Supporting our Student’s Mental Well-Being: The Teachers Role and Factors that Shape their Role

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Abstract

Canadian students struggle with mental health issues such as anxiety and depression at substantially high proportions (Waddell, Shepherd, Boyle & Chen, 2013; Boyle & Hadjiyannakis, 2009; Waddell, Offord, Shepherd, Hua, & McEwan, 2002). Approximately 20 per cent of students struggle with a mental health problem causing serious impairment in their ability to be successful in school (Ontario Ministry of Education, 2013). This qualitative research study aimed to understand the educator’s role and factors that shape their role in supporting the mental well-being of our students. Data collected from two semi-structured interviews constructed three key findings. First, educators identified two main ways in which they support students, identification of a potential mental health issue and referring students to appropriate supports. Second, educators explained a personal reliance on accessible support systems for student to access to be a factor that determines how they support students. Finally, an educators’ confidence and comfort level addressing potential mental health issues shape how they support students. These findings resulted in multiple implications for three parties; the educational community including the Ontario Ministry of Education, pre-service teacher education programs and school administration.

Key Words:

Mental health, students, teachers, support, role, well-being, anxiety, depression, stigma
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Chapter 1: Introduction

1.0 Research Context

The duration of a student’s educational career can prove to be very challenging. Students experience mental and physical stressors, emotional highs and lows, success and failure. Over time these factors can lead to a compromised state of mental well-being. Statistics regarding mental illness are staggering. In Canada, 14-25 per cent of children and youth experience significant mental health issues (Waddell, Shepherd, Boyle & Chen, 2013; Boyle & Hadjiyannakis, 2009; Waddell, Offord, Shepherd, Hua, & McEwan, 2002). To conceptualize this data, a classroom of 30 students may have at least four students struggling with mental health issues. Mental health issues include a spectrum of conditions which range in severity and frequency. The following is a list ranging from most frequent to least frequent among students: anxiety problems, behavior problems (including to ADHD and conduct disorder), mood problems (including depressive disorders) and substance abuse problems (Mental Health Commission of Canada, 2013).

Students struggling with mental health issues experience adverse effects. The simplest aspects of everyday life, such as making basic decisions can prove to be challenging and may require assistance (Andrews, 2012). Furthermore, attendance in class, difficulty completing assignments, increased conflicts with peers and adults and decreased academic performance are all common place among students struggling with mental health (Mental Health Commission of Canada, 2013; Skalaski & Smith, 2006). These mental health matters can be visibly noticeable or difficult to detect. Visible health issues most commonly manifest as disruptive behavior problems and are the most common form of mental health problems by school aged children, however; conditions such as anxiety and depression can co-occur and be much more difficult to
detect (Mental Health Commission of Canada, 2013). The Ontario Ministry of Education (2013) stated in Supporting Minds: An Educators Guide to Promoting Students Mental Health and Well-Being, that early identification is an effective marker for appropriate intervention among students dealing with mental health issues. The document also states that early intervention is a key factor in promoting healthy development of school aged youth. This important educator responsibility places teachers in a unique and important role in youth education. (Kutcher, Meldrum, & Venn, 2008).

In many cases, teachers spend more time with students than students spend with their parents/guardians. The frequent interaction between students and teacher may place educators in a position to promote both the physical and mental well-being of their students. Teachers and other school personnel are often first observers of behaviors indicative of early onset mental illness and mental illness in the progressive stages (Whitley, Smith & Vaillancourt, 2012). It has been suggested that the teacher’s role in assisting with mental health concerns mainly focus in two areas, which are stigma reduction as well as identification and intervention (Kutcher, Meldrum, & Venn, 2008). Stigma reduction may take place in the classroom to alter public perception of people with mental illness, while taking anti-stigmas initiatives toward mental illness (Kutcher, Meldrum, & Venn, 2008). Identification would occur during the interpersonal relationship between students and teachers in the classroom and extra-curricular settings.

1.1 Research Problem

A significant proportion of students in Canada struggle with mental health issues. According to the Mental Health Commission of Canada (2009), nearly 800,000 (14-25 per cent) youth are struggling with some form of mental health issue. Due to the amount of time spent with youth, teachers are potentially in a unique position to assist in the early identification of
mental health concerns. It is possible, however, that many educators do not position themselves at the forefront of identifying potential mental health issues. It is possible that there is a significant disconnect in an educator’s abilities and how they perceive their role in the identification, intervention, and accommodation of students with mental health concerns (Andrews, 2012). Adequate professional development, support systems, and general awareness of mental health may not exist at appropriate levels to fully equip educators with the necessary skills to navigate this situation. It is also estimated that students experiencing issues with mental health will increase to 50 per cent by 2020 (Waddell & Shepherd, 2002). Such figures warrant further research regarding the educator’s role in assisting students with mental health issues, and what factors may shape this role.

1.2 Purpose Statement

In this qualitative study, I explored the potential gaps between how teachers understand student mental health and perceive their roles in assisting students with mental health issues. I also gathered information about current programming designed to assist teachers in proper accommodations and modifications for students with mental health issues as well as teacher training in place to enhance educators’ knowledge and skills within this domain. It is imperative to understand where, as educators, we stand in our capabilities to provide an inclusive and positive learning environment for all students. Students struggling with mental illness should not be an exception, and given the statistics perhaps a greater lens should be directed toward the professional development of educators in this area.
1.3 Research Questions

This qualitative study involves two semi-structured interviews. The overarching research question is:

1) What is your understanding of a teacher’s role in assisting students with mental health issues?

The sub-questions for this study are:

1) As an educator please describe your comfort level and level of preparedness to identify, support and accommodate for students struggling with mental illness?

2) Should there be mandatory professional development in teachers’ capabilities to identify, intervene and support students with mental health concerns.

1.4 Reflexive Position

As someone who has witnessed a family member struggle with mental illness, it is imperative that any person able to positively affect an individual struggling with a mental illness do so. In my family situation, I felt as though I did not contribute in a positive manner early enough in the case of mental illness. It is through this emotional experience that I have come to realise the importance of early identification and proper action when faced with a similar situation. As an aspiring teacher, I am interested in the role of an educator. I wish to further my understanding of mental health within the classroom at all levels. I find myself asking many questions such as: What actions should I take when I believe a student may be experiencing mental health issues? To whom do I direct them? How do I provide a positive learning experience? Most importantly, I feel that educators must be equipped with the appropriate tools and have support systems to rely upon. We need to understand the dynamics of mental illness and how it can affect learning in young adults. Statistics indicating that mental health issues
among youth will increase (Waddell & Shepherd, 2002) present an urgent need to ensure that a gap does not appear in our ability to be effective educators for our students.

1.5 Preview of MTRP

To explore these research questions, I conducted a qualitative research study using purposeful sampling to interview two teachers about their role in supporting the mental well-being of our student, and the factors which shape this role. In chapter two I review the literature in the areas of mental illness, student success, and educator professional development. Next, in chapter three I elaborate on the research design. In chapter four I report my research findings and discuss their significance considering the existing research literature. Finally, in chapter five I identify the implications of the research findings for my own teacher identity and practice, and for the educational research community more broadly. I also articulate a series of questions raised by the research findings, and point to areas for future research. The entire research paper consists of five chapters, a list of references and two appendices.
Chapter 2: Literature Review

2.0 Introduction

As an ambitious pre-service educator, it is very important for me to understand mental health and how it manifests within the student population. Often, physical health and physical illness are more observable; however, mental and physical health are of equal importance for personal growth and academic success. To establish a foundation for this study I review the relevant literature pertaining to the mental well-being of students within the school system. To begin, I will provide a clear definition of mental health and mental illness and describe how it affects students both academically and non-academically. I will then discuss barriers, such as stigma, which hinder students from accessing mental health services. I end the chapter with a discussion of the role of educators within student mental health will be expanded upon.

2.1 Defining Mental Health and Mental Health in Schools

To set clear parameters underpinning the context of this research study, it is important to have a strong understanding of mental health and associated behaviors among students. While there is a wide range of mental health definitions and perceptions, in this study I focus on two. In the “Mental Health Action Plan” document, the World Health Organization (WHO) (2013) defines 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 her or his community”. While the WHO’s definition focuses primarily on well-being and positive outcomes, the Government of Canada (2006) presents a deficit model of mental health, defining it as an “alteration in thinking, mood, or behavior – or some combination thereof – associated with significant distress and impaired functioning” (p. 2).
Furthermore, mental illness can take many forms including but not limited to: mood disorders, schizophrenia, anxiety disorders, personality disorders, eating disorders, and addictions such as dependence and gambling. People from all age groups can experience issues with mental health; youth are certainly no exception.

Given the disparity in defining mental health and the vast range of possible manifestations, it is often not possible to utilize one clear encompassing definition. For the purposes of this study, I will be utilizing the WHO’s definition of mental health as the framework for further discussion. I chose this definition because it focuses primarily on an asset based mind-set rather than a deficit. Using this definition, students realise their capabilities and encompasses a focus on the ability to cope and manage stress rather than the inability. I believe this definition most accurately parallels the focus of Canada’s education system and sets a solid foundation for this research.

By design, schools place mental and physical stressors upon students. Academic institutions create a performance-demanding environment within many domains; such as academic performance, peer socialization and individual growth. During adolescence, the brain undergoes a significant period of growth and development, thus, secondary school students are undergoing neurodevelopment that can have a serious impact in all aspects of their life (Kutcher, Meldrum, Venn & 2008). Given this vulnerable state of development, as well as the multitude of demands in a school setting, it is no surprise that approximately 20 per cent of students may be suffering from some type of mental health issue (Andrews, 2012) often exhibiting symptoms of poor classroom behavior.

In a 2008 study, Bradshaw, Buckley and Ialongo conclude that mental health issues within the classroom most commonly manifest themselves in the form of disruptive behavior.
problems, and further, that disruptive behaviors were found to be accompanied by internalized forms of mental health issues, such as depression and anxiety. Given the prevalence of mental health issues, it is appalling that estimates predict 70 per cent of students struggling with a mental health issue do not have access to mental health services (Bowers, Manion, Papadopoulous & Gauvreau, 2013). Given this research it is evident that mental health issues are pervasive among students and a gap emerges in the ability for students to seek assistance. This pervasiveness and associated gap have drastic effects on both academic performance and social interaction.

2.2 Effect on the Students

Students struggling with mental health issues experience many challenges both within and outside the school system. This section of the literature review will focus on two key concepts related to the mental health struggles of youth; academic effects and social effects.

2.2.1 Academic effects. The academic effects associated with mental health issues are well documented and conclusively point to significant declines in academic performance (Bradshaw et al., 2008; Mental Health Commission of Canada, 2013 Supporting Minds, 2013; & Williams, 2010). Such declines in grades are primarily a result of factors like increased absenteeism, difficulty completing assignments, and conflict with adults and peers, which tend to surface in the form of disruptive and argumentative behaviors (Williams, 2012; Skalaski & Smith, 2006). In severe cases of mental health struggles and decreased academic performance, it is not uncommon for students to drop out of school (Kutcher, Meldrum & Venn 2008).

Academic concerns coupled with social concerns can ultimately lead to an absence of institutional learning and perseverance
2.2.2 Social effects. Many of the social consequences associated with mental illness are a result of stigmatization by peers. This section will focus primarily upon the associated social side effects because of stigma, while stigma itself will be covered more extensively in section 2.3.

Students struggling with mental illness face many challenges within peer groups and general social interaction (Hartman et al., 2013). Many students face serious negative stereotypes such as being considered dangerous, unintelligent, and/or incapable of recovery (Hartman et al., 2013). Students also face issues of acceptance among their peer groups, which leads to social disengagement and individual isolation (Hartman et al., 2013; Murman et al., 2014). As social isolation continues to fester, it is typical for mental illness symptoms to increase in severity. Much of this increase is due to an internalized sense of shame and self-stigma resulting from public stigma (Murman et al., 2014). The emotional cascade continues as students feel a loss in opportunity and a weakened self-esteem (Murman et al., 2014).

The social consequences of mental health struggles resulting from stigma are quite severe and students can face damaging social effects. Once a student has been labeled with some type of stigma many of the previously mentioned social effects may surface.

2.3 Stigma and Additional Barriers

Mental health issues are prevalent within schools and are often accompanied by academic and social effects on a students’ life. It is troubling that approximately 70 per cent of young people in need of mental health services do not attempt to access mental health services (Bowers, Manion, Papadopoulous & Gauvreau, 2013). There must be a substantial barrier, or set of circumstances that inhibit these individuals from seeking necessary assistance. Consistently, stigmatization has been ranked as the number one barrier in seeking help for mental health concerns (Bowers et al., 2013; Canadian Teachers Federation Survey, 2012; & Supporting
Minds, 2013). Stigma, as defined by the Mental Health Commission of Canada, (2009) includes: “beliefs and attitudes about mental health and mental illness that lead to negative stereotyping of people and to prejudice against them and their families” (p. 9). The concern of stigmatization is very real and powerful as young people are highly concerned with social interaction and peer acceptance while in school. Therefore, any additional challenge that may hinder their goal of acceptance is viewed as simply unacceptable.

The challenges that students typically encounter when labeled with a mental health condition are plentiful, but most common are being subject to bullying, unfair treatment, teasing, and general negative perceptions from others (Bowers et. al, 2013; Froese-Germain, B. & Riel R., 2012; Ontario Ministry of Education, 2013). A survey conducted by the Canadian Teacher Federation (2012) revealed that 21 per cent of teachers claim to have “very frequently” or “frequently” witnessed a student being treated unfairly, bullied, or teased because of a mental health problem. Only 17 per cent of teachers surveyed had “never” witnessed unfair treatment. While the association with stigma has consistently been ranked the number one reason for students refusing to pursue assistance, other barriers exist.

Four general themes have emerged from the literature regarding barriers inhibiting students from accessing mental health assistance. These include; stigma, as previously discussed, a lack of knowledge of available services, ignorance to potential mental health concerns and finally family influence (Bowers et al, 2013). Ranking these themes from most common to least common becomes difficult as inconsistencies surfaced among the literature depending on the type of data collection and the population being studied. For example, overall young people ranked “not knowing where to go for help” as the second most common barrier to accessing school mental health services (Bowers et al, 2013). However, the Canadian Teachers Federation
Survey (2012) and Reinke et al (2011) suggest that the scarcity of school-based mental health professionals and adequate parent support programs may be larger barriers in comparison to “not knowing where to go for help” as indicated by young people (Bowers et al, 2013).

Regardless of ranking, it is abundantly evident that barriers exist and take form in many domains of a student’s life. It is important to recognize these barriers and make serious attempts to surpass these obstacles. The most pressing reason for breaking these barriers is due to attempted suicide. 90 per cent of adolescents who attempt to commit suicide have an unaddressed mental health issue (Bowers et al, 2013). Breaking these barriers can help to reduce the detrimental consequences of mental health issues. The next section will discuss the role of teachers.

2.4 The Role of Teachers

Teachers may find themselves in a unique position to be first observers of behaviors indicative of mental health issues (Whitley, Smith & Vaillancourt, 2012). This situation is created due to the interpersonal relationships developed among teachers and students. It is possible for teachers to adopt an identification role with issues of mental health among students (Whitley, Smith & Vaillancourt, 2012). It should be noted that no matter the perception an educator has of a potential issue, they should not and cannot, attempt to give a clinical diagnosis (Supporting Minds, 2013). While they are in a unique position to observe behavior, they are not trained mental health professionals and therefore not qualified to make diagnoses or prescribe appropriate care (Supporting Minds, 2013). Due to the extensive interaction within the student-teacher relationship, however, it is suggested that teachers are implicated in the adoption of three responsibilities: 1) creation of a positive classroom environment 2) reducing stigma and 3) knowing their students (Kutcher, Meldrum & Venn, 2008; Supporting Minds, 2013).
It is of great importance for educators to create a safe and welcome space for all students in the school system. A safe and inclusive environment fosters learning and opportunity to discuss such topics as mental health (Supporting Minds, 2013). Additionally, the implementation of class discussion and anti-stigma based activities, are suggested means to reducing the negative stigma associated with mental health illness (Kutcher, Meldrum & Venn, 2008; Supporting Minds, 2013). Furthermore, teachers potentially play a pivotal role in the recognition of mental health issues.

As previously stated, while teachers are unqualified to diagnose mental illness, they embody a key role in the diagnostic process. Kutcher, Meldrum, and Venn (2008) expressed the importance of teachers in identifying and intervening when mental health issues are suspected. Teachers can do so through careful observation and documentation of these observations. Supporting Minds (2013) has provided a simple-to-use format for educators to compile effective notes regarding behaviors that could be indicative of mental health issues. It is suggested to make note of the frequency, duration, and intensity of behavior. Frequency refers to how often behaviors occur, duration in which the behavior lasts, and the intensity is the extent to which it impairs academic and social performance. Using these observations, teachers would then take their concerns to administration to decipher the best course of action (Reinke et al, 2011). Establishing a rapport and positive relationship with students will further enhance an educator’s ability to make accurate observation (Ontario Ministry of Education, 2013).

2.5 Educators’ Perceptions in Addressing Mental Health in the Classroom

Considering teachers play a critical role in the identification and intervention of mental health issues among students, it is important to expand on how educators perceive their role in the process. It is generally understood among educators that there is a responsibility to support
the mental needs of their students. Eighty-nine per cent of teachers surveyed by Reinke et al (2011) agreed that schools should be involved in addressing the mental health needs of children, and that as educators they play a specific role in such an initiative. While this is strongly understood by a high percentage of teachers, only 34 per cent of teachers reported having adequate skills to address the mental health needs of children. More specifically, educators directly pointed to a lack of preparedness in identification and implementation of necessary promotion of mental health within the classroom (Reinke et al, 2011; Froese-Germain, B. & Riel R., 2012).

A survey conducted by the Canadian Teacher Federation (2012) further supported the perception of unpreparedness when 97 per cent of teachers reported that additional knowledge and skills training are necessary in recognizing and understanding mental illness. When asked to compare their role to that of school psychologists in supporting students’ mental health, teachers only perceived their responsibility to be greater than a school psychologist when implementing classroom behavioral interventions (Reinke et al, 2011).

Teachers perceived the school psychologist to have a greater responsibility for student mental health needs in the following criteria: screening for mental health problems, teaching socio-emotional lessons, conducting behavioral assessments, monitoring student progress, referring children and families to school-based services and referring children and families to community-based services (Reinke et al, 2011). As previously discussed in section 2.4, teachers have several important responsibilities related to the mental health needs of students. However, some of the academic literature suggests that educators do not believe that they possess the adequate knowledge and skills to effectively support student mental health. The literature also suggests that educators do not believe that their responsibilities in this area extend beyond the
classroom. The following section considers professional development and its roles in providing teachers with the tools to support student mental health.

### 2.6 Resources, Professional Development and Teacher Training

Teachers have suggested additional training in the area of student mental health and well-being would be beneficial, perhaps professional development in such area should be readily available. Andrews (2012) points out that most mental health training for teachers is offered within conference and workshop sessions. These workshops, which address prevalent mental health problems such as anxiety, depression, and personality disorders, are not necessarily mandatory. From a total of 76 school boards in Ontario, five offered mental health training between 2009 and 2011: Hamilton Wentworth District School Boards, Thames Valley District School Board, District School Board of Niagara, Kawartha Pine Ridge School Board and Lambton Kent District School Board (Andrews, 2012).

While it is promising that at least five school boards within Ontario have arranged workshops within the last six years, it was not stated whether the workshops required mandatory registration by teachers. Over two-thirds of teachers who completed the Canadian Teachers Federation Survey (2012) reported they had not received any professional development in such areas of knowledge and skill acquisition pertaining to student mental illness, it is possible the workshops were optional. Furthermore, though teachers who had many years of teaching experience were found more likely to have some type of training in mental health, 63 per cent of teachers with 25 years of experience or greater reported receiving no training associated with mental health.
In 2011, the province of Ontario implemented a comprehensive ten-year strategy designed to help Ontario school boards promote student mental well-being (Ontario Ministry of Health and Long-Term Care, 2011). Within this strategy educator training was addressed and the following initiatives were suggested: amend the education curriculum, develop a K-12 resource guide and website, and provide support for professional learning in mental health for all Ontario educators (Ontario Ministry of Health and Long-Term Care, 2011). Examples of such professional support learning include the Annual Conference on Advancing School Mental Health, the Bi-Annual SBMHSA/NICYMH Consortia Symposium and the Ontario Summit on Child and youth Mental Health (Mental Health Commission of Canada, 2009). While it is comforting such training has been implemented, still the document did not mention participation status of the workshops and conferences for all registered teachers in Ontario.

Furthermore, in 2013 the Toronto District School Board (TDSB) has also designed and implemented a strategy running from 2013-2017 addressing areas of mental health called Children and Youth Mental Health and Well-Being. These areas include: providing professional development to increase awareness and build skills and knowledge, reducing the stigma associated with mental health, establishing mental health and well-being teams in schools to assist in the delivery of mental health, supports and training expanding and strengthening community mental health partnerships and finally engaging parents as key partners in mental health initiatives (Toronto District School Board, 2013). It is stressed within this TDSB document that by June 2014, 100 per cent of school staff including administrators, teachers, support staff and professional support services staff will receive professional development and training on the foundations of mental health including the topics of anxiety, depression, self-harm and suicide.
Provided the statistics previously mentioned from the Canadian Teacher Federation Survey (2012), current initiatives and strategies outlined within both *Open Minds, Healthy Minds* (2013) and *Children and Youth Mental Health and Well-Being*, (2013) it appears a shift toward mandatory teacher training is surfacing. It should be noted that these initiatives and strategies are still being developed and implemented, thus, further investigation will provide follow-up regarding the effectiveness of the ongoing initiatives.

### 2.7 Conclusion

Research regarding mental health among students is both extensive and multi-faceted. Students experience a large range of emotional and physical stress and often do not seek assistance when necessary. These circumstances are exacerbated by the fact that educators’ capabilities to identify potential mental health concerns and administer the appropriate accommodations may not adequately address the needs of struggling students. Within the last four years, there have been school board specific initiatives to provide additional training to educators and to implement mental health strategies at various levels. These initiatives are promising but further research is necessary to follow up with the progress of such initiatives and identify areas of success, and those in need of improvement.

To re-iterate, the aim of this research study was to explore the gap that exists between the unique position educators potentially adopt in the identification of mental health concerns and how their role in supporting student mental well-being is shaped. In addition, this research explored what current programs, if any, are in place to assist teachers in proper accommodations for students with mental health issues and what is offered in the way of professional development and teacher training to enhance educators’ knowledge and skills within this domain.
Chapter 3: Research Methodology

3.0 Introduction

This chapter is designed to explain the research methodology implemented to support my study. I begin with a review of the general research approach, procedures, instruments of data collection followed by information regarding the participants. I will elaborate on the sampling criteria, procedures and outline participant bios. Moving forward, the chapter will include data analysis and address research limitations as well as strengths of the research methodology. Finally, the chapter will conclude with a summary of my rationale in using semi-structured qualitative interviews given the research question and purpose.

3.1 Research Approach & Procedures

This research study was conducted using a qualitative research design, in the form of semi-structured interviews with in-service teachers comprising the participants. Included within the study is a review of relevant existing literature.

Qualitative research allows for in depth investigation into social and personal matters as well as gathering a wide range of experiences (DiCicco-Bloom & Crabtree, 2006). The collection of both experiences, social and personal perspectives will enhance the ability of this research study to relate teacher responses to the proposed research questions. Conducting research as a qualitative approach has allowed elaboration on lived experiences, thoughts, and reactions to real life situations in the education system. These real-life situations will revolve around the presence of mental health concerns among students and the ability of educators to manage these mental health concerns. Such areas as professional development, barriers, and success strategies within the classroom will be effectively touched upon by implementing qualitative research design.
3.2 Instruments of Data Collection

The primary instrument of data collection consisted of semi-structured interviews administered to two participants. Implementation of a semi-structured interview protocol effectively gathered pertinent information from teachers in relation to the research question. Information was gathered by creating a rich, deep dialogue between the researcher and participants which sheds light on real, lived experiences as they relate to the research study (Creswell, 2007). Furthermore, semi-structured interviews allowed the researcher to design and implement pre-determined open ended questions which ensure both efficient use of time and influence the rich, deep dialogue previously discussed (DiCicco-Bloom & Crabtree, 2006). The open-ended questions create direction within the interview process, however, provide flexibility necessary when considering unforeseen conversation (Wengraf, 2001). In doing so, the interview process became a flowing conversation which addressed the primary purpose of the study, and allowed lived experiences, stories and details to further strengthen the qualitative study.

3.3 Participants

Here I review the specific sampling criteria used for participant selection. In the following sections I have provided brief biographies of the participants and outlined sampling procedures.

3.3.1 Sampling criteria. Participants taking part in my study met three sets of criteria. First, teachers were required to have a minimum of five years of teaching experience within a school board in Ontario. This minimum amount of teaching experience increases the likelihood that the teachers have had some type of interaction with students struggling with mental health. By seeking participants with five plus years of experience, my aim was to gather an in depth
lived experience in the area of mental health among students, and investigate how they perceive their role in assisting students with mental health concerns. Teachers with fewer than five year’s experience may not be able to speak to such experiences as it is possible they have little personal interaction in such an area.

Second, participants demonstrated some type of knowledge and understanding toward the current best practices in accommodations and modifications for students struggling with mental health issues. To clarify, teachers had some successful strategies in assisting students within their classroom setting to overcome their mental health concern while attaining academic success. These strategies may include, but are not limited to: one-on-one conversation, motivational strategies, or directing students to appropriate support services. It is important that participants had demonstrated the latter as they were be able to elaborate and expand on the complexities of mental health among students and the role of teachers in this situation. They were be able to provide in depth perspectives and expand upon any frustrations, barriers, and successes they have experienced thus enhancing the quality of data collected.

The third criteria met pertains to participant’s awareness of available support services. Participants had at least, little to average knowledge of the available mental health support services available to students. Furthermore, participants maintained an understanding of the processes involved in confronting mental health issues from the perspective of an educator’s role. For example, participants understood that they do not have a role in the diagnostic process of mental illness, instead they assist with the identification and intervention processes. It was imperative that participants have such awareness for the purpose of this study. The absence of such awareness would directly conflict with the purpose of this study. Understanding the process of overcoming a mental illness is necessary in providing an inclusive learning atmosphere for
students struggling with mental health. If a teacher is unaware, they are likely not able to provide an avenue for academic success for said students, and will likely have trouble providing adequate responses to the interview protocol.

3.3.2 Sampling procedures. To recruit participants, I relied on convenience sampling. This method was chosen due to its ease of execution. By recruiting those most accessible to me it proved to be very affordable with regards to time, energy, and money (Marshal, 1996). Additionally, convenience sampling has been deemed most appropriate due to my immersion within a community of teacher candidates, mentor teachers and professors which create a strong network of potential connections.

To solidify recruits, I provided my contact information along with a brief outline of my study and sampling criteria. In doing so, recruits gained an understanding of my research, met the necessary criteria and are in a position to volunteer for the study. This ensured that participants were willing to participate, and felt little pressure to participate.

3.3.3 Participant biographies. My first participant, Alex, was interested in the teaching profession through her experience volunteering with at risk youth at a correctional facility. She has been teaching for 17 years at the same school in the District School Board of Niagara, in the social science faculty. Alex has taught Parenting, English, Sociology and runs at risk programs. Currently, she is not teaching in a credit-bearing classroom but runs a “Student Success” program aimed to assist at risk students. Alex has completed Additional Qualification (AQ) courses in Individuals in Society. She also has her part one and part two specialists in guidance and a part one in special education. In addition, she sourced external education geared toward kids with behavioural issues as well as completing a Mental Health 911 course for high school students.
My second participant, Jessie, was interested in teaching through his experience coaching at kid’s camps. Jessie identified this as a main reason in pursuing a career in teaching. Jessie has eight years of teaching experience in the Halton Catholic District School Board, in the Science and Math faculties. He prefers a mix course load of math and science as it provides a change of pace in his day. Jessie completed his three-part specialist in religion, his AQ for junior biology and intermediate math.

3.4 Data Analysis

After transcribing my two interviews I used a combination of descriptive and in vivo coding to begin the data analysis process. In addition to descriptive and in vivo coding, I used analytic memos to conceptualize potential themes. Derived from my coding I developed categories, in which similar codes were grouped together. These groupings allowed me to develop themes that were used in chapter four.

3.5 Ethical Review Procedures

This section outlines the ethical procedures followed throughout the duration of this study. Although sampling criteria was carefully determined, potential participants were administered consent information which ensured all participants whom agreed to participate, did so willingly. By implementing informed consent, obligation to participate was minimized and further reinforced the willingness of the participants. Provided in Appendix A is the consent letter, which informs participants that the semi-structured interview is to be recorded via audio recorder. Furthermore, the consent letter provides an overview of the study, addresses ethical considerations and describes specific formatting details of the interview process (one, 45-60 minute semi-structured interview).
The following information should be noted in regard to participants’ rights. Participants were provided the opportunity to opt out of the study at any point. Given a change in willingness to participate, participants could withdraw. Participant identities along with identity markers related to schools or students are explicitly excluded from the study. This was accomplished by assigning a pseudonym to each participant. There are no known risks to the study, and to ensure participants feel comfortable throughout the duration of the interview, a copy of interview questions will be sent prior to the interview taking place. Participants reserve the right to refrain from answering any questions in which triggers an unwanted emotional response or any other unwanted circumstances. Participants had the opportunity to review interview transcripts and retract any responses they wish. Original data will be stored on a password protected computer/laptop/phone and will be destroyed within five years of cessation of the study.

3.6 Methodological Limitations and Strengths

In this section I will acknowledge the limitations of the study, followed by the strengths of the study. Two major limitations arise when considering the methodological approach of this study. First and foremost, the sample size is very small and limited, however, can still inform the topic and research question. Second, the research methodology in my study was limited to interviewing only teachers and educators but did not allow for interviews with students, parents, or other positions within the education system. Furthermore, the data instrument collection called for semi-structured interviews, and I was unable to administer surveys or conduct classroom observations.

The strength of this study lies within the flexibility and nature of the interview protocol, as well as giving voice to a lived experience. Semi-structured interviews allowed the interviewer
to probe deeper into a situation, thought, perspective or open-ended question (Kajornboon, 2005) which enriched data collection in comparison to structured interviews. The ability to probe, expand and ask for further explanation allowed the participant to speak to what is most important to them regarding the topic. Structured interviews follow a rigid interview procedure, in which specific questions are asked in specific order thus does not foster similar flexibility. For example, in structured interviews a participant may not understand a given question, however, further explanation and probing is unwarranted and the question may go unanswered.

### 3.7 Conclusion

This chapter has provided a summary of the qualitative research approach and procedures. I explained the instrument in which data was collected, sampling criteria to be met to participate. I provided background history of each participant in the form of brief biographies. I expanded upon sampling procedures and how I recruited participants that met the sampling criteria. Moving forward I expressed the importance of data analysis for qualitative research and specifically how my research data was analyzed. The ethical procedures were outlined and explained where I expressed the creation of a safe learning and sharing environment for the interview in which the participant could cease participation at any point. Finally, I acknowledged both the limitations and strengths of my research methodologies and how it may affect the research. Following, in chapter four I will report my findings gathered from the semi-structured interviews.
Chapter 4: Research Findings

4.0 Introduction

The following chapter describes the findings of a qualitative study which aims to develop insight on how the teachers role in supporting students mental well-being along with the possible factors that shape their role. To answer the main research question an interview protocol was developed (see Appendix A for full protocol), however three main questions generated the most outstanding data, these are 1) what is your understanding of a teacher’s role in assisting students with mental health issues, 2) as an educator please describe your comfort level and level of preparedness to identify, support and accommodate students struggling with mental health issues and 3) should there be mandatory professional development (PD) in a teachers’ capabilities to identify, intervene and support students with mental health concerns. Once the research protocol was developed participants were recruited.

Participants were recruited via convenience sampling through personal contacts. This method was chosen due to it’s ease of access to possible participants. By recruiting those most accessible to me the recruiting process was very affordable, time and energy efficient (Marshal, 1996). Two participants completed 30 minute interviews conducted separately which were recoded and later transcribed. The transcription software “Inqscribe” was used to transcribe the recordings into written transcripts. I analyzed the data using an analytic systematic approach known as grounded theory. Using this approach multiple rounds of coding were applied through which similar codes were categorized allowing for development of overarching themes. Throughout the process of coding and categorizing a series of analytic memos were kept tracking my ideas and evaluations of the data. To maintain anonymity the research participants were
assigned the pseudonyms; Alex and Jessie (See Appendix A for the consent letter that outlines the sampling criteria and sampling procedures).

The section on the findings is organized into three major themes which emerged from the data. The first theme relates to the how educators personally support students who may be struggling with mental health issues. Consistently, teachers indicated that they have a role in the initial identification of a potential issue, as outlined in section 4.1 of the chapter. In addition to a role in identification educators also expressed the importance of referring students to experts in the field of mental health. The second theme discusses the dependence and importance of appropriate resources to be established aiming to support struggling students. Educators emphasized that these resources should be accessible within the school. The third and final theme identifies the variability between participant’s confidence level and preparedness in supporting struggling students. This variability seems to be rooted in their professional qualifications, experience gained in the field of education, and general life experience. In this chapter I outline the specific findings generated from the research protocol. I then I discuss the research findings valuable contribution which further conceptualizes how educators support students struggling with mental health issues along with the factors which help shape their role.

4.1 Educators’ Role in Supporting the Mental Well-Being of Students

Supporting a student who is struggling with mental health issues can be complex and difficult. Identification, intervention and accommodation is a necessary three-part process which must be established to ensure proper support for struggling students (Toronto District School Board, 2014, p. 2). Educators’ believe their contributions in this process to be in identification followed by referral to an expert.
4.1.1 Role in identification. When asked to describe their understanding of an educators’ role in the mental well-being of students whom with potential mental health issues, both Alex and Jessie identified a role in the recognition of a potential mental health concern. Both participants explained specific observations of student behaviour as well as interactions with students to be of importance in the recognition of an issue. For example, Jessie spoke to body language such as “heads down” along with a lack of attendance to be indicators of a potential issue. Consistent with the work of Skalaski and Smith (2006) and Williams (2012), Alex and Jessie also pointed to “chronic absenteeism” and “loss of grade retention” to be both indicators and consequences of struggles with mental well-being.

Such observations align with the work of Whitley, Smith and Vaillancourt (2012) as they suggested that educators are among the first observers of behaviours indicative of mental health issues. While the participants make no specific mention of whether they recorded or the method of recording such observations, it was clear that they had a personal process for evaluating the severity of the issue. Alex mentioned that; “it is good enough to listen, but when you start to identify the student is looking for more than an ear there may be an issue” which requires attention.

In Supporting Minds (Ontario Ministry of Education, 2013) there is an observation format designed for educators to compile notes of specific behaviours expressed by students. It is suggested that educators take note of the frequency, intensity and duration of the behavior. Although neither participant spoke specifically to this method, Alex indirectly described her observational process. She described an issue, how she evaluated it and the outcome.

Alex could recall moments where students would “constantly come to talk to me while I am trying to teach, which caused constant interruption”. She explained that this type of
interruption and immediate need to express emotions could have be indicative of an underlying issue/struggle. Alex spoke to the consequences of such interruption expressing that she “felt bad for the kids [she] was trying to teach” because the “student struggling didn’t know where to go”. The way she spoke about this specific situation parallels the suggested methods put forth in the *Supporting Minds* (2013) document regarding observations of student behaviour. Alex acknowledged an issue, took mental note of what was occurring, and determined some consequences of the issue. Ultimately, Alex recognized a potential issue with a student along with possible consequences and acknowledged that the issue may require attention from an individual other than herself. Indirectly Alex explained a process for observing and reflecting on the actions of a student, which she believed could be indicative of a mental health concern.

Both participants could identify and explain specific examples of behaviour which they believed to be a result of an issue the student is experience, however within such recognition, both participants were clear in mentioning they were not attempting to diagnose a specific mental illness. Jessie expressed the difficulty involved in specific identification: “it is hard as an educator to identify a specific mental health issue” and Alex made mention on several occasions she is “not trained” to diagnose a specific mental illness. It is no surprise that both participants felt that clinically diagnosing a specific mental illness is outside of their capabilities and/or responsibilities, as it is stated very clearly in *Supporting Minds* (2013) that educators are not trained professionals and diagnosis it outside their qualifications and scope and practice. While it is important to mention that educators are not to attempt a clinical diagnosis it doesn’t reduce the importance of their observations as key pieces necessary for identification.

While educators tend to play a role in the identification process of potential mental health issues, they position themselves within the identification as a means for referral and direction
among their students. Both participants expressed the importance of understanding where to direct the students in a case of potential mental health concern.

4.1.2 Importance of referral. In addition to identification, educators indicated another means of support to be in referring students to trained experts in mental health and well-being. Throughout the interview process it became clear that educators believe it is important to refer students to appropriate services for proper support. When asked about specific strategies used to support students who are struggling with mental issues, Jessie believed the mental health worker would be better suited to administer specific strategies to support students, ultimately referring students to those services: “Not trying to dig too much into what the actual issue with them is unless they are willing to talk, but I think that’s something that the mental health worker should deal with more than myself”.

Similarly, Alex responded to various questions throughout the interview placing a profound emphasis on her means of support to manifest in referral to the youth counsellor:

So once I’ve identified that there is an issue, the way I support that student is to provide them the necessary resources, and that’s not me, it is our youth counsellor. I literally walk them down to make an appointment with the youth counsellor or social worker or I give them, if it’s an immediate need, I’ll give them the health crisis number.

Alex clarified her reasoning for referral to a youth counsellor “Its not because we [teachers] don’t care, as educators we think that it is good enough to have a day of professional development and then we become sociologist or psychiatrist, but we’re not. People go to school for many years for that and we need to get our kids to them.” A study by Reinke, Stormont, Herman, Puri and Goel (2011) posed similar results regarding referral to an expert. In the study
teachers were asked to compare their role to school psychologists in supporting students’ mental health, teachers only perceived their responsibility to be greater than psychologists when implementing classroom specific behavioural interventions while psychologists have a greater responsibility in screening for mental health and referring children and families to both school-based and community-based services. My findings along with the work of Reinke and colleagues (2011) suggest that experts with extensive knowledge and understanding are key pieces in supporting students who are struggling with mental health issues.

Alex could elaborate on the importance of referral when asked to provide specific examples of situations where students were struggling with some type mental health related issue and how she responded. She indicated through a series of responses explicitly acknowledging her role in making referral: “Teachers are, as they should be, unprepared to deal with students who are struggling with anxiety or any other of those mental health issues, so there needs to be a place for the students to go”, “A teacher needs to teach, so we listen then direct” and “They need to go to a trained mental health expert”. As such, this evidence seems to indicate a strong reliance on referral to appropriate resources.

Not only did Alex verbalize the importance of referral, but the quick and confident, non-hesitant manor in which she replied to the research questions further reinforced how engrained her role in referring students toward appropriate services truly is. These responses may indicate a need of available and accessible resources such as Mental Health Workers (MHW), Child Youth Counsellors (CYC) and Social Workers (SW) for in depth student support. The need for appropriate resources is another theme that emerged from the data.
4.2 Availability and Necessity of Resources

Another factor which helps to shape how educators support their students is the availability of support resources. Both participants could describe the resources established within their respective schools. In addition, they outlined the details of such resources along with the associated benefits. As such, two sub-themes were evident; a reliance on accessible resources and the value of having such resources within the school.

4.2.1 Reliance on accessible resources. Alex described a program in place within her school called “In-School Student Success Team” (ISST). This program is designed as a preventative measure for students who are feeling particularly unstable. This program affords struggling students access to the success room. This room is a non-credit bearing room, in which specific students may visit when feeling anxious or are experiencing difficulties within the classroom:

Again just the nature of this room in student success we have a lot of students who are coming down because they are anxious or not able to work in a classroom setting, so we allow them to visit a small room and work in here as best they can.

Moving forward, if students continue to experience unsettling symptoms, Alex decides whether additional supports are required. Upon determining the issue to be of great concern, she refers the student to those additional resources “and if we notice a big enough problem, we refer”.

Alternatively, Jessie made no specific mention of a similar program but described how lucky his school is to have both a full-time CYC and a MHW; “So we actually have a Child Youth Counsellor and the Mental Health Worker at our school”. Jessie expanded on how these
resources are made accessible through the efforts of the Student Services Department and
presentations by the MHW during the first week of school.

We have a fantastic student services department. They make certain the students
are aware of what’s available. The mental health worker also speaks to each grade
as a whole during first week of classes. She makes it clear that if you’re dealing
with something, there is somebody you can go talk to.

In addition to the student services department raising awareness among the students about
available services, the MHW presented to the entire teaching staff during a PD day:

Last year we had a specific day where the mental health worker in our school did
a presentation for us. She’s helping us be aware of the struggles of mental health
issues and giving us ideas of things we can do in class, to help those students
succeed in class.

In summary, the ISST program and the accessibility of CYCs, MHWs and SWs play a
role in addressing the mental well-being needs of the students. It is encouraging to see that such
resources are being implemented within the schools. These initiatives are consistent with the
Open Minds, Healthy Minds: Ontario’s Comprehensive Mental Health Addictions Strategy
(2011) released by the Ontario Ministry of Health and Long-Term Care which has a focus on
training for educators in early identification and intervention, provides educators with
information on early signs of child and youth mental health issues and outlines the value of
support resources. The resources Alex and Jessie spoke to are also consistent with the four-year
strategy put forth by the Toronto District School Board (TDSB) in 2013 to address mental health.
Some of the initiatives in this four-year strategy include: providing PD for educators to increase
awareness and build skills and knowledge, reduce stigma and to establish mental health teams to assist in the delivery on mental health.

The combination of a readily available professional support staff and the implementation of a student success program where an alternate environment is available seems to have created a team approach. Educators play a specific role in identification and rely heavily on the infrastructure to be in place for referral to more qualified individuals. This infrastructure is most beneficial to students when it is established within the school.

4.2.2 In-school mental health resources. As struggles with mental health continue to increase among our youth (Waddell & Sheppard, 2002) the need for growing support systems is imperative. These support systems are most effective when established within the school and benefits for the students as well as the teachers as outlined in the following.

One of the participants believed that the benefits students would experience is the development of a positive relationship within a safe space. By seeking a dialogue with the support staff, be it a CYC, SW or MHW, students would secure assistance when they experience feelings of anxiousness or simply need a break from the stressors of school: “It is valuable for students to have support staff in the school for them to develop a positive relationship and a safe place for them to go if they feel anxious or need a break from what they are going through at school”. This type of assistance available for students provides potential for immediately addressing the mental health issue. In the creation of this positive relationship the support staff can better understand that individual and relay information to teachers who interact daily with these students. Open lines of communication are beneficial for teachers as it keeps them informed about the student.
Additionally, teachers benefit from the in-school support systems as they feel the appropriate individual is addressing the specific needs of that student. They feel the appropriately educated individual is best suited to assist the students. Not because they don’t want to assist that student, but they have concerns in doing so. First, their knowledge in such an area is less than the support staff and second, the lack of time available to appropriately support many students. It was also mentioned that not every student will want to open a sensitive dialogue with their teacher and the support staff gives them another option:

In terms of being a teacher and having support staff in the school, it helps because those individuals are more educated and at times may better understand how to deal with students who may have mental health issues. It's not that as a teacher I don’t want to deal with it, however sometimes there may not be enough time to give the student the support they need, or they may not feel comfortable speaking to their teacher as they would a support staff member.

The findings here about the creation of a positive relationship, safe space, along with open lines of communication between teacher, support staff and students parallel the suggestions put forth in *Supporting Minds* (Ontario Ministry of Education, 2013). While this document suggests creating a safe positive classroom environment, the findings of my research suggests that the safe space can also be created through the support staff, and in some situations, may be a better fit for students. Along with the positive classroom environment suggestions, specific guidelines are provided for appropriate dialogue with students and methods for approaching potentially sensitive matters. *Supporting Minds* suggests that the teacher is “there to listen and if, the problem feels too big, suggest the
possibility of involving someone else who might be better able to help” (Ontario Ministry of Education, 2013, p 22).

In consideration of the findings within my research and the suggestions within Supporting Minds (2013) the benefits of having established in school mental health resources are plentiful. Students are provided with a safe space to express emotions and can develop another positive relationship with an individual other than the teacher. The presence of support staff creates a beneficial avenue for the teachers as well, creating lines of communication for supporting struggling students both within the classroom and outside the classroom.

4.3 Educators’ Level of Preparedness in Addressing Mental Health Concerns

The third factor which shapes how educator support student mental well-being is their ability, comfort and confidence to recognize and address the needs of students grappling with mental health issues. Ability and confidence levels vary between educators for various reasons. Participants’ life experience and qualifications are two factors that seemed to contribute most to their level of comfort and confidence in addressing mental health issues in the classroom. As such, these factors are discussed in the following section.

4.3.1 Experience and qualification. When participants were asked if their comfort level in addressing the needs of student mental well-being has altered in any way since the beginning of their teaching career two factors emerged. One, the participant’s life experience influenced their comfort level, and two the type of additional education they have completed. These factors caused the participants to respond quite differently throughout the interview.

Alex explained that she has always been comfortable dealing with mental health issues:
I’ve always been quite comfortable dealing with any type of mental health issue. I think my background working with kids at a correctional facility who were struggling with a variety of issues and I have a sister who is Schizophrenic so there are some real-world lessons that I’ve been able to apply.

Additionally, she attributes her comfort and confidence to the completion of courses which address specific issues that students were experiencing within the school. “I’ve taken courses that deal with specific issues we are experience in our building.” This course Alex is speaking of is a Mental Health 911 course. The purpose of this course is to provide information regarding appropriate practices in addressing mental health needs among high school students. To compliment the Mental Health 911 course, Alex completed her part one special education additional qualification (AQ) along with additional education regarding strategies in dealing with behavioural kids. Due to her life experience and continued education Alex’s comfort and confidence level has been quite high since the beginning of her career which contrasts in comparison to Jessie.

Jessie stated that his confidence at the beginning of his career wasn’t very high but has increased since the beginning of his career. He attributes this increased level of comfort to come from more communication by the school board and a very reflective approach to teaching: “Absolutely my comfort level has increased. We are getting emails from the board, hear more about mental health, and you learn to alter your teaching. What you did right, what you did wrong, learn how to adjust.” Jessie did not outline any past life experience interacting with individuals who may be struggling with mental health issues and has no additional qualifications in special education or mental health training. His additional qualifications are in intermediate math and biology. I have outlined such a
comparison not to belittle the experience of one participant but to provide a context for the variability between educators and the factors that can contribute to their confidence in addressing the mental health needs of our students.

Having little to no interaction with individuals struggling with mental health concerns can create an overwhelming initial experience as told by Jessie, “And at the beginning it can be overwhelming if you don’t know what to expect from the student and if the student comes to class and they’ve got mental health issues how to deal with it.” The variability in the participant’s responses fits well with work of Reinke et al. (2011). Reinke et al. (2011) found that 89 per cent of teachers surveyed believed that schools should be involved in addressing the mental health needs of their students and indicated that teachers should be involved as well. While there was a strong belief that the schools and teachers have a role in promoting positive mental health, only 34 per cent of teachers reported having adequate skills to address the mental health needs of children.

Furthermore, educators indicated a lack of preparedness in identifying potential issues and the implementation of necessary promotion of positive mental health within the classroom. This research suggests that teachers agreed they had a role to play in the promotion of positive mental health along with the identification of potential issues yet very few (34 per cent) were confident in the ability to do so, and felt little to no training contributed to this lack of preparedness. Similar to the findings of this research, one participant initially lacked confidence at the beginning of his teaching career. As his teaching experience grew, so did his confidence.

This suggests that comfort and confidence can increase over the span of a teachers’ career, however, it would be beneficial to provide mandatory training in addressing mental
health within the classroom. Mandatory training would further support the ability of teachers to identify potential issues and understand how to support their students.

When asked if there should be mandatory PD to help teachers increase their capabilities to identify, intervene and support students with mental health concerns Jessie felt there certainly is a need. He expressed that mental health issues among students is a growing concern and making presentations like the one he attended during a PD day would be beneficial in helping students “Yes, I definitely think there should be more [like the presentation last year] because [we are seeing more and more mental health issues] and [mandatory training] would [be beneficial] in helping our kids.” Jessie’s opinion regarding mandatory PD parallels the findings of the Froese-Germain and Rierl (2012) in their Canadian Teacher Federation survey where 97 per cent of teachers reported additional knowledge and skills training are necessary for recognizing and understanding mental illness.

Alex responded to the same question with great caution “that is a slippery slope, no [I don’t think there should be] mandatory professional development” indicating that mandatory training in this field could create blurred lines with respect to the teacher’s scope and practice. She indicated that she doesn’t believe PD creates adequate skills to properly intervene and support all students. Furthermore, she believed that a line may be crossed, in that teachers would feel more confident in attempting to diagnose a specific issue. Overall, she felt unease with mandatory training and instead directed me to a valuable resource from her most recent ISST meeting.

Within this resource package called “I Matter” there were specific levels of intervention from the ground up, the levels are as follows; foundation, promotion, prevention and intervention. Within these levels, specific roles and responsibilities are outlined and teachers
would adopt the role of a “Caring Adult” found in the foundation level of the tiers. The teachers are responsible for helping to create a safe and caring school culture, listen to all student voices, ensure equity and inclusion strategies and adhere to the guidelines found within Supporting Minds (2013).

Moving up to the level of promotion and prevention we then find specific responsibilities for the Youth Counsellors and SWs. Alex’s concern is that providing mandatory PD may create a situation where the lines separating these levels and responsibilities become blurred and teachers could overstep boundaries. Instead, if training is to occur it should not be mandatory and educators, should they chose, would partake. The training would be very explicit in defining the role of the teacher and defining concrete boundaries within this role. This training would be focussed in three areas; classroom instructional strategies to reduce the frequency in which students experience struggles with mental health, appropriately train teachers in recognizing potential warning signs, and inform teachers on proper protocol when the issue is to big. Furthermore, training would explicitly outline the role of support staff in comparison to that of teachers and administration. It is important to define these boundaries and establish a team approach with specific roles to promote positive mental health among our students.

Considering the findings of this data it is important to acknowledge the varying experiences and qualifications of educators. An educator’s life experience and education may contribute to their ability and comfort level in identifying potential issues among students and effect their understanding of the appropriate steps in supporting students. While contrasting opinions emerged regarding how to best prepare teachers, it would be beneficial to conduct further research because of such mixed opinions.
4.4 Conclusion

In closing, this chapter outlined the methodology used to recruit participants and generate data. I then discussed the factors which shape how educators support student mental well-being and the sub themes associated with these factors. Three themes emerged from the data. The first theme discusses an educators’ role in identifying potential mental health issues and the importance of referral to an expert. The second theme discusses the reliance educators place on support resources such as CYCs and SWs to be established and the importance of these resources being accessible within the school. The third and final theme analyses the confidence and comfort of educators to address mental health concerns along with their position on PD. The following is a summary of the main findings in each theme and a preview of chapter five.

The first major theme focusses on how educators support the mental well-being of their students. Their means of support are rooted in the identification of a potential issue and the duty to refer students to appropriate support resources. Educators acknowledged that they play a role in the identification of a potential mental health concern among their students. They could identify specific behaviours that are indicative of potential struggles with mental health as well as the consequences of such struggles. Once identification has occurred educators relied heavily on the duty to refer struggling students to the appropriate expert for additional support. The reliance of referral led to the second major theme.

The second major theme discussed the necessity of accessible resources and how these resources should be available within the school. Educators explained specific programs such as “In-School Student Success” which provide an alternate environment for struggling students. In addition to such programs, they outlined the value and benefits of having CYCs, SWs and MHW’s available to the students. These programs and resources were found to create a positive
relationship between student and support staff, develop a safe space with positive outcomes for students, teachers and general school environment. After educators outlined their roles in supporting students while explaining the benefits of support resources, I then discussed the third major theme which is the educators’ confidence and preparedness within the role of identifying and referring.

The third theme discussed the educators’ confidence and comfort in identifying potential mental health concerns and supporting their students. From this, also emerged the educators’ opinions on mandatory PD with respect to increasing their ability to support students struggling with mental health issues. Confidence and comfort level were ultimately related to the educators’ life experience, additional qualifications and professional teaching experience while mixed opinions were discussed related to PD. While it was deemed an appropriate advancement to have mandatory PD aiming to increase the confidence and comfort level of educators to support the mental well-being of struggling students, it was also suggested that the PD be approached cautiously. The PD would have initiative to outline explicit roles of the teacher and support staff. Moving forward I will discuss what is to come in the fifth and final chapter.

In chapter five I will provide a brief overview of the key research findings and main discussion points related to the findings. Implications for both the educational community and myself as a researcher/teacher are discussed along with how these implications could contribute to future teaching practices for myself and pre-service educators. Based on these implications I then suggest specific recommendations for teachers as well as administration with respect to enhancing the ability to support the mental well-being of the student population. I then suggest areas of further research based on questions and gaps that arose during my research. Finally, I close with an explanation regarding the significance of my research.
Chapter 5: Implications

5.0 Introduction

The intent of the fifth and final chapter is to provide a brief overview of this qualitative research study and discuss the implications and recommendations of the research findings. This research aimed to develop insight regarding the roles of educators in supporting the mental well-being of their students, along with the possible factors that shape these roles. To generate data, I explored the following main research questions: 1) What is your understanding of a teacher’s role in assisting students with mental health issues? 2) As an educator please describe your comfort level and level of preparedness to identify, support and accommodate students struggling with mental illness? and 3) Should there be mandatory professional development in teachers’ capabilities to identify, intervene and support students with mental health concerns? These questions generated three main themes/key findings with accompanying sub-themes, which will be briefly discussed in the following sections.

Chapter five is organized into five sections. First, I provide an overview of the key research findings along with a discussion of their significance. I then discuss the implications of the research findings as they apply to the educational community, and myself as a future teacher. Grounded in these implications, I make recommendations that may enhance the educational communities’ ability to support the mental well-being of the student population. Specific recommendations are outlined for teachers and administrators. Based on questions that arose during my research, along with gaps in the literature, I then suggest areas for future research. Finally, I close with a comprehensive conclusion of my research which serves to summarize the key research findings, their significance, implications and recommendations. The following section provides an overview of the key findings along with an explanation of the significance.
5.1 Key Findings and Significance

Three key findings/themes emerged from the data of this research study. The first key finding describes the role of educators in assisting students that may be struggling with mental health issues. Two major roles were described within this finding; the identification of a potential issue followed by the responsibility to refer students to an expert. These findings are significant because it places the teacher at the forefront of support for students. The teacher becomes a first responder in the initial observation of a potentially serious mental health issue. By referring students to support resources, the teacher can be a means of direction in addressing this issue.

Understanding that educators are among the first to observe behaviours indicative of mental health concerns is important because it acknowledges them as a valuable part in addressing the mental health needs of our students. In addition, this finding may indicate a need for training opportunities which best equip educators with the skills necessary to recognize mental health warning signs among our students.

The second key finding relates to established resources accessible to students. Both participants expressed a personal reliance on accessible resources to be a factor which shapes how they assist struggling students. Participants identified a need for certified professionals to be a main resource. These professionals are properly trained to address the mental health concerns of the student body but their presence in schools is inconsistent. The establishment of certified professionals varies between school boards in Ontario, but include; In-School Student Success Teams, Social Workers, Mental Health Workers/Liaisons and Child Youth Councillors. Establishing connections to such resources, be it immediately within the school or via community connections is a factor which strengthens support for students and is a resource.
which teachers rely. Moreover, teachers understand that these resources may be a more suitable avenue for students to pursue, as these professionals are properly trained.

This finding is significant because it suggests an obvious need to establish support systems which are readily available to students. In addition, teachers benefit from this system because they feel confident that a specialized individual is handling the mental health concerns of the students.

The third and final key finding provides an explanation of possible factors affecting the participants’ comfort and confidence level in addressing potential mental health concerns. Results indicated that the participant’s life experience and additional qualifications help determine their comfort level in addressing the mental health needs of their students. Teachers who have little life experience or interaction with individuals struggling from mental health issues, or who have little training in such an area may be less confident and comfortable attempting to assist a struggling student.

This finding is significant because it acknowledges the varying degrees in which teachers may be comfortable addressing the mental health needs of our students. In addition, it may indicate a need to expose teachers to such experiences. Some teachers may be well versed in such an area, with an in depth understanding of mental health struggles and the process by which students will seek help. By comparison, other teachers may not have such a strong understanding which may translate into a general discomfort. This indicates an urgent need for additional training which serves to define the role of an educator in assisting struggling students. This suggested training would be explicit in mentioning what the teacher’s role is in comparison to the Social Worker, Child Youth Counsellors, and Mental Health Workers. It is possible that by defining the role of teachers using concrete boundaries, and providing resources such as
educational research, their comfort in addressing mental health issues will increase. This training would also seek to inform teachers that their role, while very important, is only one role within a team approach to addressing the mental health needs students.

5.2 Implications

The findings of this study have extremely broad implications, encompassing many parties. The following sections will include implications for the educational community and my future practice.

5.2.1 The educational community. Regarding the educational community, implications for three specific parties are evident; Ontario Ministry of Education, pre-service teacher education programs and school administrators. I will begin with broad implications at the Ministry level, moving to school boards and close school administrators.

In 2013 the Ministry of Education released a mental health guide, *Supporting Minds*, in response to the 2011 Ontario Ministry of Health and Long-Term Care mental health initiative called *Open Minds, Health Minds: Ontario’s Comprehensive Mental Health and Addictions Strategy*. Within this comprehensive strategy are both community and school based initiatives, along with suggested training for educators. This training would be designed to help educators recognize warning signs of mental health struggles and the process of intervention. This seems to be a positive initiative; however; results from this study indicate that such training is not mandatory for all teachers. One participant indicated that they individually researched and sought training that was not mandated from their respective board. Another participant did mention that emails from his school board are often received regarding mental health training, yet attendance at this training is optional. Both responses may suggest that barriers exist which
inhibit teachers from accessing additional training. Such barriers may include a lack of time, or lack of mindset to research available training.

Apparently, an initiative for addressing the mental health needs of our youth is present; however, completion of training designed to ensure educators understand their role is inconsistent. Inconsistency between the initiation of the strategy, and the execution raises a concern that should be addressed.

In addition to implications at the Ministry level, implications are evident for pre-service teacher education programs across Ontario. Mental health and specifically mental health literacy are topics of conversation which take place within pre-service teacher education programs. Much of the conversation is integrated throughout various courses but there is no course solely dedicated to this topic. Given the severity and high proportion of students (20%) that suffer from mental health issues, and the projected increase to 50 per cent by 2020 (Waddell & Shepherd, 2002) it may be beneficial to reconsider how the discussion of mental health is integrated within teacher education. To ensure an in-depth comprehension of the educator’s role in supporting the mental well-being of our students, it would be beneficial to implement credit-bearing courses within pre-service teacher education programs.

I have articulated the implications for the Ontario Ministry of Education and pre-service teacher education programs. I’d like to now focus on implications for administration. Administration should recognize some of the inconsistencies in teachers’ knowledge, skills and comfort level in supporting students struggling with mental health issues. Administrators hold the authority to plan professional development during staff meetings, and PD days. To decrease disparity among teachers in this domain, it would be beneficial for administrators to employ more professional development on this topic.
It is the responsibility of the administration to ensure teachers understand that assisting students who are struggling with their mental health can be complex and a difficult situation to navigate. It is important for teachers to understand that their ability, and comfort level in such a situation depends greatly on their life experience, training, and general comfort level dealing with emotional situations. In addition, they should understand that their observations and concerns toward struggling students are an integral part to the intervention process and a vital role. My findings indicate that teachers should be well versed in the warning signs of mental health struggles, and should be well informed as to what their responsibilities are in comparison to other health professionals.

5.2.2 My professional identity and practice. Through my secondary research, I have been able to gain an in depth understanding of the current mental health climate among the Ontario student population. Prior to engaging in this research, I was unaware that struggles with mental health were so common, complex and have such debilitating personal and academic effects. My research along with witnessing a family member struggle with their mental well-being has further informed my understanding of mental health issues. What’s more, I have developed empathy for both the student population as well as teachers. I am very fortunate to have gained valuable insight into the climate of mental health and will be able to apply this knowledge in my future practice.

I intend to apply this knowledge in the classroom by openly discussing the effects of stress and anxiety with my students, allowing student to ask questions about concerns they have, and ensuring that students are aware my door is open if they are struggling. I can inform the students that I will help in anyway possible, and increase their awareness of accessible health professionals if their concern is out of my scope of practice.
In addition to gaining insight on the mental health climate of our students I further explored the role of the educator in assisting our students. The most significant take-away for myself is the understanding that my role in assisting students, while very important, is only one part of the intervention process. I now know that when I recognize a behaviour that may be indicative of a mental health struggle, it is my responsibility to pay careful attention to this behaviour, and have the awareness and knowledge of the appropriate supports that will help this student. Prior to my first-hand research, I was unaware of this process.

When I first analysed the data from the interviews, it wasn’t clear that simply acknowledging an issue and referring students to appropriate support systems to be adequate assistance. I then began to realize that teachers are not professionals in addressing the mental health concerns of students and there may be individuals better suited to assist, therefore limiting the role of the teacher. When one of my participants afforded me a resource package called “I Matter”, which better outlined the role of the teacher, it became apparent how important the teacher’s role truly is.

Within this resource package, the role of a “Caring Adult” really resonated with me. The caring adult lays at the foundation of the tiers of intervention in addressing mental health. The responsibilities within this foundation are what I believe the teacher adopts, and include but are not limited to: creating a safe and caring class culture, promoting nurturing and responsive relationships, and listening to all student voices. The resource package also outlines the responsibilities of the Youth Counsellor, Social Worker and other Community Supports.

After examining this resource package, and comparing the responses of my participants to the resource package, my thought process was further reinforced realizing that listening to students concerns, taking note of unusual behaviour, and referring students to professional are
very much adequate forms of assistance. Not only are these adequate actions, they are important steps in developing a sense of the students needs, and having the students seek the appropriate support.

Moving forward these findings will inform my teaching practices. I plan to take careful observation of student behaviour and pay attention to behaviours that may be indicative of mental health issues. In addition, I will remain an active teacher-researcher, searching for literature and educational research that further informs my understanding of mental health issues. Furthermore, I plan to familiarize myself with school support systems, and if needed attempt to establish in school support system. Based on the implications for the educational community, and my future teaching practice I move forward with recommendations.

5.3 Recommendations

To address the previously mentioned implications I put forth three recommendations which outline a top-down approach. My first recommendation targets the Ontario Ministry of Education’s response to the Ontario Ministry of Health and Long-Term Care mental health strategy *Open Minds, Healthy Minds: Ontario’s Comprehensive Mental Health and Addictions Strategy*, while the second recommendations targets pre-service teacher training programs and the third addresses school administration.

The first recommendation pertains to re-visiting the Ontario Ministry of Education’s response to the *Open Minds, Healthy Minds: Ontario’s Comprehensive Mental Health and Addictions Strategy*. Currently, latter document outlines initiatives which include early identification training for educators, implementation of programs that influence early identification and referral and to enhance the mental health resources in schools (Ontario Ministry of Health and Long-Term Care, 2011, p. 14). While promising, the language of these
initiatives is vague and lacks framework outlining an action plan. The Ontario Ministry of Education responded to these initiatives by releasing a mental health guide called *Supporting Minds* (2013). As such, it is simply a guide. A very informative guide but lacks any specific mandate for mandatory training for educators. My recommendation would be to alter the “enhancement of mental health resources in schools” within Ontario Ministry of Health and Long-Term Care comprehensive strategy to read “establish mental health professionals within all schools operating under the Ministry of Education”. The Ontario Ministry of Education would then follow suit and mandate that individual Boards of Education implement mental health resources and support staff within their respective schools. This would manifest in a full-time Mental Health Worker (MHW) in all Ontario schools, affording all students access to the appropriate support.

The benefits of such a person were evident in my research. One participant indicated that their school has a full time MHW. The participant believed that the students were very aware of the support this individual provided. Many students did seek assistance from the MHW. The MHW also ran work shops and seminars for the teaching staff with the aim of increasing the teacher’s knowledge and understanding of mental health and how to recognize signs of a struggling student. The benefits are well understood for both the student and teacher population. It would be beneficial to students as well as educators if mandatory professionals were established within each school. If this is not possible, community based support systems should work along side regional school boards. Furthermore, the means to access support systems must be highlighted to the student and teacher population, making them readily accessible. In doing so, the mental health needs of students are addressed by the appropriate individuals.
My second recommendation states that pre-service teacher education programs include a credit-bearing course designed to inform educators of the mental health climate of our students, and to define their role in supporting student mental-well being. The course would be designed to inform teachers on effective classroom practices that promote positive mental and physical well-being, outline the warning signs of mental health struggles, and explain the referral and intervention process that occurs when a student is struggling. Especially important within the course would be outlining the role of Child Youth Counsellors, Mental Health Workers, and Social Workers. This recommendation is extremely valuable as it ensures all educators are provided with the necessary knowledge and skills to successfully support the mental well-being of our students. My findings clearly indicated that disparity exists among current in-service teacher and the ongoing learning teachers receive. This recommendation is a means to rectify any potential future inconsistencies and ensure all teachers are equipped with the knowledge and skills necessary to support the mental well-being of our students from the onset of their professional career.

The final recommendation in this top-down approach targets school administrators. School administration are in positions to offer professional development during PD days, staff meeting and professional learning communities. To ensure that in-service educators are afforded the knowledge, skills and increased comfort supporting the mental well-being of our students it would be beneficial for administration to offer professional development on this topic. My research findings indicated barriers for teachers such as a lack of time, or lack of mindset to research and attend professional development. Administrators can alleviate this issue by holding the PD during sanctioned staff meetings or PD days. I believe this is the final piece to the top-
down approach that ensures all current, and future educators are well equipped to support the mental well-being of our students.

The main goal of the three recommendations is to ensure all current and future educators an opportunity to gain insight, knowledge and build a comfort with addressing mental health concerns among the student population. Overall, a top-down approach following my recommendations would be most affective in reaching the overall goal of supporting the mental well-being of students. Moving forward, I discuss areas of further research.

5.4 Areas for Further Research

The main research question within my interview protocol was rather opened ended - What is your understanding of a teacher’s role in assisting students with mental health issues. I did so with deliberate intent, hoping to gain opinions/perspectives. Overall the responses to this question (see chapter four) indicated their role to be observing potential issues, conversing with students on such observations, raising concerns about observations, and referring students to an expert when necessary. Both participants explained instances whereby students discussed personal issues with them. Their responses indicated that conversation with the students is very important, especially, validating their concerns and then offering some type of support or referral. Their responses to other questions within the interview protocol were very similar to the above-stated, and I found repetition within the interviews. What was absent in both participant responses were the implementation of classroom wide strategies designed to address topics of mental health, such as anti-stigma efforts and increasing mental health literacy.

Through this recognition, I suggest that an area of further research be in classroom wide anti-stigma strategies which aims to gain perspectives and an in depth understanding of the effects of anti-stigma strategies. I believe it would be beneficial to the student population if
additional research was conducted focussing on the effects of anti-stigma strategies to promote positive mental well-being of the student population. Such research could be qualitative in nature and employ interview protocol to be conducted with educators as well as students.

In addition to researching classroom wide anti-stigma strategies, I also suggest that further research is required in the area of mental health literacy. Specifically, how should mental health literacy be taught, and by whom? I elaborate in such a claim in the following.

One of the questions in my original interview protocol focussed on raising mental health literacy among students. Mental health literacy is an effort whereby students have an increased knowledge of mental health conditions with the goal of aiding their recognition, management and prevention of mental health disorders. In response, one participant indicated that they personally have not done any class wide mental health literacy promotion, while the other participant took advantage of “teachable moments” to talk to his class. Overall the responses indicated that teaching mental health literacy is not occurring within these participant’s classrooms.

It would be beneficial to conduct research that aims to shed light on successful strategies for incorporating mental health literacy within the current curriculum guidelines. This research would target teachers who successfully promote student mental health literacy and awareness in their classroom pedagogy, and highlight the details of their instructional strategies. The research methods could consist of interviews, surveys and observational methods to gather data.

5.5 Concluding Comments

In closing, my research has provided valuable insight into the factors which shape how educators assist students who may be struggling with their mental well-being. The main findings
indicate that educators mainly assist struggling students by conversing with them, taking careful
observation of unusual behaviour that may or may not indicate mental health issues, and
referring students to support systems which are best suited to address these struggles. Overall,
teachers play a vital role in the process of intervention, with their contributions rooted in
observation and referral.

These findings are significant because it places teachers at the forefront of intervention,
and creates a situation whereby teachers may lack skill in recognising signs of mental health
issues. Additionally, educators will have varying levels of comfort in addressing such a topic.
These implications indicate potential need for training within pre-service teacher education
programs and professional development sanctioned by current administration to reach in-service
teachers. Pre-service and in-service educators would then be properly equipped with the
necessary skills and promote their comfort in this domain. It would be beneficial for the Ministry
of Education to re-consider their response to the Ontario Ministry of Health and Long-Term Care
“Open Minds, Healthy Minds” to establish in school mental health professionals.

As the volume and severity of students struggling with mental health issues continues to
rise, it is imperative to act on my research findings and recommendations. I have provided
reasonable recommendations which would increase the ability of our education system to assist
and support our student population, ultimately shaping an environment conducive to student
success and positive mental well-being.
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Appendix A: Letter of Consent for Interview Protocol

Date: May 18th/2016

Dear ______________________________,

My Name is Isaac Dell 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 teacher’s capabilities and preparedness to support students with mental health issues. I am interested in interviewing teachers who have at least 10 years teaching experience in Ontario, have knowledge and understanding of current best practices in accommodating for mental health issues and are aware of mental health support services available to students. 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. I may also present my research findings via conference presentations and/or through 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. Any information that identifies your school or students will also be excluded. The interview data will be stored on my password-protected computer and the only person who will have access to the research data will be my course instructor of CTL7015. 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 during the interview. 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 to participation, and I will share a copy of the transcript with you shortly after the interview 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,
Isaac Dell

Phone Number

Email
Isaac.dell@mail.utoronto.ca

Course Instructor’s Name: Arlo Kempf
Contact Info: Arlo.Kempf@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 Isaac Dell 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 Protocol

Introductory Script: Thank you for agreeing to participate in this research study, and for making time to be interviewed today. This research study aims to learn the current preparedness level and capabilities of teachers to accommodate and support students struggling with mental health issue for the purpose of fostering an inclusive learning atmosphere in which all students have the ability to achieve academic success. This interview will last approximately 45-60 minutes, and I will ask you a series of questions focused on background information, teacher perspectives/beliefs, teacher practices, supports and challenges and next steps. I want to remind you that you may refrain from answering any question, and you have the right to withdraw your participation from the study at any time. As I explained in the consent letter, this interview will be audio recorded.

Do you have any questions before we begin?

**Background Information (5)**
1. What led you to the teaching profession?
2. How long have you been teaching?
3. What subjects have you taught?
4. Which subjects do you prefer to teach?
5. Could you please outline any AQ courses, specialist certification or continuing education you have completed?

**Teacher Perspectives/Beliefs (6)**
1. Please describe the current state of student mental health and well-being.
2. In your teaching experience, has there been a change in the mental health and well being of students? If so, please explain.
3. Is it possible to provide an inclusive learning atmosphere for students struggling with mental health issues? Please expand on your thoughts.
4. As an educator, please describe your comfort level and level of preparedness to identify, support and accommodate for students struggling with mental illness?
5. Has your comfort level altered in any way since the beginning of your career as a teacher?

6. What are the main effects students experience when struggling with mental health and well-being?

**Teacher Practices (5-7)***

1. In your personal experience, what strategies have you utilized to successfully support students with mental illnesses?

2. What experience do you have in suggesting students seek assistance from mental health services?

3. What is your understanding of a teacher’s role in assisting students with mental health issues?

4. Could you please provide specific example(s) of situations where students in your class have struggled with their mental well-being? Furthermore, could you try to provide reasoning for this occurrence.

5. In your experience, how have you ensured students have an understanding of mental health literacy?

6. Do students understand where to seek appropriate support services?

**Supports and Challenges (4)**

1. To your knowledge, what current programs are in place to prepare teachers to effectively teach and accommodate students with mental illnesses? To clarify, programs may include: professional development workshops, community training and school specific intervention programs.

2. What support/training do you believe would be of assistance when dealing with students experiencing mental health challenges? Please extrapolate on both support and training within the school and external support and training.

3. What are the main challenges and barriers that cause teachers to struggle with students experiencing mental illness, and how do students with mental illnesses alter the classroom environment?

4. How have you personally responded to challenges within the classroom regarding mental health issues among students?

**Next Steps (1-2)**

1. What suggestions/advice would you give to new teachers beginning their careers in education in regards to the mental well-being of their students?
2. Should there be mandatory professional development in the area of teachers’ capabilities to identify, intervene and support students with mental health concerns?