How Elementary Teachers Support Student Mental Health and Well-Being
Through Collaboration with Mental Health Supports and Resources

By:
Natalie Seyers

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SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

ABSTRACT

This Master of Teaching Research Project is a qualitative study that addresses the topic of supporting mental health and well-being through school settings, specifically through a collaborative approach. Existing literature suggests that our schools are in an ideal position to not only support mental health and well-being but to also foster it, educate on the subjects around it and to identify and intervene when mental health supports and services are needed. With this in mind, this study aims to explore how exactly these results are achieved, guided by the following question: How do a small sample of elementary teachers support student mental health and well-being through a collaborative approach? Overarching themes include the barriers these teachers face throughout the process, as well as their responses to said barriers that include but are not limited to limitations of available resources, misunderstanding, and timely access to resources. Ultimately, as a beginning teacher, my intention is to discover the strategies used in supporting student mental health and well-being through a collaborative approach with mental health supports and service providers, so that I can, while responding to the challenges, promote and support mental health and well-being in my own classroom and also influence and impact the school environment from a collaborative approach. Additionally, I offer my research outcomes to inform the further development of other teachers’ practice and to impact future educational policy and program development.

Key Words: Mental Health and Well-Being, Collaboration, Leadership, Education, Stigma, Whole-School Approach, Student Support and Barriers.
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SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>2</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>3</td>
</tr>
<tr>
<td>CHAPTER ONE – INTRODUCTION</td>
<td>7</td>
</tr>
<tr>
<td>1.0 Research Context</td>
<td>7</td>
</tr>
<tr>
<td>1.1 Research Problem</td>
<td>10</td>
</tr>
<tr>
<td>1.2 Research Purpose</td>
<td>11</td>
</tr>
<tr>
<td>1.3 Research Question (Main)</td>
<td>11</td>
</tr>
<tr>
<td>1.4 Subsidiary Questions</td>
<td>11</td>
</tr>
<tr>
<td>1.5 Background of the Researcher</td>
<td>12</td>
</tr>
<tr>
<td>1.6 Preview of the Whole</td>
<td>13</td>
</tr>
<tr>
<td>CHAPTER TWO - LITERATURE REVIEW</td>
<td>13</td>
</tr>
<tr>
<td>2.0 Introduction</td>
<td>13</td>
</tr>
<tr>
<td>2.1 Mental Health and Wellness Among Children and Youth</td>
<td>14</td>
</tr>
<tr>
<td>2.2 Known Barriers to Mental Health and Wellness</td>
<td>16</td>
</tr>
<tr>
<td>2.3 Methods of Providing Mental Health Support in Schools</td>
<td>17</td>
</tr>
<tr>
<td>2.4 Teachers’ Perspectives on Implementation</td>
<td>18</td>
</tr>
<tr>
<td>2.5 Mental Health Collaboration in School Context</td>
<td>19</td>
</tr>
<tr>
<td>2.6 Conclusion</td>
<td>21</td>
</tr>
<tr>
<td>CHAPTER THREE - METHODOLOGY</td>
<td>22</td>
</tr>
<tr>
<td>3.0 Introduction</td>
<td>22</td>
</tr>
<tr>
<td>3.1 Research Approach and Procedures</td>
<td>23</td>
</tr>
<tr>
<td>3.2 Instruments of Data Collection</td>
<td>23</td>
</tr>
<tr>
<td>3.3 Participants</td>
<td>24</td>
</tr>
<tr>
<td>3.3.1 Sampling criteria</td>
<td>25</td>
</tr>
</tbody>
</table>
3.3.2 Participant recruitment and sampling procedure

3.3.3 Participant biographies

3.4 Data Analysis

3.5 Ethical Review Procedures

3.6 Methodological Limitations and Strengths

3.7 Conclusion

CHAPTER FOUR – FINDINGS

4.0 Introduction

4.1 Teachers Have Developed Their Commitment to Supporting Student Mental Health and Well-being Through a Range of Personal and Professional Experiences

4.1.1 Participants gained an understanding of mental health through their experiences with family and friends.

4.1.2 Participants learned formal strategies in working with mental health and well-being through professional development and board policies.

4.1.3 Participants gained first-hand experience working with students who struggle with mental health through their own teaching experience in school settings

4.2 Teachers Are Supported in Responding to the Mental Health Needs of Their Students by Using Collaborative School-wide, Classroom-based, and Individual Student Strategies

4.2.1 Teachers are supported by collaborative school-wide initiatives and directives that promote mental well-being

4.2.2 Teachers are supported by collaborative lessons and teaching strategies that promote mental health and overall well-being in the classroom

4.2.3 Teachers are supported by collaborative accommodation strategies that promote mental well-being for individual students’ specific needs

4.3. The Barriers That Are Faced by Teachers Committed to Supporting Students’ Mental Health Stem from Lack of Available Resources and Lack of Understanding.

4.3.1 Teachers face barriers in the form of limited supports or resources available through the school

4.3.2 Teachers face barriers in the form of limited support from parents
4.3.3 Teachers face barriers in the form of limited support from or timely access to mental health supports 47

4.4. Teachers Demonstrate a Great Deal of Initiative in the Area of Student Mental Health and Well-being Through Self-Directed Resourcing, Collaboration and Student Advocacy 49

4.4.1 Teachers respond to mental health barriers through self-directed initiatives 49

4.4.2 Teachers respond to these barriers through professional collaboration with other teachers by sharing ideas and approaches to student mental health 50

4.4.3 Teachers respond to these barriers through student advocacy by communicating the needs of students and advocating for mental supports in schools 51

4.5 Conclusion 53

CHAPTER FIVE - DISCUSSION 55

5.0 Introduction 55

5.1 Overview and Significance of Key Findings 56

5.2 Implications 57

5.2.1 The educational community 57

5.2.2 My professional identity and practice 59

5.3 Recommendations 61

5.4 Areas for Further Research 64

5.5 Concluding Comments 66

REFERENCES 69

APPENDICES 75

Appendix A: Letter of Consent for Interview 75

Appendix B: Interview Questions 76
Chapter 1: Research Context

1.0 Introduction

In Canada, 20% of people will experience a mental health issue in their lifetime (Mental Health Commission of Canada, 2013). Mental health and well-being has been identified as a key issue in need of addressing in our schools (Santor, Short, & Ferguson, 2009). Mental health and well-being are fundamental to the quality of life and productivity of individuals, families, communities and nations, enabling people to experience life as meaningful and to be creative and active citizens. Mental health issues take many forms and can range from anxiety, impulse-control and conduct disorders, autism spectrum disorder, attention-deficit/hyperactivity disorder (ADHD), and other learning disorders. Students will then display a range of symptoms that may indicate a mental health issue such inattentive listening, disruptive behaviour leading to discipline issues, lack of participation, absenteeism, and a marked reduction in academic engagement and success, to name just a few. Comorbidity is always possible so students may experience a combination of different mental health related issues at the same time (Simonoff, Pickles, Charman, Chandler, & Baird, 2008; Waddell, Offord, Shepherd, Hua & McEwan, 2002). The causes of mental health issues come in many forms. Some aspects include socio-economic stresses, academic demands, teacher-student relationships, onset of high and unexpected stress situation, bullying, environmental impacts, or even genetic predisposition (Kelleher, Keeley, Corcoran, Ramsay, Wasserman, Carli, Sarchiapone, Hoven, Wasserman, & Cannon, 2013). These issues, if not affectively addressed and supported early and ideally at onset, have the potential to become mental health illnesses that require greater and more intensive treatments. There is research to support that untreated or unaddressed mental health issues in the developmental years can greatly increase the possibility of mental health illness in later
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

adulthood (Froese-Germain & Riel, 2012). Furthermore, there is research that connects mental health to substance abuse and addiction, essentially putting children at even greater risk (Froese-Germain & Riel, 2012). The Ontario Ministry of Education (2013) has set guidelines responding to this data and also developed a strategic plan to further educate and better support our students in our schools. The mental health and wellness initiative called Supporting Minds is a result of a multi-year study on the needs and requirements of our children and youth (Ontario Ministry of Education, 2013). Many subject areas have been identified as requiring further attention in curriculum such as bullying, drug and substance abuse, and cultural differences etc. Additionally, The Safe and Accepting Schools Act (2012) has addressed and set out guidelines and policy to better support our students and our schools (Ontario Ministry of Education, 2013).

More recently, the Ontario Teachers College has set out new guidelines in their document Duty to Report (Ontario Ministry of Education, 2015) in order to respond more cohesively to teachers’ responsibility for student welfare and well-being. There is a fundamental responsibility in the hands of our schools and teachers to care and support all aspects of student well-being (Education Act. 2013). This fiduciary responsibility is not exempt from mental health and well-being. Until recently, mental health has been an area overlooked as is indicated in a recent study. This study on teachers’ perspectives indicates that of the teachers surveyed 54% felt it was not their job to address mental health in the schools and of that 54%, 24% felt that strongly (Froese-Germain & Riel, 2012). This is contrary to what the Ministry of Education’s position is on the subject, which suggests that the need to care for and attend to the mental well-being of our students is not only a responsibility of the education sector but also has a direct benefit on student success. Most teachers surveyed additionally stated that they felt ill-prepared to respond to mental health and wellness needs of their students. They cited lack of professional
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH
devolution on the subject, lack of awareness of mental health support services and lack of
access to services as major barriers to successful mental health supports in the classrooms.
According to the Ministry of Education’s document *Achieving Excellence: Ensuring Equity*
(2014), it is imperative for student success that schools in Ontario be continually working toward
fostering better school environments and creating equitable conditions for all students.

Mental health and well-being support has been extensively researched and there is
increasing support for the adoption of a whole school approach (Sisask, Värnik, Värnik, Apter,
Balazs, Balint, & Wasserman, 2014). This approach “shifts the focus from the treatment of ill-
health and the promotion of mental health to the establishment of a school climate conducive to
the positive development of all people studying and working there, and to joint responsibility for
everyone's well-being” (Sisask, et al., 2014, p. 384). Early detection and response to students at
risk, teachers’ psychological well-being, classroom climate, and students’ general well-being and
mental health status are all key factors reflected in this whole school support approach to mental
health.

In response, some schools have adopted a collaborative approach to address mental health
and wellness. This approach can include placement of school psychologists and public health
nurses and school psychologists in schools and have documented success in this approach
(DeSocio & Hootman, 2004). Access to mental health services and support is instrumental in
optimizing mental health and well-being. Schools are in a strong position and have the unique
opportunity to build the foundation for future mental health and well-being, no different than
how schools approach academic success and physical health and wellness. It has been suggested
that well-functioning schools are culturally responsive, provide services to all without stigma and
Supporting student mental health through a collaborative approach

with equal access, and build children's mental health normatively, as well as through intervention and prevention programs (Elias, Zins, Graczyk, & Weissberg, 2003).

According to the research, there is much work to be done given that 9 out of 10 teachers recently surveyed said they need additional knowledge and skills training to prepare them to effectively address mental health issues and work effectively with families (Froese-Germain & Riel. 2012).

1.1 Research Problem

Even with the understanding that mental health and well-being are connected to student success and that schools are in the unique position to facilitate mental health support, mental health and support services are not comprehensive in schools (Froese-Germain & Riel, 2012). This can be attributed to many factors, including the aforementioned teachers’ lack of training and preparedness to identify address and support the mental health and well-being of students, but also the lack of availability of appropriate services, misconceptions and stigma associated to mental health, leading to reduced access to care (Gallaway, 2015). Additionally, when teachers reportedly do access existing support services it typically takes a long time to get a response and the teachers do not feel prepared or have the capacity to implement such supports or the supports are not comprehensive (Froese-Germain & Riel, 2012). Overall, teachers do not feel they have the knowledge or confidence to respond to all the students’ mental health needs, which suggests that the mental health and wellness needs of our students may not be being met. Furthermore, research suggests that there are multiple barriers that may impede the implementation of student mental health support ranging from issues with co-ordination, integration and comprehensiveness (Adelman & Taylor, 1997).
Schools are increasingly recognizing the role they have in providing mental health services to youth, but there are limitations to the services that are available through school-based mental health professionals. More and more, collaboration with mental health services as school-based providers and non-school-based community mental health providers is increasing. As collaboration can address limitations of school-based services and enhance and complement school-based services, it has been identified as best practice in comprehensive mental health service delivery (Villarreal & Castro-Villarreal, 2016). This collaborative model provides critical opportunities for collaboration between school and non-school-based professionals. Potential barriers to effective collaboration include time, proper implementation of strategies, and awareness and availability of resources (Villarreal & Castro-Villarreal, 2016).

1.2 Research Purpose

The purpose of my research is to learn how a sample of elementary teachers is supporting student mental health and well-being by collaborating with mental health and wellness services and to learn what outcomes they observe from students. This research will inform my own teaching practice and commitment to supporting student mental health while contributing research findings to inform teacher education and development in this area.

1.3 Research Question (Main)

The main research question guiding this investigation is: How is a small sample of elementary teachers supporting student mental health and well-being through collaboration with mental health and wellness services, and what outcomes do they observe from students?

1.4 Subsidiary Questions

• How did these teachers develop their commitment to supporting student mental health?
• What factors and resources support these teachers in supporting student mental health?
• What challenges do these teachers face in this work?
• How do they respond to these challenges?

1.5 Background of the Researcher

Speaking from my own experience working in special needs and mainstream schools, having many friends and family directly or indirectly affected by mental health and wellness, and seeing the public awareness and demand regarding mental health and well-being become more mainstream, I feel vehemently that mental health and well-being is something we must as a society continue to educate ourselves on and support most ideally from a proactive approach. I am concerned to think that anyone today feels they do not or cannot relate to the societal issues related to mental well-being. The fact that so many people continue to suffer in silence contributes to the lack of awareness on the subject and the lack of effective and timely address for mental health support sustains the misconception that it affects a limited population. I feel mental health affects everyone, either directly or indirectly. No one is immune to its affects or its challenges. Mental health issues can arise at any time and can affect anyone. There are many strategies and skills people can learn to use to respond to mental health concerns and it is highly possible for people to successfully manage and effectively respond to their mental health and wellness needs thus preventing mental health issues from becoming mental health crises. Effective treatments do exist but so many do not even access supports because of their lack of awareness or understanding of services, for fear of stigma or negative labeling, or due to economic inaccessibility to care. Additionally, I recognize and value the importance of early development of socio-emotional well-being as a key factor in building resiliency and self-knowledge. As an educator I see my role of supporting students includes not just attending to their academic needs but also monitoring and responding to their mental health and wellness
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

needs by providing a positive, healthy and supportive environment. I believe academics and mental well-being go hand in hand; one depends on the other for optimal outcomes. I also believe early identification and effective response are key to successful outcomes, and school based supports are long over-due because it is such an important factor in academic success, overall healthy development, and emotional well-being for life.

1.6 Preview of the Whole

To respond to the research questions, I conducted a qualitative research study. I used purposeful and convenient sampling to interview a small sample of teachers who identify as confident and competent with mental health and wellness content and who have a demonstrated commitment/leadership in this area. In Chapter 2, I review the literature in the areas of mental health and wellness and collaborative approaches to support services for students. Next in Chapter 3, I detail and discuss the research methods and specific framework for the interviews and expectations. In Chapter 4, I report the results of my interviews and then discuss the significance of the data based on current research literature. Finally, in Chapter 5, I identify the implications of the findings and how it impacts my own practice and also indicate possible implications for other educators’ practices as well. Additionally, I will indicate areas where mental health partner agencies, teachers, administrators, school boards, Ministries of Education, professional associations, etc. might like to direct further attention.

Chapter 2: Literature Review

2.0 Introduction

In this chapter I review the literature in the areas of mental health and wellness among children and youth. More specifically, I review themes related to known barriers to mental health and wellness, methods of providing mental health support, implementation of mental health
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

supports from teachers’ perspectives, and collaborative models of mental health supports in school context. I start by reviewing the literature in the area of mental health and wellness and what this means for children and youth in our schools. Next, I review known barriers to mental health support that children face in order to better understand what challenges exist. Following that, I review the literature that discusses different methods that support mental health and wellness. I then review the literature on teachers’ perspectives on mental health supports in order to better understand additional possible problems with the implementation of mental health supports that schools face. And finally, I review literature on existing models of successful ways of collaborating in the school context when providing support to children and youth.

2.1 Mental Health and Wellness Among Children and Youth

Approximately 1 in 5 children and youth will experience a mental health problem, which includes anxiety and depression (Waddell, et al., 2002). That means more specifically, in an average Ontario classroom of 30 students, 5 to 6 students will be facing a mental health issue. Research indicates a variety of factors that influence children and youth mental health including anxiety disorders, behavioural issues, onset of puberty, and economic conditions just to name a few (Spooner, 2014). In some cases, these behaviours can be traced to extreme adverse life events or traumatic stress experienced in childhood (Anda, Felitti, Bremner, Walker, Whitfield, Perry, & Giles, 2006). Further research indicates that once an issue is identified, less than 25% of these children will actually receive the specific mental health support that they need (Waddell, McEwan, Shepherd, Offord, & Hua, 2005).

Long term implications are immense and include, though are not limited to, further incidence of poor mental health in childhood, recurring mental health issues into adulthood, and potential for mental health and wellness issues to become mental health illness/crisis if not
addressed (Nurius, Green, Logan-Greene, & Borja, 2015). This research also indicates that untreated issues in the developmental years have lasting and long term effects into adulthood (Nurius, et al., 2015). In addition, the incident rate for suicide and mental disorders only increases over time without treatment (Robinson, Cox, Malone, Williamson, Baldwin, Fletcher, & O’Bien, 2013) There is significant support for the understanding that prevention is key and that with early intervention and support many mental health issues will be managed and treated. Early intervention is identified as an important factor and often, mental health issues will go undiagnosed or unaddressed until they become illnesses or crisis thus contributing greatly to the need for further resources and long term treatment (Weist & Murray, 2008). There is a direct link between mental health illness and suicide, and suicide is the second leading cause of death for Canadians between the ages of 10 and 24 (Canadian Association of Mental Health, 2015). The Literature suggests that, if ignored, mental health problems can impede social development, leaving young people feeling socially isolated, stigmatized and unhappy (Meldrum, Venn, & Kutcher, 2009). Additionally, the literature indicates that mental health problems may pose a significant and unnecessary obstacle for students to overcome in the classroom. Studies show that students with emotional disturbances and poor socio-emotional functioning have difficulty meeting academic standards (Meldrum, et al., 2009). The literature also suggests that mental health difficulties in youth represent one of the strongest predictors of academic failure and absenteeism (Kessler, Foster, Saunders, & Stang, 1995).

The Ministry of Education document, Achieving Excellence, recognizes that “developing child and student well-being means supporting the whole child – not only the child’s academic achievement but also his or her cognitive, emotional, social, and physical well-being” (Ontario Ministry of Education, 2014a, p. 14).
2.2 Known Barriers to Mental Health and Wellness

There are substantial barriers that exist that prevent children and youth from getting the mental health support they need. They include but are not limited to stigma and fear of labelling, concerns about privacy, lack of trust or poor relationship with support staff, not seeing their teacher as a facilitator, access to Mental Health Services information (i.e. education or public awareness), financial access to care and long wait times (Whitley, 2010; Ohan, Seward, Stallman, Bayliss, & Sanders, 2015).

Stigma proves to be a significant consideration when implementing a mental health initiative of any kind and is perceived as a significant barrier to young people accessing school-based mental health programs (Bowers, Manion, Papadopoulos, & Gauvreau, 2013). Additionally, the literature addresses young people’s perception of teachers as inadequately equipped to deal with and address mental health problems leading to lower incidence of self-reporting and student initiated access to services (Adelman & Taylor, 1997). Access to information is also a contributing issue as many students feel they just do not have access to information regarding mental health (Coyne, McNamara, Healy, Gower, Sarkar, & McNicholas, 2015). These barriers all contribute to the reduction in mental health intervention and as I have discussed earlier, which in turn contribute to the development of a negative lifelong impact on mental health and wellness. Long wait times have been addressed as a significant factor that not only greatly impacts the students’ access to mental health supports but also poses a barrier to the teachers’ ability to collaborate with mental health professionals on the students’ behalf when seeking supports (Froese-Germain & Riel, 2012).
2.3 Methods of Providing Mental Health Support in Schools

Considering literature on the most recent initiatives by the Government of Ontario to address the support of student mental health and well-being in schools, and additionally the Canadian Association for Mental Health campaign to address the significance of public education, efforts are clearly being initiated to develop a mental health model (Ontario Ministry of Education, 2013; CAMH, 2015). We have seen recent trends to try to build public awareness and break down stigma through education and clearly an opportunity exists for this awareness and education to take place in the school setting. Including a Mental Health and Wellness program in the school curriculum takes a preventative and pro-active approach to mental health and wellness and research suggests it will contribute to a better understanding and effective response to students’ needs at the developmental stage (Nurius et al., 2015). Additionally, recognizing self-efficacy as a significant aspect of mental health response and support is an important issue that has been identified but more education and professional development in this area is needed (Froese-Germain & Riel, 2012). Students can advocate for themselves more easily and seek help when they are aware they are in need of support and when they are able to recognize the warning signs of poor mental health. This will be possible through education and as students gain access to services and recognize the value in seeking support. When students do not feel the access is readily available or the school climate does not openly support student mental health and well-being as foundational within the culture of the school it is more likely that students will refrain from seeking help. (Bowers, Manion, Papadopoulos, & Gauvreau, 2013; Elias, et al., 2003; Gallaway, 2015).

Research indicates that inadequate access to support, whether it is in the form of lack of education, insufficient amount of support workers, lack of access to support services, or personal
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

resistance to support as a response to stigma or self-efficacy is in part due to financial constraints (Durbin, Bondy, & Durbin, 2012). Essentially, if the programs are not sufficiently supported or resources are not accessed it is likely that optimal mental health and wellness will be unrealized.

2.4 Teachers’ Perspectives on Implementation

The recent report on a study of Teachers Perspectives on Child and Youth Mental Health has identified key concerns regarding the implementation for mental health supports in our schools (Froese-Germain & Riel, 2012). One factor identified in the literature regarding teachers’ perspectives is that teachers currently feel ill-prepared to respond to mental health and wellness issues. This can be attributed to their own lack of knowledge and education regarding mental health and wellness, which suggests the need for professional development on the topic. Further areas identified as barriers to successful support of students’ mental health are lack of mental health supports outside the school, inconsistent or minimal access to the services that do exist, lack of confidence and the absence of a framework of support to implement mental health supports in school setting, lack of coordinated support from parents and families and additionally public awareness and education. These are just some factors identified in the report that contribute to the teachers’ and schools’ ability to effectively respond to child and youth mental health and wellness needs. 54% of teachers surveyed said that they didn’t feel it was their role to address mental health issues in school and of those 24% felt strongly about it (Froese-Germain & Riel, 2012). Additionally, 9 out of 10 teachers surveyed said they needed additional knowledge and skills training to prepare them to engage and work with students and families regarding support of mental health and well-being.

Additionally, recognizing teachers’ self-efficacy may also present a possible barrier to mental health program implementation and is an important issue that may impact mental health
programming. Factors that may influence teachers’ initial motivation to implement a program and their continued participation in initiatives include efficacy beliefs regarding their capabilities as teachers to produce desired student outcomes (Bandura, 1986; Han & Weiss, 2005).

2.5 Mental Health Collaboration in School Context

Schools have a unique opportunity to serve as an educational mental health resource, early identification system and delivery outlet for student mental health and wellness support (Weist et al., 2007). Review of the literature on mental health collaboration suggests that a whole school culture approach is an important and fundamental factor in mental health support success (Kang-Yi, Mandell, & Hadley, 2013). This approach is most effective when successfully addressed on many levels (i.e. education, culture, attitude, outside supports). Creating a student-friendly model of support that includes a partnership between school support, parents and mental health services outside of school is the most effective model for supporting our students (Adelman & Taylor, 1997).

There is overwhelming evidence that there is a correlation between the students’ access to care and their comfort level in participating in mental health programming as well as a correlation between teachers’ approach to students in need of supports and their perception of the role and the process of providing supports. It is all interconnected; neither is successful without the support of the other. In this very sense it is best seen as a team effort, but its effective execution has a multitude of barriers.

Research indicates that a variety of factors influence a successful mental health and wellness school model. School serves not just as a means of education that leads to prevention of, but also as a resource for early identification, and implementation of mental health support plans (Whitley, 2010). There are many ways a school can implement mental health strategies in
the schools. In-class coaching from teachers is seen as another means of support (Santor et al., 2009). But the majority of this is more successful when it is not done in isolation. Integrating the mental health literacy into the curriculum is an important factor being implemented under the direction of the Ontario Ministry of Education as well as accessing and providing links to outside services and resources. It is suggested in the research that a collaborative approach is more effective and provides multiple access points as well as essentially combining the expertise of many stakeholders (Villarreal & Castro-Villarreal, 2016; Kang-Yi et al., 2013).

The use of school based health nurses and mental health professionals has shown success in schools that have adopted the resident collaborative approach (Community Health Nurses Initiatives Group, 2013; DeSocio & Hootman, 2004). Research in this area has indicated that access to in-house support not only helps with program facilitation but also allows for ongoing consultation. The presence and readily available mental health and wellness resources in schools reduces complicated and time consuming processes (Community Health Nurses Initiatives Group, 2013; DeSocio & Hootman, 2004). The ability for teachers, parents, and students to collaborate with mental health professionals is a direct benefit of on-site mental health and wellness supports. A large portion of the benefits of this model in regards to student success can be attributed to education, identification, and prevention.

Additionally, lack of access to care and services is frequently noted as a key barrier to the mental health model as well as early interventions with young children can be particularly helpful in developing social and emotional skills (Nurius, 2015; Bandura, 1986). These two sets of findings suggest that efforts at improving school environments should indeed start early (Weare & Nind, 2011).
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

Collaborative approaches may be effective in addressing students’ mental health needs but when working in a professional environment when problems are too complex to be dealt with by just one profession, all parties stand to benefit from partnership (Rose, 2011). The research also suggests contributing factors that facilitate collaboration are clarity of generated shared goals, shared perceptions of collective responsibility and willingness to act as part of a group (Rose, 2011) and participants’ attitude towards and understanding of their ability to be successful executing their role in the process (Bandura, 1986).

2.6 Conclusion

In this literature review I have identified many of the current issues facing child and youth mental health and wellness. I have further reviewed articles supporting the existence of a need for student mental health support and reviewed literature that supports the school based programs as important aspect of the child and youth mental health model. Additional literature confirms that multiple barriers currently exist ranging from stigma to access to mental health services. Furthermore, studies indicate that teachers have identified many concerns regarding their responsibility and ability to successfully implement mental health supports in schools. Mental health concerns continue to be identified as a key issue faced in our schools today. We are moving towards building a new framework for mental health and wellness support that is founded on an inclusive model and proactive approach. Schools are an integral part of that framework. I have identified many limitations and barriers that exist with the current school based model. These barriers will continue to challenge all attempts to support our students unless they are addressed. Recognizing the shortcomings of the present model is key to understanding next steps in the mental health and wellness plan for children and youth. It was my intention that through my research I would identify how a sample of elementary school teachers successfully
collaborates with mental health and well-being services and what outcomes they observe in response to the implementation of these mental health and wellness supports. Once identified, these examples can be modelled and duplicated to further assist and inform my own professional practice and other teachers’ and as a result support children and youth mental health and wellness. As a response to my research, I hope to learn how to further implement these programs and strategies as well as identify where supports are still needed by students and teachers in the pursuit of optimal mental health and wellness.

In the next chapter I will explain the research methodology in terms of research approach and procedures. It will also include discussion around instruments of data collection, participant sampling criteria and selection, participant recruitment and sampling procedure, data analysis, as well as ethical procedures and methodological strengths and limitations.

Chapter 3: Research Methodology

3.0 Introduction

In this chapter I describe the research methodology used to examine the research question identifying the research specifications and decisions around them. I also explain in detail the data collection process as well as identify methods for data analysis. The purpose of the research is to gain professional insight into what the mental health and wellness support framework is and how that impacts the collaborative process. I will identify the participants of the study and include a description of the sampling criteria, the sampling procedures and list the identifying qualities of the participants. Additionally, I discuss the data analysis process and identify and discuss methodological strengths and limitations. Finally, I will conclude the chapter with a brief overview of key methodological rationale.
3.1 Research Approach and Procedures

The study was conducted using a qualitative research study approach that included a preliminary review of the existing literature that relates to this research topic and supports the purpose of the study. The data was collected through a qualitative method involving semi-structured interviews with teachers through face to face semi-structured interviews of two participants. Research states that viable data will be produced regardless of the collection method and the method of attaining the data does not directly impact the outcome (Sturges & Hanrahan, 2004; Curasi, 2001).

This semi-structured approach minimized power relationships between researcher and interviewees and was conducive for the sharing of stories by the interviewee (Creswell, 2013). Approaching this research study in a phenomenological approach best suits my purpose given that the aim of my research is to better understand what a sample of teachers’ experiences are around the topic of collaboration for befitting students’ mental health. My interviewees are able to share their interpretations and lived experiences through the use of their own voices; this is particularly significant because it is not based on quantitative data or a specific theoretical perspective (Bevan, 2014).

3.2 Instruments of Data Collection

For the purpose of my research, I conducted one on one, face to face semi-structured interviews in order to collect pertinent data related to my research topic. The data was collected through anecdotal notes and also through direct dialogue in the form of participants’ responses to the framework generated through my research questions. In order to minimize bias, the questions were created with and open ended approach to lend validity to the responses and in essence prevent the responses from being directed towards any outcome other than genuine reporting of
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

facts (Chenail, 2011). As per the research methodology, the questions were presented following the semi-structured interview protocol and each response was audibly recorded on a mobile device as well as audio taped and then transcribed in full on a password protected laptop. This allowed for the data to be coded at a later date once the interviews were completed and data was sufficiently collected.

In order to gain relevant insight into the participants’ knowledge of the topic, semi-structured interviews were helpful as the purpose of the interviews was to collect responses to the interview questions. Semi-structured interviews allow for the interviewer to view and respond to the tone of voice, facial expressions and body language conveyed during the interview process (Irvine, Drew, & Sainsbury, 2012). The data collected relates to and responds to my research topic because I am also able to respond to and clarify the responses in this setting. Semi-structured interviews allow for the voices of the interviewees to be heard and their stories to be told in a less constructed or restricted environment (Creswell, 2013).

3.3 Participants

The selection and use of participants in the research process was very important for the purpose of collecting data on teachers’ experiences with collaboration and for the data to respond appropriately to the research inquiry. The participants are elementary school teachers who have personally addressed concerns of mental health and wellness in their practice through a collaborative approach. They must also be able to speak meaningfully about challenges they experienced around the collaborative approach and how they responded to these challenges. Additionally, participants will share observed and realized success in mental health support and wellness in a school setting. And most importantly, the participants need to have experience with collaboration with mental health and well-being services so that their experiences can be
documented and the processes, challenges and responses to challenges with respect to teachers’ experiences with collaboration can be better understood.

3.3.1 Sampling Criteria

The following reflect the considerations that were weighed and decided upon. In determining the best suitable contributors, the sampling criteria was established to include reflexive participants that could speak meaningfully to the research questions in the study.

As per the research methodology design the participants are:

1. Elementary school teachers.
2. Teachers with five or more years of teaching experience.
3. Teachers who have demonstrated a strong commitment to supporting the mental health and well-being of their students.
4. Teachers that have direct experience and knowledge of students who present mental health concerns.
5. Teachers who have a minimum of three years of experience collaborating with mental health professionals to support student mental health.

Each of the above mentioned criteria was important to identify teachers who have knowledge and understanding related to the topic area of supporting student mental health and well-being support through collaboration. Given that my focus was also additionally not to just look at their experiences with collaboration but also their experience with any barriers that they face in the process and to understand how they respond to the barriers, teachers also needed to have experiences with these areas as well. The years of experience each teacher has in the classroom added to the ability of the participants to share their experiences and speak meaningfully about multiple processes of collaboration. In addition to their experience in
elementary school settings, I sought teachers who have demonstrated a keen commitment to the support of student mental health and well-being. These teachers are also able to share their knowledge of the process of administering this kind of supportive approach in their own teaching practice and document the challenges if they observed any. This direct experience added to the depth and detail of their responses, so I chose teachers that not only have a minimum of five years teaching experience but also have a minimum of three years of experience collaborating with mental health professionals in their practice. Participants’ collaboration experience is of particular importance because I not only needed to identify teachers that have a strong commitment and experience with students’ mental health support but because I was looking to better understand their experiences of collaborating with mental health professionals to gain insight into the process and possible barriers and how they respond to each. Ideally, the data collected speaks meaningfully to my research purpose and inquiry around teachers’ experience and methods used in supporting student mental health and well-being through collaborative processes in elementary school settings.

3.3.2 Participant Recruitment and Sampling Procedure

According to Patton (1990), “When one is studying people, programs, organizations, or communities, the population of interest can be fairly readily determined” (p. 177). The process of attaining possible suitable participants was directed by purposeful and convenience strategies. The use of purposeful and convenience strategies is defined as those who can speak meaningfully on the subject and those who are easily found and often in close proximity to the researcher (Etikan, Musa, & Alkassim, 2016). This approach was used to address difficulty in identifying teachers with knowledge of students’ mental health needs given the confidential nature of the information. This was approached with the greatest regard for the sensitivity of the
content and the process ensured utter confidentiality (Mikene, Gaizauskaite & Valaviciene, 2013). For the purpose of this study both purposeful and convenient strategies lent benefits to the recruitment process and contributed to the intended outcome; to inform my understanding of the collaborative approach to mental health and well-being in schools.

As a teacher candidate, I was able to draw on direct association with education professionals in order to secure both knowledgeable and willing participants. Etikan et al. (2016) suggest that in order to find participants, I was able to utilize my readily accessible convenience sample to recruit willing and knowledgeable participants who fit my purposeful selection criteria. Etikan et al., (2016) explain that “simply put, the researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by virtue of knowledge or experience” (p. 2). Additionally, convenience and purposeful recruitment involves finding participants that are proficient and well-informed on the topic of interest (Etikan et al., 2016). And finally, they explain that in addition to knowledge and experience, “availability and willingness to participate, and the ability to communicate experiences and opinions in an articulate, expressive, and reflective manner” (Etikan et al., 2016, p.2) are what makes convenience and purposely sampling ideally suited for this kind of research study.

3.3.3 Participant Biographies

Both participants in my research study are teaching professionals with at least five years of experience in the classroom, and both have identified themselves as experienced in the area of supporting students’ mental health and well-being through a collaborative approach. The participants will remain anonymous through the use of pseudonyms.

Mary

Mary has been teaching for well over 10 years in elementary schools. She identified herself as someone who is demonstrating leadership in the area of student mental health and well-being.
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

She possesses a wealth of experience working with students with mental health support needs procured over her teaching career. She demonstrated a deep understanding of the collaborative approach to student mental health and well-being through many initiatives she has been involved in in her own classroom and in the school community. At the time of the research, Mary was working in a primary classroom in a mid-sized elementary school that has a diverse population and a multitude of mental health and well-being support initiatives ongoing.

**Cheryl**

Cheryl has been working in elementary schools for over 15 years. She too has identified herself as someone who is demonstrating leadership in the area of student mental health and well-being and has many more than three years of experience responding to the mental health needs of students through a collaborative approach in her classrooms and as a member of the school community. At the time of the interview she was also working as a classroom teacher in an average-sized elementary school with a very diverse population that included many students with a wide range of mental health supports and service needs.

**3.4 Data Analysis**

Data analysis is a key component of any research based finding. In order to successfully comprehend the data collected, the data was organized into codes and then themes so that meaning and understanding could be contrived from the interviews. This is why researchers look at data with the intention to find patterns, and from those patterns can begin to formulate codes. This allows the researcher to sort said codes into themes or categories to gain a comprehensive understanding of the data presented (Creswell, 2013). The data was collected for this analysis using the research questions as a guide and reference and then transcribed. The transcription of
the participants’ responses then underwent a coding process that allowed for the data to be organized and analyzed.

DiCicco-Bloom & Crabtree (2006) suggest organizing data by means of patterns and codes and then sorting that information further into categories and themes. Once the interviews were complete, the data was transcribed and then coded. As this process developed themes emerged and the information was then analyzed based on the research purpose and questions originally posed to make meaning from the interviews and derive understanding from the information the interviewees shared. “Quantitative methods are intended to achieve breadth of understanding while qualitative methods are for the most part, intended to achieve depth of understanding” (Etikan et al., 2016, p. 2). For the purpose of this research study, my intention is not so much to speak in terms of measurable impacts as we would see in quantitative research but rather to inform and enlighten understanding of an area of research and to identify areas where further research may be directed. According to Patton (1990), “Qualitative inquiry typically focuses in depth on relatively small samples, even single cases (n = 1), selected purposefully” (p.169).

3.5 Ethical Review Procedures

There are no known risks to participation. Participants were asked to sign a consent letter and they were told that they had the right to withdraw from the study at any time. Additionally, they had the right to choose to not answer any question, for any reason and at any time.

The information shared does not contain any distinguishable information and the privacy and identity of the participants will be of the utmost concern and sensitivity throughout the process. The participants have been assigned pseudonyms and any identifying information has been excluded. The audio tapes of the interviews will be destroyed within five years of conducting the interviews and the identifiable information will only be available to myself and
my professor Dr. Angela McDonald-Vemic. The emails and data were stored on my password protected device/laptop that permit only our access and therefore provide our participants with a reliable framework to participate openly and without concern for safety or privacy for themselves or for their students.

3.6 Methodological Limitations and Strengths

The process of the collection of data via the interview needed to be done in a professional and highly reflexive way so many things have been considered (Hallberg, 2008). Concerns that might be raised regarding this kind of research may be addressed by protecting the integrity of the research through complete anonymity for the participants. As discussed earlier, procedures are in place to protect both the interviewees and their information. Additional challenges that may limit the validity of the research include but are not limited to the convenience and size of the sample. The convenience of the sample is an inherent part of this kind of research and most importantly noted due to the sensitivity of the subject matter of mental health. It is significant to acknowledge that confidentiality, for reasons previously discussed, make the recruitment process especially sensitive and therefore convenience sample was the decided recruitment method of choice. As research states, reflexivity in qualitative research is fundamental to its success and therefore has been instrumental in the development of methodological procedure and was fundamental in the analysis component of the research process (Hsiung, 2008).

As for the sample size, this does not impact the research outcomes since my purpose is learning how teachers support student mental health through collaboration with mental health professionals rather than trying to establish a frequency or identify patterns of data. The only limitations this may impart are reduced number of tangible solutions for teaching practices going forward to support student mental health and wellness. This can be addressed further in Chapter
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

5 as a recommendation for further study. Additionally, as mentioned earlier, the interview questions have been effectively formulated to be open ended to allow for unobstructed responses that are not influenced one way or another during the data collection phase (Lee, 2011).

The limitation of the research findings is that they are not generalizable given the small sample that is used. But they can be used to better inform my own learning and impact my practice and have the potential also to impact other teachers’ understanding of the collaboration process with regards to student mental health support thereby impacting their practice as well.

3.7 Conclusion

The purpose of this chapter was to describe the research methodology used for the purpose of my qualitative research study. I conducted two one on one, face to face interviews of two participants in order to collect data and respond to the research inquiry. I have specified the criteria for the participants and laid out the specific questions that will generate the research data. Additionally, I have conducted the interviews and transcribed the data following a protocol. In the next chapter, I report the research findings generated from the interviews.

Chapter 4: Research Findings

4.0 Introduction to the Chapter

In this chapter I will discuss and present findings that emerged through the data analysis of my research interviews with my two interview participants. Using my initial research question as guide, my analysis of the findings refers back to the main research question about the participants’ views of their role and experiences in collaboration with mental health services and resources. It is through this analysis that I gain a better understanding of the participants’ experience during the collaboration process, what challenges they face and what their responses
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

are to these challenges. The main research question is how a small sample of elementary teachers is supporting student mental health and well-being through collaboration with mental health and wellness services, and what outcomes do they observe from students? I have organized the chapter into four main themes:

1. Teachers have developed their commitment to supporting student mental health and well-being through a range of personal and professional experiences.

2. Teachers are supported in responding to the mental health needs of their students by using collaborative school-wide, classroom-based, and individual student strategies.

3. The barriers that are faced by teachers committed to supporting student mental health and well-being are frequently from lack of available resources and lack of understanding.

4. Committed teachers demonstrate a great deal of initiative in the area of student mental health through self-directed resourcing, collaboration and student advocacy.

Further to these themes are sub-themes that break down the participants’ responses into more detailed descriptions of their experiences with collaboration and how it supports student mental health and well-being in their professional practice. Each of the four themes will be first described and next the relevant data from the interviews will be reported. I will then discuss what current literature says related to the findings and suggest what significance these findings have within the context of each theme. Lastly, I will provide a summary of my findings and make recommendations for possible further research and/or next steps.

4.1 Teachers Have Developed Their Commitment to Supporting Student Mental Health and Well-being Through a Range of Personal and Professional Experiences

Participants share similar understandings of the diverse needs of their students with regards to their mental health and well-being. This understanding comes from a range of
experiences that all contribute to their commitment to students’ overall well-being and adds specific insight into students’ need for mental health supports in schools. It is important to understand how this commitment has been developed so a better understanding can be achieved as to what the contributing factors are. I first look at participants’ personal experiences, then their professional experiences in relation to academics and then discuss their first-hand experiences with mental health needs in the school setting.

4.1.1 Participants gained an understanding of mental health through their experiences with family and friends

Participants reported that they had had experiences with mental health issues in their personal life outside of the school setting either through friends or family connections. They both indicated that their experiences played a part in developing their commitment and that it better informed their understanding of the challenges that were faced with mental health issues. According to the Canadian Mental Health Association mental illness indirectly affects all Canadians at some time through a family member, friend or colleague given that 20% of Canadians will experience some kind of mental health issue in their lifetime (Canadian Mental Health Association, 2017). Participants also commented on the impacts that were experienced by the families of adults and children that were supporting those with mental health challenges. Mary said, “I have a family member who has bi-polar disorder and other family who have emotional issues and challenges and a child who has high anxiety and that’s been a whole other issue for me and my family to deal with.” She added that mental health issues affect more than the one person. Cheryl also shared that she has personal connections through friends with children struggling with these issues and family members of her own, “My daughter struggles with anxiety and depression,” and indicated how important mental health supports are for those
who need it as well as their families.

4.1.2 Participants learned formal strategies in working with mental health and well-being through professional development and board policies

Participants both cited professional development (PD) as an important aspect of their learning experience as educators. Schools are educating teachers, providing (parent) information nights with guest speakers, and bringing in professionals when issues are beyond a teacher’s expertise. Cheryl said also learning occurs through staff meetings: “We have had staff meetings where admin has talked about how mental disorders affect a students’ ability to learn.” By bringing awareness, teachers can better understand and meet the specific needs of all students. The recent initiatives supported in the literature indicate that this is part of an ongoing invite to build awareness through education (Ontario Ministry of Education, 2013; CAMH, 2017). She continued, “I feel overall this is something I support for the good of my students.” Mary stated that their ongoing development in the area “has also become more of a Board initiative.” She explained further,

I would say that when I first started my career over 10 years ago I did not see a lot of it. I knew of a social worker being attached to the school but I didn’t see the courses that they are giving us now and the awareness and I think, over the years, I think the board has finally realized how important an issue it is so I would say that within the last 2-3 years I’ve seen more evidence of them offering courses for teachers. I see a gradual progression.

Mental health and well-being education over the years has become so much more important and as a result there are specific supports and resources available. Participants state there are more student groups starting up to address mental health and well-being. In addition, there is greater emphasis on equity and diversity and groups in schools to deal with the emotional
issues and to deal with different cultural issues that affect families. There is real effort to raise awareness, about specific mental health issues and about maintaining and supporting mental health and well-being overall. Mary recognized, “It has really helped me better understand.”

4.1.3 Participants gained first-hand experience working with students who struggle with mental health through their own teaching experience in school settings

Both participants also indicated that they have had first-hand experience with students struggling with mental health issues in their classes as well. This has only deepened their understanding of the ways that these issues can present and how their role is important in supporting students’ mental health and well-being. Mary says, “I see mental health and well-being as fundamental to their success in school and later in life. During their development they aren’t just learning academics they are developing as people.” Participants confirmed they see their role as an elementary school teacher as important for the development of mental health and well-being. Weist et al., (2007) discuss the concept of early identification and the delivery model of schools as being in a unique opportunity to implement supports. Both participants indicated a strong understanding of the value that they bring as elementary teachers in supporting students’ mental health and an awareness of the impact mental health and well-being has on academic success (Santon, et al., 2009).

Mary recognized, “I think it’s important to support mental health early on. Mental health can take many different forms.” Both participants provided a long list describing different diagnoses and symptoms that they have responded to in their teaching experience including stress, anxiety, depression, Asperger’s, compulsive disorders, ODD (oppositional defiance disorder), ADHD (attention deficit hyperactivity disorder), inability to focus on work, inappropriate behaviour, anger, lack of motivation, excessive crying, sore stomachs, and students
not wanting to come to school as a result. These are concerns discussed in the literature as well (Santor et al., 2009; Kessler et al., 1995). Mary says the issues that she has seen herself frequently are children with high anxiety with very low coping skills. Both participants also reported having had many students with actual diagnosed disorders such as Asperger’s, ADHD, and Autism all often have a component of emotional affects that are observed in the classroom. Spooner discusses the kinds of disorders than students may present with and indicates that many mental health issues improve with support (Spoon & Martinovich, 2014). Participants both indicated that they have experiences in their schools supporting students who that have been bullied and then may be acting out as a result, so again that impacts them emotionally. Weist et al. (2007) confirm the importance of the role of the teacher in mental health and well-being support in schools and additionally speak of the unique position teachers are in to support students. These professional experiences with students’ diverse needs have fostered a deeper understanding of the role teachers play and the commitment involved in fostering mental health and well-being and to student success because of their position as teachers and as caring professionals. Both participants indicated that they recognize that mental health is something that needs to be recognized and has to be dealt with in schools, indicating to they have observed it is becoming more and more obvious every year that goes by. Mary acknowledged,

School can be very overwhelming for some so I think it is something as teachers we definitely need to deal with at school; the teachers play a very big role in advocating for those students. Because in some situations, if a teacher does not take the issues seriously then the situation can get worse and worse and as a primary division teacher we see if we can identify things really early in their learning and their personal life.
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

Literature supports the importance of early detection of mental health issues, as research indicates that untreated issues in developmental years have lasting and long term effects into adulthood (Nurius et al., 2015; Robinson et al., 2013).

4.2 Teachers are Supported in Responding to the Mental Health Needs of Their Students by Using Collaborative School-wide, Classroom-based, and Individual Student Strategies

Participants reported that there were a variety of resources utilized to respond to student mental health and well-being and that these resources were applied in different ways and through different opportunities within the school framework. The mental health support framework as described by these participants presents as a three-tiered collaborative approach. These supports will be further discussed under three categories: school-wide, classroom, and personal initiatives.

4.2.1 Teachers are supported by collaborative school-wide initiatives and directives that promote mental well-being

Promoting mental health and well-being through collaborating on school-wide initiatives is something that both participants indicated as important. Mary emphasized, “It has to be a process. We don’t teach in isolation. There are ongoing approaches to mental health and well-being. I don’t think you can do this in isolation.” It was indicated that the school climate has to also contribute to an overall sense of support. Cheryl emphasized, “For me the school climate, support of my principal and vice-principal are paramount in helping me to support my students.”

From this school-wide perspective, using the garden or outdoor space at school and engagement through the Eco-club is suggested as a resource to connect with students and promote good mental health and well-being. Mary shared that the use of an outdoor space provides a natural, more relaxing and enjoyable environment for the whole school.

Participants both reported on also having many support clubs and additional programming
to better serve students’ mental health and well-being like the anti-bullying initiatives that are promoted on an ongoing basis. The participants identified that bullying was a mental health and well-being issue that has huge impacts. “The Games Club program,” Mary said, “was teachers’ response to the socialization needs of students that were needing to have an outlet and to be able to socialize and connect to their peers” as well as a program called Rainbows. Mary explained, Rainbows is for any student going through a difficulty like divorce or separation of their parents but it’s actually extended into more than that so if a child is having any issues at school, we have expanded the group to include that and we have started a teacher mentor program where teachers volunteer to be a mentor for some students here that need adult mentorship.

The literature suggests in-class coaching from teachers is seen as another means of support whereby the teachers can support the socio-emotional development and mental well-being of students (Santor et al., 2009). The participants noted additional strategies including peer mentorship. In addition, Mary illustrated that students’ support of each other is also important and that this was supported through the installation of a ‘buddy bench’. She explained the bench is available for anyone to use when they don’t have someone in the schoolyard to associate with. Students will be able to go and sit on the bench and someone will respond and join them. Mary noted, “We try to do as many things as we can to help the social and emotional needs of our students.” The school also posts signage to make students aware of the Mental Health Hotline so they always have a mental health support resource available to them outside of school. The literature by Meldrum, Venn and Kutcher speaks about the social development impediments that can occur as a result of lack of mental health (Meldrum et al., 2009).

Additionally, Mary spoke about the school’s Safe and Inclusive Schools Committee where
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

students can talk about all things around assuring students have a voice and can address stressful issues that they may have to deal with. Mary explained that the committee meetings serve to provide an opportunity to bring concerns and ideas forward around mental health and well-being and inclusion at school and promote collaboration by sharing ideas and promoting shared initiatives school-wide.

The benefits of this kind of collaboration are discussed in research by Villarreal and Castro-Villarreal (2016), who suggest that a healthy school climate is important for developing a learning environment free of stigma that supports and promotes students’ mental health and well-being on many levels (Bowers, Manion, Papadopoulos, & Gauvreau, 2013). This school-wide collaborative approach is instrumental for mental health and well-being for students (DeSocio & Hootman, 2004). According to Elias, Zins, Graczyk and Weissberg (2003), “Well-functioning schools provide services to all and without stigma and with equal access, and build children’s mental health normatively” (pp. 304). Participants both indicated that they observed a marked improvement in their students’ ability to manage themselves in social situations. Mary explained that “these collaborative approaches usually help to reduce the students’ stress or anxiety” and that students improve over time with added supports in place.

The literature indicates that optimal mental health and well-being is most often realized through a whole school culture approach (Kang-Yi et al., 2013). This collaborative model suggests that supporting students through a variety of supports offered in different frameworks within the school, as the participants do, and students’ access to these supports contributes to overall mental health success in schools (Kang-Yi et al., 2013).

4.2.2 Teachers are supported by collaborative lessons and teaching strategies that promote mental health and overall well-being in the classroom
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

Participants indicated that there are opportunities for students to learn about mental health and emotional well-being across the whole curriculum using strategies in specific lesson plans and promoting well-being through character education as well as part of the overall classroom climate. Teachers indicated that students are encouraged to share ideas about why respectful behaviour and inclusion are important for supporting mental health and well-being in the classroom and to understand how each student has a part in that. Teachers also instruct students around how to work with each other, what is expected and how they can contribute and be respectful. The goals include feeling good about oneself, individuality, and recognizing and valuing uniqueness and diversity.

Additional initiatives include yoga and mindfulness techniques, which are promoted for use in the classrooms and character education is also used to contribute to a positive school climate and foster a sense of well-being. Personal initiatives such as recognizing and responding to student well-being is of great importance as it is the first indicator of mental health issues. The literature indicates that identifying, monitoring, and supporting mental health and well-being issues is fundamental to early intervention (Nurius et al., 2015; Robinson et al., 2013; Weist et al., 2007). Teachers’ role in the collaboration process with mental health professionals is invaluable given their unique position and proximity to students in the classroom.

Cheryl indicated she reads stories about various challenges that children face through the use of mentor texts. She explained that she spends time in class talking about emotions and feelings, and appropriate ways to express them. She teaches character education on a daily basis like how to deal with bullying and how to manage and cope well with different social situations.

Mary also turns to literature explaining her use of language, “reading books that speak to good mental health practices and understanding how others cope with difficult situations and
strategies to manage, linking those expectations to lessons and to life.” Mentor text topics include having bad days, working on friendships, anti-bullying, ‘filling your bucket’ as a student outreach initiative to promote demonstrations of kindness and caring towards others and generally finding ways to be supportive and build a sense of safety and inclusion in the school community. Socializing is a big part of mental health and well-being, as is teaching students to be proactive and not reactive in their relationships with their peers. Another strategy Mary indicated is using the Stop Sign resource for self-regulation. Green, yellow and red zones are used for students to identify their mood. Teaching and learning through the use of that tool helps students know how to best interact with each other to prevent themselves from or not cause other people to go into yellow and red zones.

Participants also emphasized the socio-emotional connection to mental health and well-being. Bandura (1986) confirms the relationship between a person’s regulation, socio-emotional development and environment. When it comes to feelings and managing themselves, students that struggle with mental health and well-being issues learn how to think in terms of good responses to situations. They also learn what healthy choices would be when working with others and how to be kind and how to feel included and safe and what to do when they do not feel that way. According to the literature the socio-emotional education of students is highly important for self-regulation and healthy mental health and well-being (Meldrum et al., 2009; Weare & Nind, 2011). It also fosters a sense of community and positive environment that supports well-being. Through collaboration with the Special Education Resource Teacher and other mental health support services, students are learning through classroom instruction how to better manage their emotions and their feelings.
4.2.3 Teachers are supported by collaborative accommodation strategies that promote mental well-being for individual students’ specific needs

Both participants spoke of various accommodations that can be made available to students as the need arises. This process can involve consulting with the special education resource teacher (SERT) and then consulting with the Board appointed mental health staff. Participants identified a process that involves consulting with these resources for the purpose of formulating specific responses to students’ specific mental health and well-being needs in the classroom. Cheryl explains their (mental health support staff) purpose is “to assist teachers in identifying issues and coordinating a plan to benefit our students.” These plans can involve strategies ranging from just providing students with quieter workspaces to allowing them to use the chill room to support different behaviours and expressions of frustrations or using tactile calming ‘fidget toys’ to help students with their stress management.

Cheryl said, when speaking about collaborating with mental health professionals, “we both have a vested interest in supporting children and want them to succeed in the classroom and beyond, but the professional is able to offer specific strategies and support beyond the teacher’s expertise;” these behaviours can be traced to adverse and extreme life events that require counselling (Anda et al., 2006) but not limited to them.

Mary identified additional classroom strategies that have been made available and says calming techniques are useful for students with ADHD. Some of these techniques include having students check in at the start of the class to indicate how they feel, using visual schedules on their desks to help elevate stress about transitions or unexpected situations that take students off task and allowing for extra time to transition from activity to activity are all helpful useable strategies sourced from SERTs and mental health supports services.
Both participants spoke about the use of reading “social stories” to students to help them understand how to deal with issues and find coping strategies. Additionally, a “chill room” can be made available or another safe place, such as working in the office or in the library for a short period of time to allow the child to take a break.

Cheryl noted that when “everyone is on the same page when supporting our students, this can only further benefit our children” and continued to state that “society benefits when we support mental health. People are better equipped to deal with life, employment issues, family issues.” Mary illustrated a more specific example of how important collaborating with students’ families and professional expertise can be important in supporting student well-being:

I had a student that was cutting themselves, at school but not at home it turned out, but I knew immediately that that needed to be addressed, that that was a sign of stress and that the student wasn’t coping. These issues are always better to be addressed early so being watchful, recognizing changes or displays of behaviours that are not usual for that child or behaviours that I understand to be connected to something else, it’s always better to respond early on. The child may be bullied for their behaviours, or the behaviours can be a response to the bullying. As they often are. And I help my students by monitoring their behaviours. Also if a doctor, or any other health professional, needs me to do anything to support a student’s mental health, I do it.

The data collected from the interviews indicate that collaboration with health professionals at the classroom level is a very important aspect identified by the participants. Both illustrate that the process involves different people and services depending on the issue but that collaboration between parents, SERTs, Board appointed mental health staff and doctors is also key in the process of supporting individual needs. Meeting students’ individual mental health needs is
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

possible through collaboration with mental health professionals and is fundamental when services beyond the teachers’ expertise are not just favorable but necessary for mental health and well-being of the students. The literature strongly suggests that the appropriate and proactive address to student mental health issues, ideally at the earliest point of intervention, will best serve the support needs of students (Nurius et al., 2015). Further to that point, early intervention directly reduces the likelihood of further mental health issues occurring and for issues to develop into crises (Weist et al., 2007; Robinson et al., 2013).

4.3 The Barriers That Are Faced by Teachers Committed to Supporting Student Mental Health Stem from Lack of Available Resources and Lack of Understanding.

Participants spoke of the barriers experienced during their work and efforts to support mental health and well-being of their students. For the purpose of understanding the challenges the teachers faced, these barriers have been organized into three areas: limitations of available resources, misunderstanding, and timely access to resources. All three play a significant part in creating challenges for those trying to access mental health and wellness supports.

4.3.1 Teachers face barriers in the form of limited supports or resources available through the school

Participants indicated it is important and advisable for a teacher to have frequent accessibility to a social worker and to have help and to collaborate and communicate well and frequently with the parents and show that they are doing everything they can to help that child. Participants both addressed the need for there to be quicker access to professional assessments and resources. Mary explained that “it is important to look at what the dynamic is within the school, really look at percentages of students that need services and students that aren’t in need
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

of services, that we know of, and come up with the supports they need” so that support can be provided in an expedited manner. Mary added, “if we can see the big picture we can take further steps to get the services to the students.”

As for supporting students in need of additional one-on-one support, EAs (Educational Assistants) are less and less available to support the process. Mary explained,

We are down to a very limited number of EAs in our schools. In my own school we are down to one EA for all of Primary Junior, so if there is a child that has an emotional outburst without an EA a lot of the times they either are sent to the office when the teacher is unable to deal with it in class, there is no other way, there is not enough manpower to help us deal with or help students who are dealing with these extreme emotional outbursts.

Mary explained that “not every support strategy works for every student, so effectively supporting a student with mental health struggles is often a process of trial an error.” She indicated it is important for a teacher to keep trying until an improvement in the student’s well-being or attitude and engagement is observed. Resources are not always available and often parents are left in the position to supplement the support process. An example of this is offered by Mary,

A parent recently was able to take our suggestions for a sensory cushion for a student with ADHD to use in class that we could not readily access because of budget and they were able to obtain it and provide the item and the student uses it in class, it has really helped. But not all parents will be able to do that.

Durbin, Bony, and Durbin (2012) confirm in their research challenges to mental health supports that parents face when they can’t offer additional supports for their children due to financial restrictions.
4.3.2 Teachers face barriers in the form of limited support from parents

Effective partnerships between parents always appeared to be a collaboration because teachers want to let parents know about the concerns they have and then communicate to the parent about strategies that are available to help support the student. But this is not always an easy partnership to foster. Mary reasoned, “One of the biggest barriers is that parents are not recognizing the problem. They are in a state of denial. I myself as a parent can completely understand that initial reaction, but often it’s misunderstanding.”

The interview data suggested that when a parent does not want to be involved in supporting their child’s mental health, sometimes it’s because they don’t understand the process or understand that the supports will really benefit their child. Mary stated, “it makes it really hard to get anything done professionally through the school if they refuse the resources.” Also, it was suggested that it is important that parents know that the wait times for professional services may be long but that it’s better to initiate the process sooner rather than later, if that’s what the student needs. Getting the parent to see the value of these supports was also indicated as important to dispelling misunderstandings about mental health student support. Participants indicated that parents may be concerned about how these situations will be handled so they need to be reassured that teachers are avidly working for the best support for the student and that they understand their concerns. Through respectful and positive communication, teachers making an effort to help parents understand mental health support can be done discreetly and ultimately students will benefit.

Previous research has also found that barriers stem from parents’ denial, misunderstanding about what can be offered by the school, frustration about lack of resources, or parents do not see that the supports will benefit the student (Ohan et al., 2015; Gallaway, 2015). Mary suggested
that, since some behaviours only present at school, more dialogue between the school and the parents about what is happening so that schools can support students’ mental health more effectively. Mary explained,

Parents need to know and trust we are all coming up with strategies, and all working to support the student, we all come to agreements to support the student in the class. The professionals and teachers will work so there will be as little disruption in school for the child.

Research also emphasizes that parents need to be better engaged and informed as to what supports are needed and that is often difficult when parents don’t see the teacher as supportive (Whitley, 2010). Adelman and Taylor (1997) also confirm the importance of teachers and schools being in partnership with the families of students to support mental health and well-being.

4.3.3 Teachers face barriers in the form of limited support from or timely access to mental health supports

Participants both indicated strongly that wait lists are a huge challenge in the process of gaining access to services for students’ mental health supports. Mary explained,

There are so many waiting lists at school for psychologists and social workers and many other mental health support services and sometimes the parents are asked to see someone outside of school and that costs a lot of money, and going to clinics is very expensive.

The literature indicates that a barrier to mental health supports is often financial restrictions (Durbin et al., 2012). Mary indicated, “Getting professional assessments done is too expensive for most families so again many parents don’t have that ability because some of it is paid for by OHIP and some of it is not, so that is a huge barrier.” Sometimes parents will say they cannot do
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

anything because they do not have the money so students will have to go on the school wait lists for services and then these lists can mean the mental health supports can take years to really be in place. Sometimes because of these ongoing barriers of long wait lists, teachers cannot get things moving unless it is “deemed extremely serious”; this is where parents are always advised to try to take it outside of the school and seek professional help. Cheryl emphasized the need for more resources when asked about barriers she faced. She said, “there is a lack of resources in our health system. Health professionals are overworked.” The literature suggests long wait times not only prevent students access to care but also the teachers’ access to the mental health supports for their students (Adelman & Taylor, 1997).

The participants both indicated the biggest barrier to mental health supports and collaboration with mental health support services is wait lists and wait times both being beyond the control of the teacher. The limited access to supports results in parents being advised to seek help outside of school. However, that isn’t always an option, financially or otherwise, for all families. So as a result, the responses and processes can be inconsistent. Sometimes parents aren’t able to do anything, sometimes they don’t want to. These are issues that are also raised in the literature. Durbin et al. (2012) confirm the financial barriers parents face when mental health supports are needed sooner than the school can offer them. Additionally, parents’ perceptions of what mental health supports may be needed as well as their understandings of how these supports will be affectively implemented in the school setting often present barriers to accessing supports (Ohan et al., 2015; Johansson, Andershed, & Anderzen-Carlsson, 2014). However, according to Supporting Minds, schools are in the unique position to offer services and must undertake the role of communicating the availability of these supports and services as soon as it
is deemed necessary to meet the mental health and well-being needs of all students (Ontario Ministry of Education, 2013).

**4.4 Teachers Demonstrate a Great Deal of Initiative in the Area of Student Mental Health and Well-being Through Self-directed Resourcing, Collaboration and Student Advocacy**

The teachers’ commitment was evident in the way they indicate the time and effort that is directed to supporting students’ mental health and well-being. Both participants spoke about ways that they demonstrate initiative when looking beyond the available resources at the school. This initiative is self-directed and also demonstrated through collaborative efforts and student mental health and wellness advocacy.

**4.4.1 Teachers respond to mental health barriers through self-directed initiatives**

Despite many barriers, these teachers who are committed to student mental health and well-being claimed they will “continually be searching for different resources to support mental health and well-being” to better inform their practice. They stated their intention to continue to develop their understanding of mental health and well-being issues through professional development and find and access anything that is available; through other credible resources such as literature, websites and through community programs. Cheryl stated that, despite the barriers, “I will continue to communicate with parents, staff and admin, medical doctors and mental health professionals in order to support my students’ well-being to address further needs.” Essentially, mental health and well-being was seen an on-going process and something that required ongoing education and additional supports.
Both participants indicated they have been and will continue to be self-directed in their attempts to access and develop mental health and wellness programs in their school and in their classrooms. And both will continue to support a variety of programs that have already been resourced and implemented. Teachers’ initiative is very important according to the literature, which suggests that teachers’ sense of self-efficacy is connected to implementation and sustainability of mental health supports and they are motivated by their sense of responsibility for their students. Han and Weiss have determined that a teacher that “is skilled in implementing a program and motivated to continue implementing the program beyond the training and supported phase is vital to long-term program sustainability” (Han & Weiss, 2005, p. 676).

4.4.2 Teachers respond to these barriers through professional collaboration with other teachers by sharing ideas and approaches to student mental health

Teachers collaborate during staff meetings and during professional development sessions. Additionally, they gather resources from teacher to teacher. They also share mental health support resources across the divisions to respond to barriers they face when supporting students’ mental health needs. Mary explained, “Just having conversations between staff about what different kinds of experiences are being observed and making connections to resources is impactful.” Participants also reported talking to support staff about possible mental health support strategies to implement school-wide and on a student specific basis. Part of the collaborative process is reviewing the strategies that worked or did not work, considering why, and then sharing the findings with each other to better inform their own practice. It is understood through the interviews that despite these barriers teachers committed to student mental health and well-being are continually resourcing and exploring different issues. Additionally, they continue to collaborate with professionals about what professional development and other
creditable resources are available in order to provide programs and continue to support the programs that have already been implemented. Sharing across the divisions and between classrooms is also important to get everyone involved and informed about whole school supports. Sharing expertise through professional development and staff meeting and then by word of mouth and searching online for different resources proves to be an invaluable resource to find resources that are not readily available at the board level. Being creative and continuing to support students and find ways for students to build their self-esteem and learn to be capable people will all contribute to successful outcomes.

4.4.3 Teachers respond to these barriers through student advocacy by communicating the needs of students and advocating for mental supports in schools

Mary suggested that if wait times are an ongoing problem there is no reason for a teacher not to go to the principal and address their concerns for wait times and reiterate the need for supports. Additionally, she indicated that anecdotal notes are not put in the Ontario Student Record so if teachers don’t share with the next teacher the follow-up and follow through on their concerns, they won’t know what strategies have been used to manage and support the student. So, she emphasized, communication and knowledge of board policies is important. A teacher can still initiate an exception to the long wait list if the need is there, but only with the support of their principal. Mary stressed, “You are an advocate for your students, that is very important,” and further reflected,

Teachers are not perfect, they have learned from experiences, and they have resources and education regarding child development and learning but they are not there to judge their students they are there to support and guide their students to find their strengths and build on their needs.
Participants indicated an appropriate goal is to continually advocate, collaborate, and continually resource for different issues. Mary advised to “make yourself aware about what PD is available and seek out credible resources to provide programs and continue to collaborate and support the programs that have already been implemented within the school.” Mary explained further, “More education, more PD for staff, even the custodians need to know about mental health and well-being needs for the students, to be another set of eyes and ears.” The community also needs more education to understand the needs for mental health and well-being practices and raise awareness. Mary stated, “We can’t put every student with the school psychologist but the one social worker for 10 schools is not enough. There needs to be more funding.” Other suggestions were given such as speaking to our local representatives and advocating for students. Mary explained, “look at the LGBTQ2 and how much that is now an awareness, that took a lot of advocating for the students in schools and raising awareness to better meet their needs in schools.”

It was emphasized that all programming needs to be approved by the principal. Some advocacy strategies include engaging services from different associations such as Star Camp (Students Together Against Racism), Rainbows, yoga and mindfulness programs, and visits by health care professionals like nurse practitioners. Some of the literature on in-school support services includes the use of school health nurses as a mental health support as well as school psychologists and other professional services (Community Nurses Initiatives Group, 2013; DeSocio & Hootman, 2004). Many of these articles suggests that mental health and well-being is successfully supported when nurses are on site in schools and their expertise is more readily accessible to teachers and to their students. Additionally, supporting wellness programs for teachers because “that’s hugely important” and even bringing in resources like both non-fiction
and fiction books for instruction on different mental health and well-being issues that need to be addressed in the classroom. Mary stressed that it is important for a teacher to:

Educate yourself as to ways you can work around barriers, like the teacher mentor program, I’m not giving out advice or pretending to be a social worker or mental health professional but I can be a supportive ear for my students, be available if they want to come and talk to someone and then advocate for them.

She further emphasized, “You have to be very resourceful but also be working within guidelines and protocols, I think it is best to pass things by your principal so you are never working independent of the school.” The Board may not mandate or provide programs but that does not mean they cannot be made available to students if the need is there and the principal supports the idea. Mary explained, “A recent example of that is the buddy bench, that was something we heard about and thought could fill a need within our school for inclusivity and to promote well-being.” Both participants observed a marked improvement in their students’ demeanor and ability to engage in their work and feel strongly supporting mental health and well-being is not just needed but imperative for their students’ success.

4.5 Conclusion

The participants spoke of the need for mental health and well-being support to be evident in all program areas including broader school-wide programming to classroom supports and also specific needs of individual students. This study has indicated that teachers effectively collaborate with students and their families, with school staff and with professional school supports in a multileveled approach when schools are supporting students’ mental health and well-being. The idea of positive school climate was addressed many times. The literature discusses this (Kang-Yi et al., 2013), pointing to a partnership between school, parents, and
mental health services outside of school as the most effective model for success. Both participants spoke of the problematic nature of misunderstanding when it comes to mental health and well-being, and the literature also confirmed participants’ belief that a common and frequently encountered barrier was stigma (Bowers et al., 2013). The importance of parent-teacher communication was also confirmed, as participants advised speaking meaningfully to parents about their children’s needs for mental health supports (Ohan et al., 2015; Gallaway, 2015).

There is further suggestion that there are many barriers still encountered ranging from lack of resources to wait lists. The need to be timely in response to students’ developmental needs and well-being is noted and discussed in detail in the literature, which suggests the need for better frameworks to respond to these needs and increased availability of these resources to reduce wait times (Whitley, 2010).

Cheryl indicated it is important to monitor students closely for any signs of stress, anxiety or depression, and always keep the lines of communication open between school and home. She highlighted that a teacher should always trust their instinct if they think a student is struggling in some way. She went on to acknowledge the significance of the role of classroom teacher as often the first step in the collaboration process: “We spend many hours every day with our students and often we are the ones who first notice when something is wrong.” There is a great deal of research that speaks to the role of early intervention as a key factor in supporting student mental health (Nurius et al., 2015; Robinson et al., 2013; Weist et al., 2007).

Both participants indicated that once the mental health needs of a student are responded to, students were observed to be better engaged and behaviours such as, acting out or crying, being overly reactive or fighting with other students, diminished. Further observations are that students
are observed to be “just generally seeming happier and more capable to come to school and work.” Students also demonstrated self-efficacy. Examples of this were that they are able to make better choices in class like saying they need breaks and asking for what they needed. Student mental health was observed to improve when they learn how to cope better and have support strategies in place. The literature suggests that the mental health difficulties that are present in youth are often also indicated by academic failure and absenteeism (Kessler et al., 1995). Participants indicated that teaching self-efficacy through social stories and other methods is an important factor in supporting student mental health. Mary stated, “It is a valuable life skill needed to support mental health and well-being during school years and beyond.”

This analysis suggests that collaboration by teachers and mental health professionals supports the students’ well-being on many levels. However, despite the fact that the participants recognize the benefits of quick response to identify and address the mental health and well-being needs of their students, the initiative is diminished and can quickly be ineffective if the student then is without further professional help for long periods. Research suggests that these long wait times can result in an increase in mental disorders if there is no treatment (Robinson et al., 2013). But the cost of mental health services may not just be delayed but also possibly compounded as Nurius et al. (2015) suggest that issues ineffectively responded to in childhood will only increase into adulthood. We will discuss these implications further in the next and final chapter.

Chapter 5: Discussion

5.0 Introduction

In this final chapter, I address the significance of this research study by reviewing my findings on how a small sample of elementary teachers support mental health and well-being through collaboration. I discuss the implications of my findings on both my personal
professional practice and also for the greater educational community. I identify and include questions that emerged through this process. Finally, with these questions in mind, I make recommendations by suggesting potential areas where further research may still be needed with regards to supporting student mental health and well-being in schools through a collaborative approach within the educational community.

5.1 Overview and Significance of Key Findings

The key findings of my research are that teachers who have self-identified as committed to supporting students’ mental health and well-being collaborate on many levels to access support services on their students’ behalf. Additionally, these teachers face many barriers in the collaboration process. Despite these barriers, the greater challenge comes mainly in the form of lack of readily available resources and most significantly from the long wait times incurred when teachers attempt to access professional mental health supports and services. To respond to these barriers, these teachers often take a self-directed approach when seeking additional resources to support the mental health and well-being of students. These initiatives include creating and leading support groups and peer support programs. Teachers also respond to the mental health and well-being needs of their students’ through collaborating with other teachers and mental health service providers. Teachers achieve this by initiating and participating in many school mental health programs thus contributing to a multileveled mental health support framework that they support and sustain in schools. Examples of this are the Rainbows program or Star camp. These teachers, because of their motivation and willingness to be proactive, also provide a source of early detection and identification for many mental health related issues at the onset. This is again of particular significance as the literature surveying recent teacher’ perspectives on mental health speaks to the importance of early detection and stresses the importance of effective
response when supporting student mental health and well-being (Froese-Germain & Riel, 2012; Weare & Nind, 2011).

5.2 Implications

In this section, I outline the implications of my research on my development and for future practice as a new teacher as well as the implications for those in the educational research community, which could potentially include other teachers, schools, school boards, and other educational professionals.

5.2.1 The Educational Community

This research study has indicated the importance of fostering a multi-level system to address and respond to student mental health and well-being through collaboration. Teachers however, face many barriers in the collaboration process mainly in the form of lack of readily available resources and timely response of professional mental health supports and resources. To respond to these barriers teachers most often take a self-directed approach when seeking additional resources to support student mental health and well-being. These additional resources that are sought out by teachers are often in addition to or beyond the limited frameworks in place in schools. The implications for the educational community are that each and everyone in the school environment and connected to the school environment has a part to play in the fostering of a positive mental health model. More importantly, the mental health professionals are a life line consistently understaffed and overworked but their expertise and skill set are a fundamental part of the collaboration process. Teachers, parents and students all rely on the system to respond to the needs of its students and recognizing this is the first step in moving towards a more readily available and streamlined mental health and wellness model that reflects the needs of the students it serves. The collaborative approach by definition refers to the sharing of responsibility
and resources and speaks to the benefits of a multilevel approach. This is better understood through the research findings of this study and evident in the literature as well as through the participants’ recognition that supporting mental health and well-being through a variety of initiatives. These initiatives range from student specific, to classroom, to whole-school approaches and not only increase the likelihood of a positive mental health model but also provides many opportunities for students to gain skills and understanding that impacts overall mental well-being through access to care. Essentially the findings of this study indicate that the entire educational community must participate and engage through collaboration in the mental health model and leaving this work in the hands of teachers alone not only underserves the students that stand to benefit but also limits the success of mental health and well-being initiatives when opportunities in a whole-school approach are unrealized or not sustained.

It has been suggested, through this study, that despite the long wait times, teachers that demonstrate leadership in this area can, through self-directed efforts, access mental health supports by way of their own processes which include website research, speaking to other teachers, recommendations from family doctors and through other channels like community services and programming. Participants spoke of trial and error methods in trying to support students’ mental health and well-being that could be likened sometimes to a desperate ‘grasping at straws’ for lack of procedure and protocols and timely access to the expertise of mental health professionals. This approach is also very time consuming and depleting with regards to the demands it places on teachers individually. It lacks protocols and can prove to be a daunting task given the limitations of documented resources other than social stories, personal schedules and stress management tools that are recommended but not prescribed by the school. This presents another area of concern given that these initiatives may then also likely be inconsistent and
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

lacking cohesiveness given the self-directed nature of these initiatives, however successful they may or may not prove to be.

Additionally, data collection and documentation are key components in the successful response to mental health and well-being. As part of the instructions from the SERT in the process and also to log and identify the frequency and significance of mental health concerns so that these can be effectively identified and responded to in a needs based approach. As part of the collaboration process, the sharing of these concerns and experiences will benefit the overall culture of the school because the needs of the school population will be more specifically responded to and programming can be tailored to the needs of all the students it serves.

5.2.2 My Professional Identity and Practice

Based on my findings, I have gained deeper understanding into what is involved in the collaboration process with mental health and well-being professionals and I have also gained further insight into the role that the special education resource teacher (SERT) plays with regards to the facilitation of mental health programming in schools. I have also learned what is required of the teacher in the same regard, and that collaboration with the SERT is an important step in the process—one that is best initiated early when concerns for a students’ mental health and well-being are raised. The participants indicated however that even before this, the first step is to recognize the importance of monitoring students for their mental health and well-being and that being with them in the role of classroom teacher also holds responsibilities to communicate the potential needs of my students to others in roles with various expertise — beginning with the SERT, but not limited to them. The literature has also spoken to this and identified additional benefits that are understood to impact long-term reduction of the need for mental health services
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

and a decrease in the development of mental illness due to non-existent or ineffective mental health support and services at onset.

Both participants spoke about the parent teacher relationship as being also important for the facilitation of mental health supports for our students. The teacher participants and the literature spoke of the barriers that often exist between families and schools as a result of the misunderstandings or misinterpretations of the supports and services that are available and of the implications these barriers have for the students (Adelman & Taylor, 1997). The teacher’s role in this process is key, given that they are often the direct contact with parents and also can speak to their observations of students’ behaviours as exhibited in classrooms and schools most meaningfully. My awareness of the importance of positive teacher-parent communication is only deepened through this study as it has been made abundantly clear that the better the collaboration process—in this regard, collaboration between schools and parents—the better the outcomes for our students. This will impact my professional practice in that I will be aware and undertake the task of communicating parents’ concerns to mental health support staff, relay information to parents in a meaningful and timely fashion, and above all appreciate and undertake my role as monitor and facilitator in a receptive, compassionate, professional and responsive manner. The way in which I respond to and support student mental health and well-being in a proactive and positive way or not will directly impact the culture of care that I will strive to promote, as opposed to sustaining and contributing to stigma and misunderstanding around mental health and well-being in our school and ultimately in our society as well.

As a result of this study, I also recognize that the sharing of resources and supports is very important and is fundamental to the success of the collaboration process. This understanding will impact my practice in that I will endure, not only to be willing and eager to share mental health
and well-being strategies with my peers to better inform their practice, but I will also engage in dialogue and seek out strategies that my peers can share with me. This is important to create a collaborative school environment that will benefit from good communication and extend the benefits of good mental health and well-being strategies from one student to many. The implementation of school-wide mental health and well-being support programs is important in addition to the individual and student specific support response when responding to the needs of our students. They are important for the support of the student but also are important as they create and contribute to a culture of caring that not only supports our most vulnerable students but also serves the overall community. This community includes those who are in the position to intervene on students’ behalf or implement important educational practices to improve mental health literacy and education in a multileveled approach.

Finally, the research has indicated that indeed there are many barriers that teachers and educational professionals face with regards to implementing mental health and well-being supports. Most significant of these are the long wait times for mental support service response. The implications of these results direct me as researcher and in my own practice to seek out some kind of regulatory or structured and proven response to guide my practice and that of others. Although the participants both spoke about recent professional development regarding mental health and well-being, there remains a lack in this regard despite this, in practice and in theory, that needs to be addressed concerning the consistency of access to strategies and support services and any protocol to guide the procurement of services or supports in the interim.

5.3 Recommendations

As a result of this research study, my first recommendation is to advocate for access to more professional mental health service workers. The additional mental health service
professionals would allow for an earlier response to students’ mental health and well-being needs through shorter wait times and also increase the possibility for teachers to have access to and consult with mental health professionals and gain understanding of available resources in a more timely and structured process.

I also recommend that schools adopt and/or continue to support a collaborative framework that supports student mental well-being. This can be realized through creating a school-wide protocol that supports the implementation of a collaborative framework as well as increased professional development that would develop teachers’ and administrators’ understanding of the benefits and importance of a multileveled approach to mental health and well-being from a whole-school perspective.

Additionally, I also recommend a more streamlined process and protocol that teachers can feel empowered to implement through a school supported framework. The idea that teachers are responsible individually to respond to student mental health and wellness needs is daunting and impractical. Teachers may be the eyes and ears regarding student behaviour and mental well-being on a day to day basis and often the first to recognize when students are not coping or when there are changes in behaviours that may indicate a mental health concern. However, the expectation that teachers must fish around for support methods while they wait for professional assessments is not only unacceptable but also misguided given that research states that early and effective response to mental health concerns is the most beneficial. Despite the commendable initiative and leadership these participant teachers demonstrate, their experiences suggest the process of identification and support should be less self-directed and more structured, allowing for less time to be exhausted seeking out resources on an individual basis and instead allow for the time to be better spent monitoring and supporting students. Such a framework would also
increase consistency and demonstrate a working model that responds effectively to students’ mental health needs that will in turn also increase parents’ confidence. In doing this, not only would every stakeholder know what to do, but they would also know where to go to get the supports and services for the students in their care without delay or difficulty. Ideally this framework will take into account the benefits of a collaborative approach to student mental health and well-being and will utilize the strength and expertise of many rather than focus and rely on the knowledge and efforts of few.

I recommend additional classroom support staff to assist in the care and well-being of all students who require additional supports. As this research study has highlighted there are many reasons that students will be in need of mental health and well-being supports and when these needs are above and beyond the immediate response available from the teacher, additional support staff will not only support the student but will also contribute to an ongoing framework of care so that stressful situations will not be exacerbated for lack of appropriate address. As these students’ socio-emotional skills develop there is no acceptable level of non-address given that we also understand from the literature that, if not affectively responded to, students’ mental health problems can impede social development, leaving young people feeling socially isolated, stigmatized and unhappy. Additionally, these conditions may lead to higher incidence of bullying, poor academic performance and quite possibly be an indicating and contributing factor in future mental health concerns.

My last recommendation is to continue to build on and foster communication with parents and increase their confidence in our school system. This will be realized through protocols that support confidentiality, increase mental health and well-being education and reduce stigmatization. This would be facilitated through the demystification of available supports,
decreasing response time, and increasing effective response to behaviours, bullying and other mental health concerns exhibited through absenteeism, uncharacteristic changes in demeanor, symptoms of depression and other signs of mental health issues. Parents should be able to feel confident that schools can effectively meet the needs of their children. If schools cannot provide this in a timely manner, it is unlikely that parents will trust educators to support students in the long term. Parents should not have to resort to having their child assessed by professionals outside the school setting, a practice that was detailed by the participants, when assessments are possible at the school level but not accessed due to long wait times. This can result in those families who can afford to seek professional advice outside of school settings doing so and leaves families lacking funds to wait long periods for professional services and responses to the mental health needs of their children. Not only does this add to the negative impact on the students’ mental health but it also potentially contributes to the lack of confidence parents feel regarding the mental health and well-being supports and services schools are providing. I recommend that addressing this, by making professional services supports more readily available, will improve parents’ confidence, teachers’ confidence and students’ confidence in the mental health framework overall. Some schools, as indicated in the research, have had great success in providing on site professional support services and I recommend that this be considered as another solution that would also compliment the collaborative approach to mental health and well-being in schools greatly increasing access to care.

5.4 Areas for Further Research

Participants referred to the use of social stories as a response to mental health and well-being education. Although the use of social stories was originally intended to support the development of social skills of students with autism, these stories are being used to extend to
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

other situations where students need guidance relating to mental health and well-being. There are possible limitations to their use, and more significant is the absence of other resources that are specifically tailored to mental health and well-being in students that do not have autism or other related diagnoses. The use of mentor texts is also a common response to situations where a student may benefit from such a resource to either identify a concern, guide a student through a mental health issue or specifically highlight common mental health challenges that students may face proactively. I recommend that further research focus on the benefits and the development and ready access to a professional depository for resources indexed by related topics, actions and intended results or outcomes. And additionally, I recommend a review of the use of social stories to see if these are adequate for use in responding to mental health and well-being concerns.

Another possible area for future research is to identify and address the mental health needs of our students and to assess the need for a framework to respond to culturally relevant community it serves. Ideally this research can focus on preventative measures to address trends and behaviours and outcomes regarding mental health and well-being concerns in an ever changing environment and also responding to cultural challenges that may need to be identified. I am suggesting, as a result of my findings, that additional and more specific frameworks be made available to respond meaningfully when unprecedented needs present, such as those more recently seen connected to the rise of technology use in schools (i.e., how to respond to or navigate cyber bullying). How can we create a system where new concerns can be addressed as they arise, what is the protocol? How can we best serve our communities and identify what their needs are? Future research can address all of these concerns.

And finally, future research should also focus on any potential downside of the collaborative approach: how might or could these multileveled support systems fail to meet
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

students’ mental health and wellness needs? It is possible that supporting students’ mental health through many levels may create a system whereby some students’ needs may not be identified or addressed because of the multiple points of access to care. Possible incidences of increased concern include students dealing with issues like bullying and self-harm vs self-regulation and attention-deficit issues. Due to the nature of these mental health issues, the outward appearance often does not present in the same way as other mental health concerns. This suggests that supporting students’ mental health and well-being through a multileveled approach may increase the likelihood that students’ mental health support needs may not be met as a result of teachers’ sense of reduced autonomy. Future research areas could focus on the need for protocols regarding check ins, follow ups, and identifying gaps in mental health and well-being education that may include cultural and gender based differences as previously mentioned but also in terms of making sure students do not get missed because of the sharing of responsibilities.

5.5 Concluding Comments

The significance of this study is seen through the research results discussed in previous chapters and indicates the potential and positive impact of teachers’ initiatives regarding student mental health and well-being. It has also highlighted the importance of collaboration as a necessary tool to not only respond meaningfully to students’ mental health needs but also as a method for improving the engagement of teachers in the multileveled process. Additionally, collaboration is also a fundamental factor in the culture of caring within a school that not only breaks down barriers and stigmas but also presents opportunities for learning and understanding that benefits students and communities alike. It is not just about responding to student mental health and well-being needs early on and as they present; it is also about educating our young people and equipping them with a better understanding of their mental health and wellness needs.
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

so that future generations will be better prepared and better informed about their own well-being and also that of others. The study is also of great importance not just for my own professional development but also because it has highlighted the concerns and difficulties teachers more generally face in the collaborative process in response to the mental health and well-being of our most vulnerable population. Difficulties that our educational community must address. The need for a more timely and professional response to mental health supports is a clear recommendation and outcome of this study. Additionally, it has been identified how inconsistent and unstructured the response to students’ mental health crises can potentially be between educational professionals. The concept of teachers’ self-directing initiatives is not only flawed with regards to consistency and practicality regarding time spent and speedy access to care but also deemed unrealistic if the goal is to have equal access to care for all our students.

The collaboration process does respond in part to the discrepancies in protocol in that it allows for a wider awareness of strategies and supports that can be accessed; however, it does not respond to the inconsistencies that exist. It is understood that students’ mental health and well-being needs will differ, however it is clear that a more formal and structured protocol needs to be in place. This would then provide a framework of services that teachers are able to access without delay or difficulty and ensure a variety of supports will be readily available. Such a protocol will only improve parents’ confidence that the mental health of their children is in good hands, and this will likely also improve the outcomes for students in the future.

It has been said that it takes a village to raise a child, and in a similar manner it takes a collaboration between a students’ community to provide the care necessary for mental health and well-being. When speaking of students’ mental health and well-being supports, teachers will ideally respond proactively, meaningfully and quickly when concerns are raised. Removing
obstacles to mental health supports and services will result in a long term and lasting investment. The realized potential of a proactive and responsive positive mental health model benefits everyone and creates a healthy and supportive environment that supports students’ success on multiple levels and in a multitude of ways. This collaborative and multileveled approach will only serve our students and our society better.

In moving forward, supporting our students’ mental health and well-being through a collaborative approach will not only improve and unlock their potential for academic success but it also holds the potential of directly impacting their positive contribution once they are adult members of society in the role of parents, caregivers and professionals as well. As has been indicated in the literature untreated and unsupported mental health concerns in childhood have the potential to develop into mental health crisis later on in to adulthood (Froese-Germain & Riel, 2012). I would like to close with a quote from the great scholar Benjamin Franklin who once said, “An ounce of prevention is worth a pound of cure” (Franklin, 1736). In this case he was speaking of fire prevention but the sentiment applies here, too. Ideally, as suggested throughout this research study, by supporting our students’ mental health and well-being needs through a collaborative approach early on and in a pro-active, responsive, effective and timely manner, we can prevent unaddressed mental health crises and make a difference for generations to come. In spite of current barriers identified in this study, schools are in the unique position to facilitate this work and are best to approach mental health and well-being education through a multileveled culture of care.
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

References


Chenail, R.J. (2011). Interviewing the investigator: Strategies for addressing instrumentation and researcher bias concerns in qualitative research. The Qualitative Report, 16(1), 255.


SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH


SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH


SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH


SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH


Appendix A: Letter of Consent

Date:

Dear ____________________________,

My Name is Natalie Seyers and I am a student in the Master of Teaching program at the Ontario Institute for Studies in Education at the University of Toronto (OISE/UT). A component of this degree program involves conducting a small-scale qualitative research study. My research will focus on how elementary teachers are supporting student mental health by collaborating with mental health professionals. I am interested in interviewing teachers who have demonstrated commitment and/or leadership in this area. 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 Dr. Angela MacDonald. 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,

Name: Natalie Seyers
Email seyersna@utoronto.ca
Course Instructor’s Name: Dr. Angela McDonald
Contact Info: angela.macdonald@utoronto.ca
Consent Form:
I acknowledge that the topic of this interview has been explained to me and that any questions that I have asked have been answered to my satisfaction. I understand that I can withdraw from this research study at any time without penalty.

I have read the letter provided to me by Natalie Seyers 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: Semi-Structured Interview Protocol

Thank you for participating in my research study. The aim of my research is to learn how a sample of elementary teachers is working collaboratively with mental health professionals to support student mental health in schools. This interview should take approximately 45-60 minutes and is comprised of 31 questions. The interview protocol has been divided into 5 sections, beginning with your background information, followed by questions about your experience and beliefs related to student mental health and wellness needs. Then there will be questions about your understanding of existing student mental health supports available to you, your experiences of collaboration with mental health supports in the school and finally there will be questions around observed successful outcomes and reflections for future professional practice regarding student based mental health support.

I want to remind you that you can chose not to answer any question and you can remove yourself from participation at any time.

Do you have any questions before we begin?

Can you please state your name for the recording?
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

Section A: Background Information of Teaching Professional

1. How long have you been an elementary school teacher?

2. What grade do you currently teach and what grades have you taught in the past?

3. In addition to teaching, do you have any other positions at the school? (i.e. coach, counsellor, resource teacher)

4. Can you tell me more about the school you currently work in?
   a. Size / demographics?
   b. Program priorities?
   c. In what ways does your school support student mental health and well-being?
      a. What resources are available?
         • Specifically, what sorts of Mental Health and Wellness Programs are presently supported school-wide?
         • To what degree is the overall school environment supportive and responsive to Student Mental Health and Wellness Support?
      d. How long have you been teaching at this school?

5. What experiences have contributed to developing your interest in supporting students’ mental health and wellness?
   a. Personal experiences? (e.g. self, family, friends)
   b. Educational experiences? (e.g. university studies, teachers’ college, additional qualifications, professional development)
   c. Professional experiences? (e.g. employment history, experience in schools)

Section B: Experience and Beliefs Related to Student Mental Health and Wellness Needs and Issues

6. In your view, what are some of the mental health challenges that students are facing?
   1. What indicators of these do you see?
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

2. What needs do you identify with this range of diagnoses?

7. What do you believe are some of the greatest barriers to meeting these needs in both society and in schools?

8. In your view, what is the role of schools in supporting students’ mental health and well-being?

9. In your view, how well do schools do in supporting student mental health and well-being? What evidence of this have you seen?

10. You have identified as someone with experience collaborating with mental health professionals to support students’ mental health and well-being.
    a. Can you tell me more about why you believe this is an important action to take?
    b. What do you believe are the benefits of collaboration between teachers and mental health professionals?

11. In your view, what is the role of mental health professionals in schools?
    a. From your perspective, how does the role of mental health professional differ from that of classroom teacher in supporting student mental health and well-being in schools?
    b. In what ways, if any, are these roles similar?

Section C: Teacher Support for Student Mental Health and Well-Being

12. How do you support student mental health and well-being? Can you provide me with some examples?

13. Where in the curriculum do you see this topic fitting / being relevant?
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

14. How, if at all, do you teach about the topic of mental health through your curriculum?

15. Can you provide me with some examples of lessons that you have taught on the topic of mental health?
   a. What grades / subjects were you teaching?
   b. What were your learning goals?
   c. What opportunities for learning did you create?
   d. What resources did you use?
   e. How did your students respond? What outcomes did you observe from them?

16. Can you provide me with some examples of how you have supported individual students’ mental health and well-being?
   a. What resources / supports did you access and why?
   b. How did you know which supports were available and how to access them?

Section D: Process of Collaboration with Mental Health Professionals

17. Which mental health professionals do you collaborate with and why, and how did you become familiar with how to access these professionals and their services?

18. What criteria do you use to identify what kind of mental health professional support that you require?

19. What is the process of contacting these support services typically like?

20. Can you tell me more about how you have collaborated with these mental health professionals? Do you have some examples?
   a. How do you communicate with one another? (e.g. in person meetings, email, phone)
   b. How do you work together to support student mental health needs?
   c. What is your role, and what is their role?
   d. Who else, if anyone, is involved in the process?
SUPPORTING STUDENT MENTAL HEALTH THROUGH A COLLABORATIVE APPROACH

21. Working collaboratively, what range of actions and/or strategies do you take/implement?

22. What are some examples of collaborative approaches that you have taken that you have found to be effective and why?

23. What outcomes of collaboration have you observed for students with regard to their having experienced collaborative approaches to supporting their mental health and well-being? Can you provide me with some examples?

24. How did you assess and monitor the outcomes?

25. What is your expectation of follow-up regarding student support in the collaboration process?

Section E: Challenges, Supports, and Next Steps

26. What challenges do you experience in the area of supporting student mental and well-being? How do you respond to these challenges?

27. What challenges, if any, do you encounter accessing and/or collaborating with mental health professionals to support student mental health and well-being? How do you respond to these challenges?

28. How could the education system further support you in meeting the challenges you face supporting student mental health and well-being?

29. What range of factors and resources support you in this work? (i.e. specific examples of PD, courses, leadership, school climate, books, curriculum materials, web resources etc.)

30. What are some of your goals for further developing the support you are able to offer students?
31. What advice, if any, do you have for beginning teachers who are committed to supporting student mental health and to working collaboratively with mental health professionals?

Thank you for your time and your help and for your continued efforts to address and support Student Mental Health and Wellness.

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