Canadian Educators’ Preparedness in Addressing Mental Health Needs of Secondary Students

by

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We accept the thesis as conforming to the required standard.

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Abstract

An anonymous paper based survey was used to collect qualitative and quantitative data on a sample of teachers and special education assistants in an urban secondary school in British Columbia. The aim of this study was to investigate educators’ level of skills and knowledge to deal with student mental health issues. The results of the survey indicate that although the teachers acknowledge the importance of addressing mental health needs of their students, they also request greater access to resources, skill development, and information about mental health. They reported a global lack of training and knowledge to access various supports available within the school and the community. The survey revealed that most of them relied on school counsellors in most aspects of mental health service delivery, such as screening and behavioural assessments, monitoring student progress, and referring students to other services in the community. Most of the participants reported to have minimal training during their pre-service teacher education program and attempted to learn a majority about mental health through experiences of dealing with situations and some professional development. Major barriers to effective student mental health delivery that were identified included lack of time, resources, and knowledge about what is available both within and outside the school. A majority of the participants called for more professional development opportunities about mental health issues in students. They also insisted on more involvement from the administration at the school. Implications of the findings are discussed.

*Keywords*: special education assistant, counsellor, mental health
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Chapter One: Introduction

Background

The World Health Organization (WHO) describes mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community” (2014, para. 1). The Public Health Agency of Canada (PHAC, 2014) has also contributed to the definition of mental health, by framing it as “the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity” (Government of Canada, 2014, para. 2). Mental illness, on the other hand, is characterized by alterations in thinking, mood or behavior associated with significant distress and impaired functioning (PHAC, 2014).

Statistically, the Mental Health Commission of Canada (2018) estimate that 1.2 million children and youth in Canada are affected by mental health problems and illnesses each year and about one in seven young people in British Columbia (BC) will experience a mental illness at some point in their lives (Canadian Mental Health Association, 2017, para 2). Children suffer from various forms of mental health problems, such as bullying (at school and cyber bullying), behavioral issues, problems with attention and self-regulation (such as attention deficit hyperactivity disorder (ADHD) and attention deficit disorder, (ADD)), sleep disorders, obesity, computer dependency, media addiction, and drug abuse (Hagen & Nayar, 2014, p. 2). Some other forms of mental illnesses include mood disorders (clinical depression, bipolar disorder, seasonal affective disorder), anxiety disorders (obsessive compulsive disorder, post-traumatic stress disorder, phobias), eating disorders (anorexia nervosa, bulimia, binge eating disorder),
personality disorders, and substance abuse and dependency disorders (Canadian Mental Health Association: Central Alberta Region, 2009, p. 10). This alarming information reflects that many students in Canadian schools are struggling to succeed academically and socially because of their ongoing and significant mental health issues. Therefore, addressing student mental health needs has increasingly become a priority among educators. It is crucial to identify youth at risk and intervene as early as possible in order to reduce the prevalence of mental health problems and illnesses in adulthood.

Recently, the field of mental health has developed a larger presence in schools as educators, policy makers, legislators, and the general public have recognized the importance of addressing the risk factors that could influence the likelihood of school success. In September 2010, Bell Let’s Talk began a new conversation about Canada’s mental health. The annual Bell Let’s Talk awareness campaign and Bell Let’s Talk Day are driving the national conversation to help reduce the stigma associated with mental health issues and promote awareness and understanding. Learning about managing their emotions, maintaining positive relationships, and making responsible decisions, i.e. social emotional learning (SEL) for students has gained more interest from educators over the last number of years and social and emotional well-being is starting to be addressed in schools through changes in policies and curriculum. In the education curriculum, there are some formal opportunities for teachers to promote mental health awareness in their classrooms. Apart from focusing on literacy and numeracy foundations, BC’s redesigned core competencies curriculum (which includes sections on communication, thinking, and personal and social proficiencies), also focuses on building positive personal and social awareness and responsibility (BC Curriculum, curriculum.gov.bc.ca/ Ministry of Education, 2017). For example, in the K-9 curriculum, one of the Big Ideas to focus on in Physical
Education is to explore “how healthy choices influence physical, emotional, and mental well-being” (BC Ministry of Education, 2017). Additionally, the FRIENDS program aligns with BC curriculum, and provide educators with a valuable framework for addressing thinking, communication and personal and social competencies. The British Columbia Teachers’ Federation (BCTF) is also a participant in the BC School Based Mental Health Collaborative and offers resources and recommendations to support teachers in understanding mental health issues.

The policy of inclusion in Canadian schools has urged educators to familiarize themselves with various disabilities, as more and more general education teachers are faced with students who present with a variety of unique needs. As a result of experiencing multiple exceptional needs in their classrooms, McCrimmon (2015) confirms that Canadian teachers continue to struggle with adapting their practices and curriculum. McCrimmon, who looked into various teacher training programs at the Bachelors level throughout Canada, concludes that those programs do not provide adequate training regarding the specifics of childhood disabilities. He strongly recommends that more focused, specialized programs should be made available to all teachers in pre-service teacher training programs in order to better equip all teachers to meet the changing needs of today’s classrooms. Similar deficits are apparent when focusing specifically about addressing mental health in classrooms. Educators feel professionally ill-equipped to handle students’ mental health difficulties because they lack knowledge about warning signs of various mental illnesses and effective classroom interventions (Koller & Bertel, 2006, cited in Rodger, Hibbert, Leschied, Pickel, Atkins, & Stepie (2014, p. 4). Obviously, there is an urgent need for educators to be properly trained in recognizing mental health issues in their students and implementing “evidence-based practices” (Reinke, Stormont, Herman, Puri, and Goel, 2011, p. 1).
Impact of Mental Illnesses

Mental illness not only affects the individual and their family, but their community (teachers and friends) is also greatly influenced. In addition, as a whole, it imposes a financial burden to the community. Research has shown that there is a direct link between mental health issues and negative school performance (Dimova, 2015; Kalin, Kaplan, Gould, Pinkham, Penn, and Harvey, 2015). As mental health challenges are widespread, they often impact many developmental outcomes and academic performance in an individual. Students who have a better mental health status, have a better educational performance as well. More specifically, the social, emotional, and behavioral components of mental health issues can negatively affect virtually all aspects of child development, including school readiness, attendance, academic achievement, familial relationships, and school and peer based connections (Meldrum, Venn & Kutcher, 2009, p. 3). When students are unable to make and retain peer connections, they may feel “isolated, stigmatized, and unhappy” (Meldrum, Venn & Kutcher, 2009, p. 3). Specifically, disorders such as depression and anxiety can negatively affect the academic performance in students (Bostani, Nadri, and Nasab, 2014). As per Statistics Canada, having a disability of mental or psychological nature can be the biggest contributor to a student dropping out of school (Uppal, 2017). Therefore, “addressing students’ mental health concerns before they become a serious disruption and lead to negative behaviours, including dropping out of school is an important step” (Meldrum, Venn & Kutcher, 2009, p. 4).

On the other hand, the adults working in educational settings with students who are experiencing mental health challenges are also affected by their own challenges. Having to support students with mental health issues in spite of having adequate training about the topic amplifies the daily stress on educators. “Educators themselves face high levels of stress in both
their job roles and from the greater socio-political context around them”, suggest Rodger et al., (2014, p. 5). As like any profession, adequate and appropriate training is critical to help educators feel competent in their role. A team of psychologists and researchers led by Dr. Susan Rodger conducted an environmental scan that provided an overview of mental health related courses available to Canadian pre-service teachers enrolled in Bachelor of Education programs. In the report called “Mental Health Education in Canada: An Analysis of Teacher Education and Provincial/Territorial Curricula”, the team strongly recommend that:

It is essential that our national focus is to how we can promote the role and resources of schools in supporting Canada’s students. Educators’ roles are changing as they take their place on the front lines of child and youth mental health. It is a role for which they feel inadequately prepared, but keen to learn more. (p. 5)

The team discovered that mental health and related courses in teacher pre-service programs are often “at the bottom of the priority list” (p. 19) as more importance is placed on pedagogical and curriculum based courses. They assert that teacher education programs should equip teachers with the necessary knowledge, skills and resources that are required for them to be successful as professionals.

Given the prevalence and number of people living with mental illnesses in Canadian society, it can be implied that mental illnesses impose a significant impact on health care system. The total cost from mental health problems and illnesses to the Canadian economy is significant. The study commissioned by the Mental Health Commission of Canada (MHHC) makes it clear that the economic cost to Canada is at least $50 billion per year, including health care, social services and income support costs. In addition to the cost to businesses in terms of lost productivity from absenteeism, the cost of mental health related issues is expected to climb to
more than $2.5 trillion over the next 30 years (MHCC, 2012, p. 1). These alarming costs justify why governments, health care and education leaders, and policy makers must act and set priorities for investing in mental health. Evidently, it is extremely important to address the mental health concerns as early as possible through timely detection and intervention.

**Teacher Mental Health**

“Teachers remain resilient despite critical conditions; deteriorating working conditions and learning conditions have taken their toll on teachers”, announced Hales, a senior BCTF researcher (2017). In a survey conducted by the BCTF in Spring 2017, Hales reported that a significant number of BC teachers are burned out and are questioning their future in the profession. Approximately two-thirds of BC teachers reported feeling stressed and emotionally exhausted at all or most of the time (p.14). They blame it on inadequate working conditions and professional support; implying lack of planning and preparation time, and access to resources and professional learning support, fewer opportunities for collaboration with colleagues, and increased workload (p.14). On further analysis, it was revealed that there were insufficient student services and behavioural support that would be congenial to positive learning conditions. The BCTF further argues for a “restorative combination of progressive public education policies” (p.14) and demands more funding for better collaborative professional working conditions. In a yet earlier submission to the Select Standing Committee on Children and Youth on addressing youth mental health in BC’s K-12 public schools, the BCTF (2015) appealed for more funding to support online learning resources and better collaborative mental health services in schools. They also recommend improving front line supports for mental health by increasing the number of school counsellors and other specialist teachers who deal with mental health issues in BC’s public schools (p. 1). Likewise, Jan Stewart, the author of *Supporting Refugee Children*: 
Strategies for Educators, (2011) and a University of Washington education professor, who is currently working on a three-year study about how to build welcoming communities, also holds similar opinions. In an interview with Suzanne Dufresne for CBC News (2015), Stewart states, "teachers are telling me they don't know how to respond. They don't know what they should be saying” (para 5). She has conducted more than 100 interviews with teachers, students and school administrators, mainly in Manitoba. She further confirms that:

Teachers need to know what to do when students disclose difficult information.

Sometimes trauma comes out in writing or in pictures. Teachers need to be ready for it, to understand where these kids are coming from and what to do with the information to support these kids (Canadian Researcher Worries Teachers Unprepared for Syrian Students, CBC News, para. 5)

**Personal Context**

As a special education teacher working with young adults in an urban secondary school in BC, I have witnessed the impact of mental health issues on many students. Being a member of Grade 9 school based team throughout the past few years, I have noticed the correlation between students having difficulty at school and having unresolved mental health issues, which in turn negatively affect their ability to perform behaviorally and academically. However, despite the prevalence of mental health concerns in our school, there seems to be limited awareness and knowledge among the staff about the topic. The classroom teachers depend heavily on the special education teachers and special education assistants who are assigned in their classes, or the school counsellors, to deal with students with varied needs. In some cases, they are even too reluctant to bring up the issues to their colleagues. On an average, a teacher gets to see the students for only a block (i.e. 84 minutes, to be specific) each day and the burden of “covering
the course material” often becomes a priority for most of them. It becomes more challenging for
a teacher to notice or attend to individual needs of students when they see up to 120 students
each day on a daily basis. Typically, as the busy school day goes, teachers continue on with their
normal routine without having the opportunity to connect and collaborate with others. In my
experience, I notice that teachers are not talking about mental wellness and the mental health
needs of students are often overlooked. At this point in my career so far, I have worked with
many students facing very serious situations/challenges and it has become a “kind of normal”
part of my position. It appears that the amount of mental health or emotional problems in
students throughout the grades is increasing and we as teachers do not seem to be prepared to
deal with all of it. However, one would assume that there would be some school-wide or district-
wide directives, but this is not the case. I believe that a large amount of stigma still remains and
the factors such as lack of awareness and misinformation about mental health play an important
role in shaping attitudes and beliefs of educators, policy makers, and students alike.

At my school, students who exhibit behavioral, social-emotional or academic issues are
usually referred to counselling services by the school-based team. There is a counselling center
at the site that is operated jointly by the University of British Columbia (UBC) Counselling
Psychology program and the school district. The counselling service is provided by students in
the UBC Master’s and Doctoral programs in Counselling Psychology and is free of cost to
adults, children, and youth. As the students get referred to the counseling services they are
responsible to schedule their appointments and attend sessions on their own.

Recently, I had an opportunity to participate in an online workshop, called *Bringing
Mental Health to Schools* (offered online by UBC). It did not take me long to realize how
unfamiliar and unprepared I was to address the mental health needs of my students. As a
specialist, I wonder how do I support teachers in general education or students with this much-needed topic especially when there is not enough counsellor support for all the emotional turmoil students are dealing with.

Additionally, due to the documented significant impact that mental health disorders can have on a student, there is a tremendous need for increased awareness about student mental health and teacher support. On an average, a child spends roughly one-third of their daily time at school. Teachers become an important part of their lives after family and friends. Since teachers see students regularly for about ten months of the year, they have a huge responsibility to maintain the social and emotional well-being of their students. Meldrum, Venn, & Kutcher, (2009, p. 4) assert that teachers are usually the frontline eyes and ears to recognize the early signs of mental illnesses in students as they are in a better position to observe the slightest changes in their behaviour or emotions. Therefore, teachers and other school staff can play key roles in the prevention, identification, and intervention of mental health difficulties among children and youth. However, it is essential that they are equipped with sufficient mental health literacy to enact effective practices in these areas (Meldrum, Venn, & Kutcher, 2009, p. 4).

The BC Ministry of Education outlines certain policies, guidelines and offers resources for the teachers to prepare themselves to create safe and caring schools. Under public school policy, the Ministry of Education has outlined a policy named Safe and Caring Schools Communities, (created in 2004, and lately revised in May 2017) that guides school boards on how to create safe and inclusive learning environments (Ministry of Education, 2017). The policy further requires schools to develop prevention and intervention strategies for dealing with “worrisome behaviours” (Ministry of Education, 2017). At an individual level, “worrisome behaviours” could mean differently as people have varied perceptions, perspectives, experiences
and thresholds. On the other hand, according to the special education policy manual, it is critical that school districts have an ongoing staff development plan that ensures all staff is trained to successfully meet the needs of their students. One can see how the policy could potentially create confusions within various administrators and educators (Special education services: a manual of policies, procedures and guidelines, BC Ministry of Education, 2016, p. 6). The manual further directs school districts to ensure that staff working with students with special needs are aware of relevant evidence-based programs/interventions and have access to in service training opportunities. This research investigates what level of skills and knowledge do teachers currently have, and feel they require, in order to address mental health needs of secondary students.

What Can Schools Do?

Given the varied, specific experiences of students with mental health needs, it is important to consider how a school community can identify and support potential mental health needs in students. In an ideal world, we would like to identify the needs of our students before they reach the crisis point. Enhancement of mental health literacy for children is a focus of increasing interest for mental health professionals and educators alike. Mathur, Kern, Albrecht, Poland, Rozalski and Skiba (2017) strongly emphasize that there is a need for school-based mental health services for the children as their mental health needs are not being met. The team calls for creating awareness and building capacity about mental wellness among students, staff, parents, and other health care providers. They recommend building “infrastructure” within the schools by adopting evidence-based interventions on a school wide basis (Mathur et al., 2017, p. 225). They “emphasize the importance of recognizing early signs of emotional distress” and calls for “maintaining a positive climate among staff, students, families and other stakeholders within the community” (p. 225). In my opinion, the staff at my school is not aware of any of such
programs that employ evidence-based practices and therefore, it makes me believe that they are not prepared to address mental health needs of their students.

There has to be a school-wide approach and process that is available to all students. Such an approach may help eliminate the hurdles of social stigma and may encourage students to seek out resources. Research indicates that a curriculum-based mental health programs, such as *The Guide* can help improve student and staff knowledge and attitudes about mental health (McLuckie, Kutcher, Wei and Weaver, 2014). *The Guide*, that was developed in collaboration between mental health experts, educators, and the Canadian Mental Health Association, is a manualized mental health literacy resource that is designed to inform high school curriculum (McLuckie et al. 2014, p. 2). Kutcher and Wei (2013) further certify that *The Guide* is the only evidence-based mental health curriculum that is available globally (p. 100) and is endorsed by the Canadian Association for School Health and certified by Curriculum Services Canada. The team evaluated the efficiency of the curriculum by imparting to teachers, students, administrators, student service providers, parents/families, and health care providers and concluded that the curriculum engages all the stakeholders thus, helping in reducing the stigma about mental health (p. 90). Therefore, the adoption of such a curriculum at the school-wide level could enhance mental health literacy for both students and educators, create more awareness and eliminate the stigma associated with mental health at my school.

**Research Question**

The importance of creating awareness about mental health among students and staff has been increasingly recognized by educators and policy makers alike. However, teachers face struggles in various forms while dealing with mental health issues of students in their classrooms. The research and data from surveys as stated above (BCTF, 2015 and 2017; Rodger
et al., 2014) indicate that teachers receive limited training to meet the mental health needs of the growing number of students who present symptoms. The current study seeks to answer the following question:

“What knowledge and skills do Canadian secondary educators have and lack in order to help support their students who are struggling with mental health issues?”

Brief Overview of the Research

This introduction suggests that teachers lack some skills when it comes to coping with students who have mental health challenges; however, we do not have any evidence on how much they are prepared. Although some research has been carried out investigating teachers’ roles in mental health provision, little is known about their perceptions of fulfilling this role.

The current study investigated the skill and knowledge level of teachers and special education assistants in a BC urban secondary school. A mixture of qualitative and quantitative data was collected through an anonymous paper-based survey. A questionnaire was administered that consisted of three parts: a section on demographic knowledge, a five-point Likert scale was used to gain information on the awareness, knowledge, and comfort level teachers had about mental health issues, and thirdly, open-ended questions were used to gather information about their current practices. It is anticipated that the study will invite/encourage the staff to reflect on their current practices and initiate a series of dialogues among the colleagues. The study provides information about educators’ (teachers, special education assistants, and other specialists) efficacy about working with students who have mental health struggles, which is lacking in the literature and may potentially lead to changes in practices and policy making at the school and district administrative level.
Definition of Terms

For the purpose of this study, several key terms needed to be identified to clarify their operational definitions within the context of the research study.

In the current study, the term *Special Education Teachers* refers to specialist teachers who work with other teachers who have students with special needs in their classrooms. They assist teachers in designing appropriate activities and creating programs for students with special needs. They are also known by various other titles such as Resource or Learning assistance teacher (BCTF, https://bctf.ca/NewTeachers.aspx?id=31858)

*Special Education Assistants* refers to persons other than teachers to assist teachers who work under the direction of a teacher, who play a key role in many programs with special needs performing functions ranging from personal care to assisting teacher with instructional programs. (Section 18 of the School Act, Special education services: a manual of policies, procedures and guidelines, BC Ministry of Education, 2016, p. 10).

*Counsellors* refer to itinerant or in-school counsellors whose role may include providing strategies on dealing with difficult students in addition to providing personal, academic and career counselling, and programming recommendations. (BCTF, https://bctf.ca/NewTeachers.aspx?id=31858)

*Mental health*: When we talk about *mental health*, we’re talking about our mental well-being: our emotions, our thoughts and feelings, our ability to solve problems and overcome difficulties, our social connections, and our understanding of the world around us. (http://www.heretohelp.bc.ca/)
Mental illness is an illness that affects that way people think, feel, behave, or interact with others. There are many different mental illnesses, and they have different symptoms that impact peoples’ lives in different ways. (http://www.heretohelp.bc.ca/)

Mental health literacy has been defined as the knowledge, beliefs and abilities that enable the recognition, management or prevention of mental health problems. Enhanced mental health literacy appears to confer a range of benefits: prevention, early recognition and intervention, and reduction of stigma associated with mental illness. (http://camimh.ca/wp-content/uploads/2012/04/Mental-Health-Literacy_-_Full-Final-Report_EN.pdf)

Mood disorders are a group of mental illnesses that affect how you feel and think about yourself, other people and life in general. (https://cmha.bc.ca)

An anxiety disorder causes unexpected or unhelpful anxiety that seriously impacts our lives, including how we think, feel, and act. (https://cmha.bc.ca)

An eating disorder is a serious mental illness, characterized by eating, exercise and body weight or shape becoming an unhealthy preoccupation of someone's life. (https://www.eatingdisorders.org.au)

Personality disorders involve patterns of behaviour, mood, social interaction, and impulsiveness that cause distress to one experiencing them, as well as to other people in their lives. (https://cmha.bc.ca)

Substance abuse and dependency disorders are the disorders of intoxication, dependence, abuse, and substance withdrawal caused by various substances, both legal and illegal. (http://www.minddisorders.com)
Summary of Chapter 1

Nearly 13% of Canadian children and youth between the ages of 4 and 17, (roughly four students out of every classroom of 30) experience clinically significant mental disorders and associated impairments, and consequently struggle to learn, make friends, participate in activities, and function in their families and communities (Government of BC, 2015, p. 8, para 2). Mental health concerns can appear in various forms and can adversely affect a child’s ability to perform academically and socially. Educators can play an important role in identifying some of the early signs thus providing chances of timely interventions. However, research indicates that educators are not equipped with knowledge and skills to deal with mental health concerns of their students. The current study was designed to investigate educators’ levels of skills and knowledge to support students’ mental health issues in a BC urban secondary school.

Overview of Thesis Chapters

Chapter 2 includes review of literature that looks into past and current literature related to addressing mental health needs of the students. Chapter 3 provides a detailed methodology used to collect the qualitative and quantitative data on the research question. Chapter 4 includes the details of the findings of the survey and the analysis of the themes that emerged from the qualitative data. Lastly, Chapter 5 consists of the conclusions of the current study and discussions on how findings of the current study relate to research conducted in the past. This chapter also discusses the limitations of the study and provide some recommendations to the policy makers and leaders to prepare educators in dealing with student mental health issues.
Chapter Two: Literature Review

Introduction

Besides shedding some light on mental health issues in North America, my review of the literature on educators’ preparedness on addressing mental health needs of students, consists of several key areas that stand out as follows: the impact of social emotional learning on mental health, the role of staff at school in addressing student mental health issues, educators’ perspectives and efficacy on supporting student mental health, challenges related to mental health support that are faced by educators, adolescent and teacher relationships, the connection between special education and mental health, and barriers to providing or accessing mental health services.

Canadian/North-American Context

The statistics on children and youth with mental health disorders tell a disturbing story. According to a report by the Canadian Mental Health Association (2016) suicide accounts for 24% percent of all deaths among 15 to 24 year olds and 16% among 16 to 44 year olds. It is the second leading cause of death for Canadians between the ages of 10 and 24. Furthermore, 73% of hospital admissions for attempted suicide are for people between the ages of 15 and 44, ranking Canada third highest rate in the industrialized world for this tragic consequence. The suicide rate is even higher in aboriginal youth. Looking into the data, it is noteworthy that First Nations youth die by suicide about five to six times more often than non-Aboriginal youth (Mental Health Commission of Canada, 2016, p. 23). The relationship between mental illness and suicide is a complicated one. While they are closely related, they are not synonymous with one another. Most people who are diagnosed with a mental illness like depression, bipolar, or schizophrenia do not die by suicide, whereas the majority (almost 90%) of those who commit
suicide have been diagnosed with mental illness (Canadian Association for Suicide Prevention, 2018). Clearly, people with mental illness have higher suicidal rate than the rest of population.

About half of all mental illnesses, including anxiety, depression, severe emotional disorder and attention-deficit/hyperactivity disorder, begin in childhood or adolescence (Kirby & Keon, 2006, cited in Daniszewski, 2013). In 2010, Merikangas and colleagues (He, Burstein, Swanson, Avenevoli, Cui, Benjet, Georgiades, & Swendsen) conducted a study about the most common mental illnesses facing American children and adolescents. The nationally represented sample of teenagers suggested that anxiety disorders were the most common (32%), having the earliest onset at approximately six years of age. Nineteen percent of the sample had a diagnosable behaviour disorder, such as oppositional defiant disorder, conduct disorder or attention deficit/hyperactivity disorder. Such behaviour disorders were found to have a median onset of 11 years of age. Fourteen percent of the population suffered from mood disorders, including bipolar and depression, and 11% had substance abuse disorders followed with slightly older onsets (13 and 15 years, respectively). Not only do these statistics represent the prevalence and negative effects of mental illness on children and youth, but they also highlight the importance to properly address these issues early on. In the study, comorbidity was found to be 40%, such that almost half of the students with one disorder met criteria for another. Children and youth may show signs of having several problems in combination. Many disorders show a strong tendency to co-morbidity – that is, they frequently occur together. For example, anxiety disorders and major depressive disorder often coexist in older children and adolescents; and children with oppositional defiant disorder (ODD) often also exhibit symptoms of attention-deficit hyperactivity disorder (ADHD). Mental health problems and substance use problems also frequently co-occur (Merikangas et al., 2010). In a yet earlier research report prepared for the
British Columbia Ministry of Children and Family Development (BC MCFD), Waddell, McEwan, Hua, and Shephard (2002) reported that approximately 20% of the children and youth in BC may have moderate or severe mental health disorders sufficient enough to impair functioning in them. In addition, they recorded that 50% of children experiencing a mental health disorder have two or more disorders at the same time (Waddell et al., 2002, p. 15). When looking into the prevalence inventory of mental health issues in elementary and secondary schools, it is noteworthy that mental disorders such as depression, suicidal thoughts, alcohol/drug use and inappropriate sexual behaviour are more commonly seen in students at secondary level, whereas issues such as attention deficit/hyperactivity disorder, impulsive/dangerous behaviour and classroom disruptiveness are commonly observed behaviours in elementary aged children (Repie, 2005). Also, most of the time, mental health needs of students related to externalizing behaviours such as disruptive behavior, harassment and bullying are usually the first ones to be addressed, whereas issues such as eating disorders, tobacco use, and family violence/abuse gets the least attention in our schools (Kaufman, Seelam, Woodbridge, Sontag-Padilla, Osilla, & Stein, 2016, p. 2). More about how mental health is being addressed in Canadian schools follows later in this chapter.

**Impact of Social Emotional Learning on Mental Health**

Social emotional skills are the building blocks for creating a safe, caring, and supportive community within the school. It has been clearly established that social and emotional learning skills positively affect a broad range of student social, behavioural, and learning outcomes (Schonert-Reichl, Hanson-Peterson, and Hymel, 2015, p. 407). In other words, a student’s ability to achieve academic and personal success is directly associated with their social and emotional intelligence. According to Collaborative for Academic, Social and Emotional Learning (CASEL,
social emotional learning (SEL) is the process through which children learn and apply knowledge, attitudes, and skills that are vital to understand and manage their emotions, develop caring and concern for others, establish positive relationships, make responsible decisions, and handle challenging situations effectively (CASEL, 2018, para 1). Importantly, teachers value SEL in their own teaching. In an American study done on a nationally represented sample of more than 600 teachers, Bridgeland, Bruce, & Hariharan (2013, as cited in Schonert-Reichl, Hanson-Peterson, and Hymel, 2015) indicate that most teachers, from preschool to high school, believe that SEL benefits students from all socioeconomic backgrounds as it has positive effects on school attendance and graduation, standardized test scores, overall academic performance, college preparation, workforce readiness, and citizenship. However, the same teachers also reported that in order to effectively implement and promote SEL, there is a need for strong support from district and school leaders (Bridgeland, Bruce, & Hariharan, 2013 as cited in Schonert-Reichl, Hanson-Peterson, and Hymel, 2015). Apart from getting support, it is also crucial that educators are effectively prepared with skills and knowledge necessary to promote success of diverse student populations. This calls for starting the preparation at the pre-service level. However, little emphasis and time is devoted to the SEL topics such as social emotional development, classroom management, and psychiatric disorders in coursework for pre-service teacher education programs (Schonert-Reichl, Hanson-Peterson, and Hymel, 2015, p. 411).

Role of Staff at Schools in Addressing Student Mental Health Issues

Schools can play an interactive role by identifying mental health challenges, offering a location for treatment and deployment of resources. As most children are expected to attend school (School Act, section 74.1 (3), BC Laws, 2018), schools can be a great avenue for supporting mental health in youth. Importantly, schools provide a location where children and
adolescents spend a significant amount of time, second only to the time spent with their parents. Schools can offer a setting in which trained professionals can not only assess but also provide support to address mental health challenges in students. Through early intervention, support, and education, many mental health challenges can be managed before they have a negative effect on student academic achievement (Wei, Kutcher, & Szumilas, 2011). Student mental health has to be the “next frontier” of health-related education in our schools.

Promoting student health and well-being in school has long been a component of education. Traditionally, sports and physical education programs have stressed the importance of staying physically healthy through exercise. More recently, school-based sexual education and nutrition programs have informed young people about the importance of sexual health and good eating habits. But mental health—a fundamental part of student health and well-being—still remains largely absent from the education agenda”. (Kutcher, Venn & Szumilas, 2009, p. 44)

However, just recently, changes have been made to bring in aspects of SEL and the need to address student mental health has been given a greater presence in the BC’s redesigned core competencies curriculum (BC Curriculum, curriculum.gov.bc.ca/Ministry of Education, 2017). The focus on “how healthy choices influence physical, emotional, and mental well-being” in Physical Education curriculum is an excellent example to illustrate that some change in the direction of addressing student mental wellness in schools has begun. (BC Ministry of Education, 2017). Under the physical and health education curriculum (throughout K-9), one can see that the curricular competencies are further divided into sections, namely, physical literacy, health and active living, social and community health, and mental well-being. Further under the section of mental well-being, topics such as “strategies for promoting mental well-being for self
“and others”, “managing physical, emotional or social changes” at each developmental stage as they grow older and “addressing self-identity” are some of the key learning standards in physical education through K-9 curriculum (BC Curriculum, curriculum.gov.bc.ca/ Ministry of Education, 2017). The emphasis about teaching such detailed and specified topics related to mental well-being is certainly a positive step towards creating awareness about addressing student mental health in the province.

Emotional, behavioural, psychological and physical functioning in students are inseparable (Weist, Goldstein, Morris, & Bryant, 2003). It has been established that the mission of schools should encompass not only academic learning but also include psychosocial and emotional wellbeing of students (Repie, 2005). As students spend a majority of their time at school, teachers at both elementary and secondary schools are most likely to have the biggest impact on their students. Schools can provide ideal settings to effectively improve youth social and emotional competence which can positively influence academic performance and challenge any barriers to learning (Reinke et al., 2011). Schools that have expanded mental health care services (i.e. school-based mental health clinics and programming) report higher grade point averages, fewer dropouts and better attendance among students who receive services in the school setting (Mental Health Commission of Canada, 2013).

Teachers have taken their place on the front lines of child and youth mental health and have become the frontline professionals. Wyn, Cahill, Holdsworth, Rowling, & Carson (2000) assert that by creating a supportive school environment teachers are promoting the mental health and well-being of all young people, which has become a vital part of their core business (p. 595). However, teachers need to be comfortable and confident in promoting and teaching for mental health. Therefore, while keeping the whole school framework in mind, specific, targeted
Interventions can assist in addressing the needs of the minority of students who require additional support (Wyn et al., 2000, p. 594). Programs with similar outlooks, where organized and collaborative actions are engaged to focus on critical education and health of children and youth, both within and outside the school, could offer opportunities that can improve student healthy development and educational attainment. Models such as *The Whole School, Whole Community, Whole Child (WSCC)* and *The Coordinated School Health (CSH)*, could provide a comprehensive framework for school districts and schools to align health and educational outcomes in students (Lewallen, Hunt, Potts-Dameta, Zaza, & Giles, 2015). The CSH approach, originally designed by the Centers for Disease Control and Prevention (CDC) in 1987, has laid the foundation of policies and practices on how to promote health practices in schools (CDC, 2018, para 1). This approach follows a systems-based approach that addresses both the physical and emotional aspects such as *health education, physical education, school health services, healthy and safe school environment, counselling, psychological, and social services, family and community involvement, health promotion for staff, and nutrition services* (Lewallen et al., 2015, p. 2), whereas the WSCC model is “an expansion and update of the CSH approach” (CDC, 2018). The WSCC model is directed at the whole school, where the resources and influences are used from the whole community to address the needs of the whole child (Association for Supervision and Curriculum Development (ASCD), 2018, para 3). This model calls for a greater collaboration across the community, school, and health sectors to meet the needs and support the full potential of each child. Therefore, a unified and collaborative approach among the leaders in the community, school, and health areas assists in improving a child’s cognitive, physical, social, and emotional development.
Since it is crucial to have appropriate knowledge and beliefs about mental health and its problem, students and teachers also require the knowledge on how to recognize early signs and symptoms, how to cope, and prevent the illness. The introduction of such mental health literacy at the school wide level could eliminate the associated stigma and promote appropriate help seeking by students who are suffering from mental health problems (Ojio, Yonehara, Taneichi, Yamasaki, Ando, Togo, Nishida, & Sasaki, 2015).

**Educator’s Perspectives and Efficacy on Supporting Student Mental Health**

As indicated by the following sample comments from the Canadian Teachers’ Federation’s national teacher survey in *Teacher Voice* conducted in 2011, it is evident that student mental health is clearly an emerging issue for Canadian teachers. “I am seeing mental health issues more frequently impacting student performance” one teacher respondent notes. The respondents also urge, “the availability of mental health professionals who specialize in work with children and are attached to schools” would benefit student learning in the public education system (CTF, 2012, p. 10).

The “core business” of schools is to promote the mental health and well-being of their students (and personnel) (Wyn, et al., 2000, p. 595). Therefore, generally, teachers recognize that they have a responsibility to care for and address the mental well-being and concerns of their students (Reinke, et al., 2011). Likewise, most teachers have positive self-efficacy, as they are moderately confident in their ability to deal with mental health issues (Graham, Phelps, Maddison, & Fitzgerald, 2011). In a study of over 500 teachers from Australia, the team noted that only a small number of teachers expressed conflict around balancing the complexities and expectations of their roles in teaching and providing mental health support to students. Another minority of the group, of less than two percent, voiced beliefs that supporting the social and
emotional well-being of students was not part of their job and felt a sense of burden by students’ needs in this area. On the positive note, the majority of the teachers indicated that they viewed mental health education as important and that they were committed and willing to participate in extra-curricular mental health education programs if they were allowed more time and resources to do so. Nonetheless, little is known about how well-equipped teachers feel about fulfilling their role in supporting student mental health and well-being (Graham et al., 2011, p. 481). On the other hand, specialized staff such as school psychologists, counsellors or special education teachers are seen as a great resource by teachers. Even though teachers perceive themselves as having primary responsibility for implementing classroom-based behavioural interventions, they view school psychologists as having a primary role in most aspects of mental health service delivery in school, including conducting screening and behavioural assessments, monitoring student progress, and referring students to school-based or community services (Reinke, et al., 2011, p. 7).

**Challenges Related to Mental Health that are Faced by Educators**

As teachers are expected to be capable of addressing a variety of student issues, finding a balance of multiple demands from the general public to do more than to teach, can be one of the stressors for teachers (Younghusband, 2007, cited in Buchanan and Harris, 2014). It is absolutely impossible to prepare teachers for every student issue they may encounter. Teachers are usually uncomfortable accepting their role of responsibility in relation to serious issues such as student suicides (Buchanan and Harris, 2014). In a study to investigate teachers’ experiences of working with students who attempted suicide and returned to the classroom, the team concluded that teachers felt uncomfortable accepting the role of responsibility as they were unaware of warning signs, had limited information, and were not trained in suicide intervention. The team reported
that teachers experienced “shock, sadness, feelings of uncertainty, anxiety, and fear” (p. 14) when they were faced with these circumstances. In order to cope with the stress, the team noticed that the teachers relied on a number of various tools or strategies. Some of the strategies they used were: using life experiences, communicating to those around them, working towards maintaining normalcy in the classroom and positive self-talk to overcome the negative experiences while dealing with students with mental health issues (p. 16). Since teachers are personally affected by student mental health issues, they must be offered support with enhanced knowledge and support to address their needs (Buchanan and Harris, 2014).

Similarly, other researchers (Neuharth-Pritchett and Getch, 2001 and Becker et al., 1996 as cited in Duggan, Medway, and Bunke, 2004) have successfully demonstrated that nearly three in four teachers feel unprepared to teach students with various illnesses and assert that teachers want specific and practical information related to the illnesses, and additional training in teacher education programs and on the job. Teachers and other school staff experience high levels of stress in both their professional and private contexts leading to a wide variety of mental health issues affecting their economic and mental health wellness. Teacher stress emerges mainly from “a mismatch between perceived demands and the perceived ability to cope with them” (Ekornes, 2017, p. 332).

Some research has also highlighted that teachers view school-based services as being less than optimally effective at addressing student mental health needs (Repie, 2005). Manion, Short, and Ferguson (2012) reviewed the Mental Health Commission of Canada’s comprehensive research project in order to determine the current state of mental health and substance use programs and practices in Canadian schools. They were interested in investigating student mental health needs, the programs and services that were available, various approaches used in
training of the staff, and implementation issues in Canadian schools and school boards. They concluded that Canadian school boards continued to pay emphasis on intervention services for high needs students rather than on mental health promotion and prevention as they lack “organizational conditions to deliver coordinated, evidence-based strategies across the continuum of care” (p. 129). The team highly urges for an infrastructure for making proactive decision making, providing systematic training to staff and outlining clear definitions of roles among various staff at schools. Specifically, engaging families in the process of preventing and promoting mental health and providing more professional development for educators in relation to recognizing signs and symptoms of mental health problems is vital to address some of the challenges faced by today’s educators (Manion, Short, and Ferguson, 2012, p. 129). Therefore, collaboration between teachers, parents, students and the wider school community is a key process in developing a health promoting school (Wyn et al., 2000, p. 595).

Teacher Training about Mental Wellness

An estimated 75% of children with mental health disorders do not access specialized treatment services (Waddell et al., 2002) and out of the Canadians aged 15 or older who reported having a mental health care need in 2012, one third stated that their needs were not fully met (Sunderland & Findlay, 2013, p. 5). Likewise, according to the Center for Addiction and Mental Health (2012) only a minority of children and youth receive professional help for mental health issues, and for those who do, services are often inadequate. As explained earlier, through school-based mental health programs, schools can promote positive mental health by screening and intervening early to prevent the onset of problems. However, the reality is far away from what it should be. In an evaluation report on school-based mental health in Canada, the Mental Health Commission of Canada (2013) reports that only a few boards or schools have trained
professionals who can use evidence-based therapy and “provide coordinated, evidence-based services across the continuum of care” (p. 12).

Therefore, “a paradigm shift at the preservice level to better prepare all school-based personnel, including teachers, administrators, counselors, psychologists, social workers and nurses to proactively confront the mental health challenges of today's youth and the difficulties they face in serving those students” (Koller & Bertel, 2006, p. 197). However, B.Ed. programs are not adequately preparing teacher education students for identifying and addressing the mental health needs that they will see in their classrooms (Rodger et al., 2014, p. 17).

In a national survey conducted by the Canadian Teachers’ Federation (2012) many Canadian schools were found to be ill-equipped and under-resourced to adequately support the mental health of students. Most teachers reported that they did not receive any professional development in the area of student mental health. Most teachers (over two-thirds) reported that they had not received any professional development such as knowledge acquisition or skills training to address student mental illness, (CTF, 2012, p. 16). Over 96% of teachers indicated that they wanted professional development opportunities and that the lack of provision of training could be a barrier to recognizing and understanding mental health issues in children, and to implementing strategies for working with children with externalizing behaviour problems (CTF, 2012, p. 17).

In the survey, since the majority of the teachers reported that they did not receive any formal training on mental health in their pre-service training, they had to inform themselves about the topic on their own. Numerous teaching and learning resources and trainings are offered by the BCTF and BC Ministry of Education. Resources and programs such as Friends, Making Space, Student Safety & Wellness, and student mental health resources are available on their
websites. In addition, several self-guided opportunities such as *Mental Health & Substance Abuse*, and *Child & Teen Mental Health* are also made available for the teachers. However, often there is no release time for the teachers to educate themselves and others. This lack of opportunity, in turn, adds to their stress.

**Adolescent and Teacher Relationships**

High quality student-teacher relationships represented by close supportive interactions and low levels of conflict can play a significant role in promoting healthy development in students (Roorda et al., 2011 cited in Miller-Lewis, Sawyer, Searle, Mittinty, Sawyer, & Lynch, 2014). Having such strong, stable, and supportive relationships with teachers throughout their school career could prevent the development of mental health issues later in students’ lives. Students who transition from preschool to school with a high quality stable student-teacher relationships have better mental health (Miller-Lewis et al., 2014, p. 15). This implies that a strong relationship with their teachers may protect them against the development of a number of mental health problems in children, including conduct problems, hyperactivity, problems with peers, prosocial behaviour, and emotional difficulties in the school environment. Therefore, early intervention and prevention strategies along with strong student-teacher relationships in the early years may help reduce the rates of childhood mental health problems during the later years (Miller-Lewis et al. 2014).

In addition, teachers can play a crucial role in students’ recovery from trauma and other mental health related issues (Modin and Ostberg, 2009). However, they need to be informed about the issue and the importance of student-teacher relationships in order to provide the needed support and care for their students. There can be certain characteristics of the teachers that can assist in establishing positive relationships with their students. Precisely, positive teacher
characteristics or approaches such as helping, caring, encouraging, motivating attitudes and believing in their students can help maintain a positive school climate (Modin and Ostberg, 2009). Similarly, Dods (2013) affirms that building relationships is at the core of meeting the needs of students with mental health problems. Through a series of interviews and case studies on youth affected by trauma, Dods observed that as youth felt “alone, abandoned, invisible and ignored” during high school (p. 82), and they hoped that their teachers initiated the conversation to make connections with them. The youth identified that their teachers needed to be authentic and caring in order to bridge the gap. They also wanted their teachers to look beyond the externalized behaviour or academic failure and be more responsive and adaptive to their needs. In addition, they hoped that their teachers listened to them, understood their attitudes towards their difficulties, and validated their distress (p. 83). Developing caring relationships lies within the scope of the teaching profession and can be implemented in the school setting (Dods, 2013).

On the other hand, conflicting student teacher relationships can lead to externalizing behaviours and conduct problems in students (Drugli, 2013, p. 223).

**Special Education and Mental Health**

In the Special Education Policy Manual, the BC Ministry of Education (2016) identifies students with mental illnesses in two categories, namely students requiring moderate behaviour support or students with mental illness (Category R), and students requiring intensive behaviour intervention or students with serious mental illness (Category H). Students who are identified in H category (expected to be less than one percent of the student population province-wide) require intensive interventions and the Ministry proposes *Integrated Services & Case Management* as a mandated part of their Individualized Education Plan (IEP). These students receive a coordinated variety of services (such as counselling support, support from Child and
Youth personnel, therapies, or other forms of interventions) from various agencies, both at
school and outside school (Special Education Services: A manual of Policies, procedures, and
Guidelines, BC Ministry of Education 2016: p. 57). The Ministry further outlines the skill set for
specialist teachers who work with such students. As per the requirement they are supposed to be
able to conduct behavioural observations, do analysis and provide strategies, and direct
behavioral intervention programs. In addition to adapting or modifying the curriculum, they are
also required to possess counselling skills (Special Education Services: A manual of Policies,

Mental illness is also found in students who face other challenges and have complex
needs. Various studies have indicated comorbidity of mental illness with other disabilities such
as learning disabilities and some neuro-developmental disorders. There are associations between
emotional/behavioural problems with learning disabilities (Undheim and Wichstrom, 2011;
Skokauskas and Gallagher, 2012; Sinu and Nathiya, 2013). Likewise, the prevalence of total
comorbid psychiatric diagnosis in children with Autism Spectrum Diagnosis (ASD) generally
falls in the 30-60% range, suggesting that generally, at least a third of children with ASD also
have a co-occurring emotional or behavioural disorder (Kim, Freeman, Paparella & Forness,
2012, p. 57). On further break down, Skokauskas and Gallagher (2012) report high rates of
clinically significant psychiatric problems, such as anxiety and attention deficit hyperactivity in
ASD children (p. 248). Since students have pre-existing cognitive deficiencies, it becomes more
challenging for educators to teach them the skills to cope with mental illnesses. “Teaching
students with special needs is related to a considerable amount of stress in segregated as well as
expectation to deal with diverse complicated needs of students could pose challenges and thus,
stress for the teacher. Since students with special needs require specialized individualized interventions and programs, teachers of these students require an additional skill set. It could be extremely challenging if they are inadequately trained and or not supported. Similar to general education teachers, special education teachers feel unprepared when there is lack of training, resources and collaboration (Hasanogulo and Pinar, 2014). Furthermore, some international comparative studies show that special education teachers have a higher level of stress than their colleagues who work in the general school system. Compared with teachers in regular schools, they leave their profession at a higher rate (Kiel, et al. 2016, p. 202).

**Barriers to Mental Health Services for Students**

It is crucial for all adolescents and educators alike to have appropriate knowledge about mental health. This knowledge will help their recognition of, coping with, and prevention of the problems, and will promote appropriate help seeking. However, several factors that could potentially act as barriers to appropriate identification and treatment of mental health may result in the failure of adequate mental health services for students. The top three barriers to mental health services as reported in an American survey by Reinke et al. are lack of training for dealing with children’s mental health needs, insufficient number of school mental health professionals, and lack of funding for school-based mental health (2011, p. 8). Young children depend heavily on adults (teacher or parents) as they might not understand their prevailing condition. Overt behaviours such as inattention, hyperactivity, oppositional defiance is clearly visible and could be caught in a timely manner, whereas a child’s internal symptoms, such as depression and anxiety can be difficult to detect as they are less noticeable and less likely to be identified (Koller & Bertel, 2006; Repie, 2005). As the studies listed so far suggest, teachers receive little or no pre-service training on identifying and addressing mental health needs that they will potentially
Therefore, teachers rely heavily on the school psychologists for conducting screening assessments for mental health issues in their students (Reinke et al., 2011, p. 7). Secondly, the social stigma attached to mental illnesses could prevent a student from getting help (CTF, 2012, p. 13). Students may feel embarrassed about their abnormal thoughts or behaviour, which in turn affects their willingness to disclose such experiences with peers, teachers, parents or health care professionals. In addition, sometimes teachers fail to read those early signs of distress. In a national survey on Canadian teachers (CTF, 2012), a majority of teachers (87%) agreed that a lack of adequate staff training in dealing with children’s mental illness is a potential barrier to providing mental health services for students in their schools. A majority also blamed a lack of funding, insufficient number of community based mental health professionals, lack of coordinated services between the school and the community, and the lack of referral options in the community as potential barriers to providing mental health services for students in their schools. About half of the teachers recognized that lack of coordination between teachers and parents and language and cultural barriers as obstacles to receiving mental health services (CTF, 2012).

Therefore, it is critical that the need for teacher training and more funding for additional health care staff and other services within the school and community are addressed as a priority. The more awareness that is created through such steps, the more likely that the stigma associated with mental illnesses will slowly diminish and this could promote appropriate help seeking in students and adults alike.

**Summary of Chapter 2**

Addressing student mental health issues are increasingly recognized as a priority among educators. Children suffer from various forms of mental health concerns that can adversely affect
their ability to perform academically and socially. As indicated in the literature review, research has proven that students are engaged in the learning process when they are able to manage emotions, show empathy towards other, solve problems cooperatively, and act responsibly. Such social emotional skills taught at school can also have positive effects on student attendance and graduation rates. Since adolescents spend about one-third of their daily time at school, educators can play key roles in identifying early signs of mental health struggles in students and provide them timely interventions. However, it is essential that they are equipped with sufficient mental health literacy to engender effective practices in these areas. Furthermore, positive student-teacher relationships can promote academic achievement, avoid challenging behaviours, improve self-esteem in students, and can reduce teacher stress. Having specific evidence-based practices at the whole school-wide level can assist in addressing specific needs of struggling students. In addition, collaboration between the colleagues and specialists at school, such as counsellors, special education teachers and psychologists and having families involved can help in creating supporting environment for such students. However, inadequate teacher training, lack of funding for services and personnel, such as specialized staff, and the stigma associated with mental illnesses can be barriers to providing optimal mental health services for students in schools.
Chapter Three: Research Methods

Introduction

This chapter provides a detailed methodology used to collect the qualitative and quantitative data on the following research question: “What knowledge and skills do Canadian secondary educators have and lack in order to help support their students who are struggling with mental health issues?” Information about the participants, ethical issues faced by the researcher, and the approach to be taken for the analysis is also included.

Overview of the Research Design

For this study, a mixed methods approach involving an anonymous paper-based survey was designed to collect both quantitative and qualitative data. The goals were to explore practices, skills, and programs that could aid teachers in dealing with mental health needs of secondary students. The participants were from the staff (teachers and special education assistants) at an urban BC secondary school. Participation in the survey was voluntary and the survey was kept anonymous in nature. The qualitative data collected from the open-ended questions on the survey was then coded to identify themes. Descriptive statistics was used to analyze the quantitative data collected from the Likert scale portion of the survey.

Participants, their Recruitment and Procedures

The population chosen for this study represented a convenient sampling of teachers and special education assistants in New Westminster Secondary School (NWSS), where I had worked as a special education teacher for the past 10 years. As per 2014/15 school records, the secondary school had a total population of 2066 students enrolled in grades nine to twelve. The school had a staff count of around 160 teachers including 35 special education assistants. An effort was made to reach out to everyone through a mass email from the Principal. In September
2017, the Principal of the school was contacted through an email to receive consent to conduct the research in his school (see Appendix A). As a part of the recruitment process, the letter of Informed Consent (see Appendix B) was also emailed to all staff as an invitation to participate in the survey. Survey packages were dropped off in the mailboxes of all the staff at NWSS during the beginning of November, 2017. The package included Informed Letter of Consent, along with a blank copy of the paper based survey questionnaire in an envelope (see Appendix B and Appendix C). The participants were asked to return the surveys (irrespective of whether the surveys were completed or not) in a marked container that was placed in the mailroom in the main office by the end of November 2017. This was to secure the identity of the participants and to keep the surveys anonymous in nature. Once received by the researcher, the completed survey questionnaires were stored in a locked filing cabinet at the researcher’s home. Data from the survey was stored on the researcher’s personal, password secured computer. The timing of the survey distribution was chosen carefully so as not to coincide with any formal reporting periods, parent teacher interviews, school start up, or holiday celebrations.

Since I intended to understand the participants’ practices and perceptions of their roles in dealing with mental health needs of their students within the local context, this sample of teachers and special education assistants was chosen. The participants of the survey included some general education teachers, special education assistants, and a special education teacher and the majority of them had been in the field of education for quite a long time (about an average of 20 years). A majority of the participants of the study had spent a majority of their career at the present school.
Ethical Issues

After obtaining approval from Vancouver Island University Research Ethics Bureau (VIU REB), approval was sought from the Superintendent of school district to carry out the research project. Once approved, a recruitment email was sent to the Principal of the school (See Appendix A). The potential ethical issues of undue advantage and influence arising from the close relationship (colleague to colleague) between the researcher and the participants (both teachers and special education assistants) was mitigated by the anonymous nature of the designing, distribution, and collection of the survey questionnaire. The participants were informed of the purpose of the study and given assurance that their answers will be kept anonymous; and that no names will be put on the surveys. The participants were reminded that their participation was completely voluntary. They were also advised that they were not obliged to answer each and every question in the survey questionnaire. They were reminded that the return of the completed survey questionnaire to the researcher would indicate the participants’ consent to participate in the study and will allow the researcher to use the information in the research provided by them. In addition, the participants were advised that the written answers in the survey questionnaire from the respondents may be quoted, however, efforts will be made that no statements that include identifying information will be included in the research write-up. The potential participants were also advised that they kept the letter of consent for their own records. They were also assured that the information provided by them will be completely anonymous and the risk of identification from indirectly identifiable information was extremely low.

Instruments Used and Data Collection

Quantitative and qualitative data was gathered by means of an anonymous paper-based survey questionnaire (See Appendix C). The questionnaire consisted of three parts; the beginning
part contained eight questions for the participants where they provided basic demographic information such as their primary role, the length of time that they had been in the field of education, the number of students under their care, and their general perceptions of mental wellness. These questions were included to give the researcher the context for each participant and to be able to compare responses of each demographic grouping. Part two of the survey questionnaire contained twenty-five statements that were based on the participants’ level of awareness, knowledge, and comfort level about mental health issues based on a five-point Likert scale (strongly agree, agree, neutral, disagree, strongly disagree). Each question in this part of the survey questionnaire was crafted to elicit a response related to the purpose of the study. Part three of the survey questionnaire contained twelve open ended questions where the participants had an opportunity to provide more in-depth information about their current practices, what additional support they perceive to be needed, and the barriers they perceived that were preventing the attainment of support for their learners with mental health needs.

**Data Analysis**

A tally of the survey question responses, generated by Microsoft Excel software, was used to analyze the quantitative data gathered from the survey. The qualitative data collected in the open-ended portion of the survey questionnaire was coded to assist in looking for emergent themes related to the research question. The themes were cross-checked with the quantitative data to extend the analysis. All of the data was examined to determine if the key research question was answered and how it compared to the current and past literature.

**Value of the Method**

The combination of the qualitative and quantitative research methods aided in the understanding of the contradictions between quantitative results and qualitative findings. The
mixed method helped the researcher in collecting a rich, comprehensive data where the participants had a chance to express their point of view in multiple ways, given multiple prompts. The method also ensured that the findings were grounded in participants’ experiences by providing them a platform to give a voice regarding the sensitive, yet critical issue in adolescent mental wellness.

**Summary of Chapter 3**

A mix of qualitative and quantitative data based around the research question was collected from general education teachers, special education teachers and special education assistants through an anonymous paper based survey questionnaire. The questionnaire consisted of three parts: a section on demographic information, a five-point Likert scale was used to gain participants’ information about awareness, knowledge, and comfort level in dealing with student mental health issues, and open-ended questions to gather information about their current practices. The quantitative data was analyzed using descriptive statistics and the qualitative data was coded for emergent themes in the participants’ responses.
Chapter Four: Findings and Results

Introduction

This chapter includes the results of the quantitative and qualitative data collected through the survey questionnaires. It also includes some direct quotes from the participants’ responses that helps us develop a deeper understanding of the underlying issues and getting a clear picture about educators’ efficacy on dealing with student mental health needs. An effort was also made to extract some themes that emerged in the participants’ responses in the qualitative data collected through the anonymous paper-based survey questionnaire. This chapter further includes some analysis on those themes and discussions on how the results of the current study relate to the past research done in the similar field of addressing mental health needs of students in schools.

This research sought to answer the following question: “What knowledge and skills do Canadian secondary educators have and lack in order to help support their students who are struggling with mental health issues?” More specifically, the goal of the study was to explore knowledge and skills of the teachers and the prevalent practices and programs that would assist in addressing the mental health needs of students in secondary schools. The data gathered through the study is intended to be used by this researcher and shared with school leaders regarding their role in facilitating mental health needs of the students and providing information that could guide practices intended to address various mental health needs.

Findings

By the end of November 2017, ten surveys were returned yielding a six percent return rate. Despite this being a low response rate, due to the qualitative nature of much of the data
collected, the researcher feels the data is valuable and highlights some key areas that stand out to staff at this particular high school.

**Survey Part 1: Demographic Information.**

The demographic information was solicited at the beginning of the survey to find out the primary roles, years of experiences, and where the respondents had spent the majority of their careers. It was noted that 6/10 respondents were general classroom teachers, 3/10 of the respondents were the special education assistants, and one of them was a special education teacher. When indicating their years of experience in the field of education, 4/10 of the respondents reported that they had been in the field for more than twenty years. 3/10 had spent sixteen to twenty years in education, whereas 2/10 were really novice in their profession, having less than five years of experience. A majority (8/10 of the respondents) had spent the majority of their career at the present school, whereas the other two had spent much of their time in a different school, either from the same school district or a different school district. When asked how many students they were teaching or were on their caseload, their answers ranged from 10 to 200. General classroom teachers indicated that they taught between 100-200 students during the course of the 2017-18 school year while the special education teachers’ caseload had a range of ten to thirty students.

**Survey Part 1: Experiences with Student Mental Health.**

It was noted that half (5 out of 10) of the respondents had previously received training about mental health, whereas 3 of them indicated that they did not receive any training in the field of mental health. Two of the respondents did not respond to this question. The participants were also asked to estimate the percentage of students they believed to be impacted with mental health issues. It was noted that they were really divided on this issue as they reported a huge
range (5%- 80%). Nearly half of the respondents (4/10) predicted that about 20-30% of the students were affected by mental health issues. Two of them believed the prevalence to be higher (50%), whereas one of them supposed it to be even higher (80%). Two of the respondents did not reply, and another participant anticipated that only 5% of the students were impacted by mental health issues. The participants were then asked about their opinion on when they believed at what age the students would have their first incidence with mental illness. It was noted that more than half, 6/10 respondents chose 11-15 years as the onset of mental illnesses, whereas one of them believed it to appear in later years (16-20 years). All of the respondents had personally known someone with mental illness and indicated that they had known a family member, a friend, a work colleague, an acquaintance, or a client such as students with mental illnesses.

**Survey Part 2: Participant Awareness of Mental Health Issues in Students.**

The second part of the questionnaire was made up of twenty-five statements, accompanied by a five-point Likert scale. The statements were designed to gain information regarding the participants’ awareness, knowledge, and comfort level on mental health issues. Please refer to Table 4.1 for the participant’s responses on awareness, knowledge, and comfort level on mental health on a 5 point Likert scale. When looking at their level of awareness about mental health issues in students, a majority (9/10 respondents) agreed or strongly agreed that mental illnesses were on the rise, while one respondent remained neutral. Another majority (8/10) of the respondents agreed or strongly agreed that they perceived that a significant number of their students had problems either understanding, managing, or regulating their emotions. It was also noted that all except one, who did not respond, agreed or strongly agreed that mental illness can affect various aspects of child development. All of the respondents agreed or strongly agreed that it was important to address specific student mental health issues,
with half of them strongly agreeing with this. The participants were also asked about the value of addressing various mental health issues. A majority of the respondents, (7/10) strongly agreed that it was important to address the issues of anxiety, stress, and depression at school, whereas the rest agreed with the statement. When it came to addressing bullying at school, 8/10 respondents strongly agreed that it was important to address bullying at school. The participants were then asked if they believed that the students who are anxious are just trying to get attention, another majority, (7/10 respondents) disagreed or strongly disagreed with the statement, whereas 3/10 respondents remained neutral in their opinion. When asked if the participants believed that the students who are anxious are often doing it to manipulate others, 8/10 disagreed or strongly disagreed, whereas 2 of them remained neutral in their opinion.

To summarize the participants’ general awareness about students’ mental health, it was concluded that a majority of the participants agreed that mental health issues are on rise and acknowledged that a significant number of their students had problems either understanding, managing, or regulating their emotions. All of them agreed that mental illness can affect various aspects of child development, and agreed that it was important to address specific student needs, and address issues such anxiety, depression, stress, and bullying at school. It was also noted that a majority of the participants did not believe that anxious students were manipulative or were trying to get attention.

**Survey Part 2: Participant Knowledge of Mental Health Issues in Students.**

Upon looking into the teachers’ level of knowledge about mental health issues in their students, it was noted that 7/10 respondents strongly felt knowledgeable about the area of mental health. However, 2/10 did not feel the same way. On the other side, a majority (8/10) also agreed or strongly agreed that schools should have greater access to specialized mental health
consultations within the schools, whereas 2 of them remained neutral. When asked about the importance of staying healthy (mental health), 7/10 respondents either agreed or strongly agreed that students’ mental health was more important than their academic achievement for successful learning at school, while 2 of them remained neutral on this statement. When asked about their knowledge about legislation related to mental health issues, such as confidentiality, consent to treatment etc., a majority (8/10 respondents) agreed or strongly agreed that they were aware of the topic. One of the respondents remained neutral, whereas the remainder one did not agree with the statement. The participants were also asked if they were aware about the various risk factors associated with mental health in students. It was noted that a majority, 8/10 respondents were aware of the risk factors of student mental health issues, whereas 2 of them disagreed with the statement. Further, the respondents were really divided about the causes of mental health issues. Almost half of them (4/10) felt that they were aware of the causes of student mental health issues, whereas, the other 4/10 disagreed. The remaining 2 of the respondents stayed neutral in their opinion. A majority (9/10) agreed or strongly agreed that they were interested in learning more about mental health issues in order to create a healthy environment for their students.

To summarize the participants’ level of knowledge about mental health issues in students, it was concluded that even though a majority of them felt knowledgeable about the area of mental health, they were still very interested in learning more about mental health issues in order to create a healthy environment for their students. The majority of participants also asked for greater access to specialized mental health consultations within the schools. Since a majority of the participants agreed that addressing students’ mental health is more important than their academic achievement, they were also aware of the risk factors of student mental health issues.
The participants were also aware of the legislation related to mental health issues, such as confidentiality and consent to treatment etc. It was also noted that the participants were not aware of the causes of the student mental health issues.

**Survey Part 2: Participant Comfort in Coping with Student Mental Health Issues.**

Upon looking into comfort level of the participants about student mental health issues, 8/10 respondents agreed or strongly agreed that they would feel comfortable if a student spoke to them about mental health issues. Similarly, a majority (8/10) of them felt prepared to work with students with mental health issues, whereas 2 of them remained neutral in their opinion. One of them strongly disagreed with the statement. When looking into their comfort level in responding to crisis arising from mental health issues, 7/10 of the respondents agreed or strongly agreed that they felt confident that they would know how to respond if a student in their class/ school/ or under their care appeared to display signs of distress. Two of the respondents remained neutral and one did not agree with the statement. Further, the participants were investigated about their perception about the role of school and home in addressing mental health issues of students. Half of the respondents disagreed or strongly disagreed that they felt that it was the primary responsibility of the parents to enhance the mental wellness of their children, whereas 4 of them remained neutral on the topic. However, one respondent strongly felt that it was the parents’ responsibility to address mental health issues of their children. The respondents were found to be really divided about their comfort level on identifying symptoms of mental health issues. Half of them agreed or strongly agreed that they believed that they would know how to identify symptoms of mental health issues, whereas 3/10 respondents disagreed with the statement and 2 of them remained neutral. The participants were then asked how comfortable they felt about talking to the parents of their students if they suspected that they were struggling with mental
health issues. More than half, (6/10) respondents agreed or strongly agreed that they felt confident that they would feel comfortable talking to parents. However, 2/10 disagreed with the statement and 2 of them remained neutral. On the other hand, all of the respondents agreed or strongly agreed that they felt comfortable talking to their colleagues if they suspected that their students were struggling with mental health issues. In addition, a majority (8/10 respondents) agreed or strongly agreed that they knew where to seek assistance within the school when suspected that their students were struggling with mental health issues.

To summarize the participants’ comfort level in addressing students’ mental health, it was concluded that a majority of the participants felt comfortable and prepared to work with students with mental health issues. The majority of them indicated that that they would know how to respond if a student in their class/school/or under their care appeared to display signs of distress. A majority of the participants also reported to feel comfortable in talking to parents, colleagues, and seeking support when required. The participants appeared to be divided on their ability to identify symptoms of mental health issues and the identified school’s responsibility on addressing mental health issues.

Table 4.1: Total frequency response on Awareness, Knowledge, and Comfort level of teachers for 5 Point Likert Scale survey statements on mental health issues in secondary students.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AWARENESS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I believe that incidences with mental illnesses are on the rise.</td>
<td>3</td>
<td>6</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I perceive a significant number of my students to have</td>
<td>1</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>problems either understanding, managing, or regulating their emotions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental illness can affect various aspects of child</td>
<td>7</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>development.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am aware of the importance of addressing specific student mental health issues.</td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is important to address the issues of anxiety at school.</td>
<td>7</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is important to address the issues of stress at school.</td>
<td>7</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is important to address the issues of bullying at school.</td>
<td>8</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is important to address the issues of depression at school.</td>
<td>7</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I believe students who are anxious are just trying to get attention</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I believe students who are anxious are often doing it to manipulate other people.</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**KNOWLEDGE**

| I feel knowledgeable about the area of mental health. | 1 | 6 | 1 | 2 |
| Schools should have greater access to specialized mental health consultations within schools. | 5 | 3 | 2 |  |
| I feel that students’ mental health is more important than their academic achievement for successful learning in school. | 3 | 4 | 2 |  |
| I am aware about legislation related to mental health issues (confidentiality, consent to treatment etc.) | 1 | 7 | 1 | 1 |
| I am aware of the risk factors of student mental health issues. | 2 | 6 |  | 2 |
| I am aware of the causes of student mental health issues. | 4 | 2 | 4 |  |
| I am very interested in learning more about mental health issues in order to create a healthy environment for my students. | 5 | 4 | 1 |  |

**COMFORT**

| I would feel comfortable if a student spoke to me about mental health issues. | 5 | 3 | 2 |  |
| I feel prepared to work with students with mental health issues. | 2 | 5 | 2 | 1 |
| I feel confident that I would know how to respond if a student in my class and/or school or under my care appeared to be displaying signs of distress. | 2 | 5 | 2 | 1 |
| I feel it is primarily the responsibility of parents to enhance the mental wellness of their children. | 1 | 4 | 4 | 1 |
| I believe I would know how to identify symptoms of mental health issues. | 2 | 3 | 2 | 3 |
| I feel confident that I would be comfortable talking to the parents of my student whom I suspect is struggling with mental health issues. | 1 | 5 | 2 | 2 |

The third part of the questionnaire consisted of twelve open-ended questions that asked the participants about their current practices and opinions about addressing student mental health needs. The participants were asked to list the various forms of mental health issues in students that they had witnessed or dealt throughout their career. The responses varied from anxiety, depression, ADHD, panic attacks, anorexia, schizophrenia, mania, bipolar disorder, narcissistic, suicidal, substance abuse and addictive disorders, trauma, Obsessive Compulsive Disorder (OCD), and self-abuse, whereas 4/10 respondents also included Autism Spectrum Disorder (ASD) in the list. This list is in congruence with the findings in the survey conducted by Canadian Teachers’ Federation (CTF) in 2012. The participants of the CTF’s survey also identified anxiety disorders, stress, attention deficit disorders (ADD/ADHD), depressive disorders, learning disabilities (such as ASD and dyslexia) as the most pressing concerns in their schools (CTF, 2012).

When the participants were asked if they had noticed an increase in mental health issues throughout their career, 7/10 respondents agreed with the statement. Looking into the reasons behind such an increase, a few of the respondents accounted for increased awareness and the recent attention paid on the topic. As one of the respondents claimed that, “We see more cases with mental health issues these days because the conversation of mental health issues is being normalized by the society”. A few blamed it on the social media, increased screen time, and drug
abuse. However, 3/10 respondents did not see any change in the prevalence of mental health issues.

The participants were further asked if they took any methodology course during their training to help them plan, teach, and address mental health needs of their students. A majority, (8/10 respondents) reported that they did not take any course while their training to become a teacher or special education assistant. One of the respondents had taken Developmental Psychology classes and Mental Health training workshop by Dr. Kutcher and another participant took Certificate in ADHD Studies and Holistic Approach to Wellness in the Classroom at Langara College. Since a few of the respondents mentioned that they took their Bachelors of Education more than 20 years ago, they insisted that their knowledge of mental health needs of students has been learned by dealing with students having mental health concerns. Some of them had learned about mental health through professional development opportunities, such as Autism Spectrum Disorder Training, and Introduction to Mental Health Workshop.

When asked to specify if they have taken any professional development in the area of mental health, most of the participants mentioned about attending in house professional development events on anxiety, depression, trauma, and addiction support. One of the respondents mentioned about Starling Mind -Cognitive Behaviour Therapy modules available to BCTF members and someone else mentioned about having currently registered for Bringing Mental Health to Schools through UBC Online.

The respondents mentioned that they felt confident about responding to mental health issues such as anxiety, depression, ADHD, bipolar, autism, and other behavioural challenges. A majority of them were “pretty quick to make a referral to the school counsellor or UBC Counselling”. In terms of providing support to students with mental health issues, one of the
respondents mentioned about “supporting students to seek resources and discussing mental health issues with resource teachers and colleagues”. Almost half the respondents mentioned about relying on counsellor support.

The participants were also asked to discuss their concerns and challenges about supporting students with mental health issues. The responses included lack of time and resources, counselling support, and lack of support from administration. One of them mentioned about “finding ways to lessen the delays between the time of suspecting mental health issues to assessment and treatment”. They also called for “having a proper support plan put into place and the team of professionals (Principal, Vice Principal, Teachers, Child Care Workers and Special Education Assistants) to be a part of the journey”. The participants also looked for a concrete plan to follow through. One of them replied, “We need to know what to say and come up with an action plan and follow up with the teachers, administrators, and parents”. There were also some concerns about having inadequate support in place to help the students and having difficulty connecting students to counsellors and special education teachers. One of the respondents emphasized on physical activities/education, insisting that “More mind body classes and outside play” is needed to overcome the challenges of mental illnesses.

When asked about what systems, procedures and activities were offered at their school to support mental wellness for the students, more than half (6/10 respondents) mentioned about the relying on counselling support. Two of them mentioned UBC Counselling and getting support from Outreach Youth Care Worker and social clubs at school. It was also interesting to see how much the staff was aware of what was available. “Besides counselling, not sure if there is any other support strategy”, reported one of them. However, the Counsellor support seemed to be inadequate, as one states, “Some counsellors have small support groups but other than that,
nothing outside of the outreach program with only two Youth Workers for 2000 student body”.

A few (3/10) respondents did not respond to this question.

Further, the participants were asked about the current mental health program at their school and they were asked about their opinion on what they could do to promote student mental health and wellness. “Is there one?” wondered a few. Two respondents chose not to answer the question, whereas 3 of them were not sure. The rest of the respondents mentioned UBC Counselling and getting support from school counsellors. “My school has no mental health program, we have a special education teacher and counsellor (not full time); more funding is needed in this area” replied one of the respondents. One of them stressed “weekly 60 minute workouts” in an effort to promote mental wellness, whereas 3/10 suggested creating awareness and addressing the issues by having prevention and health promoting programs. They emphasized more professional development opportunities being made available to them. “It would be nice to see the district promote self-care and workshops on how teachers can help students”, stated one of them.

When asked about the participants’ role in promoting and supporting mental health for their students, their responses varied from creating awareness to providing advocacy for the students. They referred to “listening to the students” and “providing them with strategies, such as Square breathing, audio relaxation, and learn to cope and feel better”. Some of them did not feel confident themselves and they looked for support elsewhere. “My role is to connect students to resources, internally and outside agencies to support mental health”, stated one of them. However, “knowing what supports are in place and how to access them” can be a challenging issue. Despite the adversities and shortfalls, the participants were still found to be very hopeful that they can play an important role in addressing mental health needs of their students. “We
must be always empathizing and empowering our students”, stated a participant. They believed that they can be a part of a team that supports the students by “communicating with each other”, whereas 2 respondents chose not to reply to this question.

The participants were asked about the important components of an effective mental health programs for teachers to use in order to support their students. Their responses varied from ways to incorporate support strategies into lessons to the awareness of the local mental health services available from the Ministry of Child and Family Development. One participant suggested having access to information on mental health services made available online, perhaps “on the school website”. A few participants stressed about the importance of keeping their minds and bodies relaxed. They confirmed that students should be taught skills that can optimize their performance at school. They identified that addressing the importance of competencies such as “knowing how to prioritize”, “preparing for an exam, having a proper night sleep”, and “participating in physical recreational activities” can help promote mental wellness in students. Further, they expressed their interest in having a systematic procedure or program laid out so that they know exactly how to respond. The participants wanted to know about “what to say talking points”, and knowing “solid action plans” on what to do in such an event. They emphasized on consistent follow up with the students and wished that more workshops were provided by the administration or the district. There was also a call for “positive self- help strategies available for all” and the necessity to build a “trusting environment for both staff and students”.

Lastly, the respondents were asked to share their experiences with mental health. “I think there is a correlation between students with mental health issues and teachers that burnout. Without proper training teachers are not able to support students and ultimately cannot help themselves”, clarified one of them. Similarly, another participant called for more training for
teachers at the Bachelor level. “Entering into the profession with little or no training isn’t helpful for teachers and students”, complained one of them. The majority of the respondents did not answer this question.

Summary of the Findings

The survey revealed that the majority of the participants were aware of the importance of addressing mental health needs of students at school. Even though they did not know the causes of mental illnesses but they were aware of the symptoms. Most of them also felt comfortable about dealing with the various issues related to mental health and felt prepared to work with students with such challenges. Most of the participants reported to have minimal training during their pre-service training but accepted to learn a majority about mental health through professional development. A few of them relied on having conversations with their colleagues and recommending their students for counselling support. In terms of the program available at the school, it was revealed that none of the teachers were aware of any solid action plan. Regarding mental health supports at their school, the teachers were unable to specify anything, other than relying heavily on counsellor support. The staff wished for a better systematic concrete plan that clearly guided them on how to respond to the various mental health concerns in students. They also hoped that information that contained a list of resources available within the school and outside in the community, be posted on the school website. Major concerns that were identified included lack of time, resources, and knowledge about what is available both within and outside the school. A majority of the staff called for more professional development opportunities about mental health concerns. They also insisted for more involvement from the administration at the school.
Themes and Analysis

Mainly 2 themes emerged out of the qualitative data: resources (reliance on the school counsellor for support, the need for a solid action plan, and administration involvement), and knowledge (increasing awareness and more professional development opportunities). The first theme, resources was most frequently mentioned among the participants. This theme involved the need for more funding, both in personnel and resources and the importance of having a concrete action plan. A majority of the participants in the study were not aware of the current mental health program available at their school. This lack of information places both the teachers and students in a vulnerable position. Having a school-based mental health program creates a safe and supportive environment for everyone and helps to reduce stigma around mental health. The absence of such support negatively affects students’ academic performance, which in turn adds to teacher stress.

The participants in the survey also emphasized for greater involvement from administration to formulate and follow through the action plan. This required support from administration coincides with the recommendations of the Council for Children and Behavioural Disorders regarding the need for school-based mental health services in schools. Mathur et al., 2017 recommend that “administrative support is necessary to build infrastructure, ensure efficient allocation and use of resources, enhance implementation with fidelity, and facilitate organizational management” (p. 223). The successful implementation of any program at school depends heavily on the leaders at school. The interest and initiation shown by the administration at the school is the key to teacher buy-in, resulting in creating a safe and supportive environment for everyone at school, including staff and students. A school-wide program that uses evidence-based practices can improve access to mental health services for the students when both teachers
and administration are invested in the program. Since the participants in the current study requested that they felt more support from the administration was necessary, it suggests that the administration at the school needs to be more involved and committed in mental health promotion and prevention. As leaders, the administration can provide the organizational conditions to foster effective practices in school mental health and develop the capacity for addressing student mental health needs.

The second theme, knowledge represents responses that explained the importance of increasing awareness and gaining knowledge of mental health through workshops and professional development. It was clearly evident that the participants believed in addressing the mental health issue by creating awareness and providing advocacy for students. However, the lack of knowledge in preservice training and lack of professional development opportunities for the participants was preventing them in doing so effectively. Correspondingly, Mazzer and Rickwood (2015) also reported that the participants in their study expressed the need for additional training and resources in mental health related areas as they lacked the skills to meet the needs of their students. The results of the current survey also coincide with the results from earlier surveys/studies (Rodger et al., 2014; BCTF, 2015; BCTF, 2017; McCrimmon, 2015; CTF, 2012). This lack of teacher training implies that the students are not getting the support they need and their mental health needs are not met adequately. This in turn affects student’s overall development and academic achievement.

Summary of Chapter 4

Despite the fact that the participants of the survey (i.e. teachers and special education assistants) reported that they were unaware of any mental health program at their school, they felt comfortable about dealing with student mental health issues. As they realized that mental
health problems among students were very prevalent, most of the participants understood the importance of addressing student mental health needs. A majority of them reported that they learned how to deal with student mental health issues through professional development opportunities, as they reported receiving minimal training about mental health during their pre-service training. Referring the student with signs of distress to the school counsellor was the only familiar strategy/support for the staff at this school. It became evident that the staff relied hugely on support from school counsellors and the UBC Counselling center played an important role as it was the sole established source of support within the school. Through the participants’ responses it became very clear that sometimes they felt unsure and unprepared; however, they were aware of the warning signs and symptoms of mental health issues in students. Also, a school-wide approach that focused on evidence-based interventions, strategies and curriculum to address student mental health needs was found to be missing. As a result, the participants advocated for additional resources and professional development opportunities. They also wished that for an improved solid action plan that outlined the contact information and procedures to follow when they encounter a student in some sort of distress.
Chapter Five: Conclusion, Discussion, and Recommendations

Introduction

This chapter includes the conclusions drawn from the current study and will include discussions on how the results of the survey relate to the past studies in the literature. In addition to commenting on limitations of the study, some recommendations for school leaders and policymakers are also made based on the evidence-based research done so far in the field of educators’ preparedness in dealing with student mental health issues.

Conclusions

These conclusions are based on the study of teachers and support staff in a secondary school in Lower Mainland in British Columbia that explored the following research question.

“What knowledge and skills do Canadian secondary educators have and lack in order to help support their students who are struggling with mental health issues?” These conclusions have been drawn from both qualitative and quantitative analysis, as discussed in Chapter 4.

Educators’ Lack of Preparation.

As mentioned earlier in Chapter 4, the participants in the current study felt that it is the school’s responsibility to support student’s mental health and that teachers should play a specific role in doing so. However, the study concluded that teachers may not feel fully prepared to take on that role given the current mental health training that is available to them. This lack of teacher preparation coincides with similar findings in a study conducted by Buchanan and Harris (2014), where teachers felt uncomfortable accepting the role of responsibility (in dealing with student mental health issues) as they were unaware of the warning signs, had limited information, and were not trained in suicide intervention (Buchanan and Harris, 2014). Similarly, when Alisic (2012) studied teachers’ perspectives of providing support to students who had experienced
traumatic exposure, it was concluded that teachers struggled with providing optimal support, partly because of their limited knowledge and skills (p. 54). Furthermore, teachers in study conducted by Daniszewski (2013) solicited for additional professional development and increased connection with mental health experts (p. 73). In the current study, most educators expressed that they started their careers with a limited knowledge about mental health; however, they learned about the subject through personal experiences, by collaborating with others and taking professional development courses. When teachers believe that they should play a role in addressing mental health needs of students, but they lack adequate knowledge or skills to do so, this implies a gap between research and practice. Teachers need to be well-equipped with knowledge and skills about dealing with student mental health issues upon their entry into the profession. Therefore, it is critical to include mental health courses in teacher pre-service training in order to expand teachers’ general knowledge and comfort levels in dealing with both student mental health and their own stressors (Rodger et al., 2014, p. 23). At district and school level, greater emphasis should be made on ongoing teacher training about identification, prevention and treatment of mental health issues in students.

**Educators’ Lack of Information Related to Process.**

This study also established that teachers, in general, are unfamiliar of the steps required to access support within the school and community agencies outside the school. Clearly, there is a lack of information and training associated to the formal actions that teachers should take when dealing with a struggling student. This finding also corresponds to Alisic’s (2012) investigation where teachers often admitted to be unaware of the protocols or guidelines related to mental health within their schools (p. 55). Such a deficit in knowledge can have detrimental effects on various stakeholders; the parents and caregivers might feel isolated and disabled, as school is
often looked upon for information, resources and protocols (Daniszewski, 2013, p. 61). Therefore, information on how to access community services should be made available to teachers to not only to broaden their knowledge, but also to enable them to act as reliable sources of information to parents and community. In the similar manner, Daniszewski (2013) also reported that teachers lack training related to formal actions to be taken when they were presented with struggling students (p. 61). In addition, Wyn, et al., (2000) insist that teachers need to be comfortable and confident in promoting and teaching about mental health. They commend programs such as *Mindmatters*, that use specific, targeted interventions within a whole-school framework, and certify that they can help in addressing the demands of students with mental health needs (Wyn et al., p. 594). Using a collaborative and unified approach with all staff, the adoption of school-wide programs that include evidence-based practices for prevention, detection, and treatment of mental illnesses could create a positive and supporting environment for students struggling with mental health issues. Likewise, Mazzer and Rickwood (2015) called for the need to work within a well-coordinated system where there is additional training and clear role identification within the school (p. 39). With adequate support, knowledge and training, teachers can view supporting student mental health as a part of their role (Mazzer and Rickwood, 2015, p. 35). Therefore, the adoption of a school-based program that clearly outlines the policies and protocols for decision making, role clarity, and system communication is valuable in creating a well-informed and supportive environment for both teachers and students at school.

**Educators Seek Assistance from Peers.**

In the current study, a few experienced teachers indicated that they had learned to deal with various issues about mental health over the years but recognized the difficulties for their
inexperienced colleagues. However, in general, teachers reported on consulting with their peers when facing challenging situations. This strongly indicates that teachers appreciate and seek some form of outside support. Teachers in Daniszewski’s (2013) study also followed suggestions from colleagues, when supporting children with mental health issues in the classroom (p. 63). As studies cited earlier in Chapter 2 suggest, teachers do not feel professionally competent to meet the diverse needs of their students, they have to depend on each other for support, and to share and explore ideas. Such a collaboration among the staff has become a vital part of the support system to meet today’s demands of the changing landscapes of our classrooms. Teachers need to change their educational practices to meet the needs of increasingly diverse needs of students, especially the ones who are struggling in some ways. Within the inclusion framework, where students with various disabilities are included in regular classrooms, teachers are expected to be able to support and teach a wide variety of learners. This expansive job responsibility brings both general and special education teachers together to collectively plan strategies and programs to meet individualized needs of the students at the school (Fonte and Barton-Arwood, 2017, p. 105). Classroom teachers, who face challenges from students with complex needs and challenging behaviours, may also consult students’ previous teacher, or other colleagues who might be facing similar challenges in their own classroom. These collaborations among teachers bring positive effects in classrooms and improved student academic outcomes. Therefore, collaboration among staff should be encouraged and the school leaders could show initiative by setting some time aside within the school year to allow formal opportunities for educators to collaborate.
Educators’ Strategies Include Empathy and Advocacy.

When dealing with students with mental health issues, the participants of the current study acknowledged that they provided empathetic support to their students and believed in empowering their students by providing a listening ear and voice to them. The use of empathy and advocacy as one of the strategies by the teachers has also emerged in various other studies. “Teachers have taken this therapeutic role based on their own intuition or it may have been drawn from their own as well as their colleagues’ experiences”, explains Daniszewski (2013, p. 63). Caring by nature, educators want their students to do well and they strive for their students’ excellence in both their academic and social lives. However, a lack of professional help or resources at school, may force teachers to use their own strategies (Daniszewski, 2013, p. 63). Many participants in the current study also expressed their frustration with not having enough knowledge about how to deal with challenging situations in their classrooms. Teachers tend to be empathetic towards their students in general, however, struggling students require extra attention. In order to build a positive rapport with such students, teachers need to understand students’ perspective. By paying attention to their unique needs teachers build a positive student-teacher relationship which in turn results in a positive and supporting environment for students (Dods, 2013). By being empathetic and advocating for students, teachers can help create awareness, reduce stigma and promote help seeking in students.

Educators Rely on Counsellors.

The participants in the current study expressed a huge reliance on counsellors and voiced their concerns about inadequate professional support, such as social workers and psychologists. This is comparable to another study where a majority (82% of teachers) reported insufficient
number of school mental health professionals at their schools, which can be a major barrier to providing proper support for students (Reinke et al., 2011, p. 9).

Referring students to the school counsellor appeared to be the only known source of support for the participants of the current study. It is not uncommon for educators to rely on school counsellors as they are perceived to be better able to assist students with mental health concerns (Mazzer and Rickwood, 2015, p. 34). The school counsellors can assist in addressing student mental health needs in various ways; by providing short term counselling to students, suggesting crisis intervention services to teachers, and assisting students indirectly by connecting them to appropriate services in the community (Kaffenberger, 2013, p. 324). However, barriers such as increased number of students in need of services, limited access to mental health services, and issues related to school counselor caseloads and training, can interfere with school counselor’s ability to serve students (Kaffenberger, 2013, p. 324). As one can see how the services of school counsellors could be in such a high demand, just relying on them is not the best support system for a school. This suggests that the school leaders need to seek connections outside the school and look for additional resources within the community to share knowledge and create awareness on dealing with student mental health issues.

**Educators Require Further Training/Resources.**

The participants in the current study often requested more professional development workshops and teacher training emerged to be the most important demand. Despite the availability of programs, such as Friends, Making Space, Student Safety & Wellness, resources offered by BCTF, and the policies outlined by the BC Ministry of Education, it is striking that so many teachers express their desire for extended professional development opportunities. Investigating the underlying reason for this demand of the teachers is beyond the scope of this
EDUCATORS’ PREPAREDNESS ABOUT STUDENT MENTAL HEALTH NEEDS

study, however it may suggest that the current available resources are either inadequate or they are not easily accessible to teachers. The need of additional training in the current study is congruent with the survey results of the Canadian Teachers’ Federation (2012), where over two-thirds of the teachers reported that they lack knowledge and skills to address student mental illness and had not received any professional development in the area. Teachers were mostly interested in enhancing their knowledge and skills in recognizing and understanding mental health issues in children, and learning strategies for working with children with externalizing behaviour problems (CTF, 2012).

As stated earlier, my survey yielded similar results as the survey conducted by the CTF in 2012. Based on the results, it may be interpreted that not much has changed since then, because the deficits in teacher knowledge and skill about student mental health persists even after almost 5 years. However, I am very hopeful of the new BC’s redesigned curriculum which will allow teachers to teach social-emotional learning and mental wellness to students. In addition, I hope that school districts and teacher unions continue working on providing time, resources, training opportunities to their teachers.

**Stigma Related to Mental Health May Prevent Successful Strategies.**

The small turn out rate of survey questionnaires may be reflective of teachers’ disinterest in teacher training or the restructuring of the teachers’ role regarding mental health. This is an important barrier to overcome in training programs, and may be directly related to mental health stigma. Past research has also indicated that some teachers show resistance to implementation of recommended mental health programs and practices (Reinke et al., 2011, p. 3). Many teachers in Daniszewski’s (2013) study also showed resistance to change, both in their professional development and their role as a teacher (p. 68). Within the small sample size in my study, I
noticed that some of the teachers did not respond to some of the questions in the survey. This may suggest their lack of knowledge in certain areas. Alternatively, it may also be an indication of their unwillingness to fulfill a provision role as they might not see this within their scope of practice or fearing to interfere with the expertise of a mental health professional. Such a perception of teachers that “addressing mental health illness is not considered a role/ priority of the school” is a potential barrier to providing mental health services for their students (CTF, 2012, p. 13).

**Limitations of the Study**

With the small sample size, it was difficult to generalize the application of results of the study. The respondents’ responses might have been influenced by various factors such as the timing when the questionnaire was filled and influence of opinions of others if they happened to consult them while filling the survey. Even though the participation was voluntary and the nature of the survey was kept anonymous, it was challenging to ascertain if the respondents gave a true representative sample of practices and perceptions of all who contributed to the study. The potential of being identified and the known working relationship with the researcher might have influenced participants’ responses.

**Recommendations of the Study**

The findings of this study demonstrate the complicated course in the prevalent breach between the research and practice. For example, although the teachers acknowledge the importance of addressing mental health needs of their students, they also request greater access to resources, skill development, and information about mental health. Since teachers are in a unique position to make a difference when it comes to promoting and addressing mental health needs of their students, they must be included as a part of the conversation when implementing
strategies and interventions at the school-wide level (Reinke et al. 2011, p. 12). Continued research in the area of student mental health within the educational environment would be beneficial; specifically, research on how teacher education programs could best prepare educators for teaching to the whole child could help equip educators to meet varied student needs.

Through the comments made by the respondents, it is clearly evident that continuous conversations about child and youth mental illness and mental health are crucial to raise awareness and reduce stigma. In addition, it is highly recommended that mental health continues to be included with general education curriculum in order to address associated stigma and promote mental health (Rodger et al., 2014, p. 21).

This study also has implications for leaders at the school and the district level. Since addressing student diversity is an increasing challenge faced by teachers, it is essential to implement infrastructures and support system within schools and provide teacher training opportunities. The school and school district must work on mental health promotion and prevention. It is my hope that the school leaders and district policy makers join forces to create an infrastructure for making proactive decision making, providing systematic training to staff and outlining clear definitions of roles among various staff at schools. Furthermore, engaging families in the process of preventing and promoting mental health and bringing in other resources within the community and familiarizing resources with the staff are vital to preparing educators to fulfill their roles to the maximum potential.

Research indicated in the literature review has stressed the value of evidence-based practices and programs at schools (Lewallen et al., 2015; Reinke et al., 2011; McLuckie et al., 2014; Ojio et al., 2015). Application of such practices makes schools in a better position to reach
out or include more students who are struggling. In particular, the adoption of school-based mental health programs, such as *The Guide* (in Canadian secondary schools) and *Mindmatters* (in Australian schools) has helped in promoting mental health and well-being of youth. Literature so far has supported the use of *The Guide* (a mental health curriculum guide) which has successfully improved student knowledge and attitude regarding mental health. In addition to educating both teachers and students, it eliminates or reduces the stigma associated with mental illness. “It fits very well with the usual operation of schools, and does not require significant amounts of external resources”, claim Mcluckie et al., (2014, p. 5). Considering the Canadian context adopted in the program, I strongly recommend the school district to adopt the curriculum.

**Summary of Chapter 5**

The participants in the current study acknowledged that supporting student mental health is an important element of their teaching role and recognized the positive impact they can have on a students’ overall health, development and academic achievement. However, teachers reported a deficit in their knowledge, skills, and training implying that they felt inadequately prepared to address all the mental health needs of their students. With the changing dynamics of expectations (inclusive policy, ever changing classroom composition, and prevalent complexities in student needs), teachers felt overwhelmed with the minimal pre-service training they received upon their entry into their careers. They constantly called for additional professional development opportunities, administrative support, and better school-wide programs to effectively address the mental health needs of their students. The participants were not aware of any program that specifically dealt with student mental health issues. In events of students showing any signs of mental illness, the staff reported on referring the students to the school
counsellor, which was the sole available support at the school. The appeal for clear
plan/protocols and role identification among the various staff at school suggest the need for
adopting a school-wide program that outlines and focuses on various aspects of student mental
health. This may increase mental health literacy among staff and students, address and eliminate
the associated stigma with mental illnesses and create a safe and supportive environment for staff
and students. Furthermore, educators’ desire for support from the administration in setting clear
guidelines and asking for additional professional development requires attention. The school
leaders need to add more resources on how to deal with student mental health needs. Ideally, a
school-wide program that uses evidence-based practices, where both teachers and administration
are invested, would improve access to mental health services for the students.
References


Canadian Mental Health Association (2016). *Suicide Statistics.* Retrieved from toronto.cmha.ca/mental_health/suicide-statistics


Dear [Name],

I am currently enrolled in the Master of Education in special education program at Vancouver Island University and am working on a research project on addressing mental health needs of students in secondary schools. As a former Resource Teacher at [School Name], I would like to include the staff at [School Name] in my current study.

The purpose of this project is to investigate what knowledge and skills secondary teachers have and lack in order to address the mental health needs of their students. The project will also explore the basic elements of effective mental health programs for students. Teachers and special education assistants will be asked to complete an anonymous survey that should take approximately 30 to 40 minutes to complete. The survey will be made available to the staff by the beginning of November, 2017. The survey consists of three parts: Part one contains about 8 questions to gather data on respondent’s background information, followed by part two consisting of 25 statements accompanied by a five-point Likert scale. Part three has twelve open ended questions.

Attached to this letter, please find a letter of invitation (Appendix B) and a sample copy of the survey. Please let me know if you are in agreement of allowing your staff to participate in the research. I hope that you will agree to have this survey distributed in your school and forward my invitation to your staff. Upon your approval, I will deliver a survey package (containing the survey questionnaires and informed letters of consent) to the secretary to be placed in staff mailboxes. Once the staff completes their survey, they can be left in a marked box that will be set up in a private location in the main office to maintain privacy and identification of the participants. You will not be involved in administering or collecting the surveys.

If you have any concerns regarding the ethical considerations of this study, please contact the Vancouver Island Ethics Officer via email at reb@viu.bc.ca or my advisor, Sarah Bonsor Kurki at SarahBonsor.Kurki@viu.ca.

Thank you in advance for making this study possible.

Sincerely,

Manjeet Nagra
Appendix B

Letter of Informed Consent (Survey)

Educators’ Preparedness About Student Mental Health Needs

Manjeet Nagra  
Masters in Special Education  
nagra_m@surreyschools.ca

Sarah Bonsor Kurki, PhD  
Faculty of Education,  
Vancouver Island University  
SarahBonsor.Kurki@viu.ca

Dear staff,

As you might recall me as a former staff at [New Westminster Secondary School], I am contacting you in relation to my research project. I am currently enrolled in the Master of Education in special education program at Vancouver Island University. As a partial fulfillment of program requirements, I have designed a research project to study the levels of knowledge and skills of teachers on addressing the mental health needs of students in secondary schools. In addition, I am interested in investigating the basic elements of effective mental health programs for secondary students.

You are being invited to participate in this research because you are a teacher or special education assistant who works with grade nine to twelve students at [New Westminster Secondary School]. For your part of this study, you will be asked to complete an anonymous survey. The survey has three parts. The first part is comprised of 8 questions to collect demographic information of the respondents. Part two consists of 25 statements accompanied by a five point Likert scale and part three has 12 open-ended questions. It should take approximately 30 to 40 minutes to complete.

Participation is completely voluntary. If you do not want to answer a question or questions on the survey, you are in no way required to do so. You may withdraw from participating at any time before submitting the survey; however, since the survey is anonymous, it will not be possible to separate your data from other participants’ after it has been submitted.

The return of your completed survey indicates your consent to participate in this study and for the information you provide to be used in the research. The written answers may be quoted, but no statements that include identifying information will be included in the research write up.

There is a small social risk to participating in the survey as the sample size is small and there is a chance that you will be recognized by your responses. However, any information or quote that
may identify you will not be used in the presentation of the results. While efforts will be made to protect your anonymity by not using attributable quotes, there is still a possibility that you may be identified based on the information provided by you. There are potential benefits from reading the survey that could include reflecting on your current practices and initiating dialogue with colleagues about skills and knowledge required in addressing mental health needs of your students. However, there is a possibility that some questions listed in the questionnaire may trigger difficult memories or feelings. Please feel free to contact Cindy Vit, the school Counselor, if counseling service is required. I have also included a list of affordable counseling services available in the Vancouver area if you require accessing their services.

Survey participation is anonymous and all records of participation will be kept confidential; only my supervisor, besides me will have access to your information. Data will be kept in a locked filing cabinet at my home and will be destroyed in June 2020, after the completion of the project. The results from this research will be shared in the form of an oral presentation at the Vancouver Island University Research Conference and will form the basis of my thesis paper as part of the requirements for Masters of Special Education degree. Identities of individual participants will be anonymous.

Please return your completed and/or uncompleted survey by November 27, 2017 in a marked box located in the mailbox in the main office. Please retain this letter of consent for your records.

If you have any concerns regarding the ethical considerations of this study, please contact the Vancouver Island University Ethics Officer via email at reb@viu.bc.ca or my advisor, Sarah Bonsor Kurki at SarahBonsor.Kurki@viu.ca.

If you would like more information about this project, please contact me via email at nagra_m@surreyschools.ca.

Kind regards,

Manjeet Nagra
Appendix C

Educators’ Preparedness About Student Mental Health Needs

This is an anonymous survey; therefore, it is important that you do not identify yourself, your students or colleagues. Please remember that participation in this survey is completely voluntary and you may choose not to answer any question for any reason. The return of your completed survey indicates your consent to participate in this study and for the information you provide to be used in the research. The written answers may be quoted, but no statements that include identifying information will be included in the research write up. The survey has three parts and it will take about 30 to 40 minutes to complete.

Kindly note that there is a possibility that some questions may trigger difficult memories or feelings, as they deal with sensitive mental health subjects that you may have encountered in your own lives or in your work with students. Please feel free to contact Cindy Vit, the school Counselor, if counseling service is required. I have also included a list of affordable counseling services in Vancouver area if you require accessing their services.

Thank you for your time.

Part One:

1. Indicate your primary role:
   - I am a classroom teacher
   - I am a specialist teacher (Resource, ELL)
   - I am a special education assistant

2. Indicate your years of experience in the field of education
   - 0-5 years
   - 6-10 years
   - 11-15 years
   - 16-20 years
   - More than 20 years

3. Indicate where you have spent the majority of your career:
   - At my present school
   - At a variety of schools within this school district
   - In one or more other school districts

4. How many students are you teaching/on your caseload for the 2017/18 school year? __________

5. Have you previously received training about mental health? Yes No

6. What percentage of students at your school do you estimate are impacted with mental health issues? ___

7. What is the age category when you would say students would have their first incident with mental illness?
   - 5-10 years
   - 11-15 years
   - 16-20 years
   - 21-26 years
   - 26-30 years

8. Have you personally known anyone with mental illness? Yes No If yes, who?
   - Myself
   - Family member
   - Friend
   - Work colleague
   - An acquaintance
   - Client/ student
   - Other
**Part Two:** Please rate the following statements and pick the best option that represents your opinion.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td><strong>AWARENESS</strong></td>
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<tr>
<td>I believe that incidences with mental illnesses are on the rise.</td>
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<td>I perceive a significant number of my students to have problems either understanding, managing, or regulating their emotions.</td>
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<td>Mental illness can affect various aspects of child development.</td>
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<td>I am aware of the importance of addressing specific student mental health issues.</td>
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<td>It is important to address the issues of anxiety at school.</td>
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<td>It is important to address the issues of stress at school.</td>
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<td>It is important to address the issues of bullying at school.</td>
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<td>It is important to address the issues of depression at school.</td>
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<td>I believe students who are anxious are just trying to get attention</td>
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<td>I believe students who are anxious are often doing it to manipulate other people.</td>
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<td><strong>KNOWLEDGE</strong></td>
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<td>I feel knowledgeable about the area of mental health.</td>
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<td>Schools should have greater access to specialized mental health consultations within schools.</td>
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<td>I feel that students’ mental health is more important than their academic achievement for successful learning in school.</td>
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<td>I am aware about legislation related to mental health issues (confidentiality, consent to treatment etc.)</td>
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<td>I am aware of the risk factors of student mental health issues.</td>
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<td>I am aware of the causes of student mental health issues.</td>
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<td>I am very interested in learning more about mental health issues in order to create a healthy environment for my students.</td>
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<td><strong>COMFORT</strong></td>
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<td>I would feel comfortable if a student spoke to me about mental health issues.</td>
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<td>I feel prepared to work with students with mental health issues.</td>
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<td>I feel confident that I would know how to respond if a student in my class and/or school or under my care appeared to be displaying signs of distress.</td>
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<td>Statement</td>
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<td>--------------------------------------------------------------------------</td>
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<td>I feel it is primarily the responsibility of parents to enhance the mental wellness of their children.</td>
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<td>I believe I would know how to identify symptoms of mental health issues.</td>
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<td>I feel confident that I would be comfortable talking to the parents of my student whom I suspect is struggling with mental health issues.</td>
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<td>I feel confident that I would feel comfortable talking to my colleagues if I suspect my student is struggling with mental health issues.</td>
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<td>I feel confident that I know where to seek assistance within the school when I suspect my student is struggling with mental health issues.</td>
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Part Three: Open-Ended Questions

1. In your opinion, what is the difference between “mental health” and “mental illness”, if any?

2. Please list the various forms of mental health issues that you believe that students you have worked with throughout your career have faced.

3. Have you noticed an increase in mental health issues throughout your career? Please elaborate.

4. In your training to become a teacher or a special education assistant, did you receive any methodology courses to help you plan, teach, and address mental health needs of students? Please briefly explain here:

5. Have you taken any professional development in the area of mental health? Please describe.

6. As you support students in your classroom, what kinds of mental health issues do you feel confident about responding to?

7. Please discuss concerns you have about supporting students with mental health issues in your classrooms. What is needed to overcome these challenges?
8. What systems, procedures and activities do you feel your school offers to support mental wellness for the students?

9. What is the current mental health program, if any, at your school? What more do you think your school could do to promote student mental health and wellness?

10. What do you believe is your role in promoting and supporting mental health for students?

11. One goal of this research is to create a resource guide for secondary teachers that will help them better understand how to support students with potential mental health issues. In your opinion, what are some important components of an effective mental health program for teachers to use in order to support their students?

12. As a teacher, is there anything you want me, as a researcher in this area, to know about your experiences with mental health?
Appendix D: Free/ Low Cost General Counselling Options in Vancouver

**Family Services of Greater Vancouver**, Counselling Program - 604-874-2938  
[www.fsgv.ca/find-the-support-you-need/counselling/](http://www.fsgv.ca/find-the-support-you-need/counselling/)  
Counselling fees based on household income. Master’s-level therapists. Program has a dedicated intake worker who can also refer to other counselling services or groups. Offices in Vancouver, Richmond, Burnaby, New Westminster and Surrey.

**Family Services of the North Shore** - 604-988-5281  
[http://www.familyservices.bc.ca](http://www.familyservices.bc.ca)  
Professional counselling for residents of the North Shore. Sliding Scale.

**Oak Counselling** - 604-266-5611  
[http://oakcounselling.org/](http://oakcounselling.org/)  
Reduced fee. Secular counselling services provided at the Vancouver Unitarian Centre by supervised volunteers with Master’s degrees in psychology or psychology-related fields. Individual, couples and family counselling.

**Adler Centre** - Counselling Clinic - 604-742-1818  
[http://www.adlercentre.ca/clinic.html](http://www.adlercentre.ca/clinic.html)  
Sliding scale individual and couples counselling. Counselling provided by counselling psychology graduate students at the Adler Centre, supervised by an experienced clinician.

**Scarfe Counselling** - UBC - 604-827-1523  
[http://ecps.educ.ubc.ca/cmps/scarfe-counselling-clinic](http://ecps.educ.ubc.ca/cmps/scarfe-counselling-clinic)  
Free. Counselling provided by counselling psychology graduate students, supervised by a psychologist. Clinic runs from September to April.

**UBC Psychology Clinic** - 604-822-3005  
[http://clinic.psych.ubc.ca/](http://clinic.psych.ubc.ca/)  
Counselling services provided by doctoral student interns, supervised by registered psychologists. $10-$40 per hour.

**New Westminster UBC Counselling Centre** - 604-525-6651  
Free counselling for the general public by counselling psychology graduate students, supervised by a psychologist.

**Simon Fraser University** - Counselling Clinics  
Burnaby Clinical Psychology Centre- 778-782-4720 - [https://www.sfu.ca/psychology/clinical-psychology-centre.html](https://www.sfu.ca/psychology/clinical-psychology-centre.html)  
Counselling for adults, children and youth provided by supervised graduate students in counselling psychology. Services at the Surrey clinic are free and at the Burnaby clinic are offered on a sliding scale.

**Living Systems Counselling** - 604-926-5496, ext. “0”  
[http://www.livingsystems.ca/counselling/locations-fees-services#Counselling](http://www.livingsystems.ca/counselling/locations-fees-services#Counselling)  
Individual, couple and family counselling using Bowen Family Systems Therapy. Lowercost counselling provided by supervised interns.

**ProChoices Community Therapy Clinic**  
[http://prochoices.ca](http://prochoices.ca)  
By-donation ($20.00 min) feminist counselling services provided by supervised master’s-level and intern narrative therapists.

**Moving Forward Family Services** - 778-321-3054  
[https://movingforwardfamilyservices.com](https://movingforwardfamilyservices.com)  
Pay-by-donation counselling for individuals and families. Offices in Surrey and South Vancouver. Graduate-level counsellors and counselling interns.

**Neighbourhood Houses of BC**  
Some Metro Vancouver neighbourhood houses offer free or low-cost counselling, often provided by student counselling interns. The link above has a list of neighbourhood houses; contact the one in your area to enquire about availability.