Special Education Teachers and Mental Health Professionals: Collaborating to Support Students with Mental Health Issues in the Classroom

By

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ABSTRACT

In Ontario, teachers are increasingly expected to take on the role of front-line professionals who participate in early mental health interventions to support students in the classroom. Literature reveals a lack of research conducted on the frequency and effectiveness of the collaboration between teachers and mental health professionals. This qualitative research study is aimed to explore this topic further. Data was collected through semi-structured interviews with two special education teachers and a mental health professional. Findings suggest that weekly face-to-face meetings with a multi-disciplinary team and ongoing dialogue between special education teachers and mental health professionals are beneficial. This collaboration can result in numerous social benefits for students with mental health issues such as improved self-esteem, and academic benefits such as a greater ability to function independently. Participants reported challenges such as differences in opinion, limited funding and resources, and limited training and collaborative experience. Despite these challenges, they also reported receiving support from school administrators, families/caregivers, mental health professionals, and collaborating agencies.

Key Words: special education teachers, mental health professionals, collaboration, mental health, supporting student mental health and well-being.
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Becoming a teacher was my childhood dream but as I grew up I had somehow lost track of this dream. Thankfully, I rediscovered my passion for teaching. This would not be possible without Jesus Christ who has guided me and has made my paths straight (Proverbs 3:5-6). Thank you Jesus for being my greatest counselor, helper, and encourager. Every task I thought was impossible for me was made possible through You.

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CHAPTER 1: INTRODUCTION

1.0 Research Context

The state of individuals’ mental health and well-being has become a global issue. With almost 450 million people in the world suffering from mental or behavioural disorders, mental health illnesses affect people regardless of their age, culture, educational background, and income level (Canadian Mental Health Association [CMHA], 2015; Rafique, 2013). People can experience numerous mental health illnesses, such as anxiety, depression, bipolar disorder, attention-deficit/hyperactivity disorder (ADHD), schizophrenia and other psychoses, oppositional defiant disorder (ODD), self harm including suicide, dementia, gambling issues, intellectual disabilities and developmental disorders including autism, and substance abuse (World Health Organization [WHO], 2015; Ministry of Education, 2013). WHO define mental health as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2014). The idea that mental health refers to an individual's ability to be resilient through life challenges is consistent with Herrman and Jane-Llopis' (2012) definition of mental health, who described it as a "state of well-being in which a person can use his or her own abilities and cope with the normal stresses of life" (p. 1). Whether people are in a state of well-being that prepares them to cope with life challenges or not, the effects of mental health illnesses can affect their overall spiritual, physical, and mental health (CMHA, 2015). The mental health problems
that people experience does not just affect their individual lives, they add a tremendous burden to their countries.

Mental health problems cause a large economic burden in Canada because of how many Canadians are affected. It is one of the major causes of disability, with 1 in 5 Canadians suffering from a mental health or addiction problem in a given year (Mental Health Commission of Canada, 2013; Smetanin, Stiff, & Khan, 2012). This statistic shows that mental health problems are a significant factor that impedes many Canadians' quality of life. With an estimate of $51 billion per year, Canada has a huge economic burden of mental health illnesses due to a high number of Canadians experiencing a loss in productivity, greater health care costs, and lower health-related quality of life (Smetanin, Stiff, & Khan, 2012; Lim, Jacobs, Ohinmaa, Schopflocher, & Dewa, 2008). This large economic burden signifies that preventative measures and early intervention are needed to support Canadians in managing their mental health problems more effectively so that mental health issues would not diminish their quality of life.

Preventative measures and early intervention of mental health problems are more effective when they are implemented earlier in an adult's life. People are more likely to start experiencing symptoms of mental health illnesses at a young age. The Government of Canada (2006) reported that 70% of people's mental health problems had symptoms during their childhood and/or adolescent years. In addition, young people aged 15 to 24 have a greater risk of experiencing mental health illnesses and/or substance use disorders than any other group (Pearson, Janz, & Ali, 2013). These alarming statistics indicate that preventative measures need to start with young children and to continue throughout their
adolescent years to help them build effective coping strategies to live productive and fruitful lives. Research from Brown, Cashin & Graham (2011) further supports this idea; without early identification and support, these children can struggle academically and socially. Short-term consequences that children may experience include disruption in school, aggression with peers, difficulties developing and maintaining relationships, and greater stress at home. Long-term consequences that children may experience include dropping out of high school, unemployment, difficulties with socializing and building healthy relationships, participating in criminal activities, substance abuse, and mental health problems (Brown et al., 2011; Menezes & Melo, 2010). These findings show that poor mental health can put this group at risk of greatly reducing their quality of life and add burden to their families and society.

The number of children and youth who are experiencing mental health problems causes a significant amount of concern in our society. According to the Canadian Mental Health Association, the number of Canadian youth that are affected by a mental health illness or disorder is estimated to be 10-20% (CMHA, 2015). Essentially, this means that in a classroom of 30 students, there could be up to five or six students experiencing a mental health problem, and three or four of them may be experiencing a problem that significantly interrupts their daily life (Ontario Ministry of Education, 2013). The effects of mental health illnesses are severe, with Canada's youth suicide rate being the third highest in the industrialized world (CMHA, 2015). Despite how fatal mental health illnesses are, many children are not receiving the mental health support that they need. In Canada, only 1 out 5 children who need mental health services are able to access them (CMHA, 2015). This issue can severely jeopardize children's growth and development.
The Ontario government is committed to providing every individual with the opportunity to thrive and to enjoy healthy mental health and well-being throughout their lifetime. This includes supporting people with mental illness and addictions to recover and participate in supportive communities. On June 22, 2011, with the support of the Ministry of Health and Long-Term Care, the Ministry of Children and Youth Services, and the Ministry of Education, the government released Ontario's Comprehensive Mental Health and Addictions Strategy. Their document, Open Minds, Healthy Minds, offers a long-term approach that aims to improve services, create a responsive integrated system, and build awareness of mental health within communities. The government's strategy in its first three years is to provide mental health services to youth and children by focusing on early identification and support and fast access to high-quality services.

In response to this initiative, all district school boards in Ontario are responsible for implementing their own mental health strategy that is compliant with the government's strategy (Ontario Ministry of Education, 2015). The school-based mental health interventions and services are designed to support students with social, emotional and learning challenges. This has been broadly termed as school mental health. According to Weist and Paternite (2006), school mental health should "focus on all students, general and special education, and include a diversity of programs, strategies, and services that ranges from mental health prevention to intervention". The emphasis of these programs was on inclusivity and the authors suggested a holistic and open-ended framework for school boards.
1.1 Research Problem

In January 2014, the Director of the Toronto District School Board (TDSB), Donna Quan, announced that their Mental Health Strategy is a high priority. The strategy aims to "provide teachers with professional development opportunities [related to mental health], to reduce the stigma associated with mental health, to establish Mental Health and Wellness Teams in schools to assist in the delivery of mental health supports and training, to expand and strengthen community mental health partnerships to better meet [their] system needs, and to engage parents as key partners in mental health initiatives" (Toronto District School Board [TDSB], 2015). The TDSB’s approach is an upside down pyramid with three tiers: Tier 1 is to implement whole school strategies and programs that target all students, Tier 2 is to provide individual student supports, strategies and interventions for vulnerable students, and Tier 3 is to provide intensive interventions for at-risk students (TDSB, 2015).

Teachers are key partners in the delivery of mental health interventions because they interact with children the most in school settings (Feinstein, Fielding, Udvari-Solner, & Shashank, 2009; Rothi, Leavey, & Best, 2008; Hans & Weiss, 2005). In schools with a Response to Intervention (RTI) framework, mental health professionals may collaborate with teachers to co-deliver school-based mental health interventions. However, the frequency and effectiveness of collaboration between teachers and mental health professionals are understudied. Nevertheless, a national survey of school-based mental health programs revealed that there was little time for collaboration between teachers and mental health professionals (Foster, Rollefson, Doksum, Noonan, Robinson, & Teich,
2005). This finding suggested that there is some collaboration between teachers and mental health professionals, however the quality of that collaboration is relatively unknown. While mental health professionals are experts in their disciplines, they may not have the language and tools to support classroom teachers (Schaeffer, Bruns, Weist, Stephan, Goldstein, & Simpson, 2005). Further research is needed to reveal the frequency and effectiveness of the collaboration between teachers and mental health professionals. My study aims to provide more research in these areas.

1.2 Research Purpose

The purpose of my research was to learn how teachers work collaboratively with mental health professionals to support the mental health needs of students in order to share effective practices with the educational community.

1.3 Research Questions

The principal question that will be addressed in my research is: how do teachers collaborate with mental health professionals to support the mental health needs of students in the classroom?

The following questions will support the principal question:

1. What is the nature of the collaboration between teachers and mental health professionals?
2. What outcomes of collaboration between teachers and mental health professionals do these teachers observe for students?

3. What supports and challenges do these teachers encounter in their work collaborating with mental health professionals to support students' mental health and well-being?

1.4 Reflexive Positioning Statement

Throughout my childhood and adolescence, I experienced anxiety in social and academic situations. When I experienced social problems, it was often difficult for me to overcome them because I was a shy and quiet girl who did not know how to express my thoughts or emotions well. I also did not know how to create healthy boundaries to protect myself. Often, I felt alone in trying to solve these problems, which made me really anxious. My family loves me but since they were not individuals who acknowledged and valued feelings, whenever I expressed feelings of sadness, I was often left disappointed from not receiving the kind of support and encouragement that I desired. As a result, I eventually began to suppress my feelings and put on a mask so that others would not know what was truly in my heart.

Reflecting back to my elementary and high school years, I do not remember receiving mental health support from my schools. I was a hard working student who generally earned good grades but I often experienced anxiety when I had to do presentations and tests. In high school, I increasingly struggled in math class which eventually led me to believe that I was incompetent in math. As I continued to struggle in
math through the grades, my insecurity and math anxiety increased whenever I had to write a math quiz, test or exam. I often experienced my palms getting sweaty, my body becoming incredibly tense, and my mind playing consistent negative thoughts that I would fail. None of my teachers addressed mental health in the class so my anxiety went by unnoticed.

In university, the greater workload and responsibilities caused me to accumulate more stress and it became much more difficult to cope. I did not learn healthy coping skills to help me overcome challenges well and this became obvious by how quickly my mental health deteriorated when I was faced with more trials. In my last term, I was in a negative cycle constantly analyzing and criticizing all of my weaknesses. No matter how much I tried to focus, I was incapable of studying for tests and exams as well as complete assignments. Much of the time I spent lying in my bed unable to get up because I was anxious and stuck in my negative thinking. Graduation was around the corner, but my fear of uncertainty about my life after graduation was so overwhelming that I felt paralyzed. Eventually, my struggles led me into depression and I did not get help until I found myself sitting in the Dean's office getting reprimanded. The weight of everything I was experiencing and being misunderstood led me to cry out for help. Only then, did I begin to receive the mental health support that I needed from the education system.

Through my personal experience, I realized how incredibly important it is for schools to take the effort, time, and money to support the mental health and well-being of all their students. Without understanding how important mental health is to their lives and developing healthy coping skills to deal with life challenges, students may struggle to be
fruitful and productive throughout their entire lives. Going through my own difficulties and trials, I often felt alone and misunderstood. Sadly, my experience is not unique because many children go through what I went through and sometimes much worse. This idea saddens me but I am motivated to conduct research in this area in hopes that students with mental health issues can achieve greater fulfillment in their daily lives. In addition, I hope schools and teachers can be what we are now expecting them to be.

1.5 Preview

To respond to the research questions, I conducted a qualitative research study using purposeful sampling to interview two special education teachers and a mental health professional to learn how they work collaboratively to support students' mental health needs. In chapter two, I review the literature in the areas of children with mental health issues, the challenges experienced by teachers in supporting students with mental health issues, and the challenges that teachers and mental health professionals reported in their collaboration. In chapter three, I elaborate on the research design. In chapter four, I report my research findings and discuss their significance in light of the literature. In chapter five, I discuss these findings and their implications for my own practice as a teacher and for the educational community. I also make recommendations and identify areas for further research.
CHAPTER 2: THE LITERATURE REVIEW

2.0 Introduction

In this chapter I review the literature in the following areas: children's mental health, teachers' role and responsibilities involving children with mental health needs, and the collaboration between teachers and mental health professionals. More specifically I review challenges experienced by students requiring mental health support in schools, challenges experienced by teachers involving students with mental health issues in their classrooms, and known challenges in the collaboration between teachers and mental health professionals.

2.1 Challenges Experienced by Students Requiring Mental Health Support

Children with mental health issues face many challenges in the school setting. While schools aim to support these children, often times they are perceived to have discipline issues because of their challenging behaviours and mental health problems that manifest inappropriate behaviour (e.g. aggression towards classmates and teachers) (Grossman, 2005; Forness, Kavale, MacMillan, Asarnow, & Duncan, 1996). In addition, some children with mental health issues do not receive mental health services until much later and a reason is because they do not respond well to their teacher's classroom management style (e.g. loss of privileges and/or rewards). Without early support and intervention, children's conditions can gradually get worse and the consequences can
become more drastic as time passes (Gutman, Sameroff, & Cole, 2003; Fraser, Richman, & Galinski, 1999). Gutman, Sameroff, and Cole's findings (2003) revealed that children who have several risk factors (e.g. lack of a father figure, traumatic life events, and parents with poor mental health) have a greater chance of possessing behavioural problems. Children with behavioural and mental health issues may display cognitive, social, and communication problems like disobedience, aggressive behaviour with peers including teasing and bullying, and undesired behaviours in classes (Young, Marchant, & Wilder, 2003). Children with emotional mental health issues may display nervousness, anxiety, anger, impulsive behaviour, concentration problems, and a fear of trying new tasks (Young et al., 2003). Children experiencing social problems may find it difficult to develop and maintain friendships, interpret social cues, and resist acting aggressively towards others. Children with communication problems may show deficits in their language (expressive and receptive) and in their social skills (Young et al, 2003). A comparison between peers with and without learning disabilities, children with mental health disorders who display early symptoms of physical aggression are likely to continue being aggressive in their adolescence (Brame, Nagin & Tremblay, 2001). Moreover, this group of children face lower overall achievement scores, more rejection by peers and are at higher risk of experiencing drug abuse, clinical depression, delinquency (Wagner, Kutash, Duchnowski, Epstein, & Sumi, 2005; Conroy & Brown, 2004). The effects of mental health issues can include long term consequences like not completing high school, having difficulty becoming employed, and having greater difficulties with socializing and maintaining relationships. Research also revealed that these children are more at risk of
becoming involved with criminal activities, substance abuse, and more severe mental health problems (Larmar, 2008; Brame, Nagin, & Tremblay, 2001).

In society, children with mental health needs and challenging behaviours are generally heavily stigmatized (Orsati and Causton-Theoharis, 2012). Heflinger and Hinsaw (2010) revealed that medical professionals, psychologists, and social workers have held negative attitudes towards children with mental health issues that were similar to the general public's negative perceptions. In addition, this group of children are commonly either perceived as unwanted in mainstream schools or perceived as having preferential treatment (Broomhead, 2013). Parents and staff members at schools specifically for children with behavioural, emotional, and social difficulties (BESD), have been found to criticize the staff in mainstream schools for favouring to transfer students rather than accommodating children with mental health issues (Broomhead, 2013). Staff at some mainstream schools have also been criticized for putting too much emphasis on maintaining high academic achievement instead of focusing their efforts to accommodate children with mental health issues (Broomhead, 2013).

Children with mental health needs and challenging behaviours may experience negative treatment from peers (and their parents) and teachers in mainstream schools. Research has shown that peers and parents perceive children with mental health needs and challenging behaviour to have preferential treatment from teachers (Broomhead, 2013). Some parents sense that these children are given quicker access to support and services than other children, and they have expressed that it is especially unfair for other students with special needs to wait longer because they are not disruptive in the
classroom (Broomhead, 2013). In addition to the stigmatization faced by the community, children with mental health needs may potentially be labeled by teachers. Labeling is "degrading, denies [students] access to opportunity, and offensive" and can be very difficult to reverse the effects of labeling it has on children (Rothi, Leavey, & Best, 2008; Trotter, 1975).

A key issue for children is accessing the mental health services they need in school. While literature indicated that barriers to children's mental health services do exist, research that critically examine the barriers that children face are understudied (Kazdin and Wassell, 2000; Kazdin, Holland, & Crowley, 1997). Nevertheless, Owens, Hoagwood, Horwitz, Leaf, Poduska, Kellam, & Ialongo (2006) conducted a study that interviewed 116 families with students that has mental health needs. Their findings revealed that 39% of parents reported a barrier to mental health services. Three types of barriers were reported by these parents: structural barriers (e.g. limited insurance coverage, limited providers who were available, long waiting lists or lack of insurance), barriers related to identifying children's mental health problems (e.g. parents, teachers, and/or mental health professionals were unable to identify children's need for mental health services) and barriers related to the attitudes towards mental health services (e.g. lack of trust in mental health professionals from parents, lack of desire to receive help from children, the stigma that children and parents might face from receiving help) (Owens et al., 2006). These barriers can cause immense stress, frustration, and burden on families/caregivers who are taking care of children with mental health issues.
2.2 Teachers' Challenges involving children with mental health issues in their classrooms

As schools are held with greater accountability to be inclusive, this has increased the chances of teachers encountering students with mental health needs in their classrooms (Franklin, Kim, Ryan, Kelly, & Montgomery, 2012). In addition, as school boards implement their own mental health strategy, teachers are becoming more critical players in the delivery of mental health interventions. On top of their responsibilities as an educator, teachers are responsible for identifying children's early mental health problems and for making appropriate referrals (Rothi et al., 2008). However, this responsibility may be hard for teachers to fulfill as literature revealed that there is a growing concern about whether teachers are effective partners to have in the delivery of mental health interventions (Hawkins & Heflin, 2011; Tillery, Varjas, Meyers, & Collins, 2010).

While training in faculties of education and pre-school covers core concepts in child development, there is no requirement that educate teachers on how to identify the early signs of mental health issues (Rothi et al., 2008). In their review from two longitudinal studies that were supported by the U.S. Department of Education's Office of Special Education Programs (OSEP), Bradley, Doolittle & Bartolotta (2008) revealed that children with disabilities have a better quality of life today than the children in the 1980's, but there were only little improvements in the quality of life for children with behavioural and mental health disorders. Factors that contributed to this result were teachers were not qualified to help younger children with behavioral/mental health disorders, the
approaches of teachers were commonly negative and reactive, children did not have a social support in place, and children were more likely to change schools more often (Bradley, Doolittle & Bartolotta, 2008).

Without a doubt, teachers have a significant role in the overall development of children since they interact with them the most in the school setting. However, some researchers in the education literature echo Bradley, Doolittle, and Bartolotta's (2008) findings and are skeptical about whether teachers can deliver and maintain mental health interventions successfully in the long run (Frankin, Kim, Ryan, Kelly & Montgomery, 2012; Rothi et al., 2008). They argue that teachers have a lack of knowledge about the core concepts of RTI, a lack of understanding about their specific role and responsibilities regarding children's mental health needs, and a lack of expertise to implement and deliver mental health interventions (Frankin et al., 2012). More specifically, teachers are perceived to not have the time or background knowledge to assess, select, and implement appropriate behaviour management strategies/therapeutic interventions for children with mental health problems (Grossman, 2005). These arguments are consistent with reports from teachers expressing that they do not feel adequately trained or supported to help children with mental health issues (Walter, Gouze, & Lim, 2006).

In a qualitative study on teachers are supporting students with mental health issues in their classroom, Rothi, Leavey, & Best's (2008) findings revealed that they experience numerous challenges. Firstly, teachers expressed "a sense of disillusionment and abandonment" from local education authorities who did not receive additional teacher training that was promised after the school inclusion policy was enforced (Rothi,
Leavey, & Best, 2008). As a result, teachers without mental health training has expressed that the school inclusion policy has added more burden because they were unable to meet the added expectations that were placed on them regarding student mental health. Without proper mental health training, teachers do not have the confidence to make judgments related to student mental health such as identifying early signs of mental health issues. Rothi et al.'s (2008) research showed that teachers without mental health training, tend to rely on their personal experiences as indicators of mental health difficulty in their students. Indicators that they looked for were changes in children's behaviour, in their academic achievement, and in their abilities to form relationships. Without a clear process to follow, teachers are ultimately relying on their knowledge, ability, and capacity to identify signs of mental health difficulty. In addition, teachers in the Rothi et al. (2008) study expressed that mental health issues that manifest through outward behaviour (ie. aggression) were easier to identify than 'internalizing' mental health problems such as depression, anxiety, or social withdrawal. Secondly, teachers reported a lack of clarity in the difference between behavioural, emotional, and social disorders (BESD) and mental health difficulties. For example, as two primary teachers said,

> It's terribly hard in extreme situations to distinguish between the two [mental health and BESD] if you're not trained (Rothi et al., 2008; p. 1224-5).

> A child who reacts absolutely disproportionately to things that are happening to them [...] children who do that worry me. I don't know if this is a mental health issue I have no idea, a lot of parents will say it's a straight disciplinary issue and they are just being naughty, and I have no capacity to disagree with that (Rothi et al., 2008; p. 1224-5).
Thirdly, teachers expressed difficulties with classroom management because other children may not understand why children with mental health issues are treated differently and held to a different standard. Research suggested that teachers commonly have to deal with the negative perceptions (e.g. unfairness) from other children and parents (Broomhead, 2013). While teachers are expected to deliver engaging lessons, their focus are divided between managing the classroom, and supporting students' needs. As the prevalence of children with special needs increases in mainstream schools, it is not surprising that many teachers will experience burnout (Talmor, Reiter & Feigin, 2005).

From Feinstein, Fielding, Udvari-Solner & Joshi's (2009) findings, teachers involved in delivering mental health interventions have reported that the most challenging factors were a lack of time, collaborating with other staff, getting family collaboration, and a lack of available resources for teachers. Furthermore, Feinstein, Fielding, Udvari-Solner & Joshi (2009) argues that collaboration between teachers and parents needs to have trust and respect. They found that collaboration adds more stress for teachers when parents are not active partners in providing support for their children.

2.3 Known Challenges involved in Collaboration between Teachers and Mental Health Professionals

Researchers acknowledge there needs to be strong working relationships between teachers and mental health professionals to provide quality ongoing support for children with mental health issues (Fielding, Udvari-Solner & Joshi, 2009; Rothi & Leavey, 2006; Feinstein; Lynn, McKay, & Atkins, 2003). While this topic is not well researched,
researchers in education field have recently begun to study the quality of collaboration between teachers and mental health professionals (Mellin & Weist, 2011; Rothi & Leavey, 2006). According to a U.S. survey about school-based mental health programs, a lack of time for collaboration between mental health professionals and teachers is commonly cited as an obstacle (Foster et al., 2005). In a more recent study, Rothi and Leavey's (2006) findings revealed that there are many barriers to good collaboration, which have resulted in teachers experiencing a lot of frustration. An overarching theme is a lack of trust and professional respect between teachers and mental health professionals. This stems from limited mutual understanding of both professional disciplines and working cultures. For example, since there is often no direct referral system in place, teachers have to refer through an educational psychologist, which often results in delays because they receive too many cases. Yet, a reason for not having a direct referral system is so that scarce time and resources would not be spent on cases where children are just having disciplinary issues. Such referrals from teachers form a perception that they are "naive, easily duped or simply that they are trying to 'off load' problematic children and thus, cover up [their] inadequacies" (Rothi and Leavey, 2006; p. 35).

In addition, a lack of communication from mental health professionals cause teachers to commonly express that they feel isolated, mentally defeated and a sense of helplessness (Rothi & Leavey, 2006). After mental health services accept the referral, teachers receive little to no consultation which leaves them unsure of how to interact with students with mental health issues in the meantime (Rothi & Leavey, 2006; Walter, Gouze & Lim, 2006). To a certain extent, teachers understand that this is a confidentiality
concern, however, without some form of consultation, teachers are unable to provide appropriate support for these children in the meantime.

Furthermore, Rothi and Leavey's (2006) study revealed that teachers often expressed that they feel ignored because they are not invited to contribute to programming related to student's mental health issues and that their psychological assessments are undervalued. From the perspective of mental health professionals, their distrust towards teachers' psychological assessments are not without merit, as noted earlier, many teachers feel inadequately trained to manage children with mental health issues.

This overarching theme of distrust is consistent with Mellin and Weist's study (2011) on school mental health collaboration between mental health professionals and teachers in an urban setting. Their findings revealed that there is no clarity on the specific roles and responsibilities between the two parties, and the different terminology used by both disciplines cause confusion. Furthermore, mental health professionals in this study expressed that it can be difficult to collaborate with teachers when they are resistant towards them. Teachers' past negative collaboration experiences with agencies affects their collaboration with mental health professionals. In addition, the research found that mental health professionals did not feel that they had equal power in the collaboration with teachers and school administrators because they were only visitors at the school. If mental health professionals are perceived to be pushing their ideology too hard, teachers and administrators may stop giving referrals, perform necessary follow-up, and inviting them to meetings. These findings indicate that both parties experience obstacles to
collaboration which are important to address if stronger collaboration is desired. Despite limited empirical studies conducted on the outcomes of mental health interventions, the quality of the collaboration can affect the outcomes of mental health interventions (Hoagwood, Olin, Kerker, Kratochwill, Crowe & Saka, 2007). With the support of mental health professionals, teachers can implement mental health interventions more effectively that results in greater benefits for students with mental health issues. Hoagwood et al.'s (2007) findings showed that mental health interventions only had modest academic and social outcomes (e.g. improved grades, increased prosocial behaviour, increased social competence and self-efficacy, decreased antisocial and self-destructive identity problems) that were more short-term than long-term. Part of the difficulty in delivering effective mental health interventions could be that it depends on the instructional techniques of the teachers and whether students respond well with them. In addition, with their academic environment changing every year, students who are responding well to the instructional techniques of one teacher, may not with the next teacher they are placed with. These findings show that there are gaps in the delivery and implementation of mental health interventions that could stem from the effectiveness of the collaboration between teachers and mental health professionals.

2.4 Chapter Conclusion

In this literature review I looked at research on children's mental health issues and what challenges they face in the school setting. In addition, I looked at research on the challenges that teachers face in supporting children with mental health needs.
Furthermore, I looked at existing research on the collaboration between teachers and mental health professionals. Specifically, I looked at recent research that shares the beliefs and attitudes of teachers towards mental health professionals and vice versa. This review elucidates the extent that attention has been paid to children with mental health issues and the consequences that they may face if their issues are left unaddressed. This review raises questions about what responsibilities teachers and mental health professionals have, how often they are working together, and how effective is their collaboration. These questions point to the need for further research on how teachers and mental health professionals are currently collaborating to support children's mental health needs in school. In chapter 3, I outline in detail the research methodology that I used to conduct my research. I explain the research approach and procedures, instruments of data collection, participants sampling and procedures, data analysis, ethical review procedures and methodological strengths and limitations.
CHAPTER 3: METHODOLOGY

3.0 Introduction

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

3.1 Research Approach & Procedures

This research study was conducted by using a qualitative method and semi-structured interviews. According to DiCicco-Bloom and Crabtree (2006), the purpose of interviews in qualitative research is to "contribute to a body of knowledge that is conceptual and theoretical and is based on the meanings that life experiences hold for the interviewees" (p. 314). Interviews are useful because interviewees have an opportunity to share their experiences and insight that could add meaningful contributions to a complex issue or problem that is important to the community (Creswell, 2007). In addition, interviewees' experiences can "reveal connections, relationships, and subjective processes that can allow qualitative researchers to develop themes and more accurate theories to represent certain populations and samples" (Campbell, 2014; Watkins, 2012; Creswell,
Researchers can gain a deeper understanding of the contexts or settings of the participants to address the problem or issue (Creswell, 2007).

Qualitative research methods have been used in research studies from various disciplines such as social work and nursing. Researchers in these disciplines argue that qualitative methods are useful in educating the social work and nursing community on research problems where subjective experiences of others are valuable. The reason being is that quantitative methods, which focus on objectivity and logical positivism, can overlook or minimize the experiences and perceptions of people (Ivey, 2012; Thyer, 2012). In this research study, I am prioritizing the experiences and perceptions of teachers and mental health professionals in order to share some personal experiences of teachers with the education community. Present and future teachers can gain insight from experienced elementary teachers and a mental health professional to understand how they develop and maintain a strong collaboration with one another to support students with mental health issues in the classroom. Since human interactions are complex, the qualitative research approach is arguably the most appropriate for this topic.

3.2 Instruments of Data Collection

The primary instruments for data collection used in this study were two semi-structured interview protocols (see Appendices B & C). This method is effective at gathering unique and meaningful data from the participants' experiences (Creswell, 2007). In semi-structured interviews, the interviewer is able to organize a set of predetermined open-ended questions that would maintain the focus on the research
problem or issue while leaving room to probe and explore other areas of interest related to the study (Watkins, 2012). The flexible framework of the semi-structured interviews adds depth and vitality to the study as well as room for new concepts to emerge (Dearnley, 2005).

In my research on teachers' experience and perceptions of their collaboration with mental health professionals, open-ended questions were designed to allow teachers to share their teaching background, their experience working with children that has mental health issues, their beliefs and values towards mental health, and their experiences on collaborating with mental health professionals. While teachers had similar roles and responsibilities, their experiences with children with mental health issues and mental health professionals are unique because of factors such as different childhood experiences, cultural backgrounds, education level and discipline, and location of work setting.

3.3 Participants

The following was the sampling criteria I established for participant recruitment, and an explanation of how I recruited teachers for my study. I have also included a section wherein I will introduce each of the participants.

3.3.1 Sampling Criteria

In order to develop my research on teachers' experiences and perceptions of their collaboration with mental health professionals, it was necessary to sample experienced
teachers that could provide me with such information. I set out in search of participants who met the following criteria:

- They must be currently homeroom elementary school teachers who have a minimum of 5 years of full-time teaching experience and have some education/training in the area of mental health
- They must have a minimum of three years of experience working with children with mental health issues in their classroom
- They must have a minimum of three years of experience collaborating with mental health professionals to support the mental health needs of children in the classroom

The participants selected for this study need to be homeroom elementary school teachers who are currently teaching because the purpose of this study is to inform the education community of their emerging views and beliefs on their collaboration with mental health professionals to support students with mental health issues. Homeroom teachers were specifically selected because they are more likely to encounter children with mental health issues in their classroom as elementary schools are aiming to be inclusive. Since all school boards in Ontario have established a mental health strategy, there is a greater expectation for homeroom elementary school teachers to become involved in mental health interventions. As a result, more research is needed to study the experiences that current homeroom elementary school teachers have in collaborating with mental health professionals.
To increase the validity of this study, selected participants need to also have an extensive background in teaching (minimum of 5 years full-time teaching) and must have received some education or training in the area of mental health. With their knowledge in the area of mental health and their experiences of supporting children with mental health issues, these participants could provide greater insight into the barriers they are experiencing from working with mental health professionals. They are also more qualified to provide recommendations on how to foster stronger collaboration with mental health professionals.

Furthermore, participants need to have at least three years of experience in working with children with mental health issues and collaborating with mental health professionals to support the children. This criterion was created so that the selected participants could share their perspectives to provide a greater understanding of the current collaboration between teachers and mental health professionals to the education community. They could also suggest recommendations on how to foster stronger collaboration with mental health professionals.

3.3.2 Sampling Procedures/Recruitment

To prepare for a good qualitative study, purposeful sampling needs to be outlined in the research plan. A researcher makes decisions on who to sample, how the sampling should take place, and how many people should be sampled (Creswell, 2007). Marshall and Rossman (2010) argue that researchers are better off planning as much as possible despite possible modifications to the sampling strategies during the study. Creswell (2007) identified that one of the most popular strategy is maximum variation sampling.
Maximum variation strategy increases the likelihood of differences and different perspectives emerging from the data collection by selecting participants of various backgrounds (Creswell, 2007; Byrne, 2001). For instance, it would have been interesting to selectively choose experienced teachers from different grades, school boards, public and private schools that had children from different socioeconomic classes to examine the differences and similarities in their experiences collaborating with mental health professionals. However, due to my constraints of time and availability of resources to complete this study, it would be tremendously difficult to execute this strategy well. Therefore, I chose to use the convenience sampling strategy. This means that participants are chosen if they were geographically close to me, were available during a time I was, and were willing to volunteer (Dornyei, 2007).

To recruit participants for this research study, I shared my topic and sampling criteria with my existing contacts and networks whom then contacted colleagues that focus on mental health, to see if they might be interested in participating. I communicated with interested individuals by e-mail or phone to briefly go over the purpose of my research study and to reconfirm that they were willing to participate in my study. In addition, I researched and contacted mental health organizations and agencies that specialize in children's mental health in Toronto to seek potential participants who might be interested in participating in my research study. After potential participants were identified, I contacted them via phone or e-mail to briefly explain my research study and ask questions to determine their eligibility.
Despite my desire to recruit participants who fulfilled all my recruitments, I had to make adjustments due to time constraints. Although my first participant is a teacher who did not work in a school environment, she did work specifically with children with mental health issues in a classroom at a treatment agency. Although my second participant is not a teacher, she is a mental health professional who had extensive experience in collaborating with teachers to support children with mental health issues. Being able to compare and contrast the perspectives and insights between teachers and a mental health professional added more depth and clarity to this study. Finally, my third participant did not meet the minimum years of full-time teaching experience, but she did have experience working with students with mental health issues and experience in collaborating with mental health professionals in her role as a special education resource teacher.

### 3.3.3 Participant Bios

I interviewed two teachers and one mental health professional. Here, I describe each one in turn, and I used pseudonyms to maintain confidentiality.

**Madison**

Madison had been working as a special education teacher for four years in a day treatment program at an agency that has a partnership with the Toronto District School Board (TDSB). She received her Master of Teaching degree from Ontario Institute of Studies in Education (OISE), University of Toronto and had been a teacher for nine
years. Previously, she was a special education teacher in a TDSB school. Madison had completed additional qualifications in special education.

Zoe

At the time of the research, Zoe was working as a child and youth worker in the same day treatment program at the agency as Madison. She had been with the agency for 15 years. Zoe had been serving children with mental health issues for a few years and working collaboratively with teachers for 13 years in schools to support students with mental health issues. She had a child and youth worker diploma.

Charlotte

Charlotte had been a special education resource teacher for two years at a school in the York Region District School Board (YRDSB) that houses a student support classroom for students in grades 3 to 5 and supports students from kindergarten to grade 5. She had four years of experience as a full-time teacher. She taught kindergarten for two years before she became a special education resource teacher. Charlotte had a background in kinesiology and health science, a bachelor in education (intermediate/senior) with specialities in biology and physical education. In addition, she had a Master of Education degree that focused on special education. Furthermore, she had completed additional qualifications in primary/junior division, special education, and supporting English language learners.
3.4 Data Analysis

In this study, I organized all the data with an appropriate title on the computer so that I could retrieve the information easily when needed. Secondly, I read the transcripts from the interviews numerous times before writing brief notes or memos when phrases, ideas or key concepts begin to appear. Thirdly, I coded the transcripts by synthesizing the data into categories of information and then I assigned a label for the categories. In my coding process, I aggregated data into themes. After I completed coding, I identified the general themes that are present in the data. Fifth, I interpreted the data to gain understanding of the larger meaning of the data and interpreted that meaning through the lens of the existing research in this field. Sixth, I read the transcripts to identify and analyze null data, for example, what teachers did not say. Finally, I represented the data through text, tabular, or figure form.

3.5 Ethical Review Procedures

Throughout the study, I was sensitive to the needs of the participants. The rights and protection of participants were highly considered in this study. DiCicco-Bloom and Crabtree (2006) identified some significant ethical questions related to the interview process that should be addressed: 1) how will you reduce the risk of participants' unanticipated harm? 2) how will you protect participants' information? 3) how will you inform participants about the nature of the study? and 4) how will you reduce the risk of exploitation? While there are no known risks to participation, there was the possibility that a particular question could trigger an emotional response from a participant, thus
making them vulnerable. To minimize this risk, I provided participants an opportunity to briefly review the interview questions and I reminded them of their right to refrain from answering any questions that they did not feel comfortable with at the beginning of the interview. Moreover, to protect all participants against issues related to confidentiality and consent, they were assigned a pseudonym and were notified of their right to withdraw from participation at any stage of the research study. Furthermore, participants' identities remained confidential and any identifying markers related to their schools, agencies, or students were excluded. Moreover, participants were given the opportunity to review the transcripts in order to clarify or retract any statements before I conducted the data analysis. I assured the participants that all data (audio recordings) were to be stored on my password protected computer/laptop/phone and that it will be destroyed after five years. In addition, they were assured that only my course instructor and I would have access to the raw data. Participants were asked to sign a consent form (see Appendix A) giving their consent to be interviewed as well as audio-recorded. This consent letter provided an overview of the study, addresses ethical implications, and specifies expectations of participation (one 45-60 minute semi-structured interview).

3.6 Methodological Limitations and Strengths

I recognized that there are several limitations in this study. Due to the ethical parameters of the Master of Teaching program at Ontario Institute for Studies in Education (OISE), University of Toronto, the only participants that I was allowed to sample are educators and mental health professionals. I was unable to interview students
or parents or to conduct surveys or make classroom. Interviewing children and conducting classroom observations would have greatly benefited this research study because I would have been able to gain further insight on the research topic through children's experiences with teachers and mental health professionals as well as through observing teachers and mental health professionals working with the children in the classroom.

Due to the time constraint of having to complete this study within the two years of my graduate program, I was only able to explore some areas relevant to my research topic in my literature review. In addition, I was unable to select participants who fully met my sampling criteria. Another limitation is my experience in conducting a research study with this scope and structure.

Despite these limitations, the findings in this study will fulfill the purpose of informing and helping the education community to gain a better understanding on the collaboration between teachers and mental health professionals. Although the sample size is small and not all participants meet the sampling criteria I established, the participants are exemplary teachers and mental health professionals who have years of experience working in their fields, working with children with mental health issues, and collaborating with mental health professionals or teachers. In addition, the literature review may not be extensive, however, I selectively focused on the most significant areas of my research topic and consistently used recent scholarly journals and books for review. Moreover, I felt I have previously acquired the research skills that helped me to excel in conducting this qualitative research study as my understanding and experiences
of qualitative research studies progresses. Teacher colleagues and professors at OISE provided great support and guidance when needed.

### 3.7 Chapter Conclusion

In this chapter, I explained the key methodological decisions and my rationale for these decisions in conducting my research qualitative study. I chose to conduct a qualitative study to explore my research topic because of its benefits in allowing me to understand the personal experiences of teachers and mental health professionals in their work of supporting students with mental health issues. The instrument chosen in this study is semi-structured interviews. There was some flexibility in this structure that allowed for new concepts to emerge. I ensured that the interviews were focused on the research topic and I probed participants in areas that were relevant and interesting. Although not all participants meet all the criteria requirements listed, they had relevant experience related to this research topic that I thought were worthy to investigate and analyze. The process of data analysis, ethical review procedures, methodological limitations and strengths were explored in further detail. Next, I report my research findings in chapter 4.
CHAPTER 4: FINDINGS

4.0 Introduction

In this chapter, I report the research findings derived from the interviews that I conducted with two special education teachers and a mental health professional. One of the special education teachers and the mental health professional were employed at a treatment agency that worked in partnership with the Toronto District School Board (TDSB). The other special education teacher worked at a York Region District School Board (YRDSB) school. All three interviews were conducted during the mid-school year before the Christmas holiday. The interviews have provided data to help answer my inquiry into how teachers collaborate with mental health professionals to support the mental health needs of students in the classroom. I have organized the research findings into four overarching themes (and several sub-themes): 1) The nature of collaboration between teachers and mental health professionals include formal and informal methods of communication 2) Collaboration between teachers and mental health professionals allow an opportunity to create a more holistic programming for students, resulting in social and academic benefits 3) Teachers' support system, which includes school administrators, families/caregivers, mental health professionals, and collaborating agencies, to assist teachers in supporting students with mental health issues 4) The challenges that teachers face when collaborating with mental health professionals include the differences in opinion, limited funding and resources, limited training, and limited collaborative experience. It is worth noting that there is some degree of overlap between the various themes and sub-themes.
4.1 The nature of collaboration between teachers and mental health professionals include formal and informal methods of communication

All three of my research participants described using both formal and informal methods of communication to support children with mental health issues in their collaboration. The main method of formal collaboration was face-to-face meetings with their multi-disciplinary team on a weekly basis. In between those team meetings, their collaboration continued by using informal communication methods such as face-to-face conversations, telephone and e-mail. Understanding the nature of how collaboration works can increase the likelihood of providing more holistic programming for students with mental health issues in the classrooms.

4.1.1. In their collaboration, teachers and mental health professionals use formal communication in the form of in-person meetings on a weekly basis

All three participants described face-to-face meetings as the formal method of communication with their multi-disciplinary team. In Zoe and Madison's case, they both worked in the same multi-disciplinary team to support children in their treatment program at the agency. Both described a formal team meeting that happened every Wednesday afternoon for two hours of case conferencing. When asked who attends these team meetings, Madison listed herself, two child and youth workers, a psychologist, a psychiatrist, individual treatment workers, a functional behaviour therapist, a social worker, a nurse, and psychology students. Zoe added the following people to her list: psychiatric residents, psychic interns, the vice principal and principal of the section, and a educational assistant from TDSB. When describing her multi-disciplinary team, Zoe
explained, "Those people are not always right in the classroom program all the time, but they are people that we collaborate with, we consult with, we meet up once a week to report to them on strengths, needs, and progress of the children in our program and we do treatment planning from there". Although the larger multi-disciplinary team may not be on the front-line managing the students every day, they were still actively involved in the planning of individualized programming for each student. Madison described the kinds of contributions that each member of the multi-disciplinary team provided at the meeting:

... literally the larger team, the working together comes in the form of case conferencing. That Wednesday meeting time, at 1o'clock, is literally where our social worker will tell us what her conversations with their families have looked like, our nurse will talk about weight and measures, in term of medications, psychiatrist talk about how he is responding to the meds and things prescribed and how he is internalizing the treatment that is been offered from the psychology students as they relate to his trauma history or his anxiety or need or depression or whatever. The tools that they are using in their individual treatment are then tools that are carried through in the classroom.

At these team meetings, Madison observed that all team members maintained professionalism and used open communication when sharing information with one another. Apart from issues such as limited funding and resources that were outside of their control, these meetings were described by Madison as “usually successful” and by Zoe as “very successful”. Both participants felt that the collaboration in these meetings were very beneficial to all parties involved, especially for the students in the treatment program. Also, the multi-disciplinary team were committed to meet every week even when some team members were not able to make it due to other commitments or professional development, like in the case with Madison. When asked how often mental health professionals and teachers attend to the team meetings, Zoe responded:
As much as possible. There is certainly, in normal circumstances, every two weeks, where the teacher has professional development so our teacher is not always available for the multi-disciplinary team meeting on Wednesday afternoon. And there are times where other people have other things happening so they can't attend the meeting. For the most part, yes, as the larger multi-disciplinary team, we do meet every Wednesday.

Their commitment to regular attendance and active participation showed that the team highly valued their collaboration. In addition to the weekly multi-disciplinary team meetings, Zoe and Madison spoke of meeting with the immediate team that included one other child and youth worker, face-to-face, for half an hour every morning before the students arrived. They would go over day plans and then as the day progressed, they continued to communicate with one another informally to address any changes to their plans. The immediate team's commitment to meet and discuss daily plans and goals on top of their commitment to the larger weekly multi-disciplinary team meetings further demonstrated the significance of collaboration to support students with mental health issues.

Similarly, Charlotte who worked at a public school in the YRDSB also acknowledged that collaborating with a multi-disciplinary team had made a huge difference in her work to support students with mental health issues. Like Madison and Zoe, she identified meeting with her multi-disciplinary team face-to-face as a formal method of collaborating with mental health professionals. After a homeroom teacher flags and documents a student who might have mental health issues, an initial in-school team meeting would be organized to brainstorm different ways to meet the needs of the student. These initial in-school team meetings involved the special education resource teacher, homeroom teacher, and principal of the school. Depending on the needs of the
student, mental health professionals such as the school-based psychologist and speech and language pathologist would also be present at these meetings if they were approved by the student's families/caregivers. After the initial in-school team meeting, the special education resource teacher, the homeroom teacher and mental health professionals would then meet with the family/caregivers to discuss their next steps. These in-school team meetings took place once a week during recess. Charlotte added that the concerns other teachers had with students in their class were also discussed at these meetings:

...we talk about all the concerns that are existing with the students. We see [school based mental health professionals] once a week, we're able to talk about the kinds of concerns that are in existence, we have something called an in school team meeting which takes place once a week at recess, where teachers are able to bring forward concerns about students, and talk about the students, and everybody works together to try to come up with solutions on how we can help those students.

Through organizing weekly team meetings that were least disruptive for teachers and students, the team demonstrated their deep commitment to collaborate and to support one another.

Due to the complexity of students' issues and the large number of people participating in the multi-disciplinary team meetings, Madison, Zoe, and Charlotte, indicated that using face-to-face meetings were essential for successful collaboration. Face-to-face meetings allowed the team to discuss and share information with greater ease compared to other methods of communication such as e-mail or telephone. Interestingly, the two multi-disciplinary teams' commitment to meet face-to-face every week is not consistent with research from the literature review. Teachers and mental health professionals who delivered school-based mental health programs reported a lack
of time for collaboration as a challenge (Foster et al., 2005). A reason for this may be because the school and treatment agency had placed mental health as a higher priority in their agendas. For example, the two multi-disciplinary teams demonstrated their commitment to meet at a specific time and place to discuss issues related to student mental health.

### 4.1.2 In their collaboration, teachers and mental health professionals use informal communication in the form of in-person conversations, telephone, and e-mail

In between their weekly multi-disciplinary team meetings, teachers and mental health professionals continued their collaboration through the use of informal communication methods such as face-to-face conversations, telephone, and e-mail. In Madison and Zoe's case, since they were both part of the immediate team working with the children in the treatment program all day, their informal communication consisted of interacting face-to-face as the day progressed to see if any adjustments to the day's plan were necessary. Madison and Zoe highly valued ongoing communication to maintain cohesiveness as they implemented their daily plans and changes.

Likewise, Charlotte communicated with mental health professionals face-to-face when they were on-site at the school in addition to her weekly multi-disciplinary team meetings. She also used e-mail when there were pressing issues that were time-sensitive. However, Charlotte preferred face-to-face conversations because e-mails would leave an electronic trail of students' confidential information. If it was an urgent matter, then she would use the students' initials in the e-mail to protect students' identities. When asked to
describe how long mental health professionals took to respond, Charlotte said "very very fast". If she was asking a question that did not require mental health professionals to speak to another professional, then she would get a response by the end of the day. However, if the question did require mental health professionals to speak to another professional, she would receive a response after one or two days. Charlotte's response showed that mental health professionals were very organized and committed to support teachers even when they were not present at the school.

All three participants identified using informal communication methods to maintain their collaboration after the formal face-to-face weekly multi-disciplinary team meetings. Madison, Zoe, and Charlotte valued ongoing dialogue to ensure that they were working towards the same goals. Interestingly, these findings were in stark contrast to the research from the literature review. Teachers reported a lack of communication and consultation from mental health professionals which often left them feeling a sense of hopelessness, mentally defeated, and isolated (Rothi and Leavey, 2006). With limited communication and consultations, teachers were unsure of how to support students' with mental health issues in their classroom while mental health professionals were reviewing students' cases. A reason to explain this disparity could be that the school boards and collaborating agencies in my study hired private mental health professionals to specifically support teachers and students in their assigned schools or treatment programs. This allowed mental health professionals to have more time to foster supportive relationships with students, teachers, and schools that they were assigned to.
4.1.3 Apart from teachers collaborating with mental health professionals and vice versa, they were also collaborating with other professionals

An interesting finding to note was mental health professionals within the multi-disciplinary team were also actively interacting with one another after the face-to-face weekly meetings. Zoe frequently used the telephone or e-mail to communicate with other mental health professionals. Since some of the team members were on-site, she would request these mental health professionals to meet her at the unit she was working at to have a quick face-to-face conversation. If they were unable to meet in person, they would communicate through e-mail or the telephone. Zoe also mentioned that when she encountered a mental health professional from her team in the hallway, she would stop him/her for a minute to have a short conversation. This example demonstrated that ongoing communication between mental health professionals were important because issues from the therapeutic side of the students' programming were being addressed by the appropriate professional.

Another interesting finding was Madison's collaboration with school boards personnel from TDSB and other partners such as community agencies. She used e-mail to update her partners about the multi-disciplinary team's progress so that all parties were unified during decision-making. Aside from collaborating with mental health professionals, Madison's role required her to maintain collaboration and communication with other important partners in her work.

These findings indicated that ongoing interaction between all members after the multi-disciplinary team meetings ensured that they were cohesive during the planning,
delivery, and maintenance of students’ therapeutic and academic programming throughout the school year.

Overall, all three participants clearly expressed that mutual respect, trust, and professionalism were maintained between teachers and mental health professionals. They respected other professionals' disciplines and highly valued their input and contributions which were contrary to Rothi and Leavey's (2006) research that showed a lack of trust, professional respect and courtesy between teachers and mental health professionals. These outcomes might have stemmed from their lack of mutual understanding of each other's professions and working cultures. While my participants did not explicitly express that they had a good understanding of all members' disciplines and working cultures, they had a good understanding of the team members' role in regards to the programming for students. In addition, all three participants conveyed their commitment to professionalism and mutual respect in their collaboration with other professionals.

4.2 Collaboration between teachers and mental health professionals allow an opportunity to create more holistic programming for students, resulting in social and academic benefits

From interviewing all three participants, I learned that there was an interconnection between the students' social and academic-related achievement. When students' self-control and self-esteem improves, it impacted their academic-related performance. It is important to understand the outcomes that resulted from the collaboration of teachers and mental health professionals to evaluate its effectiveness.
4.2.1. Collaboration between teachers and mental health professionals can result in social benefits including improved self-control, self-esteem and recognition of success in students

All three participants observed positive social outcomes for students with mental health issues from the collaboration. Students were able to learn how to use self-control in social situations. Participants identified that delivering a social skills mental health intervention program was very beneficial for students with mental health issues. Often students with mental health issues struggled to develop and maintain friendships because they did not have the ability to express and manage their emotions in a positive and respectful manner. This is especially the case for elementary students, whom generally internalize their feelings or act out with aggression. This often resulted in being reprimanded frequently for their negative behaviour which could affect their self-esteem over time as Madison explained:

A lot of the times the child that is always up and out of his seat, running around, asking too many questions, appears to be too inquisitive or whatever it is, might be the child that's reprimanded and that can also be the same child that is experiencing frustration, tolerance levels, impulsivity control around ADHD or something, where he needs opportunities for movement

Madison's observation revealed that students with mental health issues may not have understood why they were behaving in ways that got them frequently reprimanded and that confusion could leave them feeling frustrated. Her perspective that these students were often perceived to have discipline issues were consistent with research in the literature review (Grossman, 2005; Forness, Kavale, MacMillan, Asarnow, & Duncan, 1996). Moreover, similar observations were made by Zoe and she said these students were often misunderstood. She explained that they would choose to behave well in
mainstream classrooms if they could and the problem was that students with mental health issues may not have the self-control to manage their emotions in a positive way:

...[the students] are so young, and they don't always have the ability to verbalize what they are feeling, they act out, they act out with aggression or they internalize some of the anxiety or their inability to express their feelings, they internalize it, it really affects their self-esteem, so we consider it a mental health intervention here because it is directly helping the kids recognize their feelings, it addresses how to handle things in ways that are positive that won't get them into trouble

Students with mental health issues might not have the social skills to recognize and express their emotions in a successful way that would not lead to negative experiences. Echoing this idea, Charlotte described that these students had a real challenge in maintaining social relationships. During recess, they struggled to ask other students to play with them and/or to play respectfully. When they had trouble picking up social cues from other students, the misunderstandings could have wounded their self-images. These findings were congruent with Young, Marchant, & Wilder's (2003) research of students with mental health issues experiencing difficulty in making and keeping friends, interpreting social cues, and communicating with others due to language deficits (expressive and receptive). Social problems continue to be a real and significant challenge for students with mental health issues, therefore, more resources and research are needed to investigate what strategies would better support them around these issues.

To rectify the social challenges that students with mental health issues have, collaboration between teachers and mental health professionals can address these interrelated issues of low self-control and self-esteem. At the agency, students were able to learn how to express and manage their feelings when they were provided with
numerous opportunities and tools to practice their social skills on a regular basis. Throughout the school year, Madison and Zoe were part of the immediate team that worked with the children all day in the treatment program. When Madison taught a lesson, Zoe and other personnel working that day provided one-on-one support for children who were struggling. The immediate team collaborated to deliver an evidence-based social skills mental health intervention, called Dinosaur Social Skills Program (DSSP), for 45 minutes to an hour each morning. The program involved the teacher using puppets, vignettes, role plays, and activities to help students to develop pro-social skills, anger management skills, and problem solving skills. After these skills were taught, they were reinforced throughout the day with a reward positive praise incentive system. Students won tokens when the immediate team saw them making a good decision (e.g. ignoring negative provocative behavior from a peer). These tokens were collected throughout the week and then traded in for rewards at the end of the week. Through these opportunities to build pro-social skills, anger management skills, and problem solving skills, students demonstrated empathy, tolerance, respect, and inclusivity. Students participating in the DSSP were anticipated to have many gains and those who did not, meant that they might have additional mental health issues that were not diagnosed yet. From both Madison and Zoe's experiences, the DSSP was tremendously beneficial for students.

Moreover, Charlotte stated that her collaboration with the school-based psychologist helped students to manage their emotions more successfully in the classroom when she implemented their recommendations. An example of a recommendation she used was giving students a toy to squeeze when they were angry.
Charlotte also confirmed that having a social skills program taught students how to recognize a variety of emotions through looking at pictures and how to express their feelings through having discussions. Like Madison and Zoe, Charlotte observed an improvement in students' social skills through participating in the social skills program.

Another factor that improved students' self-control and self-esteem was having teachers and other adults, such as mental health professionals, to encourage, support, praise, and use open communication with them. In this type of environment, students with mental health issues showed an improvement in their self-control and self-esteem over time. Madison pointed out that mainstream teachers with little experience in identifying students with mental health issues may reprimand these students for their undesirable behaviour such as being disruptive during lessons. This finding was consistent with research from the literature review which revealed challenging behaviours that were manifested from students' mental health problems (e.g. aggression towards classmates and teachers) were perceived as a discipline issue (Grossman, 2005; Forness, Kavale, MacMillian, Asarnow & Duncan, 1996). Teachers may have been too quick to perceive that students simply had discipline issues and may not have carefully considered other factors that might explain why these students were exhibiting challenging behaviours. Zoe commented that students with mental health issues who were consistently reprimanded for their undesirable behaviour can lead to teachers labeling them as "bad kids" and/or students with "behavioural problems". Rothi, Leavey, & Best's (2008) research solidified Zoe's experiences by suggesting that students' with mental health issues faced challenges of being labeled by teachers leads to negative consequences (e.g. negative perceptions from other teachers). In addition, students
labeled as "bad kids" and/or students with "behavioural problems" would fit Trotter's (1975) view that labeling is "degrading, denying him/her access to opportunities, and offensive". Teachers who labeled students may have a tunnel vision that made them focus more on the students' challenging behaviours which caused them to continue misunderstanding students with mental health issues.

Constantly being misunderstood can hugely impact students' schooling experience in a negative way. For example, Zoe explained that diagnoses of attention deficit hyperactivity disorders (ADHD) and oppositional defiant disorders (ODD) can really make it difficult for students to function in a mainstream classroom setting. While students want to meet classroom expectations, such as listening to teachers' instructions, their diagnosable mental health issues can really impact their ability to function. Zoe, along with the other participants, expressed concern that teachers might not understand these students because they were unaware of how mental health issues that these students face affected them socially, cognitively, and behaviourally. Charlotte further explained that sometimes students with different interests and personalities may not understand student differences and how to be accepting and embracing of these students who were different from them. In cases where students encountered teachers and students who did not accept and embrace them for who they were, they could have interpreted their teachers and peer's attitudes and behaviour towards them as negative responses to who they were, thus damaging their self-esteem. Zoe described the students' negative perceptions of themselves as they transitioned from a mainstream school:

...I think it is making their school experience worse. You know, we have kids that come to us, that are only in grade 1, they come in saying I'm a bad
kid, everybody hates me, nobody wants me, I just get kicked out of school, so their self-esteem becomes highly affected, and they have this real sort of negative self-image.

Students' perceptions of negative treatment from their peers and teachers would make it difficult for them to have a positive self-image. Zoe's observation of students' negative self perceptions were consistent with Bradley, Doolittle & Bartolotta's (2008) research that found students with mental health issues had little to no social support in place and that this group of students were more likely to change schools often. Fortunately, the negative self perceptions that students had can be reversed when they encounter other teachers who were supportive and understanding, praised them often, and used open communication with them over time. Zoe stressed the importance of conveying the message to students that they were not bad kids:

"It's really important to give them the message that they are not bad kids. To explain their diagnosis to them, I think that is something that we do really really openly with the kids here. [By saying] when you do this stuff, it is because you have ADHD, and sort of consequently, other things that they do have nothing to do with their ADHD. [They] can't use that as kind of an excuse, but it helps them to understand, okay, I'm not a bad kid, it's the way my brain works and if I learn these different skills, I can help my brain learn in the best way that I can learn kind of thing. I think whether they get labeled with the diagnosis while they are in the regular school or not, I think the key factor is helping them understand that they are still really good kids and that they are really important and that they deserve to learn just as much as every other kid. It's just figuring out what works best for them."

Teachers and mental health professionals can create an environment where students felt that they were liked, supported, and able to succeed. All three participants clearly expressed that it was part of their role to build meaningful relationships with students and to support them in achieving success. Zoe described a technique called errorless remediation to help build students' confidence in their own abilities:
We use something called, it's taken a little bit from a technique, errorless remediation, and that is where we sort of really really build up the kid with lots of positive, lots of praise at the front-end, and it was very sort of, uhm, task that are low pressure for them, and then you slowly increase the demand that you're giving them while continuing to give them lots of praise, then you slowly back off the praise, as they are able to manage it. That is a technique that we use a lot here.

Using an extensive amount of praise to encourage students to do more challenging tasks allowed them to build confidence in their own abilities, thus improving their self-esteem. Although Charlotte did not specifically describe strategies that helped students to strengthen their self-esteem, she did mention using positive reinforcement and celebrating student's successes as really important for students with mental health issues.

The results from these social skills programs for students with mental health issues were substantial. Zoe described the most significant outcomes were students feeling successful, having a positive self-esteem and recognizing their self-worth:

...the biggest [result] is the kids feel more successful. They stop seeing themselves as these terrible unliked bad kids, and they start recognizing that there's so many amazing good things about themselves and that they are worth having friends, they're worth learning, they're worth being a part of a group, and a part of a team.

This showed that students' low self-esteem improved when they were able to find people that understood and accepted them as well as pointed out that they had many strengths and not just areas that needed improvement. Zoe described her observations of a student who overcame a challenge of walking into the classroom by herself:

... when you have [children] who hasn't been able to come into the classroom because their anxiety is so huge that they can't even risk sitting at a table with a group of kids because they don't know what might happen, and you see them walking into the classroom and sit down, and they might not be doing any work, they just sit down at the table with the other kids, and it's so huge for them and they feel so proud of themselves
and, you know, you can support them in that and give them all kind of praise about it. I mean, that's huge for them, huge for a 6, 7, 8 year-olds to be able to accomplish those kinds of things.

Students recognizing their own accomplishments and feeling proud of themselves were outcomes that resulted from the successful collaboration between teachers and mental health professionals.

Charlotte explained that students were able to recognize their own accomplishments through getting rewards, however, she did not mention whether she collaborated with school-based mental health professionals to achieve that.

Students' social challenges were significant problems in their lives and it affected their self-esteem and their overall schooling experience. All three participants expressed that having a social skills program was important to help students build essential skills to help them recognize their own emotions and to express their feelings in a positive way. Delivering a social skills mental health intervention program had positive outcomes such as students believing that they can be successful and feeling proud of their accomplishments. These examples of successful mental health interventions can mitigate some of the skepticism that researchers had about teachers' ability to deliver and maintain mental health interventions (Frankin, Kim, Ryan, Kelly & Montgomery, 2012; Rothi et al., 2008). They argued that teachers might not be able to implement and deliver mental health interventions successfully in the long run due to a lack of knowledge about the core concepts of Response To Intervention (RTI), and a lack of understanding about their specific role and responsibilities to support students' mental health. Although Madison and Charlotte did not specify whether they had a good understanding of the core concepts
of RTI, they were able to clearly explain their roles and responsibilities as well as co-deliver mental health interventions with mental health professionals that had positive outcomes for students.

4.2.2. Collaboration between teachers and mental health professionals can result in academic benefits including more individual programming and accommodations, and greater ability to function independently in the classroom

Students with mental health issues were able to receive more individual accommodations when teachers and mental health professionals collaborated to design students' programming. Students with complex mental health issues and dual diagnoses required more specific programming and accommodations to help them become successful in the classroom. All three participants identified that collaborating with a multi-disciplinary team was helpful in designing a treatment program that addressed students' complex learning needs. Participants also mentioned that their multi-disciplinary collaborations were hugely beneficial for these students. For example, Madison explained that the recommendations from the occupational therapy reports she receives may be too general and not uniquely crafted for each student. Therefore, she considered the reports to be more of a general diagnostic. Taking the suggestions into consideration, she would work with mental health professionals to experiment with different tools to see what worked and what did not for each student through trial and error. After the experiments and a debrief with mental health professionals, Madison would implement the tools that were successful with the students in the classroom. Students benefited from this collaboration because they received accommodations that
were tailored to their specific needs and/or interests. Similarly, Charlotte described having in-school team meetings that involved the homeroom teacher, principal, mental health professionals, and herself to discuss the next steps for students who were identified with mental health issues. If the school-based psychologist recommended the student to get a psycho-educational test then Charlotte would prepare the documents for students to access that service. When the psycho educational test is completed, the school-based psychologist would work with the student individually and would observe the student in their classroom to make specific recommendations. Afterwards, another in-school team meeting would be organized to discuss results. Throughout this process, Charlotte would be frequently interacting with the school-based psychologist to discuss the student's progress. From collaborating with the school-based psychologist, Charlotte was able to get the information she needed to put individual accommodations in place for students to succeed.

All three participants asserted that the expertise and knowledge of professionals from other disciplines helped them to gain a deeper understanding of the needs and interests of the students and to identify individual accommodations that would help students to feel comfortable in their classroom. Madison explained that the students she worked with at the agency had a lot of sensory ailments that make it more difficult for them to function successfully in a mainstream classroom setting, such as loud noises, overstimulation, and chairs without arm rests. When Madison observed an issue that a student was having in class, she would raise her concerns to the mental health professionals and then they would work individually with the student to figure out what accommodations to recommend. Examples of recommendations could be to have
different chairs available (such as chairs that would keep them more structured and chairs that had back pads to cushion their seating) or have standing work stations available in the classroom. Madison consults with a range of mental health professionals such as nurses to discuss the student's medication concerns, and a social worker to discuss about the student's family problems. Recommendations from mental health professionals would then be implemented in the classroom to create a comfortable environment for students to learn.

With specific programming and accommodations in place, students were able to function in the classroom more independently. In the previous quote from Zoe, she stated that students who experienced high anxiety were able to recognize their own accomplishments and independence from doing tasks that were challenging to them previously, such as walking into the classroom by themselves. Zoe expressed that she observed students feeling proud of themselves because these tasks were huge accomplishments to them. Interestingly, none of my participants explicitly mentioned whether students' grades improved from these mental health interventions, which were indicated in Hoagwood et al.'s (2007) empirical research, but their observations of students having higher self-efficacy was consistent. Hoagwood et al.'s (2007) findings also revealed that the outcomes of mental health interventions were modest with more short-term effects than long-term. While none of my participants explicitly stated whether the academic outcomes they observed had long-term effects, Zoe's response of the impact it had on students indicated that it was more than just a "modest" outcome. The students' accomplishments and success were tremendously valuable to them, which were arguably overlooked and minimized by empirical research.
4.3 Teachers' support system, which includes school administrators, families/caregivers, mental health professionals, and collaborating agencies, assists teachers in supporting students with mental health issues

Both special education teachers reported that they had or can receive support from multiple parties including school administrators, families/caregivers, mental health professionals, and collaborating agencies. The support from these parties were highly valued by teachers and added significant contributions to their work in supporting students with mental health issues. Understanding the type of support that teachers received from each of these stakeholders can improve the effectiveness of academic and therapeutic programming for students with mental health issues.

4.3.1 School administrators provide support in the form of guidance and facilitation during conflict resolution

Principals and vice-principals can offer guidance and advice when teachers are going through challenges in their work supporting students with mental health issues in the classroom. It can a big difference especially when principals and vice-principals had a background in special education. Charlotte mentioned that her principal and vice-principal were able to understand the ideas she presented to them because they had experience working with students with mental health issues. In her interview, Charlotte described the support from her principal and vice-principal as "extremely supportive". When asked to describe how they were extremely supportive, Charlotte mentioned that on top of attending the in-school team meetings to help the team brainstorm ideas for students' programming and approving mental health services for students, their
knowledge base from their background in special education made a big difference. It allowed them to understand the unique challenges of special education teachers and to offer contributions in the form of guidance and advice. Charlotte asserted in her interview:

So I think that one thing is their knowledge base. So when they are able to understand the students that you're working with and make valuable contributions to the challenges in the programming for those students, I think that is great. I think that their willingness to provide a lot of support and recognize that there are safety, well-being issues or something with the students, they show a lot of support to those students. They can be supportive of their teachers because it can often be very challenging in the classroom when you have a student who is screaming, who is doing things, who is hating kids, and when you got administrators, that if teachers feel like they don't have your back, like they are going to be there when there is a problem, it makes a huge difference.

These actions demonstrated that the principal and the vice-principal were committed to supporting their teachers by making themselves available to offer guidance when teachers encountered challenges. Similarly, Madison mentioned that she received support from her principal, however, she seemed less enthusiastic talking about it than Charlotte. Despite not identifying what kind of support she received from her principal, Madison stated that she did receive support only in times of crisis.

In addition to providing guidance and advice, Madison explained that school administrators took on the facilitator and/or mediator role when teachers and mental health professionals were in conflict with one another. The parties would meet with a school administrator and then problem solve together to make plans on how to move forward in their programming for the student. Madison asserted that the team strives to be reflective in their practices:
[Mental health professionals and I] problem solve together. When we meet, we look to admin or supporting personnel to help mediate and facilitate those conversations so we can debrief those corrective things and make plans for moving forward. How do we respond first, how do we want to move forward with the child or what would be available for programming, whatever it is, we try to be reflective in our practices.

School administrators were able to look at the situation more objectively and facilitate the conversation to help the opposing sides to find a resolution.

School administrators can offer valuable support to teachers as described by Charlotte and Madison. They can use their expertise to provide guidance and advice as well as act as a mediator when the teachers are in conflict with another professional.

4.3.2 Families/Caregivers provide support in the form of giving consent for mental health professionals to conduct assessments and participating in mental health interventions with students

Families can be supportive of teachers’ work by giving consent for mental health professionals to assess students who might have mental health issues. All participants stated that without the consent of families/caregivers, mental health professionals were not allowed to conduct assessments, such as the psycho educational assessment, to diagnose students. Charlotte explained that mental health professionals, such as the school based psychologist, cannot participate in the in-school team meeting without the consent of the family/caregiver:

...that's the first thing you do, you kind of write a document of how you will help the student, and then the next thing that you do, you meet with a group of people, and that's where you might get consent from the parents to bring in a school-based psychologist or speech and language pathologist or social worker whatever it may be, and you get together with the special education resource teacher and the principal, and you work together to
come up with a solution, the next steps for the student. The solution might be to receive a psych assessments.

Families/caregivers must be supportive of getting mental health assessments and services for students in order for teachers to collaborate with mental health professionals. In another example, Madison explained that they could only accept students into their treatment program if they were parent referred:

It's based on parent referral only. The school board can't make recommendations for the child to go to a treatment facility. A lot of the times, students do progress through the system, so that they will go from a mainstream class to a resource support to a behaviour intensive support and then transition to this facility. But sometimes it's the opposite, sometimes it's the school that can't necessary find an appropriate placement or without diagnostic clarification, and the program in the mainstream are already overstaffed, they will overstep and they come right here. So we do get a little mix of both. Depending on the child and the school's ability to host the child with services.

Students cannot be accepted into the treatment program at the collaborating agency without parents' approval. Zoe added that any assessments that were conducted on students required consent from families/caregivers to be passed onto new teachers that would be working with the students:

With the parent's permission we do. I mean, we certainly write a discharge report and then probably while [the student is] here with us, there will be a psychiatric report, there will be a psycho educational testing to do. It won't happen with the school board, it will happen when they are here with us, anything that is written at our agency has to be passed on with parents' approval.

This demonstrated that the collaborating agency placed high value in protecting students' confidentiality to the very end of their service.

It is interesting to note that none of the participants mentioned how often they were able to receive consent from families/caregivers. However, Feinstein, Fielding,
Udvari-Solner & Joshi's (2009) research revealed that one of the most challenging factors that teachers identified in delivering mental health interventions was getting families' collaboration. Further research into this area would bring to light on whether this issue continues to be a challenge for teachers.

4.3.3 Mental health professionals support teachers by sharing their knowledge in the form of guidance and advice, and writing reports

Mental health professionals can offer teachers their expertise on how to best support students with mental health issues. Charlotte mentioned that it made a huge difference in her work when mental health professionals offered guidance when she had questions about programming for students with mental health issues:

I think that, especially the in-school team meetings, where you sit and you talk about the student and everybody is working together, that is a very big piece of collaboration with the mental health professionals.... having them there for meetings, being able to talk to them, being able to run things by them about students that we expect for, I think that's huge, having their assessments and their knowledge is a huge thing,

Mental health professionals were easily accessible and available to help answer questions from teachers. Interestingly, Charlotte added that collaborating with mental health professionals benefited the teachers the most while Madison and Zoe identified students as the greatest beneficiary. Charlotte's reasoning was that mental health professionals were able to conduct assessments that identified what mental health issues the students had and then they were able to offer recommendations that really helped her to support students. With the expertise that mental health professionals had, she was able to gain a
deeper understanding of her students' needs so that she could put accommodations within their academic programming to help them succeed:

Well, I think first and foremost, teachers [benefit] because [mental health professionals] are able to make suggestions and they are able to help to do assessments, they are able to identify the students and get further clarification of what they need. But also the students do, because when we understand the students better, we are able to put it into place certain things within their academic programming that is going to allow students to be successful and maybe not feel frustrated or anxious within the classroom, that they are able to be successful and be able to provide them with what they need.

The knowledge and expertise of mental health professionals made very valuable contributions to teachers' work to support students with mental health issues. Likewise, Madison highly valued the contributions that mental health professionals brought to her work when she stated:

Here, we are fortunate in doing, we have ongoing dialogue and collaboration with our peers so that we can tweak and problem solve accordingly, so that we know whether the medication adjustments, whether it be something that is coming out of the individual treatment session, whether it is you know, a particular tool or piece of equipment that we are trying and mobilizing with the child, we are trying to look at the trajectory, in terms of goal setting, and backwards map, the means we are going to get them there

Mental health professionals helped Madison to understand aspects of the therapeutic side of programming for her students. In addition, Zoe added that when Madison wrote report cards or other TDSB documentation such as an Individualized Education Plan (IEP), the mental health professionals also collaborated with her to complete them so that the explanations from the therapeutic side of the students' programming were consistent with explanations from their academic programming:
So, assuming that we have the parent's permission to pass on the therapeutic reports that we have. Our teacher here at the program, we try to write all the TDSB documentation, we kind of write it in collaboration, so that when she is writing an IEP or she is writing an report card, the statements she is stating as sort of strengths, needs, and recommendations coincide with what the therapeutic side of things would be talking about in terms of that child.

Mental health professionals could be significant contributors to important student documentation, such as report cards and IEPs, by adding explanations of students' therapeutic progress which teachers could not do.

Both special education teachers reported that they highly valued the expertise from mental health professionals and did not indicate that they resisted collaborating with them. However, Rothi & Leavey's (2006) research showed that teachers commonly expressed that they felt isolated, discouraged, and a sense of helplessness due to a lack of communication from mental health professionals. Teachers reported that they were often uncertain of how to interact and provide appropriate support for students who were being referred for services because mental health professionals did not provide some form of consultation. Research and findings from my participants indicated that while teachers desired to collaborate with mental health professionals, there seemed to be a gap - specifically a lack of communication and collaboration from the mental health professionals. A possible reason for this gap could be from the lack of opportunities given for them to collaborate.
4.3.4 Collaborating agencies provide documentation, strategies, and student histories to new teachers who are working with the students in their next placement

With families/caregivers' approval, when students were finished with their one year placement at the treatment agency, Madison and the multi-disciplinary team would collaborate to put together a student profile history that included all assessments, reports, and documentation on the student, to the new teacher at the next placement. Madison described what the agency would share with the teacher in the next placement that the students were going to:

The outcome is that we are then able to sort of use that same abc tactics in the school, identify the triggers that would then be warning signs, and use for interventions and share that information through diagnostic clarification with the receiving agency or school, so when the child leaves, they have a bag of tools and strategies that they can draw from

New teachers could gain a deeper understanding of the students that were being transferred to the classroom and were able to implement similar strategies and tactics that students were used to. Zoe added that a community liaison worker would meet with the new teacher in the next placement to pass on the student's profile history and to answer questions that the new teacher might have,

When we are looking at transitioning our kids from our program and discharge them into other classrooms that are community based, we do have very very limited follow up. So we do have a community liaison worker that tries to meet with the schools and pass on as much information, strategies, text based programs as we can, that would help the kid make the transition that much smoother.
A community liaison were able to offer support face-to-face while reviewing the student's profile with the new teacher to help him/her get acquainted with the student's background as much as possible.

4.4 The challenges that teachers face when collaborating with mental health professionals include difference in opinion, limited funding and resources, limited training, and limited collaborative experience

It is interesting to note that only one of the two special education resource teachers, Madison, identified challenges that she experienced in collaborating with mental health professionals. While the other special education resource teacher, Charlotte, did not identify any major challenges that she had in her collaboration with mental health professionals, her responses indicated that she might not have received sufficient training before starting her role. She also expressed potential challenges that other teachers might experience. It is important to understand the challenges that teachers experience so that better support can be provided to them. Breaking down barriers to their collaboration with mental health professionals will ultimately benefit students.

4.4.1 Differences in opinion can be a challenge for teachers collaborating with mental health professionals

Although teachers and mental health professionals are working towards the same goal, mental health professionals and teachers had different pedagogies from being educated in diverse disciplines. When the team would decide on the direction of the programming for a student, the decision on who got to give the first direction on the
programming was sometimes a challenge. Madison explained that the team would have to find a way to collaborate while being careful to not step on anybody's toes:

In this particular environment, everyone is a specialist with their own niche, it is sometimes difficult to carve out who is going to give the first direction and what additional personnel would be in a supportive role. So, those sorts of roles and responsibilities is sometimes part of the challenge because everyone is working within their own domain, and we need to find an opportunity to work collaboratively while still not stepping on anyone's toes.

Problems can arise when team members have conflicting views of what their roles and responsibilities are for students' programming. In her interview, Zoe confirmed a challenge she had with Madison due to a difference in opinion:

...so when I feel that maybe a child isn't ready to do something, and the teacher feels, like you know, well really there's no reason why this child can't do it, and you know, there might be a difference in opinion in how much we should challenge a child at a certain time. We have lots of conversation about what the strengths and needs of the children are, we look at their learning profile, we look at their behavioural profiles, and their diagnostic profiles, and we really communicate as openly as possible about what we think or where we think each child is at, and what would be the best for them at that moment.

To collaborate successfully in a multi-disciplinary team, teachers need to remain professional, use open communication, as well as be open to receive comments from other professionals.

In contrast, Charlotte did not identify any major challenges that she had with mental health professionals in her interview. She said, "I don't think that there are really, not that I thought of, that there are huge challenges to working with these professionals. All my experiences so far have been very positive". However, when asked whether the
different terminologies that mental health professionals uses caused any problems for her, Charlotte confirmed that it was at times confusing, but then she would quickly solve the problem by asking for clarification. The confusion caused by using different terminologies were consistent with Mellin and Weist's (2011) study on school mental health collaboration between mental health professionals and teachers in an urban setting. Yet, as Charlotte and Zoe mentioned, using open communication and being receptive to other professionals' input can quickly diminish the confusion when the situation arises.

4.4.2 Limited funding and resources can be a challenge for teachers collaborating with mental health professionals

All three participants expressed that if they received more funding, then students would be able to receive better and more individualized support and services. However, only two participants, Madison and Zoe, expressed that limited funding and resources affected their collaboration because they might not be able to implement all that they planned or desired for students. Madison mentioned that limited funding and resources can cause difficulty in reaching their ideal projection for student:

It comes down to resources and funding, and sometimes we are in need of more of one of those two things, and our hands are tied. But in terms of the working dynamic of the professionals, we are all there for the intent and desire to service the kids to the best of our ability. So on a working level, I think we are all pretty successful at meeting our objectives, it's just those additional aspects to things that are beyond our means or control that can be constraining in reaching the projection of how we would like to move the children along the continuum towards transitioning...the treatment sometimes takes a while, so it's finding enough resources to support us to be helpful and ensuring the work carries through in the best way.

The multi-disciplinary team proposes great ideas but without the funding and resources, those great ideas cannot be implemented. Echoing Madison's response, Zoe added that
limited funding and resources had decreased in the past decade which further limited them from being able to provide better support to new teachers who were receiving the students from the agency:

I mean if there was more funding, then we can do all kinds of stuff. These are the kind of things that we think will work really well for the kids that are in our day treatment program but we can't do them because there aren't the resources, there aren't enough funding for it, you know, they come to us for a year, and essentially, we do have some after-care, we do some transition work, but it is very very limited, and it is more limited now then it was 5 years ago, 5 years ago, it was more limited than it was 10 years ago.

Services were becoming much more limited for students because the amount of funding and resources continued to decline over the years. Zoe and Madison's responses were congruent with research from the literature review that identified the availability of resources to teachers as one of the most challenging factors for teachers involved in implementing mental health interventions (Feinstein, Fielding, Udvari-Solner & Joshi, 2009).

4.4.3 Limited training can be a challenge for teachers collaborating with mental health professionals

It is interesting to note that at the beginning of her interview, Charlotte expressed that she did not have formal mental health training aside from her additional qualification courses: Special Education Part 1 and Part 2. However, later on in the interview she revealed that she received some training when she took on the role as a special education resource teacher:
I mean, yes as a SERT you get training, and you learn a little about who you go to for what, do I go for a speech and language pathologist or a school psychologist, what concerns do I need to speak up. I don't think that teachers receive that because they rely on the SERT for that sort of information.

Charlotte received some training to prepare her for the role of a special education resource teacher but her response seemed to indicate that she may not have received sufficient training. Although she was a mental health resource for other teachers at the school, she mentioned that she only learned "a little" about the roles of different mental health professionals from her training. While Charlotte did not explicitly say how confident or prepared she felt when she started her role, Charlotte spoke of her challenge about the jargon used in the special education field:

Yeah, you know what, in the special education role, there are a lot of short form...so I think that it took me a while to get to know what the different lingo was and I think for school teachers, it can obviously be a bit confusing when you're communicating with them.

Charlotte's upbeat personality may have helped her to overcome challenges that she faced throughout her role as a special education resource teacher. Interestingly, Charlotte's positive attitude towards her role in supporting students with mental health issues was not consistent with Rothi, Leavey, & Best's (2008) research. They found that teachers felt the school's inclusion policy has added more burden to them because they were not properly trained in the area of mental health (Rothi, Leavey, & Best, 2008). However, even though Charlotte may not have received sufficient training for her role, she maintained a positive attitude that did not indicate that supporting students with mental health needs was a burden for her.
An interesting finding that is worth noting is that only special education resource teachers received formal training specifically on what student mental health concerns should be flagged and the roles of different mental health professionals. Other teachers were only able to receive general training on mental health and well-being. According to Charlotte, she did not believe that there were any formal training available to teachers on how to collaborate with mental health professionals. These findings indicated that general teachers were only able to receive limited training to support students with mental health issues. This barrier was congruent with Walter, Gouze, & Lim's (2006) findings that found teachers expressing a lack of training or support to help students with mental health issues in their classroom. However if teachers received the formal training that special education resource teachers were given, it can increase their confidence and ability to collaborate with mental health professionals as well as support students with mental health issues in their classrooms.

4.4.4 Limited collaborative experience is a challenge for teachers collaborating with mental health professionals

Charlotte expressed that teachers who have limited experience in collaborating with mental health professionals might not understand the process of getting students the support and accommodations that they need. As teachers receive more students in their classroom that requires formal accommodations, they would gain more understanding of how the process of getting students formal support and accommodations looks like, as Charlotte explained:
Through years of experience, you start to understand the stuff better, but it does have to do with years of experience, if you have several students in your class and you got through the process of bringing up ... then you better understand the process, but if you never really done that with a student, than you don't really understand, so I think it is based on the personal experiences of the teacher.

This showed that teachers' lack of understanding of the process may be a potential barrier for teachers collaborating with mental health professionals. Teachers who have limited collaborative experience with mental health professionals may not have a clear understanding of their role and responsibilities in supporting students with mental health issues and/or the role and responsibilities of mental health professionals. Research from Franklin et al. (2012) identified this issue as one of their arguments that led to their skepticism about teachers' ability to deliver and maintain mental health interventions successfully in the long run. Although both Madison and Charlotte did not experience this issue, it is something that other teachers may experience, which means that it should not be ignored.

4.5 Chapter Conclusion

Although two of my participants, a special education teacher and a mental health professional worked at a collaborating agency and the third participant, a special education resource teacher worked at a public school in the YRDSB, they all provided valuable insights that made unique contributions to the literature in this area. The literature review revealed that not enough research is conducted to examine the effectiveness of the collaboration between teachers and mental health professionals. All three participants revealed that their face-to-face multi-disciplinary team meetings were
successful in supporting students with mental health issues. All three participants expressed that social problems was a key issue that students with mental health issues faced which was consistent with research from the literature review. However, the participants delivered and maintained a social skills mental health intervention program that had significant results. Outcomes from these programs included social benefits such as an improvement in students' self esteem and self-control, as well as in their ability to recognize their accomplishments. In addition, students benefited academically through more individual programming and an improvement in their ability to function independently in the classroom. While empirical research from the literature review indicated that academic and social outcomes were short term and modest, observations from participants have shown that the impact of the social skills program had significant value to students which were arguably minimized by empirical research. The success of these social skills mental health intervention programs were largely a result from the strong collaboration between the participants and their multi-disciplinary teams. All three participants maintained that ongoing communication, mutual respect and professionalism for other professionals were very important throughout their collaboration - whether they used formal methods (e.g. face-to-face weekly team meetings) or informal methods (e.g. face-to-face conversations, telephone, or e-mail). While the two teachers I interviewed expressed some challenges they experienced or potential challenges that other educators might face, they also reported receiving support from school administrators, families/caregivers, mental health professionals, and collaborating agencies that helped them in their work to support students with mental health issues. The findings presented here will be further discussed in the next chapter along with my recommendations.
CHAPTER 5: IMPLICATIONS

5.0 Introduction

My research was designed to study the results of teachers and mental health professionals working in collaboration to support students with mental health issues in the classroom. The findings from this study serve to reinforce the idea that strong collaboration between teachers and mental health professionals are beneficial to all parties involved, especially to the students.

In this chapter, I provide an overview of the key findings of my study and their significance. Then, I discuss the broad implications that are intended for the education community, and the narrow implications, which are intended for myself as a growing teacher and researcher. Next, I present my recommendations for the Ministry of Education, faculties of education and pre-service education programs, school administrators, and teachers. Lastly, I end this chapter by summarizing and explaining why this research matters for all individuals who impact the lives of students with mental health issues.

5.1 Overview of key findings and their significance

A review of the literature revealed that limited research was conducted on the collaboration between teachers and mental health professionals and the effectiveness of this collaboration. From interviews with Madison, Zoe, and Charlotte, they expressed that their main form of collaboration with teachers or mental health professionals was through face-to-face meetings with a multi-disciplinary team that included a wide range of
professionals from different disciplines on a weekly basis. All three participants considered this formal collaboration method to be successful because it enabled the team to share their expertise with one another and to inform each other on key findings and observations on students. Participants highly valued the expertise and contributions of professionals from different disciplines. Professionals in the multidisciplinary teams were highly committed to attending weekly meetings and to actively participate in the discussions. Due to the complexity of students' mental health issues and the large number of professionals in the multidisciplinary team meeting, all three participants emphasized the importance of using open communication, maintaining professionalism, having trust and respect when collaborating with other professionals. All three participants stated that they continued to communicate with team members after the team meetings through face-to face conversations, telephone, and e-mail. An interesting finding to note was that while teachers and mental health professionals were collaborating with each other, mental health professionals were collaborating with one another and teachers were collaborating with other key partners (e.g. school administrators and collaborating agencies) within the team simultaneously. These findings indicated that face-to-face meetings provided the environment for simultaneous dialogue to occur which enabled the numerous professionals to plan a holistic academic and therapeutic program that is most effective for each student to help him or her succeed in the classroom. In addition, ongoing communication between all members of the multi-disciplinary team showed that the programming for one student required all professionals to interact with one another in order to maintain cohesiveness in the team. Cohesiveness was vital in all stages of the
planning and execution of the programming so that there was consistency in the expectations from mental health professionals and teachers working with the students.

Participants reported that this type of collaboration between teachers and mental health professionals created an opportunity for a more holistic programming that resulted in many social and academic benefits for students. Madison, Zoe, and Charlotte observed that one of the greatest challenges for students with mental health issues was their lack of social skills which often got them into trouble (e.g. showing aggressive behaviour) with peers and teachers. Research from my literature review was consistent with these findings and revealed that students with social problems had difficulty in building and maintaining friends, interpreting social cues correctly, communicating due to deficits in language (expressive and receptive) and social skills (Young, Marchant, & Wilder, 2003). Students with mental health issues were often misunderstood by their peers and teachers who had limited experience in identifying mental health issues. In addition, students had difficulty in knowing how to play respectfully with others and they often exhibited undesirable behaviours such as being disruptive during lessons in the classroom.

Responses from Madison and Zoe are congruent with research literature that said students were more likely to be labeled as "bad kids" or students with "behavioural problems" which can lead to negative consequences (Rothi, Leavey, & Best, 2008; Trotter, 1975). Participants observed evidence of low self-esteem and self-image in students with mental health issues. When students perceived their peers' and teachers' attitudes and behaviours to be negative towards them, it significantly impacted their
schooling experiences. To combat these issues, Madison, Zoe, and Charlotte implemented a social skills mental health intervention program. In addition, Zoe openly communicated with students about their diagnoses so that they understood their own strengths and weaknesses to figure out strategies that would best help them to succeed in the classroom. From using these strategies, all three participants observed tremendous benefits for the students: they were feeling successful, they were able to recognize their own accomplishments, and they had a more positive self-esteem. The social benefits alone were huge accomplishments for students with mental health issues that were overlooked and minimized by Hoagwood, Olin, Kerker, Kratochwill, Crowe & Saka's (2007) empirical research.

In addition to social benefits, students showed academic gains which included more individual programming and accommodations, and a greater ability to function independently in the classroom. With numerous professionals from different disciplines collaborating together, the students were able to receive customized programming that were tailored to their specific needs and interests. All three participants asserted that the expertise and knowledge of the mental health professionals helped them to develop a deeper understanding of the needs and interests of students and their recommendations helped them to understand what accommodations were needed to be in place for students to achieve greater independence. When students were able to develop a greater ability to function independently in the classroom, Zoe observed that students became really proud of themselves. These findings were significant because these examples were evidence that given the right circumstances and supports, teachers were able to co-deliver and co-maintain mental interventions successfully with mental health professionals. Several
researchers in the education community were skeptical about teachers’ abilities because of their lack of knowledge about the core concepts of RTI, lack of understanding about their specific roles and responsibilities to support students' mental health, and lack of expertise to deliver and maintain mental health interventions (Frankin, Kim, Ryan, Kelly & Montgomery, 2012; Rothi et al., 2008). While Madison, Zoe, nor Charlotte did not specify their level of knowledge about core concepts of RTI, they were able to clearly describe their roles and responsibilities in relation to supporting students' mental health issues, and co-implementing and co-maintaining successful social skills intervention programs with mental health professionals.

The success teachers achieved from these social intervention programs could not have happened without the support from school administrators, families/caregivers, mental health professionals, and collaborating agencies. Madison and Charlotte explained that they received support from principals and vice-principals when they needed guidance and advice. In addition, Madison mentioned that school administrators acted as mediators who facilitated conflict resolution discussions between disputes that she had with mental health professionals or other parties in the team. Families/caregivers showed their support by giving their approval for students to receive assessments and services that students needed. Without their approval, it would have been very difficult for them to collaborate with teachers. Mental health professionals supported educators by being available and accessible to offer their expertise and knowledge when educators needed information or clarification. Zoe added that mental health professionals wrote the therapeutic explanations on report cards and other documents such as IEPs so that they were consistent with the teacher's explanations about the students' academic progress. Lastly,
collaborating agencies offered teachers some support when students were being transferred to the next placement. A community liaison would try to meet with the new teacher to explain the student's profile and to provide all documents, reports, and assessments that were approved by the family/caregiver. These findings indicated that for teachers to effectively support students with mental health issues in the classroom, they need a support system that consists of school administrators, families/caregivers, mental health professionals, and collaborating agencies working together. Without this support system, it jeopardizes the level of support that teachers can offer to students with mental health issues.

Despite collaborating successfully with mental health professionals, teachers do experience challenges along the way. A challenge that Madison identified was difference of opinion with other professionals. Charlotte, on the other hand, was unable to identify any major challenges during the interview. She did, however, indicate that she might not have been adequately trained to become a special education resource teacher before she took on the role. In addition, she mentioned that teachers with little experience in going through the process to get students the accommodations they need might experience barriers such as a lack of understanding about how the process worked and the role and responsibilities of mental health professionals. These findings were important for all individuals serving students with mental health needs because through understanding the challenges that teachers faced, new strategies can be discovered to break down these barriers so that teachers can collaborate more effectively with mental health professionals to support students with mental health needs.
5.2 Implications

These research findings have broad implications for the education community and more narrow implications for myself to reflect and analyze as a researcher and beginning teacher.

5.2.1 Broad Implications

Despite a lack of research in education literature about the effectiveness of the collaboration between teachers and mental health professionals, researchers have recognized that they need strong working relationships with one another to provide quality ongoing support for students with mental health issues (Udvari-Solner & Joshi, 2009; Rothi & Leavey, 2006; Lynn, McKay, & Atkins, 2003). This research is supported by participants who emphasized the valuable contributions and support that mental health professionals provided in their work to support students with mental health needs. However, teachers and mental health professionals reported barriers to collaboration such as a lack of time for collaboration, a lack of trust, a lack of professional respect, and a lack of mutual understanding of both professional disciplines and working cultures (Rothi and Leavey, 2006; Foster et al., 2005). While participants did not experience the same barriers, they experienced or perceived teachers to experience other obstacles such as difference in opinions, limited funding and resources, limited training, and limited collaboration experience. These barriers to collaboration affects the effectiveness of mental health interventions; for example, Hoagwood et al.'s (2007) empirical research found that outcomes for students were only short term and modest. This research and the
voices of participants reveal that current education policies do not consistently promote and enable strong collaboration between teachers and mental health professionals to occur. It also does not ensure that enough funding and resources are allocated for them to implement effective mental health interventions that yield significant long-term benefits for students with mental health issues.

Furthermore, given the high degree of open communication and knowledge of the role of mental health professionals that teacher participants had to use to collaborate with their multi-disciplinary team, it is important that teacher education related to supporting student mental health include attention to avenues for meaningful collaboration with mental health professionals and prepare teacher candidates to understand the range of stakeholders involved in this work and how to access them. This is especially beneficial for teacher candidates who have low confidence and feel inadequately prepared to support students with mental health issues in their classrooms.

Participants revealed that they received or can receive valuable support from various stakeholders, including school administrators, families/caregivers, mental health professionals, and collaborating agencies. All participants emphasized the meaningful contributions that each of these stakeholders provided to their work in supporting students with mental health issues. It is important that stakeholders understand the needs and challenges of teachers working with students with mental health issues to identify how they can better support these teachers in their work.

While research showed that teachers felt inadequately trained to support students with mental health issues, it did not specify if these teachers were in their early stages of
their career or whether they were experienced teachers (Rothi and Leavey, 2006). Participants also did not specify that only early career teachers would face barriers such as limited training and limited collaboration experience with mental health professionals. However, participants emphasized the importance of teachers taking the initiative to learn more about how they can better support students with mental health issues in their classrooms.

### 5.2.2 Narrow Implications

Without a doubt, I will encounter many students with mental health issues throughout my teaching career. The findings from this study gives me a deeper understanding of the challenges that students with mental health issues face, the nature of current collaboration methods between teachers and mental health professionals, the type of support that teachers have, and the multiple challenges that teachers face in their work collaborating with mental health professionals. With this deeper knowledge, it will inform my teaching practices on how to create a more inclusive classroom for all students. For example, I aim to deliver a social skills program similar to the dinosaur social skills program (DSSP) that Madison and Zoe shared in their interviews, with the support of the special education resource teacher. In addition, I commit to using open communication and maintaining professionalism as well as being receptive to other professionals' ideas and perspectives with other staff and/or mental health professionals. In addition, understanding the support that is available for teachers enables me to actively seek assistance, guidance, and support from appropriate individuals to help me to better support my students. Being aware of the challenges that other teachers have experienced
in their collaboration with mental health professionals gives me an opportunity to explore creative solutions to tackle these challenges as they arise in my career.

As a researcher, I came to realize that there is still much research that needs to be conducted to have a clearer understanding of how teachers can collaborate with mental health professionals to truly provide the best programming and support for these students. With my limited time frame and the small scope of this research study, I was only able to uncover a small portion of this topic, however, conducting this research study was enlightening and very much helped me to gain a greater appreciation for the research that other scholars have contributed to the education community.

5.3 Recommendations

In order to better support students with mental health issues in the classroom, changes need to be made by the Ministry of Education, faculties of education and pre-school programs, school administrators, and current teachers. As schools are held accountable to being inclusive, teachers are expected to meet the diverse needs of all students in the classroom. Nevertheless, changes need to happen beyond the roles and responsibilities of teachers in order for students to receive the best support that will enable them to be successful in classroom.

5.3.1 Ministry of Education

- Review and change education policies to ensure they promote and enable strong collaboration between teachers and mental health professionals (e.g. mandatory face-to-face team meetings between teachers and mental health professionals on a
weekly basis; greater access to mental health services for students; teachers’
education to have a mandatory component on supporting students’ mental health
and well-being)

- Provide schools and collaborating agencies with funding and resources to enable
  strong collaboration and to deliver effective mental health interventions with
  long-term outcomes

### 5.3.2 Faculties of Education and Pre-School Programs

- Provide opportunities to read research literature on children's mental health and
  the challenges and barriers that students with mental health challenges face

- Educate teacher candidates about the different avenues for collaboration with
  mental health professionals and how to access them (e.g. inviting guest speakers
  working in school support teams to share their experiences and advice, offer
  teacher candidates opportunities to shadow teachers who collaborate with mental
  health professionals to understand the responsibilities and considerations they
  enact on a daily basis)

- Explicitly inform the role and responsibilities of teachers to support students with
  mental health issues and provide an opportunity for teacher candidates to discuss
  effective strategies to support students with mental health issues

### 5.3.3 School Administrators

- Undertake a process of critically re-examining their processes, their institutional
  culture including, but not limited to, questioning (and then responding to):
• What knowledge and abilities does the staff currently possess in the area of mental health?

• What mental health training is available for teachers to build their knowledge and ability to identify students who might be experiencing mental health issues?

• Create opportunities for staff-wide professional development in the area of mental health and supporting students with mental health issues

• Promote collaboration between staff members and whole-school initiatives in the area of mental health

• Provide a working space for school-based mental health professionals in the school

5.3.4 Teachers

• Critically reflect on their own experiences and determine if they have adequate knowledge and skills to support students with mental health issues in their classroom

• Participate in professional development opportunities in the area of mental health to support them in meeting the needs of all students in the classroom

• Actively seek to understand the whole student and their behaviours and to not be quick to make judgments about undesirable behaviours without considering all the factors and circumstances that might affect the student

• Consistently use open communication, ask questions, and maintain professionalism when collaborating with mental health professionals
• Strive to be open to hearing other professionals' different points of view and reflecting on their perspectives

• Ask many questions and seek the assistance and guidance of special education teachers as much as possible

• Convey and emphasize positive messages to students so that they feel supported (e.g. Using resources such as children's literature, role play, and puppets to normalize conversations around mental health, and explicitly saying messages such as, "I am here to help you" and "I appreciate you being in my class" to students)

• Communicate openly with families and answer or direct their questions to people who can answer them

5.4 Areas for further research

As a result of the limited scope of this research study, there are numerous limitations. With regards to the theoretical framing of this study, since I have not chosen a specific framework to analyze the data, it is quite possible that key ideas and perspectives were not looked into with as much depth and that others were completely overlooked in the literature review. In addition, the literature review in this study did not adequately include research about the roles and responsibilities of school administrators, families/caregivers, and collaborating agencies and how these roles offer support for teachers working with mental health professionals. Future studies, or extensions of this
one, should look at this area from a theoretical framework and include research about these roles.

Methodologically, two of my research participants are special education teachers, where one is working in a public school in the YRDSB, and the other is working in a collaborating agency that has a partnership with the TDSB. These aspects from the participants' contexts were not intentional. Future studies, or extensions of this one, should seek to include the voices of mainstream homeroom teachers who collaborate with mental health professionals to support students with mental health issues in their classroom.

There are many other areas in which further research would benefit the education community. More research should be conducted on the collaboration between teachers and mental health professionals. As more schools aim to become more inclusive, investigating more experiences from teachers and comparing it with students' perspectives, should provide more clarity on the effectiveness of the collaboration between teachers and mental health professionals.

The findings from this study demonstrate how social problems are a key challenge for students with mental health issues. Their lack of social skills continues to create many obstacles for their academic and emotional well-being. Future studies or an extension of this one, should seek to explore other strategies that teachers and/or mental health professionals have found effective in solving these issues.
Moreover, the issue of maintaining confidentiality of students' information when educators and mental health professionals collaborate were not addressed in this study. Without the family/caregivers' consent, teachers are not allowed to share information about the students to mental health professionals. While the three participants did not explicitly share how often they receive families/caregivers' consent, literature review states that one of the key challenges of teachers who deliver mental health interventions face is getting families/caregivers’ consent. Further studies on this area should seek to understand the level of support that teachers receive from families/caregivers in their work to support students with mental health issues.

Lastly, an area that would benefit the education community with further research is a critical examination on the effectiveness of mental health interventions and its outcomes. Findings from this study did not address this area in-depth, but further studies should seek to understand how mental health interventions affect academic, social, and other educational outcomes.

5.5 Concluding Comments

This research study revealed several significant findings. Through the collaboration between special education teachers and mental health professionals, students with mental health issues are receiving greater support that would help them to be successful in the classroom. All parties benefit from this collaboration. While teachers and mental health professionals are sharing their expertise and ideas with one another, the key beneficiary of this collaboration are students with mental health issues who receive
more specific individualized programming that enables them to function more independently in the classroom and to build their social skills. When these students learn to recognize and express their emotions positively with others, they begin to have more positive social experiences. This helps to build up their self-esteem as they start to recognize their own accomplishments. All students, not only those with mental health issues, should experience these positive outcomes because the Ontario government has made a commitment to provide every individual with the opportunity to thrive and enjoy good mental health and well-being throughout their lifetime.

These positive outcomes are a result of many factors. Special education teachers and mental health professionals are highly committed in collaborating with each other through weekly face-to-face meetings with a multi-disciplinary team. Due to the complexity of the issues being discussed, their regular attendance and active contribution to the discussions are necessary to plan a holistic programming, in regards to academia and therapy, to meet the needs and interests of each student. All three participants have asserted that they consistently use open communication and maintain professionalism in and outside of these team meeting. In addition, all team members actively collaborate with one another outside of the weekly multi-disciplinary meetings via face-to-face conversations, telephone, and e-mail, to maintain cohesiveness.

As the literature review shows, collaboration between mental health professionals and special education teachers can be challenging. Participants have identified that differences in opinion, limited resources and funding, a lack of training and collaborative experience can impede the effectiveness of the collaboration. Despite these challenges,
teachers are able to receive support from school administrators, families/caregivers, mental health professionals, and collaborating agencies to support students with mental health issues. Ultimately, supporting students with mental health issues are not the sole responsibility of special education teachers, but rather a collective responsibility of all professionals working together. The mental health issues that students possess are complex, which means that all parties must strive to work together to find creative solutions to the challenges that these students face in order for them to be successful in the classroom. This task is not an easy one and more challenges than answers can potentially arise. Nevertheless, with continual self-reflection, greater understanding, and stronger collaboration, students with mental health issues can achieve greater independence and fulfillment in their daily lives. Teachers and schools can also be what society expects them to be.
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Appendix A: Letter of Consent for Interview

Date: ________________

Dear ________________,

My name is Melissa Shiu and I am a student in the Master of Teaching program at the Ontario Institute for Studies in Education at the University of Toronto (OISE/UT). A component of this degree program involves conducting a small-scale qualitative research study. My research will focus on how teachers work with mental health professionals (and vice versa) to support children with mental health issues in the classroom. I am interested in interviewing teachers with at least five years of teaching experience and at least three years of experience working collaboratively with mental health professionals (and vice versa) in schools. I think that your knowledge and experience will provide insights into this topic.

Your participation in this research will involve one 45-60 minute interview, which will be transcribed and audio-recorded. I would be grateful if you would allow me to interview you at a place and time convenient for you, outside of school time. The contents of this interview will be used for my research project, which will include a final paper, as well as informal presentations to my classmates and/or potentially at a research conference or publication. You will be assigned a pseudonym to maintain your anonymity and I will not use your name or any other content that might identify you in my written work, oral presentations, or publications. This information will remain confidential. This data will be stored on my password-protected computer and the only people who will have access to the research data will be my course instructor, Dr. Angela MacDonald-Vemic. You are free to change your mind about your participation at any time, and to withdraw even after you have consented to participate. You may also choose to decline to answer any specific question. I will destroy the audio recording after the paper has been presented and/or published, which may take up to a maximum of five years after the data has been collected. There are no known risks or benefits to participation, and I will share with you a copy of the transcript to ensure accuracy.
Please sign this consent form, if you agree to be interviewed. The second copy is for your records. I am very grateful for your participation.

Sincerely,
Melissa Shiu
(647) 929-1838
m.shiu@mail.utoronto.ca

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

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

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

Signature: ________________________________

Name: (printed) ________________________________

Date: ________________________________
Appendix B: Interview Questions for Educators

Interview Questions for Teachers:

Thank you for agreeing to participate in this research study. The aim of the research is to learn how teachers are collaborating with mental health professionals to support children with mental health issues in the classroom. The interview should take approximately 45-60 minutes. I will ask you questions about your background, your knowledge on mental health, your experiences collaborating with mental health professionals, including what support and challenges you experienced, and what recommendations you would have for teachers and schools to foster stronger collaboration with mental health professionals. I want to remind you of your right to not answer any questions that makes you feel uncomfortable to share and that all information provided will only be seen by my supervisor and I. Do you have any questions before we begin?

Background information

1) How long have you been working as an educator?

2) What grade(s) do you teach?

3) Please tell me more about the school you currently work in (e.g. size, student demographics, program priorities)

4) What experiences have contributed to your developing an interest and commitment to supporting students mental health and well-being?

   Probe about personal, professional, and educational experiences
   a) What specific qualifications do you have? (Degrees, diplomas, certificates)

   b) What education/training do you have on mental health?

   c) How long have you been working with children with mental health issues in your classroom?
d) How long have you been working collaboratively with mental health professionals to support the children with mental health issues in your classroom?

e) What kind of mental health professionals do you work with? Why?

*Interviewees Understanding of Mental Health*

1. How do you conceptualize mental health?
   a) What does this term mean to you? What kinds of diagnoses do you associate with mental health?

2. In your experience, how prevalent are mental health issues and diagnoses in your students?
   a) What are some examples of the kinds of mental health issues you have encountered from students in your teaching?
   b) How did you know they struggled with mental health? (e.g. you received letters from parents, doctors, counselors; you observed particular behaviours or indicators of mental stress, etc.)

3. What are some of the challenges that you believe students who struggle with mental health issues face in schools? Why?

4. What perceptions or behaviour do you notice other children have towards children with mental health issues?

5. What role and responsibility, if any, do you believe that schools have to support students' mental health? Why?

6. To date, how well do you think schools are doing in fulfilling this role and responsibility? Why?
7. To your understanding, what is the current policy mandate focused on supporting student mental health?
   a) Do you believe that this policy and commitment from the Ministry and board will have an impact on students? Why or why not?

8. In your view, what are some key components that should be included in supporting students' mental health in schools?
   a) What role does collaboration between schools and mental health professionals play in programming toward that end?

9. What are the benefits of collaboration with mental health professionals?
   a) In your view, who benefits from this collaboration?

10. Why do you think that stronger relationships between schools and mental health professionals have not traditionally been a priority in schools?

*Interviewees Experiences with Mental Health Professionals*

1. What is the nature of the collaboration between you and mental health professionals?
   a) Who do you collaborate with? Why?
   b) How do you work together?

2. Approximately how often do you communicate with a mental health professional to discuss one of your students?
   a) How do you typically communicate with them? (e.g. in person, by email, on the phone?)

3. How did you first access the support of a mental health professional?
a) Are they assigned to your school? If so, to your knowledge, how many hours are they assigned per week?

b) Would mental health professionals working in your school have their own office space?

4. What is the role of your school/administrator in connecting you with mental health professionals?

5. When you meet with a mental health professional to discuss a student, what is the typical process that you follow when working together to support the student?
   a) Please provide an example, using pseudonyms when describing students.

6. When you consult with mental health professionals, when does this typically occur? (e.g. afterschool, lunch hour, during the school day?)

7. Would you typically meet with mental health professionals about a student just once or consistently over a period of time? Why?

8. What mental health interventions have you participated in?
   a) What was your role and responsibilities?
   b) How comfortable did you feel in taking up your role and responsibilities?
   c) What was the result of the mental health interventions?

9. What outcomes of collaboration between you and mental health professionals do you observed for students?

Supports and Challenges

1. What range of factors and resources support you in your work collaborating with mental health professionals?
2. What challenges, if any, do you encounter when working collaboratively with mental health professionals to support student mental health?
   a) How do you respond to these challenges?
   b) How might the education system further support you in meeting these challenges?

Next Steps
1. What recommendations do you have for how teachers and schools can build stronger collaborative relationships with mental health professionals?
2. What advice, if any, do you have for beginning teachers who are committed to supporting student mental health through collaborative relationships with mental health professionals?

Thank you for your time and participation.
Appendix C: Interview Questions for Mental Health Professionals

Thank you for agreeing to participate in this research study. The aim of the research is to learn about how teachers work with mental health professionals (and vice versa) to support children with mental health issues in the classroom. The interview should take approximately 45-60 minutes. I will ask you questions about your background and experience, your beliefs surrounding the topic, as well as how you work with teachers and schools to support students’ mental health will also ask you about the kinds of things that support you in this work, and what challenges you encounter, as well as what recommendations you have for the education system as a whole in terms of facilitating meaningful relationships between mental health professionals and schools. I want to remind you that you may choose not to answer any question and that you will be assigned a pseudonym in the study. Only my course instructors and I will have access to the transcript. Do you have any questions before we begin?

Background information

1. Can you please tell me a bit about your current position (job title) and what the position entails?

2. How long have you been working as a mental health professional?
   a) Why did you decide to go into this line of work?
   b) Probing question - What experiences have contributed to your developing an interest and commitment to supporting mental health and well-being?
   c) Can you tell me more about your education and training?
      i) What specific qualifications do you have? (Degrees, diplomas, certificates)

3. Please tell me more about your organization and how it works with schools and teachers to support children's mental health and well-being.

4. How long have you been working with children with mental health issues?
5. How long have you been working collaboratively with teachers and schools to support the children with mental health issues?

6. What age group of students have you worked with and/or do you typically work with?

7. What kind of teachers do you generally work with? (e.g. general homeroom, special education, etc.)

**Understanding and Beliefs**

1. What does mental health mean to you?
   a) What kinds of diagnoses do you associate with mental health and why?

2. In your experience, how prevalent are mental health issues amongst elementary aged students? And for adolescence?

3. Have you observed any change in diagnoses of mental health conditions amongst school-aged children over the years?
   a) If yes, what have you observed?
   i) If no, why do you think that is?

4. What are some of the more common mental health conditions that school-aged children are diagnosed with, in your experience?
   a) From your perspective, how do schools typically diagnose students’ mental health conditions and needs? From your understanding, what does this process typically look like?

5. What are some of the challenges that you believe students who struggle with mental health conditions and diagnoses face in schools? Why?
6. What role and responsibility, if any, do you believe that schools have to support students' mental health? Why?

7. To date, how well do you think schools are doing in fulfilling this role and responsibility? Why? What do you think about how schools work to support students’ mental health needs?
   a) What are some of the strengths and limitations of how schools have (in the past) and are (currently) supporting student mental health, in your view?

8. In your experience, how are students who struggle with mental health conditions perceived by others in the school community (e.g. peers, teachers, parents)?

9. How do you understand the current policy context for supporting student mental health and well-being in Ontario schools?
   a) What do you think of the current policy and how the province is working to realize this commitment in practice?

10. In your view, what are some key components that should be included in supporting students' mental health in schools?
    a) What role do you believe collaboration with mental health professionals could/should play?
    b) In your view, to what extent have schools traditionally collaborated with mental health professionals? Why do you believe that is?
    c) In your view, how might schools do a better job of collaborating with mental health professionals? What do you believe is the potential of this kind of collaboration? What changes would need to be place for this to happen?
Collaborative Practice

1. How do you work with schools and teachers to support student mental health?
   a) Who do you collaborate with? Why?
   b) How is collaboration initiated?
   c) How do you work together? Can you please give me an example of how you have worked with schools and teachers to support students’ mental health?
   d) Over approximately what period of time do you typically work with schools and teachers to support an individual student?
   e) Would you typically meet with teachers about a student just once or consistently over a period of time? Why?

2. Approximately how often are you in touch with schools and teachers? What does communication typically look like (e.g. phone calls, emails, meetings)?

3. Do you have a physical space in schools like an office or a desk?

4. Are you assigned to specific schools? If so, how many schools and what is the approximate hours you are assigned for each school per week?

5. What role do school principals or vice-principals typically play in your work with schools and teachers?

6. Are there any other school-based members that you work consistently with (e.g. school counselors, social workers, psychologists, parents)?

7. When you consult with teachers, when does this typically occur? (e.g. afterschool, lunch hour, during the school day?)

8. What mental health interventions have you participated in?
   a) What was your role and responsibilities?
b) How comfortable did you feel in taking up your role and responsibilities?

c) What was the result of the mental health interventions?

9. What are some of the outcomes of collaboration that you have observed and experienced? What do you believe are some of the outcomes for students and why?

Supports and Challenges

1. What range of factors and resources support you in your work collaborating with teachers?

2. What challenges, if any, do you encounter when working collaboratively with teachers to support student mental health?
   a) How do you respond to these challenges?
   b) How might the provincial education and/or health care system further support you in meeting these challenges?

Next Steps

1. What recommendations do you have for how teachers and schools can build stronger collaborative relationships with mental health professionals?

2. What advice, if any, do you have for beginning teachers who are committed to supporting student mental health through collaborative relationships with mental health professionals?

Thank you for your time and participation.