be a large initiative on behalf of the education community to involve parents/guardians in their child’s education through the use of classroom social media tools and an open door policy for parents/guardians to be able to communicate with the teacher at all times via a professional e-mail account.

These two areas for further research are the next steps in continuing with this research. This is because there are already programs available that integrate the arts and mental health. This is a resource that has not been utilized and uses a community organization to support students. Furthermore, it will take advantage of the expertise of art teachers in the school while adding a new level of holistic mental health well-being for students. Consequently, the importance of having parents/guardians support their child’s mental health seems a necessary action as their support will help guarantee their child’s success. Also, if these strategies are being employed both at home and in school there is a higher potential for success in reducing anxiety levels in students.
5.5 Concluding Comments

Initially when this research began, it was meant to show the benefit that arts education could have for students struggling with generalized anxiety disorder. Ultimately, what has been discovered throughout is that while the Ontario Ministry of Education has initiatives towards fostering positive mental health and well-being in students, they have not looked to holistic and alternative methods to benefit students suffering with anxiety disorders. They have not made a connection between the benefits of the arts and its potential positive effects on student anxiety. During the semi-structured interviews it became apparent that teachers and educators are struggling with supporting students in their own classes and have little time to contemplate the supports students require who have generalized anxiety disorder. In fact, the participants are not aware that this is a disorder and look at symptoms of anxiety as a whole and do their best through sound pedagogical practices to prevent students from having anything to be anxious about in relation to their specific subject area. This does not indicate a fundamental problem with teachers and their competence as educators, though it does seem to indicate that schools are not making effective use of the resources currently available to them.

If only 3 people were to look at this research, it would prove most beneficial for the Ontario Ministry of Education. This research expresses the option of an unexplored resource at their disposal in the form of arts educators to help serve students with mental health issues. They can use this research to help create a clear definition of mental health that encompasses a holistic view and could potentially avoid costly mental health practitioners that may marginalize the students who feel they can benefit from further
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support. Their collaboration with administration would be integral to get these initiatives in schools where it can directly affect students.

The administration would benefit from reading this research to understand that by hiring qualified arts instructors they are building the foundation for an extra mental health resource in their schools. Qualified arts educators would be familiar with the creative process and the holistic benefits the arts can have on an individual.

Lastly, arts education teachers should read this research and make a move to show their potential at having an impact on a student’s success that encourages the arts as being more than a subject that is taught to cover preparation periods for core subject teachers. Arts educators already know the value the arts can have on a student’s well-being through forms of creative expression. Arts education has the potential of holding a lot of power. It is up to the key stakeholders, the Ontario Ministry of Education, administration and individual arts educators to realize this power and harness it for the benefit of the students.

It is my hope that this research will begin a conversation on holistic mental health education. I was fortunate enough to have discovered it for myself when I was young, and the arts has proven an essential part of my life. Being exposed to the arts and arts education helped me learn self-regulation and gave me a creative outlet when symptoms of anxiety became unbearable. Thus the second aspiration for this research is to encourage continued and adequate funding for arts education. The funding for arts education is usually the first thing to be cut from a school budget, to the detriment of the students, but if educators can use it to help support student mental health, specifically
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those students suffering with generalized anxiety disorder, than perhaps that can be changed.

This research has only begun the discussion that needs to happen in order to continue benefitting student mental health and well-being. If teachers are expected to support students’ mental health issues than a series of events need to occur in order to support teachers so that they can be effective guides for these students. This begins with a clear definition of mental health and the responsibilities and expectations for teachers provided by the Ontario Ministry of Education. This also includes providing teachers and administration with strategies that include a holistic approach to supporting student mental health and well-being. Lastly, arts education teachers need to know that they have the potential to have a large impact and can play an important and vital role in supporting student’s with anxiety and other mental health issues.
References


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Retrieved from http://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=1182&context=dissertations


Danzisewski, T. (2013). Teachers’ Mental Health Literacy and Capacity Towards Student Mental Health. The University of Western Ontario, London, Ontario,
THE "ART" OF MENTAL HEALTH

Canada. Retrieved from
http://ir.lib.uwo.ca/cgi/viewcontent.cgi?article=2480&context=etd

http://resolver.scholarsportal.info/resolve/02727358/v20i0004/509_pocad


Effective Child Therapy. (2014). *CBT for Anxiety*. Retrieved from
http://www.effectivechildtherapy.com/content/cbt-anxiety

http://search.proquest.com/docview/196858977?accountid=14771


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Appendix A
Letter of Consent

Date:

Dear 
I am a graduate student at OISE, University of Toronto, and am currently enrolled as a Master of Teaching candidate. I am studying how teachers use arts education as responsive pedagogy for supporting students’ mental health. More specifically, I am interested in interviewing teachers who use the arts to support students with generalized anxiety disorder for the purposes of investigating an educational topic as a major assignment for our program. I think that your knowledge and experience will provide insights into this topic.

I am writing a report on this study as a requirement of the Master of Teaching Program. My course instructor who is providing support for the process this year is Dr. Eloise Tan. The purpose of this requirement is to allow us to become familiar with a variety of ways to do research. My data collection consists of a 45 - 60 minute interview that will be audio-recorded. I would be grateful if you would allow me to interview you at a place and time convenient to you.

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

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

Yours sincerely,

Jennifer Schembri

Researcher name: Jennifer Schembri
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Phone number, email: jenn.schembri@mail.utoronto.ca
Course Instructor Name: Dr. Eloise Tan
Instructor Contact Information: eloise.tan@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 at any time without penalty.

I have read the letter provided to me by Jennifer Schembri and agree to participate in an interview for the purposes described. I agree to having the interview audio-recorded.

Signature: ______________________________________

Name (printed): ___________________________________

Date: ______________________
Appendix B

Teacher Interview Protocol

Thank you for agreeing to participate in this research study. Before we begin, I would just like to take this opportunity to restate the aim of this study. The objective of this study aims to learn how teachers are using arts education as responsive pedagogy for supporting students’ mental health. This interview should be approximately 45 – 60 minutes. I will ask you questions regarding your professional background, your beliefs/values, your teaching practices and your support, challenges and next steps. I want to remind you that you may choose not to answer my questions at your own discretion. Do you have any questions?

Section 1: Background Information

1. How many years have you been teaching?
2. What grades and subjects are you currently teaching, and which have you previously taught?
3. Can you tell me more about the school you are currently teaching in? (size, demographics, programming priorities)
4. Can you tell me more about how you developed an interest and commitment to arts education? (Listen and probe if/when necessary)
5. What sort of prior knowledge did you have when you began teaching with regards to mental health? Did your pre-service teacher training address these student needs? What personal development have you attended since beginning teaching?
6. What sort of considerations do you make with regards to students’ mental health when planning lessons?

Section 2: Beliefs/Values
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7. In your view, what is the potential of the arts in education?

8. In your experience, have you seen that potential fulfilled in the school system? Why do you think that is?

9. More specifically, how do you conceptualize the relationship between the arts and mental health? In your view, are there benefits of the arts in relation to supporting mental health?

10. How do you understand anxiety? What does this term and diagnosis mean to you?

11. What resources and/or experiences have contributed to your understanding of mental health issues?

12. How do you know when a student is exhibiting symptoms of anxiety or other mental health concerns? (make sure to ask follow-up questions ie. Parents, indicators – what were they?)

13. In your experience, why do you believe students’ experience anxiety? What specific needs and challenges have you observed from these students?

Section 3: Teaching Practices

14. Can you tell me more about your learning goals and opportunities to support students with mental health issues?

15. More specifically, can you tell me more about your use of the arts to support your students with anxiety? Can you give me an example of how you have done this in your practice?
   a. Tell me about the student you have in mind- who were they?
   b. What were your learning goals?
   c. What opportunities for learning did you create? How did you implement arts
education with this student?

d. How did your student respond? What indicators of learning/outcomes did you observe?

e. Have you integrated these practices into the students’ daily schedule or only when they are exhibiting signs of anxiety? If it is daily, how do you do this?

16. Is your use of arts education something that you typically invite the whole class to participate in or is it something you enact specifically as responsive pedagogy?

Section 4: Supports, Challenges, and Next Steps

17. What range of factors and resources support your capacity to use arts education to support students’ mental health?

18. What are some of the challenges you face in this work? How do you respond to these challenges?

19. Do you feel you have the support of the faculty, administration and parents?

20. What recommendations, if any do you have with regard to how the school system can further support students’ mental health, and further support teacher committed to realizing this commitment through their teaching practice?

21. What advice, if any, do you have for beginning teachers committed to arts education and to support students’ mental health?

Thank you for your time and your considered responses.