

STRATEGIES USED TO SUPPORT STUDENTS' MENTAL HEALTH AND WELLBEING

Strategies Elementary Teachers use to Support Students' Mental Health and Wellbeing

By

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Abstract

Children and youth are still among the most prevalent individuals suffering in silence with mental health issues. Teachers are put into positions where many of their students are facing these mental health challenges and need the adequate support. Although, many teachers are doubtful in their knowledge of mental health issues and lack the skills needed to support their students.

This research study focused on understanding various strategies teachers implement in their classroom on a daily basis to support the overall mental health and wellness of all students. Data was collected through semi-structured interviews with two Ontario elementary school teachers who have supported students with mental health issues inside their classrooms. Findings suggest that teachers lack knowledge about mental health issues nor have the resources or skills to support these students. The implications of these findings suggest that more conversation about mental health needs to be occurring in schools. Also, more education needs to be done to support prospective and current teachers in supporting a mentally healthy classroom environment.

Key words: mental health, mental health issues, mental wellbeing, teacher education, effective strategies, and challenges.

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CHAPTER 1: INTRODUCTION

1.0 Introduction to the Research Study

In Canada, “approximately 15 to 20 percent of children and adolescents suffer from some form of mental disorder – one in five students in the average classroom” (Kutcher, 2009). If teachers are not properly educated in mental health and wellness education, the percentage of children and adolescents with mental illness will only increase with time. In many elementary classrooms, it is evident that student mental health issues are becoming more prevalent compared to previous years. According to The Canadian Mental Health Association (2012), “With one in five youth under the age of 18 suffering from at least one mental health issue, a teacher can expect to have at least four students in need of extra mental health supports in their classroom each year”. Therefore, it is critical that current educators undergo professional development in the area of mental health. According to the findings of *Mental Health Education in Canada: An Analysis of Teacher Education and Provincial/Territorial Curricula*, teacher education programs in Canada provide little guidance in introducing teacher candidates to positive mental health education or resiliency development for either themselves or students (Canadian Mental Health Association, 2012). The lack of preparation creates a sense of confusion and stress for educators to help their students succeed, which likely stems from a lack of confidence or knowledge dealing with the issue.

1.2 Purpose of the Study

There is no doubt that this area needs more study to assist teachers in supporting students' mental health needs. Therefore, this research study seeks to understand various strategies teachers implement in their classrooms on a daily basis to support the overall mental health and wellness of all students, therefore building resiliency in their students' daily lives.

Resiliency involves being able to recover from difficulties or change—to function as well as before and then move forward (Barankin, 2007). Bouncing back from today's stressors is one of the best skills children and youth can develop. This study is extremely important to the education community as a future educator it is my job to promote student health and well being within my classroom.

Poor mental health in Canadian school children poses a significant risk to their academic development and puts them at greater risk of dropping out of school, substance abuse and suicide (Barankin, 2007). As a teacher, I will be at the front line of public health strategies designed to prevent and detect mental health disorders among young children. According to the Centre for Health Promotion (2008), mental health promotion improves the ability of people and the communities they live in “to take control over their lives and improve their mental health. After reading many articles, books, and browsing Canadian Government WebPages, one author who has inspired my thinking is Tatyana Barankin (2007). She is an excellent advocate and inspiration for children and their mental wellbeing, which has influenced my interest in mental health within the classroom.

My study works towards closing the gap in the literature between teacher expectations and the preparation and education that new teachers receive when it comes to student mental health and resiliency. Therefore, this study will explore strategies that teachers use to teach mental health awareness in their classrooms, in hopes of sharing these strategies more broadly with other educators. Indeed, removing the stigma associated with mental illness and fostering more conversation between educators. I want teachers to better recognize those children who may be at risk in developing a mental illness and provide them with appropriate supports, as well as promoting the overall health and wellbeing of all students.

1.3 Research Questions

The key question of this study is to elucidate the best practices and strategies that elementary teachers can utilize within the elementary classroom environment to teach mental health awareness. The sub-questions to be addressed are: What strategies are beneficial for students with mental health issues? What stigmas are associated with mental illness? What experiences and challenges have teachers faced with teaching mental health awareness? What experiences or content areas should be incorporated into the teacher education curriculum to better prepare new teachers in supporting students' mental health and wellness? Lastly, how are educators incorporating mental health awareness within their classrooms?

Taking a qualitative case study approach, this research offers insight from experienced teachers and educational professionals from elementary schools. I have collected in depth, qualitative data, which is idiographic in nature, seeking to provide a rich description of the subject matter (Bryman & Bell, 2012). Therefore, a total of two individual semi-structured interviews will be conducted. The interviewees will be Ontario certified teachers who have supported students with mental health issues. Throughout, this collective case study I will be focusing on one topic but selecting multiple interviewees and will replicate the same procedures for each individual. As a result, the collective case study approach may offer additional insights into what gaps exist in its delivery or why one implementation strategy might be chosen over another (Bryman & Bell, 2012).

1.4 Background of the Researcher

Throughout the course of my life I have grown up with a close, supportive and loving family. All three of my siblings attended the same local community elementary and high school. My youngest brother, Robert has been the root cause of my research and interest in mental

illness. It wasn't until my brother turned sixteen when things started to negatively change for him and my family. First, my brother would come home from school with a negative attitude and become more introverted than he normally was. Some mornings he would not want to wake up for school nor have any motivation to complete his school assignments. Everyone, including his teachers assumed he was just going through a normal teenager phase and would "get over" it sooner or later. Our grandfather had passed away in the beginning of the year, this made everyone including his teachers believe that he was simply grieving our loss. However, the days carried forward and things were not improving with Robert. My mother and I brought him to the hospital where he spent most of his teenage years, where doctors still to this day are not completely sure of his illness. Therefore, for the purpose of funding and support, when Robert turned eighteen years old he was finally diagnosed with disorganized schizophrenia. However, many medical doctors, support workers, and others are still bewildered with Robert and his mental illness.

This topic is very important to me as illustrated through my life experiences and post secondary education in the Master of Teaching program as well as my previous diploma program, Developmental Services Worker. Mental illness was always a subject matter spoken about in class and stirred up many conversations with my classmates and professors. However, it wasn't until I completed a three-day Tribes training course at the University of Toronto, which was my motivation and inspiration for pursuing this research. During the course, we spoke deeply about mental health and resiliency. Resilience is related to strong self-confidence, coping skills, ability to avoid risk situations and ability to fight off or recover from misfortune (Barankin, 2007). As a result, this questioned my previous thoughts and I began to speculate about mental illnesses. Conceivably, if Robert's elementary and secondary teachers were

educated or trained in promoting and/or teaching resiliency, perhaps things may have turned out differently. For example, if his teachers addressed and promoted mental health in the classroom and school community Roberts illness may have been prevented or supported appropriately. According to Reinke (2011), there is not a simple reason as to why one person (or even one sibling) will be resilient, and another not so resilient, however nurturing resilience in all children and youth is critical. For instance, people who are resilient can effectively cope with, or adapt to, stress and challenging life situations. They learn from the experience of being able to effectively manage in one situation, making them better to cope with stresses and challenges in future situations. I chose to become a teacher not because I was in love with any one subject, but because I wanted a profession that allowed me the opportunity to see people grow and develop, and to have a positive impact in that development. Indeed, as an elementary teacher I will promote resiliency in all my students, thus educating them on the protective factors to reduce their chances in developing a disorder.

1.5 Overview

This research paper contains five main chapters: introduction, literature review, methodology, findings and discussion. In Chapter 1, I have identified my topic, the reasoning behind my study, along with an explanation of my research question. Chapter 2, the literature review, presents a summary of relevant empirical studies, theoretical essays, policy reports, and other documents to provide a foundational context for this study. Chapter 3 explains the methodology and procedure used in this research study, including information about the sample participants, data collection instruments and limitations of the study. In Chapter 4, the findings section, the main themes from the interviews are described, with summaries of each participant's

contributions. Lastly, Chapter 5 addresses the implications of the research study for further research and practice.

CHAPTER 2: LITERATURE REVIEW

2.0 Overview/Introduction

This literature review will define the key term mental illness. It will also provide an overview of research informed strategies for educators to use in order to support students with mental health issues within their classroom. It will address the stigma associated with mental illness and how important fostering resiliency is as a school community. Finally, this review will examine the gap between teacher preparation and education to serve students with mental health issues.

2.1 Defining: Metal illness

A mental disorder or mental health issue, is defined as follows by the Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition (DSM-IV):

A clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g. a painful symptom) or disability (i.e. impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. (p. 247)

The condition or pattern must be one that does not fit into the confines of those behaviors that are culturally sanctioned and “it must currently be considered a manifestation of a behavioral, psychological, or biological dysfunction in the individual” (American Psychiatric Association, 2008, p. 247). According to the Canadian Mental Health Association (2012), approximately 10-20% of youth in Canada are affected by a mental illness, however only one of five youth receives mental health services. In addition to McDermott & Weiss (1995) a survey conducted in North America found one in five children have a mental health illness. This number increases for children living in adverse environments due to stressors within their home, school and

neighborhood. Therefore, it is evident that mental illness in young children is an increasing issue today.

2.2 Stigma Associated with Mental Illness

Stigma associated mental illness needs to stop in order for children, adolescents, and adults to receive adequate care and enjoy a satisfying and happy life. According to Kutcher (2009) stigma is defined as “society’s negative response to people who have a mental illness, is often described as more disabling than the illness itself” (p. 44). It prevents individuals and families from seeking early identification and treatment for a mental illness. Therefore, stigma stems from our society and what others have to say about individuals affected by this. Young people pick up cues about what is acceptable and unacceptable from those around them. If teens believe that their friends will distance themselves, as their mental illness becomes known, they will tolerate the consequences and risks of disease without asking for assistance. However if peers are accepting, the chances increase that teens with mental illness will seek help (Girma 2013). It is essential to foster a sense of comfort that allows people to discuss their mental illness with others who can support them is the first step to getting better. Kutcher (2009) believes the onset of a mental illness often comes before the age of 25. Hiding the disease, adolescents suffer negative consequences from silence. For instance, resulting in trouble at school, substance abuse problems, unwanted pregnancies even suicide (Kutcher, 2009). In addition, The Canadian Mental Health Association (2012), states the stigma attached to mental health conditions are so pervasive that people who suspect they might have a mental illness are unwilling to seek help because they are frightened of what others might think of them. “Experiences of stigma and discrimination are one of their greatest barriers to a satisfying life” (Canadian Mental Health Association, 2012, p. 247).

Clara Hughes is a six-time Olympic medalist in cycling and speed skating, she's the only athlete in history to win multiple medals in both summer and winter games. Since 2010, Clara is the national spokesperson for Bell Let's Talk Day and an immense advocate for mental health. January 28th, 2015 marked the fifth annual Bell Let's Talk Day, to help promote the conversation and raise awareness about mental health issues. On Bell Let's Talk Day, Bell contributes 5 cents for every text message, long distance phone call, tweet using #BellLetsTalk, and Facebook share of the Bell Let's Talk image. Thus, people are encouraged to engage in dialogue about mental health through social media and access information about the mental health community via the Bell Let's Talk portal (Healthy Minds Canada, 2013). In addition, Hughes and the Bell Let's Talk team carried the mental health conversation across all media platforms and to school assemblies and local events across Canada. Hughes stated, "This is our chance to let those who struggle hear loud and clear that they have our support – and to drive Bell's donations to mental health by talking, texting, tweeting and sharing the Bell Let's Talk message of a stigma-free Canada" (as cited in Healthy Minds Canada, Hughes, 2014). On March 14, 2014 Clara began her Big Ride a 110-day bicycle journey to 95 communities and more than 80 schools across Canada (Healthy Minds Canada, 2013). By embarking on this considerable journey, Clara hopes to bring continued awareness to mental health. She believes, "The biggest goal is to have a positive effect on trying to help break down the walls of stigma when it comes to mental health and really connect Canadian youth to this conversation" (as cited in Healthy Minds Canada, Hughes, 2014). Since 2010, I believe the shift is starting to happen due to the strong media awareness and Hughes ongoing support with Bell Let's Talk. Many people are becoming aware of mental illness, which is beginning to spark conversations and eliminating the stigmas. As Canadians, we need to continue to raise awareness about mental health and drive positive long-

term change in the way mental illness is perceived.

2.3 Fostering Resiliency

Tatyana Barankin is the author of a book titled *Growing Up Resilient: Ways to Build Resilience in Children and Youth*. She is a staff psychiatrist at Sick Children's Hospital and Centre for Addiction and Mental Health in Toronto. She also teaches medical students and is a consultant to community agencies at the Toronto District School Board. The most common question Dr. Barankin receives from researchers, clinicians, parents, teachers and young people themselves is, "what enables some young people to do well in school, to form meaningful relationships and feel hopeful about the future, in spite of adversity, while others become depressed or self-destructive?" (Barankin, 2007, p. 15) Her book explains her research and studies conducted in order to understand and answer this question. Resiliency plays a major role throughout her book. Barankin defines resiliency as "being able to recover from difficulties or change—to function as well as before and then move forward" (Barankin, 2007, p. 19). Bouncing back from today's stressors is one of the best skills children and youth can develop. Some of the studies Barankin conducted looked at children and youth whose parents had immigrated to Canada. She saw how the young women in the study were able to balance their cultures of origin and Canadian mainstream culture, were active in school and their communities and were positive about the future in Canada. As a result, this revealed a profound strength and resiliency in youth. Resiliency in children and youth is a result of the interplay between their individual traits and abilities and the social context in which they live (Barankin, 2007). In addition to this research, Mash (2002) speaks about resiliency in his book, *Abnormal Psychology*. He has conducted a study on two young boys growing up in the same troubled environment, one boy was able to escape harm despite stress and adversity while the other child

is completely unstable and mentally ill. Mash (2002) concluded that some vulnerable children do not develop later problems. Instead, they seem resilient to their stressful environments. They manage to achieve positive outcomes despite being at risk for mental health issues. Protective factors have also been found to reduce the chances a child will develop a mental illness, while vulnerability factors are the opposite—they increase the chances a child will develop a problem (Mash, 2002). Some characteristics the author describes as protective factors in children are: sociable, easygoing, high self-esteem, self-confidence, close relationship to caring parent figure, adults outside the family who take an interest in promoting the child's welfare, connections to social organizations, and attendance at effective schools (Mash, 2002). These are all moral protective factors that educators need to become more aware of. I believe, most children are resilient and that resiliency is something that can be developed and nurtured. Nonetheless, if teachers, parents, and caregivers are educated on the qualities that help make young people resilient, thus protective factors, fewer children may have mental health issues.

2.4 Teacher Preparation and Mindfulness in Teaching Student Mental

As educators we want our students to do well and strive for excellence in both their academic and social lives. However, the preparedness and quality of teacher education programs speak very minimally of mental health education. According to a survey conducted by Reinke (2011), he surveyed a total of 292 early childhood and elementary school teachers from five school districts (rural, suburban, and urban). In response to the question, "I feel that I have the level of knowledge required to meet the mental health needs of the children with whom I work," 4% of teachers indicated that they strongly agreed (Reinke, 2011). Another question asked from the survey was "I feel that I have the skills required to meet the mental health needs of the children with whom I work" as a result, only 4% of teachers agreed on this question (Reinke,

2011, p. 49). Other research by Rothi (2008) claims that teachers feel unprepared to manage students with mental health needs. Therefore, it is evident through both Reinke's and Rothi's research that many educators are lacking the resources and tools required to understand student mental illness and promote a safe and healthy learning environment.

2.5 Strategies to Support Students' Mental Health and Well-Being

An important component for a schools mental health strategy, according to Rothi is the development and implementation of age-appropriate curriculum to promote social-emotional development, prevent mental health problems, enhance resiliency, identify children at risk for mental illness, and provide ongoing educational support to young people during and after recovery (Rothi, 2008). However, in order for a program to be successful a teacher must have adequate training and education in mental health issues.

2.5.1 Mental Health Promotion Programs

In 2011, the Ontario government released the document *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy*, it outlines strategies for addressing mental health issues. The aim of the strategy is to "reduce the burden of mental illness by ensuring that all Ontarians have timely access to an integrated system of excellent, coordinated and efficient promotion, prevention, early intervention, community support and treatment programs" (Ontario, Ministry of Health and Long-term Care, 2011, p. 7). One of the goals in the strategy is to create healthy, resilient, inclusive communities. Which will be done through reducing stigma and more community supports for people. According to Barankin (2007) inclusion is linked to positive health outcomes while exclusion is linked to poor health outcomes. In order for one to be resilient and have good mental health, youth need to feel included and respected in their community.

In 2013, *Supporting Minds, An Educator's Guide to Promoting Students' Mental Health and Wellbeing* was developed to provide educators with information they need to support students with mental health problems through early intervention and effective classroom strategies (Supporting Minds, 2013). This document is merely one guide among others available to educators to support the overall mental health and wellbeing of students. This guide does not permit educators to make assumptions, label, or diagnosis students with mental health issues. Therefore, it provides educators with an overview of mental health problems and information they need to recognize a particular health problem, and their role in offering appropriate supports for their student's mental health and wellbeing (Supporting Minds, 2013). Within the guide it explains how essential it is to create a positive classroom environment. Children are at school more than six hours a day and approximately for 190 days throughout the year. Therefore, supporting positive relationships with supportive friends, social opportunities, involvement in meaningful activities, and the effective management of stress and conflict promotes good mental health. "Schools can be key players in promoting the mental health, resilience, and overall healthy development of students" (Supporting Minds, 2013, p. 6).

In my opinion, both of the ministry documents are great starting points for educators to receive information on promoting student mental health inside the school community. However, it is more than just reading a document and understanding the guides. Teachers must incorporate mental health teaching daily inside their classrooms from the beginning of the school year until the end. It is not something you can just complete sometimes in your class or begin when you notice a possible negative change in student behaviors. For example, maintaining high academic expectations that all students will learn and achieve success, engage all students in the academic work of the classroom-differentiated instruction, establish behavioral expectations, addressing

the importance of eliminating bullying and violence, offer behavior specific praise for student accomplishments, thus, Good-job on finishing your science worksheet. Finally, supporting parent-centered practice for your students, this will engage parents and the community and help to maintain a positive and healthy relationship with all caregivers (Supporting Minds, 2013). In addition, (Evans, 2009) study found the following:

Offering programs such as stress or anger management, reducing violence and substance abuse and modifying the school environment to promote pro-social behavior (skills for self-awareness, decision making, and positive relationships) both facilitates the development of good mental health and prevents the development of disorders and difficulties. (p. 118)

Another strategy that educators can incorporate daily in their classrooms to support the promotion of positive student mental health and wellbeing is through the process of Tribes. Jeanne Gibbs is the creator of Tribes, whose mission is “to assure the healthy development of every child so that each has the knowledge, competency and resilience to be successful in today’s rapidly changing world” (Gibbs, 2006, p. 22). It is important to understand that Tribes is not collection of activities or a program that you implement once a week. It is an ongoing process that should be implemented daily inside all learning environments and classrooms. The goal is to engage teachers, educators and the school community to work together in a supportive circle that is devoted to children’s learning (Gibbs, 2006). Students who belong to a Tribes learning community or school feel included and appreciated by peers and students, they are respected for their differences abilities, cultures, gender, interests and dreams and are actively involved in their own learning (Gibbs, 2006). Through the Tribes process students learn collaborative skills so they can work well with their peers and they achieve specific learning

goals. Four agreements are honored: attentive listening, appreciations/no putdowns, mutual respect, and the right to pass (Gibbs, 2006). In a study conducted by Thomas Hanson he observed and interviewed fourth grade classrooms that incorporate Tribes. Hanson (2011) stated “tribes is an intensive universal prevention strategy implemented in the class for the entire academic year “ (Hanson, 2011, p. 8). Indeed, if used appropriately it will positively support the overall mental health of students and looked upon as a preventative strategy. He found the Tribes program to be a promising prevention program that is now recognized by the Office of Juvenile Justice and Delinquency Prevention, and by a number of other-best practice lists (Hanson, 2011).

4.4 Conclusion

The above literature reviews have enlightened me on my research topic and has helped me to think more critically about mental illness. The personal experience of my brother developing a mental illness in his teenage years has set the foundation for my key question which is to elucidate the best practices and strategies that elementary teachers can utilize within the elementary classroom environment to teach mental health awareness. Following are my sub questions: What strategies are beneficial for students with mental health issues? What stigmas are associated with mental illness? How do educators define mental health? What experiences and challenges have teachers faced with teaching mental health awareness? And how are educators incorporating mental health awareness within their classrooms?

CHAPTER 3- RESEACH METHODOLOGY

3.0 Introduction

The following chapter describes the research methodology. First, I review the general research approach, procedures and instruments of data collection. Next, I address all methodological decisions for the participants as well as sampling criteria and procedures. Also, I explain data analysis and the ethical review procedures. I identify the methodological limitations and strengths, and conclude the chapter with a brief summary of the key methodological decisions and their rational given the research questions.

3.1 Research Approach & Procedures

The purpose of this qualitative research study is to understand and explore the gap that exists between teacher expectations and the preparation and education that new teachers receive when it comes to students' mental health, therefore building resiliency in their students' daily lives. I seek to understand various strategies teachers implement in their classrooms on a daily basis to support and promote the overall mental health and wellness of all students. These avenues are explored through semi-structured interviews with four elementary school teachers.

Qualitative research is important because it engages more of an analytic process with specific interview questions. Maxwell (2012) believes: "Qualitative research generally aims at accuracy". Therefore understanding the everyday realities of a social phenomenon and studying important questions as they are really practiced (Maxwell, 2012). In addition, it focuses on meaning in context that requires a data collection tool, thus interviewing.

The outcome we can expect from the qualitative study is a combination of participant observation, interviews, and historical research. My goal is to maximize teacher confidence in dealing with student mental health and wellness inside their classrooms. Thus, uncovering the

stigma among teachers and the school community and fostering strategies among educators to implement inside their classrooms.

3.2 Instruments of Data Collection

The primary instrument for data collection in this qualitative study is the semi-structured interview protocol. Semi structured interviews are designed to address specific dimension of the research question while also leaving space for study participants to offer new meanings to the topic of study (Merriam, 2009). Therefore, a semi-structured interview allows both participants some freedom to talk about their interests or what is important to them. Indeed, the researcher does try to ask each respondent a certain set of questions, “he or she allows the conversation to flow more naturally making room for the conversation to go in unexpected directions” (Hesse-Biber & Leavy, 2006, p. 93). Interviewees often have vast knowledge that may not have been discovered or thought of in advance by the researcher. As a result, using the semi-structured interview design will allow the conversation to develop, exploring new topics that are relevant to the interviewee, which can provide reliable, comparable qualitative data (Hesse-Biber & Leavy, 2006).

3.3 Participants

In the following section I review the sampling criteria for teacher participants. I also review the procedures and various avenues used for participant recruitment. In addition, I have included a section that introduces each participant.

3.3.1 Sampling Criteria

The participants I selected for this study are two elementary school teachers employed within the Ontario school system. In addition, each participant has experience supporting students with mental health issues. Educators with classroom experience supporting students with mental health issues will inform my study with their expertise. However, the most important

criteria, was that the interviewees be willing to truthfully share all their thoughts and answer my questions freely without hesitation. I was more interested in seeking individuals to speak openly about mental health in their classroom and their experiences over the years.

3.3.2 Recruitment Procedures

In order to recruit participants, I have been volunteering daily at my practicum schools and elementary schools in my neighborhood. I have informed each of the school principals about my study and some of them have personally volunteered their time to be interviewed and also provided me with contact information of teachers who would be an appropriate participant for the interview. In addition, I have shared my research study with my practicum associate teacher whom fulfils the criteria and willingly volunteered her time for an interview. It is evident that I am immersed in a community of teacher colleges and mentor teachers therefore I will be relying on existing networks to recruit my participants. There are several sampling strategies in qualitative research. For the purpose of my study convenience sampling will be used. Convenience sampling is selecting the sample by including participants who are readily available and who meet the study criteria or it is used when the number of participants available is small.

3.3.3 Participant Biographies

Gemma (note that all participants have been assigned a pseudonyms) has been an Ontario- certified teacher for eight years. She has taught a variety of elementary grades from grade six to eight and has supported students with mental health issues in her class each year.

My second participant is Erika, who has been an Ontario certified teacher for nine years. She has been a supply teacher, long term occasional, and now a full time teacher. She has taught at the kindergarten and primary level for five years. She is currently a special education resource

teacher in a special education classroom. She has supported students with diverse needs throughout her teaching career and is currently supporting students with mental health issues.

3.4 Data Analysis

The data received through the interviews with each participant was audio-recorded, then transcribed and coded following each interview. I listened carefully to each audio-recorded file and read over each of the transcripts many times. I organized the transcription into chart form with codes on the left column and categories on the right column. Finally, I then categorized the data into three common themes and several emerging subthemes.

3.5 Ethical Review Procedures

Before engaging in any part of the research study participants were provided with a formal consent letter, which was read and signed in my presence (Appendix A). The letter outlines the purpose of the study, addresses ethical implications, and specifies expectations for participation. All participants were informed that they had the right to pass on any question or withdraw from the study at anytime. They were reminded that their participation was voluntary and all of their responses were kept confidential. They will be assigned, as pseudonym and all transcripts and audio recordings were stored on my password-protected laptop that will be destroyed after five years. Lastly, all participants will have the opportunity to review the transcripts to clarify or remove any statements before data analysis.

3.6 Methodological Limitations and Strengths

Due to the short time frame allotted for the research study, created limitation impacting greater depth of research. For example, the sample size of two teachers was too small to make any generalizations, therefore limiting the thoughts and strategies to a limited few. Due to the ethical guidelines the study was catered to teacher participants and lacked student perspectives

on their teachers' strategies or knowledge in regards to mental health in the classroom. In addition, my participants are educators in Ontario and York Region board, thus limiting the data collected to one province and board of education. However, there are several strengths associated with the interviews, such as validating a teachers voice to speak freely about their thoughts on mental illness and what matters most to them. Finally, it gives teachers the opportunity to reflect on their teachings and provide rationale on their professional decision making inside their classroom.

3.7 Conclusion

Overall, I have explained the research methodology in the qualitative study using semi-structured interviews. I have interviewed two elementary school teachers employed in the Ontario school system and have had experience supporting students with mental health issues. Many of the teachers were recruited from my practicum schools and volunteered their time freely to take part in the interviews. Key ethical considerations were made prior to each interview. Although limitations are present such as sample size due to limited time allotted and the MTRP guidelines. Next, in chapter 4 I report the research findings.

CHAPTER 4: FINDINGS

4.0 Introduction

In this chapter I report the research findings that emerged from semi-structured, open-ended, face-to-face interviews with two participants who received their teacher education qualifications in Ontario and have supported students with mental health issues throughout their teaching career. This chapter will provide an overview of what was discovered through the coding process of the data generated from the interviews. Throughout the transcription, coding and analysis of my two interviews, three themes and several sub-themes emerged. Each of the following themes emerged and is discussed below: (1) Teachers experiences with observing mental health problems inside the classroom, (2) Effective teacher strategies to support a mentally healthy classroom, and (3) Challenges.

4.1 Teachers Experiences with Observing Mental Health Problems inside the Classroom.

During the interviews, both participants shared a variety of insights into their observations of working with students with mental health issues. As an educator it is important to make daily observations and anecdotal record keeping of your students daily behaviors. Drawing from Erika's experiences she stated:

As a teacher daily anecdotal record keeping is vital in any grade, I mean when I taught kindergarten I was keeping daily anecdotal records on each kid because you can't assume a child has a mental health issue all you can do is write down everything you see and if these behaviors are occurring frequently then you know it's a red flag.

Therefore as the research states above, educators have an important supporting role with their students' mental health and wellbeing. It is important they observe and document aspects of a student behavior in the school setting that may not be evident to the parent or mental health professional (Garber & Weersing, 2010). Gemma outlines, "You need to get to know your

students about when they are having an off day and if these off days turn into several days or weeks.” Thus, both participants agree that anecdotal record keeping is a necessary tool in tracking a child’s behavior overtime. It assists an educator to help clarify the difference between a child having a mental health issue or a bad day. Gemma also adds, “It’s so common now that many of these kids have mental health challenges.” She continues the conversation by explaining when she was growing up, mental illness was not common or many people were just not educated like today. According to the Canadian Mental Health Association (2012), approximately 10-20% of youth in Canada are affected by a mental illness, however only one of five youth receives mental health services. “Documentation is key as a teacher and having that anecdotal binder filled with observations”. Indeed, teachers play a major role in supporting their students. Other signs the participants have noticed throughout their teaching careers are the students becoming absent from school on a regular basis, grades declining, peer relationships are hindered, and decline of participation in class. Gemma explains, “His grades just went downhill after term two and was away most days...I knew something was wrong.” It is evident that a negative change or changes in students’ behavior over several days and weeks is an indicator of more than just a bad day (Rothi, 2008). Also, Erika explains that “Some students are reserved in the classroom and as a teacher you believe it’s just their personality but you need to make a professional judgment.” Indeed, you are at the front line of these children’s mental wellbeing. Erika explains, “You need to create meaningful opportunities to speak with your students daily and tune into their feelings.” Both participants spoke about the children’s home life as another sign affecting a child’s mental health. Gemma stated, “A student would come to school very tired, homework not completed, unsigned tests, etc...” Certainly, the home life has great affect on student achievement as well as mental health. Both Gemma and Erika explained that home

stressors are a major drawback to student success and mental wellness. Gemma states, “Two students in my class last year, parents were going through divorce, a death in the family, and multiple caregivers living under one roof.” Erika says “we need to be aware with what is happening at home. We need to provide our students with supports and opportunities to express what is happening before or after school.” The research from chapter 2 supports much of what Erika and Gemma have stated in their interviews. According to McDermott & Weiss (1995) a survey conducted in North America found one in five children have a mental health illness. This number increases for children living in adverse environments due to stressors within their home, school and neighborhood.

4.2 Effective Teacher Strategies to Support a Mentally Healthy Classroom

Both participants provided me with strategies that supported a mentally healthy classroom environment. Many of the strategies overlapped with each other as well some teachers shared different insights to what strategies worked for them and their particular students.

4.2.1 Family Involvement

It is evident through my research and with interviewing both participants that family involvement is a fundamental component to supporting student mental health. Although the students are in school for several hours during the day, the student's home life is just as valuable and important for maintaining a mentally healthy balance lifestyle. Both participants believed that parents are the experts on their child and can provide the teacher with valuable information for student success. Caregivers and teachers work together as a team to help find solutions for student achievement. Erika explains a situation she had with a student whom she believe needed extra assistance and the steps she took in order to positively support that student:

I contacted the parents to see if they were seeing this at home and how they handle the situation. I asked them to come in for meeting and once we gathered all of our evidence we would see what supports we can put into place for the child. We continued to observe the certain behaviors. The parents were totally on board and were seeing these behaviors at home. We worked together like a team, they wanted to help their son as much as I did.

Gemma asserted, "It's up to me the teacher to reach out and phone the parents on how well their son or daughter is doing in my class. I've had parents' hang-up or claim they are too busy."

Many parents are naïve in believing their child does not have a mental health issue. Erika explains that it is the stigma attached to mental health and what society will believe. According to Kutcher (2009) stigma is defined as "society's negative response to people who have a mental illness, is often described as more disabling than the illness itself" (p. 44). In contrast, Gemma asserted, "Some parents have also been understanding and want what's best". Parental involvement at times can be stressful for the teacher when the parents do not agree with your observations and are in denial of what their child may be going through. Therefore, family involvement plays a large role in supporting a student's mental health. Educators and parents are the stakeholders for ensuring a child's overall mental wellbeing. It is evident in the above chapter that supporting a parent-centered practice for your students will engage parents and the community helping to maintain a positive and healthy relationship with all caregivers (Supporting Minds, 2013).

4.2.2 Fostering Resilience

The two participants spoke about fostering resilience and protective measures inside the classroom as a strategy that continues to reside inside their classroom today. As noted above resilience is being able to recover from difficulties or change. It is an individual's ability to properly adapt to stress and adversity. Erika explains:

It starts as a preventative and protective measure. First thing, educating yourself on mental health is vital and knowing your students interests and needs. Set up your classroom as a safe space where students don't feel vulnerable. Create that open safe space not just for educational learning.

According to the literature presented above, setting up a child's environment where they feel safe, confident, and cared for which Erika stated above are all strategies and preventative measures educators should practice inside their classrooms (Barankin, 2007). As well, protective factors have also been found to reduce the chances a child will develop a mental illness, while vulnerability factors are the opposite-they increase the chances a child will develop a problem (Mash, 2002). In addition Gemma outlines, "We're accommodating everyone. It's not even about students on IEPs it's just everyone inside the classroom." Differentiation is important in classrooms due to the various learning styles. Each student benefits from a classroom where they can grow academically and feel appreciated. Gemma does this by, "greeting each student every morning and afterschool so they feel welcomed and cared for. Providing them with opportunities to express themselves freely in the class." These strategies set up a mentally healthy classroom environment where all children are able to learn and feel safe.

Gemma is a very supportive, caring and loving educator towards her students and their wellbeing. During the interview she explains how open and honest she is with her students, during recess she remains in her class for students to drop in if they have any questions or just need to talk. Also, she is very empathic and listens to her students when they have a concern. "It could be math and we're taking up a problem but if someone has a concern I address it." She is always interested in what her students have to share and she even talks about her struggles with family death. "I can relate to my students because I lost my father at a young age" indeed Gemma is a strong resilient adult figure that takes an interest in promoting her students welfare.

Mash (2002) in the above research describes protective factors in children are: sociable, easygoing, high self-esteem, self-confidence, close relationship to caring parent figure, adults outside the family who take an interest in promoting the child's welfare, connections to social organizations, and attendance at effective schools. "I want my students to be happy at school" says Gemma. "I incorporate community circles adapted from the Tribes training course", which is a universal prevention strategy implemented in class for the whole year (Gibbs, 2006). Gemma speaks highly about the Tribes program and uses it daily in her classroom.

Through the above research, (Gibbs, 2006) believes Tribes helps students feel included and appreciated by peers and students, they are respected for their differences, abilities, cultures, gender, interests and dreams and are actively involved in their own learning. Also, Erika describes her positive experiences using Tribes, "It's done daily, it's not something I have to think about, its already embedded into my day." Therefore, it is apparent that both my participants use Tribes and incorporate daily lessons around it, making it a priority in their class to support a positive mentally healthy learning environment.

4.2.3 Supporting Minds Resource

An additional teacher strategy to support a mentally healthy classroom stems from the *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy*. It was developed to provide educators with information they need to support students with mental health problems through early intervention and effective classroom strategies (Supporting Minds, 2013). Gemma spoke about the *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy* and that it was introduced to her at a staff professional development day at her school. "Two colleges organized and ran it...but just one day is not enough, especially for the staff who haven't worked with these students and who just don't

understand mental illness, exclaimed Gemma.” She then continued to describe how she took initiative in reading the document on her own time and gathered strategies and information to implement into her classroom for all students not just those diagnosed with mental illness. She understood that this document was a guide and it was adding on to what was already being practiced into her daily teaching. According to the research in chapter 2 “This document is merely one guide among others available to educators to support the overall mental health and wellbeing of students” (Supporting Minds, 2013). Therefore, educators should not limit their resources to just this document.

As Gemma described this document was just adding to her teaching practices. Gemma enjoys using the resource but says, “getting that expert to come in who has worked with these children and provide us with strategies actually used” would be of greater benefit than opposed to reading a document. In addition, Erika also speaks about the supporting minds document as an added strategy to support mentally healthy classrooms. Erika says, “It was talked about inside the staff room and at a PD day last year” she continues describing the PD day and staff room conversation about the document. It was not her first time learning about this document due to the many additional qualification courses she has taken. She has already been implementing many of the strategies in her special education classroom and previous kindergarten class due to her additional qualification courses. “I find a lot of the AQ courses do embed mental health” thankfully Erika continues to update her knowledge which keeps her up to date with current education advances. She adds:

The course that I’m taking right now our whole unit is on mental health. My group project that I have due at the end of the month is doing a mental health awareness program for teachers. We’re putting together a resource specifically for York and Simcoe County region.

Erika speaks highly of the additional qualifications she has taken especially the AQ she is currently enrolled in, Principal Qualification Part 2. Much of her mental health education has stemmed from the extra courses she has taken on her own time.

4.3 Challenges

The two participants acknowledged that many challenges exist when it comes to supporting their students' mental health and wellbeing. Many of these challenges expressed are identical to the research discussed in chapter 2. During the interviews each participant spoke about the presence of stigma, school and community resources and lack of teaching training.

4.3.1 Stigma

Stigma was addressed in both interviews, when I asked the question, "Do you believe there is a stigma that surrounds mental health" Erika answered, "I do. But I believe we are starting to diminish it because we are leaning a lot more about it and we're becoming more aware and it's becoming more acceptable." It is evident through my research that many people are becoming aware of mental illness, which is beginning to spark conversations and eliminating the stigmas. Clara Hughes is a famous advocate in supporting individuals mental health and wellness. She speaks volumes about creating a stigma free Canada. Which I believe is helping to begin in diminishing the stigma in society. Certainly, we are beginning to diminish the stigma although Gemma believes "much more conversations need to happen at home and school." Gemma shared her experience with parents who were in denial of their daughter's mental illness. They believed that their daughter was just going through puberty and "it will end soon her mood swings and bad attitude". She explains that the daughter never shares how she's feeling and appears well. According to the research, hiding the disease, adolescents suffer negative

consequences from silence. Indeed, the daughter and family are hiding from the conversation and remaining silent about her mental health and wellness.

4.3.2 School and Community Resources

Both interviewees shared similar responses as well as varying opinions in regards to school supports. When asked the question, “What supports are available to you in order to support a student with a mental health issue” they appeared hesitant prior to sharing their response. Gemma explained, “ I don’t feel that I have much support besides admin and core resource team.” Although Erika exclaims:

In school we have a CYW, EA’s, health assistances, OT’s. The school board on the website there is a ton of info if you type in mental health. Links you to different agencies and hospitals. South Lake in Newmarket does a lot of workshops and has a lot of information on mental health.

Erika shares valid information on where to find resources however she does go on to tell me that she was introduced to these resources from her additional qualification courses. However as the interview progresses, Gemma shares some programs she has acquired for her grade six students throughout the years. First, she speaks about the York Region VIP program “Officer T is great, she came in to talk to my class on Internet safety, being safe at school and in the community.” Then, she spoke about the “Make a Difference Program”. It was a twelve-week program every Friday, someone would come into the classroom and educate the students on self-esteem and boost their self-esteem. “The students loved it and so did I” Gemma said, with a smile. The Making a Difference Program provides the teacher and students with valuable strategies to include into your classroom and community. Also, Gemma is the basketball and volleyball coach at her school, “Sports teams are great, it allows the students to get involved” she is a positive role

model for her students because she encourages them to become a part of the school community. She explains, "During the tryouts we didn't only look for the fastest or best player we looked for those students who really needed to be on the team to boost their self esteem" thus allowed them to feel valued and connected to the school community.

4.3.3 Lack of Teacher Preparation

A common theme found in both interviews was the conversation around the lack of education teachers receive when it comes to student mental health. The teacher education programs in Ontario do not educate teachers on student mental health and wellbeing. Gemma speaks about her bachelor of education program experience and the lack of training received when it came to student mental health. "When I went to school there was nothing ever mentioned about mental health", says Gemma. According to the research mentioned teachers feel unprepared to manage students with mental health needs (Rothi, 2008). Much of the literature speaks about the small percentage of teacher's ill equipped to support a mentally healthy classroom. They are not prepared due to the low quality mental health education in teachers college. According to a survey conducted by Reinke (2011), he surveyed a total of 292 early childhood and elementary school teachers from five school districts (rural, suburban, and urban). In response to the question, "I feel that I have the level of knowledge required to meet the mental health needs of the children with whom I work," 4% of teachers indicated that they strongly agreed (Reinke, 2011). Certainly this was evident with Gemma and her teacher education-training program. She also mentioned, "My practicum's were great and were hands-on but I never dealt with any student mental health or mental health practices." In addition Erika states, "No, nothing about mental health and I only graduated in 2006." Fortunately, my participants have highlighted a movement in the education system. Erika believes, "Now that teachers

college is two years maybe it will have some talk on mental health.” In addition they are aware of the increasing the number of trained professionals within School Boards. Even though teachers themselves still feel unprepared to support mental health problems as they arise, there are people within the board who they can turn to for help.

4.4 Conclusion

Overall the findings from this qualitative research study highlight important perspectives and suggestions from current Ontario certified teachers. Both participants shared very similar and different responses, however they both share a professional duty of care towards their students' mental health and wellbeing. It became clear that teacher observation and documentation is a necessary role for the identification and intervention of mental health issues. An effective strategy identified within the findings was fostering resilience and protective measures. It begins with setting up a child's environment where they feel safe, confident, and cared for. As well, there is a continued need for the removal of stigma towards mental health issues because the negative influences of existing stigma continue to act as a barrier between students and the supports that they require. Finally, the lack of teacher preparation remains an issue however positive changes and more conversations are developing around mental health.

CHAPTER 5: IMPLICATIONS

5.0 Introduction

The present study was designed to explore the ways in which Ontario elementary teachers support students with mental health issues inside their classrooms. The findings serve to support the existing literature pertaining to teacher expectations and the preparation and to specifically tell us more about the education that new teachers receive when it comes to student mental health and resiliency. This chapter summarizes the research findings, highlights the present study's implications for various stakeholders, provides several recommendations, and suggests directions for future research and practice.

5.1 Overview of key findings and their significance

Following interviews with two educators, a meticulous analysis revealed three important themes; teacher's experiences with observing mental health problems inside the classroom, effective teacher strategies to support a mentally healthy classroom, and finally challenges.

The first theme, teacher's experiences with observing mental health problems inside the classroom, served to remind us that we need to make vigorous anecdotal notes daily inside our classroom. As educators we should not make assumptions on student behaviors, it is best to only document what we physically observe. In addition, as teachers we need to be aware of our students' feelings by understanding what is occurring inside the child's home, before and afterschool. For instance, some family stressors include; parental divorce, single caregiver, multiple caregivers living under one roof, or having a death in the family. Certainly, the home life has great affects on student achievement as well as mental health. As educators it is our

professional duty to build a strong positive relationship with each of our students and their families.

The second theme, effective teacher strategies to support a mentally healthy classroom, allowed insight into the many strategies educators can implement into their daily teachings to support a mentally healthy classroom environment. Firstly, family involvement is an underlying component to supporting student mental health and wellbeing. Parents are usually the experts on their children and can provide the teacher with fundamental information in order to support their child at school. Parents and teachers work together as a team to help find solutions and gain success in the overall development of the child. Second, fostering resilience and protective measures is another strategy the participants continue to dwell upon inside their class. Insuring their students feel safe, confident and cared for daily, as a result they can grow academically and feel appreciated. Therefore, incorporating community circles adapted from the TRIBES program is a universal prevention strategy implemented in mentally healthy classroom. The two participants spoke highly about TRIBES inside their classroom which they incorporate daily lessons around it, in order to support a positive learning environment. Third, the Supporting Minds resource is another strategy both participants utilize inside their class as an additional guide to supporting student's mental health, although they certainly did not limit themselves to this one guide. However, the participants stressed that there needs to be more professional development occurring in the school on this document and other mental health resources need to be available.

Finally, the third theme spoke to the challenges faced by educators who strive to meet the mental health needs of their students. Those challenges include, but are not limited to, stigma, availability of school and community resources, and lack of teacher training. Stigma still

continues to negatively affect those suffering from mental illness, although both participants believe it is slowly diminishing as more people are engaging in conversations. Although, more conversation still needs to occur, starting with educators in the school environment. Next, school and community resources, was another challenge addressed. Gemma and Erika spoke about the minimal resources available. They both participated in professional development and took additional qualifications courses on their own time to understand what supports were available. Lastly, lack of teacher preparation was evident due to the initial teacher education program they graduated from a few years ago. They admitted there was never a course on student mental health nor was it spoken about in their practicum placements.

5.2 Implications

The present study has important implications for educational reform. In broad strokes, this study serves as a reminder to policymakers and curriculum planners that mental health issues exist starting as early as kindergarten children. Stigma associated with mental illness needs to stop in order for children, adolescents, and adults to receive adequate care and enjoy a satisfying and happy life. Consistent with the conclusions of Kutcher (2009), the present study finds that stigma is defined as “society’s negative response to people who have a mental illness, is often described as more disabling than the illness itself” (p. 44). Additionally, the onset of a mental illness often comes before the age of 25, thus one in five students in the average classroom are suffering from a mental illness (Kutcher, 2009). Hiding the disease, adolescents suffer negative consequences from silence. The study also provides novel insight into the issue of teacher expectations and the preparation that new teachers receive when it comes to student mental health and resiliency and policymakers should take note. According to the literature, Rothi (2008) claims that teachers feel unprepared to manage students with mental health needs because

they are lacking the resources and tools required to understand student mental health and promote a safe and healthy learning environment.

The present study also has two specific implications for teachers supporting students with mental health needs. First, having a willingness to support students' mental health. As educators it is important that we bring awareness of mental health into our classrooms, thus building resilience in our students. It is noted in the literature, Barankin (2007) defines resiliency as "being able to recover from difficulties or change—to function as well as before and then move forward" (p. 19). Bouncing back from today's stressors is one of the best skills children and youth can develop. As educators, it is our duty to provide our students with the best possible care and education in order to be healthy global citizens. For example, allowing students to express their feelings in a safe and welcoming environment. Providing ample opportunities for children to talk about their feelings and settle disputes in a complaisant fashion.

Secondly, protective factors have also been found to reduce the chances a child will develop a mental illness (Mash, 2002). Some characteristics of protective factors in children are: sociable, easygoing, high self-esteem, self-confidence, close relationship to caring parent figure, adults outside the family who take an interest in promoting the child's welfare, connections to social organizations, and attendance at effective schools (Mash, 2002). These are all moral protective factors that teachers need to become more aware of. I believe, most children are resilient and that resiliency is something that can be developed and nurtured. Nonetheless, if teachers are educated on the qualities that help make young people resilient, thus protective factors, fewer children may have mental health issues.

5.3 Recommendations

The implications of the present study point specifically to two recommendations for ministries of education, school administrators, and teachers. These recommendations are (1) mandatory professional development for educators on mental health, and (2) mental health training and education for new teachers.

Throughout the study, it was evident that the participant's interviewed had very minimal professional development at their school in regards to student mental health. Professional development was completed voluntarily on their own time through additional qualification courses. I believe that principals should organize at least four mandatory professional development days on student mental health and wellness throughout the academic school year. All educators, including educational assistants, early childhood educators, social workers, child and youth workers, etc, should be present. Thus, individuals who interact and support children daily must attend. Professional development opportunities will bring awareness and diminish the stigma associated with mental illness. It allows educators to interact with each other and break the silence of mental illness. Educators will start many conversations around mental health and wellness in hopes of adequately supporting all students.

The second recommendation is aimed at teacher education programs in Ontario. It was evident that both participants, Erika and Gemma did not have a course on student mental health in their Bachelor of Education program. Throughout the course, mental health was not addressed in the classroom or in their practicum classrooms. I recommend that all Bachelor of Education programs have a course on student mental health and wellness and teacher candidates are placed in schools that support a mentally healthy environment. As a result, the new teacher education programs are now two years in length, which offers a more in-dept curriculum to teaching.

Indeed, if teacher candidates are trained correctly and educated in student mental health, protective measures will increase while vulnerability factors decrease.

5.4 Areas for further research

As the present study has served to expand upon the present literature, it has also highlighted the need for further study. In future research endeavors, it is recommended that a greater emphasis be placed upon secondary school teachers and strategies they use inside their classroom. Although, this study looks at elementary teachers strategies I believe it is very important to study high school level educators and identify with what strategies they support in their classrooms. Some questions that were raised through this research were, are high school educators aware of student mental health needs? Do they have the appropriate resources or teaching strategies to support a mentally healthy classroom? Are the supports in elementary schools reflective of secondary school environments?

Furthermore, teacher professional development should be studied more to find out what learning actually occurs during the professional development. For instance, those adults who are running the professional development, what qualifications do they hold and do they have enough experience to lecture professional educators. Overall, this research could help to bring more awareness to mental health, specifically student mental health in both elementary and secondary learning environments. In hopes of diminishing the stigma and providing high-quality supports for students.

5.5 Concluding Comments

The present study is important because it brings knowledge on student mental health and wellbeing. It informs educators that mental illness is present in many of the students we teach daily as early as kindergarten. As educators we need to be aware and willing to support students

in our classrooms. Teachers need to provide strategies to ensure children are supported socially and academically. Further, this study brings awareness to teacher education programs, in hopes of providing teacher candidates with courses and practicum opportunities around student mental health and wellbeing. There is no doubt that this area still needs more study to assist teachers in supporting students' mental health needs. However, my study worked towards closing the gap in the literature between teacher expectations and the preparation and education that new teachers receive when it comes to student mental health and resiliency. For instance, the teacher education programs in Ontario are now two years in length and supports a course on student mental health. Therefore, by expanding the teacher education program and having a course on student mental health will greatly prepare educators to support a mentally healthy learning environment.

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Appendix A: Consent Letter



UNIVERSITY OF TORONTO
OISE | ONTARIO INSTITUTE
FOR STUDIES IN EDUCATION

Date:

Dear _____,

My Name is Marie Ciampa 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 best practices and strategies that elementary teachers utilize within the elementary classroom environment to teach mental health awareness. I am interested in interviewing elementary teachers who are employed in the Ontario school system and have had experience supporting students with mental health issues. I think that your knowledge and experience will provide insights into this topic. Your participation in this research will involve one 30-45 minute interview, which will be transcribed and audio-recorded. I would be grateful if you would allow me to interview you at a place and time convenient for you, outside of school time. The contents of this interview will be used for my research project, which will include a final paper, as well as informal presentations to my classmates and/or potentially at a research conference or publication. You will be assigned a pseudonym to maintain your anonymity and I will not use your name or any other content that might identify you in my written work, oral presentations, or publications. This information will remain confidential. This data will be stored on my password-protected computer and the only people who will have access to the research data will be my course instructor Ken McNeilly. You are free to change your mind about your participation at any time, and to withdraw even after you have consented to participate. You may also choose to decline to answer any specific question. I will destroy the audio recording after the paper has been presented and/or published, which may take up to a maximum of five years after the data has been collected. There are no known risks or benefits to participation, and I will share with you a copy of the transcript to ensure accuracy.

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

Sincerely,
Marie Ciampa
marie.ciampa@mail.utoronto.ca

STRATEGIES USED TO SUPPORT STUDENTS' MENTAL HEALTH AND WELLBEING43

Course Instructor's Name: Ken McNeilly

Contact Info: kenneth.mcneilly@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 _____ and agree to participate in an interview for the purposes described. I agree to have the interview audio-recorded.

Signature: _____

Name: (printed) _____

Date: _____

Appendix B: Interview Protocol/Questions

Teacher Background

1. Please share a brief introduction about yourself?
2. What is your current position?
3. How long have you been an Ontario teacher in a classroom environment?

Teacher Knowledge and Practices

4. When you hear the term mental health, what is the first thing that comes to mind?
5. How do you define mental health?
6. What does mentally healthy mean to you?
7. How would you detect if a child is suffering from a mental health issue?
8. What experiences have you had with a student with a mental health issue?
9. Please share a past experience of a student whom you believed to have a mental health issue?
10. What steps did you take in order to support that student(s)?
11. How comfortable are you in supporting a student with a mental health problem? On a scale of 1-10, 1 being the lowest and 10 the highest. How would you rank yourself? Also do you feel; very comfortable, comfortable, somewhat comfortable, not comfortable.

Participant Resources/Supports

12. What supports are available to you in order to support a student with a mental health issue?
13. What is the role of administration at your school in regards to student mental well being?

Participant Training

14. As a previous teacher candidate, was mental health ever discussed in your courses or practicum classrooms?

15. How do you think teacher education programs might better prepare teacher candidates to support student mental health?

Professional Development/Future Pedagogy

16. Have you participated in any professional development geared toward mental health? If yes, how did you feel about them?
17. Is there any professional development opportunities/resources geared toward student mental health for educators?
18. Do you believe there is a stigma that surrounds mental health? Please explain
19. What measures are teachers taking to eliminate the stigma that surrounds mental health?
20. In your opinion, does their need to be a greater focus on student mental health? Why/why not?