

Lived Experience of Educators Related to Student Mental Health

Submitted by Tracy Young, RPN, BScPN, BSc.

A Thesis

Submitted as partial fulfillment of the Master of Psychiatric Nursing

Faculty of Graduate Studies

Department of Health Studies

Brandon University

Brandon Manitoba

September 2019

Thesis Committee:

Dr. Fran Racher,

Dr. Chris Brown,

Mr. Greg Malazdrewicz

Table of Contents

Abstract	4
Acknowledgements	5
Chapter 1 - Lived Experience of Educators Related to Student Mental Health	6
Research Questions	7
Next Chapters	8
Chapter 2 - Review of the Literature	9
Child and Youth Mental Health	9
Mental Health Literacy	12
Mental Health and Schools	14
Mental Health and Educators	17
Implications for Research	21
Chapter 3 - Methodology of Research and Design	24
Philosophical Underpinnings	24
Hermeneutic Phenomenological Procedural Steps	25
Role of the Researcher	26
Participant Selection and Access	28
Ethical Considerations	29
Research Questions	30
Data Collection and Analysis	31
Summary	32
Chapter 4 - Research Findings	33
Demographics of the Participants	33
The Role of the Classroom Teacher Related to Student Mental Health	34
Mental Health Promotion Actions and Student Wellbeing	37
Educator Experiences Related to Student Mental Health Concerns	39
Educators' Daily Practice Related to Student Mental Health	41
Awareness.	42
Teacher-Student Relationships.	43
Leadership and Support for Educators.	44
Educator Preparation Related to Student Mental Health	46
Conclusion	48

Chapter 5 – Discussion	49
Mental Health Literacy and Awareness	50
Relationships and Connections	54
Leadership, Support, and Resources	57
Preparation of Educators Related to Mental Health	59
Collaboration and Partnerships Across Systems	63
Strengths and Limitations	65
Chapter 6 – Conclusions and Future Directions	66
References	68
Appendix A - Letter of Invitation	73
Appendix B - Ethics Certificate from Brandon University Research Ethics Committee	75
Appendix D - Consent Form	77
Appendix E - Confidentiality Agreement	79
Appendix F - TCPS 2: CORE Certificate	80
Appendix G - Interview Guide	81

Abstract

The purpose of this research study was to gain an understanding of the lived experiences of kindergarten to grade four classroom teachers related to student mental health. Six individual educators, between 30 and 65 years of age, with varied years of experience in kindergarten to grade four classrooms participated in the study. Semi-structured interviews were conducted with each of the participants, using van Manen's method of phenomenological inquiry. The following themes were identified in the analysis and explored in the discussion: 1) mental health literacy and awareness; 2) relationships and connections; 3) leadership, support, and resources; 4) preparation of educators related to mental health; and 5) collaboration and partnerships across systems. The knowledge gained from this study has implications for mental health practice, school programming, educational preparation and professional development of educators, and policy in relation to the mental health needs and experiences of children and youth.

Acknowledgements

This work is dedicated to the future generations of children and youth, who will continue to face struggles and uncertainty related to mental health. May there continue to be driving forces behind continued research, investigation, and evaluation aimed at launching change in the environments where young people need support to grow and develop on a solid mental health foundation.

Thank you to the participants, who shared their wisdom and insight into the world of education and the classroom and who allowed me the opportunity to experience, explore, question, evaluate, and most importantly to develop and understanding of the intersect of education and health.

I would like to extend deepest appreciation to my thesis advisor, Dr. Fran Racher. Your patience, guidance, persistence, and encouragement have been invaluable in keeping me afloat on this journey and have supported me through to completion. I would also like to thank my thesis committee, Dr. Chris Brown, and Mr. Greg Malazdrewicz. Your extended commitment and thoughtful contributions have helped me to achieve my goals. I would also like to acknowledge and thank Dr. Renee Robinson; whose support launched my initial goals at the outset of this project.

Thank you to my family, my Mom and my Dad (whom I lost during this journey), for your support throughout my years of educations and study. You instilled in me the value of education and endless learning and have always urged me to aim high, work hard, and give back to the world to the best of my ability. Thank you for always believing in me and helping me to believe in myself.

To my girls, you are the fuel behind what drives me and every reason that I have to keep stepping forward in my work and in life. You inspire me to be a better mother, nurse, and human. You are my motivation to seek change in this world and to develop a stronger future for the generations to come.

To all those clients, patients, and co-workers, whom I have had the opportunity to cross paths with over the years in health care—thank you for fueling my passion for psychiatric nursing and for supporting my growth and felt ability to make a difference in the field.

Chapter 1 - Lived Experience of Educators Related to Student Mental Health

The effects of mental health problems and mental illness on the day-to-day functioning of youth, the level of academic engagement and success of youth, and the ability of youth to obtain appropriate and effective mental health support have become issues of concern (Kidger, Gunnell, Biddle, Campbell, & Donovan, 2009). With such concerns in mind, schools have increasingly been targeted as appropriate sites for mental health promotion and educators have been considered well placed to identify issues concerning students' social and emotional well-being (Graham, Phelps, Maddison, & Fitzgerald, 2011).

Although educators increasingly have been expected to be responsive to a wide range of student needs and circumstances, a gap has existed between the perception of educators' responsibility to recognize and support students struggling with mental health problems, and their preparedness to do so (Graham et al., 2011). Mental health literacy and related interventions may set the foundation for effective mental health support for young people and their families living with mental illness (Kutcher, Wei, McLuckie, & Bullock, 2013). The need for schools to support children and young people's mental and emotional health increasingly has been emphasized in policy initiatives, yet the role and capacity of educators in providing this support has been relatively underexplored (Kidger et al., 2009).

The mental health of children and youth is an often overlooked, yet extremely relevant topic, as related issues including mental health problems and mental illness have a significant presence and impact on this population. In fact, mental health problems are the leading health problems after infancy that Canadian children currently face (Waddell, McEwan, Shepherd, Offord, & Hua, 2005). Epidemiological researchers have reported that 1 in 5 children in Canada, under the age of 18 years, suffered from at least one mental health problem or illness, a risk that

increased for children from Indigenous populations, as well as for youth, who have been living in adverse conditions (Canadian Paediatric Society, 2009). Without effective prevention or treatment, childhood problems can lead to distress of children and impairment in the function of children, which may result in significant losses and costs to society (Waddell et al., 2005). For too long, the mental health of young people has not been a priority across Canada, thus the time to act and to create positive change is now (Kutcher & McLuckie, 2010). To improve the mental health of Canadian children and youth, evidence-based practice should be the standard of care, with treatment options organized to make better use of primary care and schools, and related services coordinated to ensure that the mental health needs of children are met in more effective ways (Waddell et al., 2005).

Research Questions

The purpose of this phenomenological study was to explore and gain an understanding of the experiences of educators with respect to student mental health, specifically classroom teachers, who have worked with children from kindergarten through grade four. Phenomenology was the research approach used to answer the core research question: what are the lived experiences of classroom teachers in relation to the mental health of students?

This research question arose based on an interest in implications in supporting the continued development of the individual teacher role, as well as the roles of other educator and supportive personnel in relation to student mental health. Concerns also involved mental health promotion, mental illness prevention, treatment, and monitoring. The researcher sought to explore needs related to the professional development of educators, as well as undergraduate/graduate education of educators and the mental health content within degree and training programs. Findings also were expected to potentially impact the development and action

taken within partnerships between and among staff of health care delivery systems and education delivery systems, thereby leading to improvement in health and education practices, service delivery, and policy related to the mental health and well-being of children and youth.

Next Chapters

The following chapters of this thesis include a review of related literature, the applied methodology, analysis of data and emergent themes, discussion of the relevance of the identified themes within the current contexts of health and education, and a conclusion to present overall results, recommendations, and implications of this research.

Chapter 2 - Review of the Literature

A review of relevant literature was completed to provide context to the research question. Information was gathered from focused topics pertaining to the mental health of young people, mental health and school environments, as well as mental health and education professionals. Literature was compiled from the broad topic areas stated, as well as those areas pertaining to phenomenological methods, national plans and strategies pertaining to the health of young people, the preparedness of those supporting young people, health and mental health, mental health literacy, education systems, and mental health promotion.

Search methods included use of the following electronic databases: Academic Search Premier, Canadian Reference Centre, CINAHL, PsycARTICLES, PsycINFO, ERIC, Health Source: Nursing/Academic Edition, and the Psychology and Behavioral Sciences Collection. The search of these databases was initiated with keywords and combined search terms, including: mental health, mental illness, children, adolescents, phenomenology, mental health literacy, schools, educators, educator preparedness for mental health problems, experiences of teachers with mental illness, and the like. The literature review has been divided into the following categories: child and youth mental health, mental health literacy, mental health and schools, and mental health and educators, followed by implications for research.

Child and Youth Mental Health

Authors of epidemiological studies have revealed that 1 in 5 children in Canada, younger than 18 years of age suffered from at least one mental health problem or illness, a risk that rose for children from Indigenous populations and youth living in adverse conditions (Canadian Pediatric Society, 2009). About one half of all mental illnesses, including anxiety, depression, severe emotional disorder, and attention deficit hyperactivity disorder, began in childhood or

adolescence (Kirby & Keon, 2006). Suicide has been the second leading cause of death among Canadian youth and younger adults aged 15-34 years, ranking Canada as the third highest country in the industrialized world in the number of deaths by suicide (Statistics Canada, 2017).

Patel, Flisher, Hetrick, and McGorry (2007) reported a strong relationship between poor mental health and other health and developmental concerns of young people, notably with respect to educational achievement, substance use and abuse, violence, as well as reproductive and sexual health. Academic achievement in children have been less, where higher levels of anxiety and depression were present, with significant related costs to society (Schwean & Rodger, 2013). Some 70% of young adults, with a mental illness diagnosis, have identified that their disorders had onsets in childhood (Schwean & Rodger, 2013). Researchers more recently presented evidence that children with mental illness struggled to build healthy relationships with others, did more poorly scholastically in school, had difficulty when entering the workforce, and often were unable to live independently as adults (Chartier et al., 2016). Furthermore, approximately 1 in 6 children and youth received professional help for mental health issues, and those individuals, who did receive help, found that services often were not sufficient to meet their needs (McLuckie, Kutcher, Wei, & Weaver, 2014). Researchers from the Western University Centre for School-Based Mental Health (2014b), calculated that of the 85 billion dollars spent each year on mental health care in Canada, 11 billion was spent on services specific to those individuals under the age of 21 years, with a very marginal portion of this funding being devoted to prevention and promotion. Specifically, in Canada, \$35 was spent on each pre-school age child, \$163 per school-age child, and \$293 per adolescent, on mental health care annually (Western University Centre for School-Based Mental Health, 2014b).

Mental disorders have been the most common disorders among childhood illnesses and yet until recently mental disorders among children and youth have received relatively little attention (Kieling et al., 2011). Further, mental health, an essential component of general health and well-being, has been largely absent from the national education agenda (Wei & Kutcher, 2011). Unrecognized and untreated mental disorders may lead to a variety of negative long- and short-term outcomes, such as poor educational and vocational achievement, problematic social and personal functioning, increased risk of dropping out of school, substance abuse, reduced life expectancy due to associated medical conditions, and increased risk of suicide (Wei & Kutcher, 2011). With most mental disorders occurring in individuals who are younger than 20 years of age, and given the related substantial negative short and long-term outcomes, the importance of addressing the issues of young people living in Canada, who have been ‘at risk’ for poor mental health, becomes apparent (Kutcher & McLuckie, 2010). Recent inquirers into children’s mental health have concluded that despite the development of potentially efficacious prevention and treatment interventions, where they have been implemented or accessed, the burden of suffering remain unacceptably high (Waddell et al., 2005).

These background data and related statistics may be used to encourage researchers to see critical aspects and insights with respect to the understanding of relationships between mental health and mental illness, health and education, as well as links to social services, the justice system, and early childhood problems. Increased knowledge on the scope of mental illness and factors that make mental illness more prominent in youth populations will aid in improved planning and support for the future of young people in Canada (Chartier et al., 2016). Meaningful changes must be made to the manner in which child and youth mental health is approached (Waddell et al., 2005).

Mental Health Literacy

Mental health literacy has been defined as the knowledge, beliefs, abilities, and attitudes, which enable the recognition, management, and/or prevention of mental health problems (Jorm, 2011). Mental health literacy has been described as knowledge that is directly linked to the possibility of action that will benefit an individual's mental health and/or the mental health of others (Kutcher, Wei, & Coniglio, 2016). Mental health literacy has many components including knowledge of ways to prevent mental disorders; recognition of a disorder that is developing; knowledge of help-seeking options and treatments available; knowledge of effective self-help strategies; and the skills to be able to support others, who are developing a mental disorder (Jorm, 2011). The enhancement of mental health literacy appears to come with a range of benefits, including illness prevention, early intervention when illness does occur, as well as the reduction of stigma pertaining to mental illness (Jorm, 2011). The ultimate goal of mental health literacy is to create a society, where people with mental health problems and disorders can take prompt action to seek professional help, receive and adhere to evidence-based treatment, and feel supported by others. Although mental health literacy is a relatively new concept, mental health literacy increasingly has been seen as a health policy goal and directive that may better equip people and communities in effectively supporting those individuals who struggle with mental illness (Kutcher et al., 2016). Mental health literacy and related interventions may be used to set the foundation for effective mental health promotion, the reduction of stigma, illness prevention, early identification and diagnosis, evidence-based interventions, and ongoing support for young people living with mental illness and their families (Kutcher, 2013).

Schools have been identified as the most appropriate locations to implement mental health literacy interventions, and given the epidemiologic reality that mental disorders in young

people contributed to the largest single component of illness burden in this age group, conceptualizing ways that schools can further become pathways into care for young people is highly important (Kutcher & McLuckie, 2010). According to Kutcher (2013), the school was an ideal place to address the mental health needs of youth. Most young people attended school, with the average student spending an average of thirty hours a week in the classroom. Not only did the school offer a relatively focused and potentially cost-effective opportunity to reach youth, the school was a convenient place for mental health to be linked with other curricular programming, such as physical health, nutrition, and sexual health. Addressing mental health literacy during the crucial growth and development years had the potential to foster an understanding of mental health and mental disorders, which would serve young people as they passed through subsequent stages of life (Wei, Hayden, Kutcher, Zygmunt, & McGrath, 2013). Implementing mental health literacy programs within school settings would provide an opportunity, not only to enhance the mental health and mental health literacy of students, but also that of educators, educational support staff, parents, and the wider school community.

Promoting health through schools has been a goal of international agencies for many years (Wei & Kutcher, 2011). A result of some of this work was the concept of a 'health promoting school', which was defined as a place where all members of the school community worked together to provide students with integrated and positive experiences, which promoted and protected their health (Wei & Kutcher, 2011). A health promoting school was a school where activities included formal and informal curricula in health, and in which a safe and healthy school environment was created, appropriate health services were provided, and the family and the wider community were involved in the efforts to promote health (Wei & Kutcher, 2011). Although such agencies as the Mental Health Commission of Canada and others, have begun to

explore mental health, no nationally applicable model has been designed to take into account both health and education sectors at the same time. Further exploration was identified as required and more policy and program development were seen as needed (Wei & Kutcher, 2011).

Researchers clearly have articulated that mental health and well-being were fundamental to quality of life, and that mental health was an essential component for social cohesion, productivity, peace and stability, as well as capital and economic development (Barry, 2009). Review of the literature also demonstrated that schools played a vital role in the promotion of positive mental health, and an integral role in the pathways to mental health care for young people. In order for educators within schools to effectively address the mental health problems that arise, these educators must improve their mental health literacy (Kutcher et al., 2013). School-based mental health researchers concluded that schools were large providers of mental health services and a stronger understanding of the roles and efficacy of both mental health professionals and educators was indicated (Franklin, Kim, Ryan, Kelly, & Montgomery, 2012).

Mental Health and Schools

Young people, parents, health professionals, advocates, educators, government officials, social service providers, and others have expressed the opinion that mental health programming should be an integral service for children and youth while they are in school (Kutcher & McLuckie, 2010). Educators have identified that with the right information, and right training and supports, they may be the best positioned individuals to enhance mental health literacy and raise awareness of child and youth mental health and mental health problems (Kutcher & McLuckie, 2010). According to Kutcher, Venn, and Szumilas (2009), schools were uniquely placed to address student mental health issues for a number of reasons:

1. School personnel could implement mental health promotion strategies through the improvement of mental health literacy via curriculum development and applications, which would enhance knowledge about mental health and alter attitudes in both students and educators.
2. School personnel could identify young people at risk of living with mental disorders.
3. School administrators could support the education of their personnel to understand mental health issues and recognize mental disorders.
4. School administrators and staff could provide an environment to improve student mental health by becoming sites for mental health care delivery.

Of course, all of these goals require funding, policy, and other resources, including professional development and training, as well as coordination and collaboration across the areas of education, health, justice, and other sectors depending upon the unique needs of the individual students.

Child development has been understood as influenced by the interaction between natural contexts in which children live, work, and play. Further, schools were represented among the most influential of these contexts, by virtue of their long-term influence on children's cognitive and social development (Atkins, Hoagwood, Kutash, & Seidman, 2010). Toward that end, schooling has been a long-standing concern of many mental health professionals, and as importantly, children's social and emotional adjustment has been a long-standing concern of school administrators and educators. However, educators have noted that the unmet psychosocial needs of both children and families have overwhelmed school resources and undermined capacity to adequately educate children (Atkins et al., 2010). Furthermore, evidence has been lacking regarding the effectiveness of current school-based service models, and some thought

has arisen that these services were providing little advantage over clinic-based models (Atkins et al., 2010).

Addressing mental health in school settings has been recognized as complex and multilayered. However, the importance of recognizing mental health as an essential component of health and recognizing mental well-being as a learning enabler for young people, increasingly has been understood by educators and healthcare providers (Kutcher, 2013). Arguably, schools have been identified as the most appropriate setting to implement mental health literacy interventions (Kutcher et al., 2009). Student mental health has been recognized as the ‘next frontier’ of health-related education in school systems, which will serve to enhance the mental health of children and youth (Froese-Germain & Riel, 2012). As discussed by Morrison and Peterson (2013), researchers from various fronts have demonstrated consensus that the building of a healthy school community acknowledged joint responsibility and understanding for the health of students, staff, families, and the future of young people. The school environment has the potential to provide a critical context for shaping children’s self-esteem, self-efficacy, and sense of control over their lives. Given the important interplay between emotional health and school success, schools must be partners in the mental health care of children (Morrison & Peterson, 2013). Educational leaders and administrators have played a key role in communicating the importance of positive mental health promotion and modeling behaviors and actions in their daily routines, which were consistent and reinforcing of positive mental health policy (Morrison & Peterson, 2013). Mental health and psychosocial problems, as discussed by Adelman and Taylor (1998), must be addressed if schools are to function satisfactorily, and if students are to learn and perform effectively. However, few schools come close to having sufficient resources to deal with a large number of students with such struggles (Adelman &

Taylor, 1998). Atkins et al. (2010) suggested that a research agenda promoting children's mental health services should be used to examine the operation of classroom, school, and divisional level processes and policies, in addition to ways that they facilitate or hinder the educational and social-emotional development objectives for children and youth. Graham et al. (2011) signalled a need to pay close attention to the assumptions, values, beliefs, and attitudes of educators in relation to children's mental health, since these aspects were integral to their confidence and skill in supporting children's social and emotional well-being.

Mental Health and Educators

In addition to the increased need for mental health literacy and mental health promotion for children and youth, the role that schools and teachers can and do play in supporting student's emotional well-being has been identified as a key issue for consideration related to the mental health of young people (Graham et al., 2011). A key position of schools is promoting student mental health, which is widely endorsed, yet this goal has significant implications for educators, which have not been explored in detail to date (Kidger et al., 2009). Teachers have been recognized as frontline professionals, who daily have contact with children and youth, and who may have opportunity to influence the mental health and related well-being of students (Reinke, Stormont, Herman, Puri, & Goel, 2011). Teachers have a significant role to play in identifying and supporting children with mental health problems (Loades & Mastroiannopoyulou, 2010). A clear association has been found between teacher characteristics and child outcomes, including children's mental health behavior, educational engagement, and academic performance (Whitley, Smith, & Vaillancourt, 2012). This shift towards an explicit recognition of the role of educators in addressing mental and emotional health relies on teachers and other school staff to be involved as deliverers, even drivers, of such work (Kidger et al., 2009). While educators have been

expected to be responsive to a wide range of student mental health needs and difficult health circumstances, they receive little mental health or mental illness education in their teacher education to adequately prepare them for such realities (Graham et al., 2011). Exploring the understanding of the teacher perspective in relation to student mental health may provide important information about the context and may help to bridge the research-to-practice gap that appears to exist in school-based mental health practice. More information is required on the views of educators and experiences of educators regarding student mental health in relation to their role, as well as ways to equip educators so they feel able to fulfill this role (Graham et al., 2011).

Articulated by Kidger et al. (2009), the specific roles of teachers and other school staff often was poorly identified in relation to the goals of the school-based mental health work and activities. These researchers stated that depending on which policy or document was being considered, educators may have been called on to educate students about varied mental health and emotional well-being components, identify mental health problems experienced by students, provide support to students, act as role models, and manage emotional health matters in the classroom. In a number of studies, researchers have indicated that teachers felt burdened by students' mental health needs, lacked confidence in managing mental health related problems in the classroom, had difficulty identifying pupils with problems that may require intervention, and experienced discomfort in discussing mental or emotional health with students (Kidger et al., 2009). Additionally, researchers to date indicated that although most educators identified having taught students with mental health problems, those same educators reported having little education in mental health and minimal opportunity for consultation with mental health professionals. Therefore, teacher knowledge about mental health issues was limited, and

educators were not confident about their ability to manage such issues in the classroom (Walter, Gouze, & Lim, 2006).

Froese-Germain and Riel (2012) gathered data from teacher respondents about student mental health in their schools and identified the following issues:

1. Mental health problems among children and youth had become a major issue facing schools. Teachers identified such struggles as stress, anxiety disorders, attention deficit disorders, learning disabilities, and depression as the most pressing concerns experienced by students.
2. Varied barriers existed to mental health service provision for students. These barriers included an insufficient number of school-based mental health professionals, lack of adequate staff training to deal with mental health problems and illness, limited funding to provide school-based mental professionals, and lack of service coordination between the school and the community.
3. Most teachers did not believe that they had received sufficient professional development in the area of student mental health. Teachers identified priorities for their professional development, in terms of knowledge and skills training. These priorities included education to be able to recognize and understand mental health issues in children, knowledge related to strategies for working with students who were exhibiting behavioral problems, and information specific to managing such situations in the classroom.

In order to build capacity and inform system needs, educational and training requirements of educators must be identified with respect to the implementation of effective mental health practices in schools (Froese-Germain & Riel, 2012). Schools should focus their efforts on

identifying and overcoming specific barriers for provision of mental health service. Few studies have been undertaken to assess teachers' perceptions of mental health needs in the schools or their preparedness and roles for supporting the mental health needs of their students (Reinke et al., 2011). Future research should consider exploration of the connections between teacher training and their perceptions of school mental health (Reinke et al., 2011).

As the long-term impact and negative influence on academic engagement and success for children and youth in school systems was recognized, initiatives and programs increasingly have become focused on mental health (Western University Centre for School-Based Mental Health, 2014a). Researchers reported that overall, teacher candidates in Canada were not adequately prepared to meet the complex demands of supporting and teaching children and youth with mental health problems in today's classrooms. Further, a lack of support was noted regarding teacher mental health and well-being, which resulted in high levels of stress and burnout, as well as early exit from the profession (Western University Centre for School-Based Mental Health, 2014a). Researchers from Western University Centre for School-Based Mental Health (2014b) have revealed that educator preparation and training programs did not adequately prepare teachers for identifying and addressing mental health issues and teachers may need extended support to develop competencies and resiliency related to student mental health and personal mental health. Educating confident, flexible, and resilient teachers has been identified as a crucial foundation upon which teachers not only will build their own careers, but also the futures of the children with whom they come in contact. Through advocacy and commitment, as well as sustained and collaborative efforts, changes can be made that will result, in the long term, in healthier students, teachers, and schools (Western University Centre for School-Based Mental Health, 2014b).

Given the mental health related problems and challenges experienced by children and youth, and given the prime role that educators play in terms of child and youth development, focus should be shifted to promote the role and resources of schools in supporting Canada's students. Educators' roles have been changing as teachers take their place on the front lines of child and youth mental health. As schools moved forward and faced the considerable challenge of educating a growing population of students with multiple risks, recognition and skill building have played an increasingly important part in helping educators to respond (Western University Centre for School-Based Mental Health, 2014b).

Implications for Research

More than ever, educators have been placed at the frontlines of mental health care provision, including both identification and intervention of mental health problems (Froese-Germain & Riel, 2012). A research-to-practice gap has been identified in the areas of educator mental health knowledge and practices, related school interventions and support, and the mental health of children and youth (Reinke et al., 2011). Understanding educator perspectives may provide important information about contextual factors that can be used to bridge such gaps. The purpose of this study was to examine educators' perceptions and experiences with the mental health needs of students, mental health literacy, as well as capacity, training, and skill level for supporting child and youth mental health in school. Furthermore, this researcher explored barriers to supporting the mental health needs of children and youth in the school setting. Recognition and understanding of the role of educators and the mandate of schools in addressing the mental health of students will be useful in education preparation, formulating training plans for educators, policy and role development, and the like.

Researchers have continued to articulate ongoing concern related to the prevalence of mental disorders in childhood and adolescence (Schwean & Rodger, 2013). The detrimental long-term outcomes of mental health problems for children and youth have led to increased interest within academic and political circles, regarding the potential of schools to provide mental health support, related education, intervention, and treatment (Kutcher & McLuckie, 2010). However, researchers to date have just begun to explore the experiences and capacities of educators regarding these expectations (Reinke et al., 2011). Researchers have indicated that teachers have experienced a sense of burden in relation to student mental health needs (Kidger et al., 2009). Educators have reported a lack of confidence in managing mental health related problems in the classroom (Kidger et al., 2009). They also have reported difficulty in identifying students, who may have required intervention, and have experienced discomfort in discussing mental or emotional health with students (Kidger et al., 2009). Little information has been reported to date on the lived experience of classroom teachers regarding student mental health, the mental health problems that are most commonly presenting in students, ways that such issues are being supported, as well as the preparation of teachers to meet the associated needs.

A phenomenological approach was used to develop an understanding of and insight into the lived experiences of kindergarten through grade four classroom teachers in relation to student mental health. Conducting phenomenological research with educators also may enhance the understanding of child and youth mental health needs, school environment needs, and educator training needs, which will ultimately assist in the improvement and development of mentally healthy school environments with educators within, who feel equipped to address the needs that arise. The use of phenomenology as a method will support the revelation of concealed meaning

and provide sensitive awareness into the practices and preparedness of classroom teachers, and other educators, in managing student mental health (Streubert & Carpenter, 2011).

Chapter 3 - Methodology of Research and Design

A hermeneutic phenomenological research design was used to gain understanding and insight into the lived experiences of educators related to student mental health. Educator participants were classroom teachers, identified as teaching students in grades from kindergarten to grade four (K-4). Phenomenological inquiry was used to focus on the common meanings of individual's lived experiences within a particular concept or phenomenon (Streubert & Carpenter, 2011). Phenomenology, as a research method, was used to reflect on practice and prepare thoughtful action (van Manen, 2015). This method was selected to discover meaning and bring awareness and understanding to the experiences of classroom teachers related to student's mental health within school environments. The methodological principles and related ethical considerations of hermeneutic phenomenology provided a basis for the thematic analysis of the data gathered through dialogue and observation (van Manen, 2015).

Philosophical Underpinnings

Phenomenological human science involves a rigorous, critical, systematic investigation to explicate the essence of lived experience and to search for the unity of meaning (Streubert & Carpenter, 2011). In phenomenological research, the researcher undertakes in-depth exploration of a particular situation, which appeals to common experience and leads to structural analysis of that which is most common and most self-evident (van Manen, 2015). In phenomenology, intentionality refers to the reciprocal connectedness of the humans to their worlds, with oriented and intentional actions, later to be reflected upon and understood (van Manen, 2015). A distinctive quality of hermeneutic inquiry is the aim to bring about the meaning of lived experiences through thematic interpretation, while a strength of phenomenological inquiry is the ability to gain deep understanding regarding the experiences of the participants within a specific

context (van Manen, 2015). Hermeneutic phenomenology is designed to unveil otherwise concealed meanings and bridge gaps between that which is familiar and that which is unfamiliar in the world (Streubert & Carpenter, 2011). The individual's perspectives and experiences are valued as a major source of knowledge, thus the use of in-depth interviewing involved in this method is anticipated to generate an understanding of the experiences of educators related to student mental health.

Hermeneutic Phenomenological Procedural Steps

The six procedural steps, from van Manen's (2015) description of the hermeneutic phenomenological method, will be used to explore the lived experiences of educators involved with students from kindergarten through grade four. The steps include:

1. Turning to a phenomenon which seriously interests us and commits us to the world.
2. Investigating experience as we live it rather than as we conceptualize it.
3. Reflecting on the essential themes which characterize the phenomenon.
4. Describing the phenomenon through the art of writing and rewriting.
5. Maintaining a strong and oriented relationship to the phenomenon.
6. Balancing the research context by considering both the individual parts and the whole (van Manen, 2015, p. 30-31).

The research method used in this study will follow the hermeneutic phenomenological method described by van Manen (2015). The description of the research method will include the role of the researcher, participant selection, ethical considerations, research questions, as well as data collection and analysis.

Role of the Researcher

The researcher is a registered psychiatric nurse. The researcher's educational preparation includes a Bachelor of Science in Psychiatric Nursing and current enrollment in the Master of Psychiatric Nursing program at Brandon University. Her areas of professional practice include acute care psychiatric nursing, community-based transitional care, case management, counselling, intervention and treatment, and community-based mental health promotion and education. The researcher practices holistic or whole person support and healing, with the aim to support personal recovery and to deliver care that meets the recovery goals of individuals across their lifespans. Further, the researcher embraces a harm-reduction perspective, which offers support aimed at lessening the negative social and physical consequences associated with various human behaviors and substance use. Finally, the researcher works to improve the mental health of individuals and the community at large, through the promotion of mental well-being, the prevention of mental disorders, the protection of human rights, and the support and care of those affected and impacted by mental health problems. This mental-health-promotion-focused approach encapsulates empowerment, active participation, equity, sustainability and multi-strategy programming to develop personal skills, create supportive environments, strengthen community action, reorient health services, and deliver healthy public policy. The researcher's background, presumptions, and knowledge were useful to achieve meaningful understanding of the information shared by the research participants (van Manen, 2015). The researcher took on the interpretive tasks and responsibilities of transforming the information from lived experience dialogue to the description of the phenomena of interest (van Manen, 2015). The researcher maintained the role of investigator/researcher throughout the interview process and did not engage in any direct therapeutic interventions common to usual professional practice (Streubert

& Carpenter, 2011). This research will contribute to the researcher's thesis and a manuscript will be published to share the findings. The researcher has no conflict of interest.

The researcher approached the phenomena of interest with both preconceptions and experiences that had potential to influence data collection, and the interview process, as well as the data interpretation and analysis. The researcher utilized reduction techniques to help manage the influence of personal experiences, beliefs, assumptions, and theoretical knowledge that may have impacted the overall understanding of the phenomena of interest. The researcher made a continuous effort to identify and overcome subjective feelings, preferences, inclinations, and expectations, which had the potential to prevent or interfere with understandings of the lived experiences of the study participants (van Manen, 2015).

Reduction is a term describing the phenomenological activity that allows the researcher to come to an understanding of the essential structure of a phenomena (van Manen, 2015). Firstly, the reduction process involves engaging the researcher in a state of curiosity towards the mystery and wonder of the phenomena (van Manen, 2015). Secondly, the researcher actively engages in identifying overcoming subjective feelings, preferences, inclinations, and expectations, which may prevent understanding the phenomena as it is lived (van Manen, 2015). Thirdly, theories and other conceptualizations of the phenomena are stripped away, in order to avoid their influence over the pure understanding of the phenomena (van Manen, 2015). The researcher was openly reflective and reflexive in examining the data and made explicit any personal understandings, beliefs, biases, assumptions, presuppositions, and theories of the phenomena of interest throughout the research process (Streubert & Carpenter, 2011). Although reduction techniques were used to minimize the overall influence of the researcher, the researcher recognized that bias may not be completely eliminated (Streubert & Carpenter, 2011).

Participant Selection and Access

A purposive sampling method was used to select individuals for participation, and the participants were selected based upon their particular knowledge of a phenomenon for the purpose of sharing their knowledge (Streubert & Carpenter, 2011). Administrators within the school division were asked to provide letters of invitation to teaching staff, who worked with students from K-4, and who met the study criteria. For the purposes of this particular research study, inclusion criteria were used to identify those persons currently working as classroom teachers. That is, teachers holding current and valid education certificates, having the educational preparation to act in an educator role within the school division, and teaching in a classroom of students in grades from K-4. Individuals, who met these study criteria, may have been working part time or full time in their current positions. A total of six participants came forward to participate and all 6 were included in the study. The researcher believed that sufficient data had been gathered to undertake a meaningful analysis.

The letter of invitation (see Appendix A: Letter of Invitation) included a description and purpose of the study, introduction of the researcher, inclusion criteria for the study, and relevant contact information. Letters were distributed to school administrators via the school division assistant superintendent's office. These letters were disseminated following the receipt of ethics approval from the Brandon University Research Ethics Committee (BUREC) (Appendix B) and upon having received approval following ethics review of the school division (Appendix C). The interviews took place in a private environment of the participant's choice, for example his/her private office space or alternate private school room, or other outside space of the participant's choosing.

Ethical Considerations

Research ethics approval was obtained from BUREC and the school division. Consent was informed, ongoing, and clearly documented. Informed consent was obtained from participants prior to research involvement and was ongoing and open throughout the research process (Streubert & Carpenter, 2011). Participation in the study was voluntary and participants were aware of the ability to remove themselves or terminate their participation in the study at any time. Please refer to Appendix D: Consent Form. Participants were informed of the purpose of the research and the intended methods of dissemination of the findings. No deception, coercion, leading questions, or other forms of persuasion occurred. Participant contributions clearly did not situate participants in any conditions of undue risk or harm (Streubert & Carpenter, 2011). There were no unforeseen events or circumstances to report.

The welfare of participants was ensured through the maintenance of confidentiality and privacy throughout the study. Only the researcher was aware of the participants' identities in conjunction with the data collected. Participants were assigned pseudonyms or code names, which were used throughout the data collection and analysis process. A transcriptionist was hired and signed a confidentiality agreement prior to accessing audio recordings (see Appendix E: Confidentiality Agreement). The transcriptionist was directed to delete all digital files once the transcribed files were forwarded to the researcher. All identifiers within the data were removed from the transcripts. Data have been maintained in a password encrypted file and database and will be destroyed upon dissemination of the findings. Data will not be utilized outside of the scope of the consent. The researcher is a skilled psychiatric nurse, who also offered debriefing at the end of each interview and provided contact information for access to mental health support should the participant require such assistance.

Participants were recruited fairly and treated equitably, with the relationship between researcher and participant being one of respect and trust. The researcher was completely transparent and provided full explanation prior and within the context of the interview, as to the aims of the research project. For all aspects of this study, the researcher followed the *Tri-Council Policy Statement of Ethical Conduct for Research Involving Humans* (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences Humanities Research Council of Canada, 2010). The researcher has completed the related tutorial and the certificate of completion is attached (see Appendix F, TCPS 2 CORE Certificate).

Research Questions

The emphasis of phenomenological research is to understand the meaning of lived experience related to a particular phenomenon (van Manen, 2015). Thus, the researcher made a full attempt to understand the experience of classroom educators related to student mental health, in grades K-4. The purpose of the interviews and data collection was to explore and gather experiential narrative to develop an understanding of the phenomenon (van Manen, 2015). Hermeneutic phenomenological research entails asking participants' broad and general questions to facilitate structured portrayal of participant experience (Streubert & Carpenter, 2011). The core phenomenological research question of this study was: what are the lived experiences of educators related to student mental health? The interview guide is found in Appendix G.

The purpose of the interviews and the research guide was to prompt extensive and exhaustive descriptions of the participant's lived experiences with student mental health and related mental health and illness content in schools. Focused, concentrated, rigorous participation in the interview process provided accuracy, trustworthiness, and authenticity of the data collected

through this process (Streubert & Carpenter, 2011). The questions and related discussions within the interview process prompted rich understanding of classroom and school community experiences.

Data Collection and Analysis

Data collection was conducted with the use of open-ended, semi-structured research questions delivered through a conversational interview, with the aim of accessing the descriptions of participant lived experience. The interviews were audio-recorded with a digital device and stored in a secure location. The interviews were approximately one hour to one and one-half hours in duration and were held in a private location chosen by the participant. The researcher made field notes to describe the environment, as well as the participants' non-verbal expressions and body language that were not captured on the audio recordings. The audio-recorded interviews were transcribed verbatim by a paid transcriptionist and confirmed by the researcher. The audio-recordings were saved digitally and password encrypted. The digital recorder, flash-drive, and field notes were stored securely at the researcher's private residence. Computerized data and written notes will be destroyed following the thesis defense and dissemination of research findings.

Data analysis was centered on the use of van Manen's (2015) method of phenomenology, which guided the researcher through the interactive tasks of organizing dialogue into themes and key related issues. Data analysis began during the first interview and at the start of data collection. A hermeneutic-based formulation of thoughts and meaning was revealed as data were reviewed, patterns were identified, connections made, and interpretations generated (Streubert & Carpenter, 2011). The process of data analysis involved phenomenological reflection, where the researcher engaged in reflective analysis of the structural or thematic units of the experiences

revealed (van Manen, 2015). The researcher was immersed in data analysis throughout the research process to develop a rich understanding of the data as themes were determined. The data analysis process involved reading and re-reading, and writing and re-writing, to adequately articulate and communicate the meaning of the phenomenon of interest (van Manen, 2015). Attention to the phenomenological method was maintained by the researcher throughout the process and an audit trail was established to assist with trustworthiness and authenticity of the data, as described by Streubert and Carpenter (2011).

Summary

Hermeneutic phenomenology was utilized to answer the core research question: what are the lived experiences of school educators in relation to student mental health? The knowledge gained through this process will serve to shape future mental health practices used within school environments, and inform educational programs used to prepare those individuals, who will work in schools to address mental health among children. Knowledge of the phenomenon of school educators experience with student mental health will inform the overall development of mental health management and support within school environments and contexts.

Chapter 4 - Research Findings

The purpose of this phenomenological research was to explore kindergarten through grade four (K-4) educators' experiences related to student mental health. In this chapter, demographics of the participants and the information that they shared during their interviews will be summarized. Data were reviewed and categorized into themes based on the participants' responses and experiences shared.

The transcripts from the in-person interviews were analyzed using van Manens's theoretical framework. In doing analysis, the researcher followed the order of the topics posed within the questions listed in the interview guide. Participants discussed the role of the classroom teacher related to student mental health, the mental health promotion actions used in the classroom and school, and the student mental health problems most often seen in the classroom. These topics were followed by the sharing of participant's experiences with student mental health issues and the actions taken to manage those situations. Finally, participants completed the interviews with discussion of their preparation to deal with the issues they had described and their perspectives and identification of other actions that might be considered in meeting the mental health needs of students.

Demographics of the Participants

All individuals, who indicated an interest in the study, were invited to and elected to participate. The six participants in this study were aged from 30 to 65 years. They were current K-4 classroom educators working in full or part-time positions within the school division. Participants had a range of years of experience, from 15 years to 35 years, teaching within K-4 classrooms.

Each participant was assigned a code name to protect his or her identity. Their descriptions, words, stories, concerns, and experiences will be described through the subsequent themes and subthemes, which emerged through data analysis. Participants were open to discussing their experiences related to the mental health of students in their classrooms. Rich descriptions were gathered of the varied perceptions and everyday educator experiences. Participants attached meaning and showed passion for the work. Despite working in different settings and within different circumstances, participants shared similar approaches, and identified comparable support needs required by teachers, who were dealing with the gamut of challenges encountered from day to day related to student mental health.

The Role of the Classroom Teacher Related to Student Mental Health

Participants shared their understanding of the role of the classroom teacher related to student mental health. Varied pictures and definitions of the educator role, including a need to be invested in each of their student's lives, encompassing mental health, physical health, and general well-being were shared. One participant stated,

My role would be to be aware of...of mental health, just first of all to be aware, then to educate myself so that I have an understanding of what it is, what it looks like.

Participants explained that a part of their role as educators was to be in tune with student mental health and student wellness, and that they held a responsibility to encourage the health and wellbeing of their students overall. Another participant stated,

Probably my main purpose as an educator is to try to touch on their whole self, like their whole life, mental, their physical....as a young person they spend a quantity of their awake life with us, so you want to make sure that their experience here is a good one and they feel safe, they feel comfortable.

Further, participants spoke to their belief in and frustrations with, the education system, along with how significantly the education system has evolved and adjusted over the last number of

years. Participants articulated that today, in comparison to the more academic focus of the past, the teacher-student relationship exists as a fundamental step in supporting the healthy growth and development of young people. A participant shared,

Our roles have changed over the years. I used to focus purely on the curriculum...which is still there...but first and foremost it has to be about that connection and meaningful growth process...if I can facilitate that, then I can look slowly at reading, writing, math, etc.

Participants stressed the importance of having an acute awareness of the day to day needs of the individual student, the class, and the school community as a whole. One participant stated,

I have a whole person perspective, whole student, if we can't reach them mentally and physically first, then we will not succeed at reaching them academically.

Participants spoke in detail of the importance of having insight into a student's life, inside and outside the classroom, on the playground, in the hallways, as well as at home. Participants shared descriptions of their mental health management role including, *"Steering kids and families in the right direction, and referring them to resources where advanced support is warranted"*.

Participants spoke to the need for ongoing connection with both students and families, as a means to bridge existing gaps between school and home. They stated that building relationships allowed for connectedness, trust, and mutual respect, which in turn aided in creating classrooms of students, who were able to thrive and flourish both mentally and academically. A participant shared,

For me, the most important role is to just educate myself...and to have a better understanding, so that I can recognize some of the signs, so that I am able to support and give and....to steer those kids and families in the right direction.

Participants identified a need to have a daily check in with students under their supervision, including assessing their moods related to previous experiences of the day. These assessments also may be repeated at various times throughout the day. This was described by a participant in the following way,

I am always checking in...all day...at all transitions, it's sort of a taking of their temperature...

Further, this assessment included identifying if students had slept well and were behaving as if they were rested, and if students had breakfast that morning and would be able to focus on school work. Teachers also noted having a daily awareness of social interactions and behaviours on the playground, as well as the varied ways that individual student life experiences would have an impact on student behaviour in the classroom. This “*check in*” was identified as a “*mandatory*” part of an educator’s day, in order to forecast ways that lessons and interaction would be conducted, which resources may need to be implemented, or the adjustments required in the plan for the school day. A participant explained,

My students could come in with all kinds of issues, so I need to be prepared to check in with them every day....to test out where they are at....

This process was labelled by some as an assessment, with the information gleaned used to identify the need to access additional resources, and meet the changing needs of students and the class. One participant explained, “*As you get to know them, you start to pick up on signals pretty quickly*”. These thoughts and experiences were similar across participants in relation to their role as a classroom teacher related to the mental health of students.

Child development has been noted as strongly influenced by the interaction between the natural contexts in which children live, work, and play. Schools have been represented among the most influential of these contexts (Atkins et al., 2010). Therefore, educators have been considered well placed to identify issues concerning students’ social and emotional well-being (Graham et al., 2011). Educators have been placed at the frontlines of mental health care provision, including identification and intervention related to mental health problems (Froese-Germain & Riel, 2012). Understanding educator perspectives may provide important information

about contextual factors, as well as existing gaps, where services and systems might come together in a different way. In addition, schools increasingly have been targeted as appropriate sites for mental health education and promotion (Graham et al., 2011).

Mental Health Promotion Actions and Student Wellbeing

Participants were asked to discuss the mental health promotion actions that have been implemented by them or that have occurred in their classrooms and schools. An assorted list of evidence-based and research-based programs were identified, as well as individual classroom tools. Breakfast and other meal programs, as well as snack availability programs, were discussed in relation to the importance of nutrition and student readiness to learn. Participants described the programs and strategies for their delivery in various school settings. A participant stated,

A sense of belonging and community is developed out of our breakfast programs, snack availability, and even lunch being provided when a child doesn't have one. There are so many programs like these that help kids. A nourished kid is one that is going to learn better and be able to nourish their mind.

Teachers also shared extensively about student wellbeing and growth via 'youth revolution' programs and initiatives across the school division, which have been used to bring student leadership and community participation to the forefront within student bodies and within schools. Curriculum-based programs such as *Roots of Empathy*, *Zones of Regulation*, *Friendology 101*, *Spirit Buddies*, and *Recess Guardians* also were identified as successful components to strong mental health promotion and the wellbeing of students. Social skills groups, growth mindset projects, girls' groups, boys' groups, and the like were discussed as circulating through the schools and being delivered in various ways, with different teacher leaders, from one school to the next school. Participants shared,

I am a big promoter of the sharing of emotions, or even for example how I feel about my students. If they genuinely know that I value them and feel that from me, they will feel

valued and the learning will come. It's my hope that if I model nurturing, caring behavior, I can help create a world full of kids with that nature.

I try to build on programming that incorporates intrinsic reward, like random acts of kindness and recognizing what feelings result within you from such acts. I hope to spark something that is going to be life long, that recognizes built in feelings of doing good as a sufficient outcome and reward, rather than an outside reward or something have to show for it after.

Participants also noted individual tools and adaptations to those tools that they have used successfully in their classrooms. Educators spoke about the resultant productivity and growth observed in conjunction with the use of such activities as role plays, mindfulness exercises, the power of positive thinking, and virtue lessons in their classrooms. Teachers reported using interactive electronic programs such as *Go Noodle* and *Me Moves* to support classroom activity breaks, active mindfulness skill building, self-regulation, and emotion management practices. Educators stressed the importance of identifying and replicating those “*teachable moments*”, so students and teachers alike might learn new insights. A participant shared,

I want them to have a drive to be good and do good, to help themselves and others towards achievement, a resilience to not give up and an emotional intelligence of sorts...

Participants also noted the importance and benefits provided through support staff and the other/alternate existing resource persons in the schools, including educational assistants, resource teachers, social workers, guidance counsellors, or division specialists, who could be key supports in making a difference in their classrooms. A participant described,

No matter what sort of supports or extra help a student needs, I try to remind my students that we all have strengths and build on those. We don't all need to be good at everything, or come by our tasks easily, but we all need to be learning together and supporting one another to do that.

Schools play a vital role in the promotion of positive mental health and are pathways to mental health care for young people. Schools have been identified as substantive providers of mental health related education, leading to the need for a stronger understanding of the roles and

efficacy of educators, and their links to mental health professionals (Franklin et al., 2012).

Mental health and well-being are fundamental to quality of life, and mental health at a societal level is an essential component for social cohesion, productivity, peace and stability, as well as capital and economic development (Barry, 2009).

Educator Experiences Related to Student Mental Health Concerns

Participants were asked to discuss and identify the most common mental health related concerns that were dealt with or observed in the classroom. Participants identified a variety of issues including, extreme sadness, depression, high levels of anxiety, inadequate social skills, family struggles, as well as lack of adequate sleep and subsequent low energy for learning. Participants also identified changes in family structure, societal changes, and the expectation of academic excellence and extra curricular involvement placed on children and youth, as being very common items connected to the overall health and wellness of students. Further, participants described altered parental units, varied caregivers, inconsistent home lives, family separations, multi-family living circumstances, and both small and large family units, as factors that contributed to the struggles that presented amongst students in the classroom. As well, participants indicated that they see substantial variation in academic development, seemingly related to social changes and the varied major life and growth concepts to which young people are currently being exposed today. Participants shared,

It's now so common to see the altered connections kids are making with one another with social media and technology, and different family situations. So, I see a lot of anxiety, and low mood, and even anger that has no where to go or kids that don't know how to manage it or even identify it.

There are so many students identified as being 'at risk' of one thing or another, based on their personal situations, at such a young age. I worry about how I am going to make more solid connections for them, build their self esteem and self worth so they can have healthier minds to grow into.

Additionally, participants discussed the extended school day that now exists for so many students, putting a strain on children, their energy levels, and their self-management skills. This concern was identified in conjunction with the increased numbers of children, who are dropped at school early in the morning, and similarly picked up much later than the end of the school day, related to before and after school care programs. Although this system is seemingly more efficient for parents, participants discussed the impact they observed on the children's time management in a school day, as well as the children's relationships and interaction time with other students compared to time with adults, siblings, and other family members in their lives.

Furthermore, participants identified varied types and presentations of anxiety, as a key component of student life and daily experience, including social anxiety; separation anxiety; anxiety-based stomach upset; academic anxiety; incidents of panic; and worries about life, schools, parents, relationships, friendships, and aspects of life that were out of student/youth control. With these descriptions of anxiety came identification of reluctance to take risks, lack of sound communication skills, social awkwardness, and reduced connection to those persons around them and to the community. Participants also spoke of the common experience of students presenting with extreme sadness, depression, 'gloom and doom' perspectives, grief, self-criticism, as well as a common lack of awareness of emotions and ways to manage difficult emotions. Participants expressed concern, *"Kids are coming in with so much baggage on them"*, and they *"See a lot of gloom and doom and anxiousness...related to such varied home situations"*. One participant stressed frustration, stating, *"We have a lot of kids who ride an emotional roller coaster, they come in that way, and then there isn't the time to necessarily to find out why..."*

Addressing mental health related concerns in school settings has been recognized as complex and multilayered. However, the importance of recognizing mental health as an essential component of health and recognizing mental well-being as necessary for learning among young people increasingly has been understood by educators and healthcare providers (Kutcher, 2013). Participants shared that they often walk into scenarios, or into a classroom “*Armed with my own personal experience when it comes to mental health related topics*”, and that too often “*It comes back to the proverbial balls in the air, and how many you can keep up there*”.

As indicated by Froese-Germain and Riel (2012), teacher respondents identified that mental health problems among children and youth had become a major issue in schools. Teachers identified such struggles as stress, anxiety disorders, attention deficit disorders, learning disabilities, and depression, as the most pressing concerns experienced by students.

Mental disorders have been the most common disorders among childhood illnesses and yet until recently mental disorders among children and youth have received relatively little attention (Kieling et al., 2011). Mental health, an essential component of general health and well-being, largely has been absent from the national education agenda (Wei & Kutcher, 2011).

Educators’ Daily Practice Related to Student Mental Health

Participants were asked to identify and share their daily practices and experiences related to student mental health and their management of these concerns and mental health problems. In response, participants spoke of the need to practice the ‘art of teaching’, and the continuous need to improve and enhance their techniques and tools related to mental health. The constant change within education systems was identified by participants as a barrier and a benefit. The barrier is with respect to change interfering in the consistency and the building of solid connections and relationships within school environments. The benefit is with respect to change being a driving

force, when embraced, and an opportunity for teachers to perform their roles more effectively. Participants discussed their mental health knowledge, including the importance of increased mental health knowledge among key stakeholders and the value of increasing their awareness of risk factors and protective factors associated with the mental health of students.

Figuring out the whys---it's a challenge and its harder and harder to find the balance and not take too much home with you. I have to accept that I can't change a lot of stuff for these kids, but I can make my time with them the best that I can and hope with everything in me that it will make a difference in the long run.

Topics, including awareness, teacher-student relationships, leadership and support for teachers in conjunction with day-to-day educator experiences were highlighted as categories of discussion related to student mental health.

Awareness.

Participants discussed and identified a sub-theme of awareness on a variety of levels pertaining to their daily practice. This awareness included, awareness of the self, awareness as an educator and leader, awareness within the classroom, and awareness related to the group process of students from day-to-day. A participant shared, *“There is less observation time and you need that. You need to be able to see people to understand what's going on with them”*.

Participants identified, awareness of the self in personal and professional manners, and discussed the ways that an educator models through his or her behavior, self-management, and self-care to students on a daily basis. Participants also spoke of their levels of understanding with respect to the mental health of populations and awareness of resources and opportunities available to help increase their comfort levels and skill sets with respect to supporting the mental health and related development of students. Awareness also was discussed in terms of noticing environmental and social factors related to student well-being; evaluating readiness to learn;

observing social cues and interactions; and being aware of current social norms, needs, wants, and exposure to current trends of the students in the educator's classroom. A participant stated,

We can easily become too task oriented and allow the system to take over, or you make a choice to put the human component ahead of everything else and adjust your day and moment to moment needs accordingly.

Participants discussed the process of noticing their levels of functioning and energy and ways that they were personally affected by the students, staff, parents, and other individuals, with whom they interacted throughout the day. One participant stated, *"We need to look at ourselves before we can support our students effectively"*. Participants discussed being aware of their personal strengths, weaknesses, struggles, successes, personality traits, opinions, and biases, as well as being aware of where and when they needed to reach out for support, take a step back, or pay attention in a different manner. One participant said, *"When we show our real selves and that we have struggles too...they can see we are real people, with real emotions and that this is a part of life that we can help them with too"*.

Teacher-Student Relationships.

Participants spoke of a "human connection" between teachers and students, which they believed was important in their work as educators. Several participants stated that this connection was developed over the course of the school year and in some cases over a longer time. This connection helped to build a sense of safety for students. One participant stated, *"If they don't feel safe, feel comfortable, they are not going to learn"*. Participants revealed much experience and many stories related to getting to know their students, taking the time to learn about their interests, passions, home life, struggles, and successes. Participants spoke of the need to demonstrate a genuine interest, listening ear, warm heart, care and concern, as well as empathy for the students with whom they work. Participants shared,

It's about creating an environment that makes them feel accepted, heard, where they can share comfortably. It's about survival and getting out the issues that are going on outside of school first—even if it takes most of the day—that becomes the priority.

Life might be swirling around them, but we want them to be excited and feel comfortable that within those hours of 9 and 3:30 life is going to look like this...

Participants identified the need for a connection with students before success could be achieved within the classroom. A participant stated, *“They have to feel they have good mental health in order to be able to feel safe, to be able to learn, to take a risk”*. A further description of this teacher-student connection was articulated as foundational to and a building block of resilience, *“a resilience to keep going...to be good...to help themselves....to achieve no matter what”*.

Improving teacher to student relationships could have positive and long-lasting implications for all involved academically and socially. Positive teacher-student relationships drew students into the process of learning and promoted their desire to learn. A participant stated,

You are not going to get anywhere in education if you can't connect with kids...bottom line...it's so much more than just teaching...it's about really making a connection and formulating relationships.

Leadership and Support for Educators.

Participants discussed varied aspects of support, which were critical to success in teaching. Participants shared their thoughts about their varied personalities and the need to hold a positive mindset about seeking support with day-to-day issues, enlisting resources, and communicating with families. Participants also shared thoughts about the significance that leadership and support have with respect to success in their work. Specifically, participants noted the need for support from colleagues and administration in order for the teaching process to occur. Participants stated,

It starts at the top, your leader must be able to create a solid environment amongst staff. If you have that then you can move towards translating that into a safe and welcoming environment for the students....it doesn't work if that doesn't start at the top.

In addition, participants discussed the “teaching teams” and/or school-based support systems that operate within the school environment, including colleagues, mentors, and varied support staff.

In addition, examples of school division wide processes, policies, supports, and education specialists were identified as helpful within teaching environments. A participant shared,

There is much more connection within the school. It used to be that teachers flew solo. Now we are actually afforded more time together—there is more of a systems approach or team approach to what we can do for each kid.

Amongst the comments about the positive environmental support, team and collegial approach, and the strong leadership experiences shared, participants also spoke about a disconnect between the education system and the outside support systems and community resources. Participants shared a level of awareness of community resources, and in some cases solid personal connections with outside sites, individual supports, and community mental health related services. However, participants also described uncertainty as to the ways to make such connections for students and families if stepping outside the classroom or school system, and in some cases were unable to voice confidence that such outside services were the best choice. A participant shared,

Sometimes resources aren't immediately accessible in the school, or we don't have the direct outside link...takes time, too much time...then in the end the person most technically qualified to talk to a student is not as familiar and doesn't have the same connection, so you take more on then you should or than you have the skill set for.

Participant statements were consistent with the literature in that educational leaders and administrators played a key role in communicating the importance of positive mental health promotion and modeling behaviors and actions in their daily routines (Morrison & Peterson, 2013). Researchers indicated that educators and schools were important environments to support the foundational growth of positive student mental health. Further, educators and education

environments need strong leadership and solid support alongside them and behind them to guide the building of these foundations. A participant stated,

If you don't have the support and backing of your admin, or a team of some sort, you are going to be stuck out there on your own little island.

Educator Preparation Related to Student Mental Health

Mental health awareness and literacy, student-teacher relationships, solid leadership and educator support were discussed as helpful for the development of positive mental health foundations in children in youth. Further, the need for schools to support children and young people's mental and emotional health increasingly has been emphasized in policy initiatives, yet the capacity and the preparation of educators in providing this support has yet to be fully explored. When questioned about the level of preparation for some of the situations encountered in the classroom, participants indicated a lack of preparation at the outset of their careers. A participant stated,

Sometimes it's a bit a of trial and error, but I don't think that I was ever fully prepared at the very beginning, as a new teacher. Even decades into my career, I still have to seek out help and guidance on the situations that come up and how I am going to handle them. You gain experience and knowledge as you go, but it would sure be nice if there was a way to know a little more at the start.

Participants articulated that although they entered the field with recognition that all students and situations would be individual, their preparation was more 'generic' and thus required regular shaping and adjustment, along with professional development and learning, to meet the mental health needs of each student and situation. Participants articulated, "*there was no course in mental health or mental illness, nor a course in how to deal with all the stressors and mental health related issues that may arise*".

Participants spoke of the personal challenges that they faced as helping them to gain experience and to reach more effective place in their teaching practices. Participants spoke of

their life experiences and personal journeys, which reportedly helped them to find ways through difficult and trying situations and circumstances. Participants also spoke of their life experiences and their teaching experiences as being intertwined in their lives, leading them to build on their inner strengths and to reshape their ways of being educators.

Participants spoke of the successes they experienced in working with resources in their respective school environments. A participant stated, *“I think that it is our job...if you have a child with a specific need in your classroom, it is your responsibility to ensure that you are as equipped as possible to support that student”*. Participants clarified that where needs were not being met within the basic classroom and school structure, often the teacher is required to find a solution or fit for the identified student need. One participant stated, *“If there is a child with a need, then you find something to make it work”*. Another participant shared,

I believe that educators need to be aware of that...not every day is perfect...but we need to help a child to feel that we are there for them, there is always an open door, and that we will listen no matter what.

Participants recognized that in order for educators within schools to effectively address the mental health problems that arise, the educators must improve their own mental health literacy. Mental health literacy has been defined as the knowledge, beliefs, and abilities, and attitudes which enable the recognition, management, and/or prevention of mental health problems (Jorm, 2011).

These findings were consistent with the researchers to date, who indicated that although most educators identified having taught students with mental health problems, those same educators reported having limited education in mental health and minimal opportunity for consultation with mental health professionals. Therefore, educators were not confident about their ability to manage such issues in the classroom (Walter, Gouze, & Lim, 2006).

In a number of studies, researchers have indicated that teachers felt burdened by students' mental health needs, lacked confidence in managing mental health related problems in the classroom, had difficulty identifying pupils with problems that may require intervention, and experienced discomfort in discussing mental or emotional health with students (Kidger et al., 2009).

Although educators increasingly have been expected to be responsive to a wide range of student needs and circumstances, a gap remains between the perception of educators' responsibility to recognize and support students struggling with mental health problems, and their preparedness to do so (Graham et al., 2011).

Conclusion

The participants of this study generously shared their lived educator experience related to student mental health. Through the data analysis, themes emerged into discussion topics and categories, including the role of the classroom teacher, mental health promotion actions and student wellbeing. Further themes included educator's daily practices related to awareness, teacher-student relationships, as well as leadership and support for teachers. Finally, educator preparation related to student mental health, including mental health literacy, was explored.

The information gained from this study has provided insight into the experiences of educators in K-4 classrooms and education settings in relation to student mental health. The themes and subthemes can be used to provide direction for improving education systems, mental health care services for children and youth, and programs for the preparation of educators. The implications of the findings resulting from this research will be explored in the following chapter.

Chapter 5 – Discussion

The intention of this research was to explore and expand the understanding of early years, K-4, classroom educators perspectives in relation to student mental health, as well as to ascertain important information about the school context in order to bridge the research-to-practice gap that appears to exist in school-based mental health practice. As was indicated in the literature, more information is required on the views of educators and experiences of educators regarding student mental health in relation to their role, as well as ways to equip educators so they feel able to fulfill this role (Graham et al., 2011). Given the important interplay between emotional health and school success, educators in schools must be partners in the mental health care of children (Morrison & Peterson, 2013).

Participants shared, described, and reflected on the role of the educator; positive and productive action being taken toward student wellbeing; common student mental health concerns; daily educator practices; as well as educator preparedness, in relation to the mental health of early year students. Participants discussed the importance of general mental health awareness; a certain strength found in teacher-student relationships as a basis to mentally healthy young people; a clear need for support and leadership related to mental health within school environments; a continued and ongoing need for support, education, and preparation of educators related to student mental health; and strong connection to community mental health resources.

In this chapter, the findings from the interviews will be discussed, in conjunction with the literature, via the lens of an educator and the lens of a mental health professional, considering where these two distinct roles overlap and intersect across systems and within the community. The purpose of this discussion is to increase educator, healthcare provider, and community member understanding of student mental health; and to build upon this understanding as well as

to demonstrate the implication of this research in improving education, health, and other community systems as they come together to support children and youth.

The chapter is organized into subsections related to the emergent themes of the research, including mental health literacy and awareness; relationships and connections; leadership, support, and resources; preparation of educators related to mental health; and collaboration and partnerships across systems. Implications for education and healthcare systems, related to practice, policy, service and delivery, are embedded within the subsections of this chapter. The strengths and limitations of this study, as well as future directions for research also will be discussed.

Mental Health Literacy and Awareness

Mental health literacy has been described as knowledge that is directly linked to the possibility of action that will benefit an individual's mental health and/or the mental health of others (Kutcher, Wei, & Coniglio, 2016). Mental health literacy has many components, including knowledge of ways to prevent mental disorders; recognition of a disorder that is developing; knowledge of help-seeking options and treatments available; knowledge of effective self-help strategies; and the skills to be able to support others, who are developing a mental disorder (Jorm, 2011). Mental health literacy has evolved from its early development as a tool to enhance mental disorder recognition, into a social determinant of health, and an educationally driven intervention with demonstrated positive impact on the health outcomes of individuals and populations, as well as a vehicle that can be applied to transform health inequities (Kutcher et al., 2016).

Mental health literacy increasingly has been seen as a health policy goal and directive that may better equip people and communities in effectively supporting those individuals who

struggle with mental illness (Kutcher et al., 2016). Mental health literacy and related interventions are used to provide the necessary foundation for effective mental health promotion, the reduction of stigma, illness prevention, early identification and diagnosis, and evidence-based interventions. The goal is to bind these essential components into a seamless construct focused on improving both mental health care and mental health outcomes (Kutcher et al., 2016).

The ongoing implementation and measurement of the effectiveness of mental health literacy programs within school settings would provide an opportunity, not only to enhance the mental health and mental health literacy of students, but also that of educators, educational support staff, parents, and the wider school community. According to Kutcher (2013), the school has become an ideal place to address the mental health needs of youth. Most young people attend school, with the average student spending about thirty hours a week in the classroom. Not only has the school offer a relatively focused and potentially cost-effective opportunity to reach youth, the school has been a convenient place for mental health to be linked with other curricular programming, such as physical health, nutrition, and sexual health. Addressing mental health literacy during the crucial growth and development years had the potential to foster an understanding of mental health and mental disorders, which would serve young people as they passed through subsequent stages of life (Wei, Hayden, Kutcher, Zygmunt, & McGrath, 2013).

School-based mental health researchers concluded that schools were substantive providers of mental health services and a stronger understanding of the roles and efficacy of both mental health professionals and educators was indicated (Franklin, Kim, Ryan, Kelly, & Montgomery, 2012). In this research, educator participants described feeling responsible within their role to encourage the overall health and wellbeing of students throughout the school day and throughout the duration of the school year. Educators acknowledged a need for varied levels

of mental health awareness, with respect to the individual student, the classroom, and the school community, as well as the need for a continuous re-shaping of awareness at each of these levels, to fit the varied risks that arise.

Further, participants shared their experience of ‘checking in’ and performing daily assessments of individual students, the classroom setting, student interactions and behaviors, life on the playground and in the hallways, as well as the impact of home life on a student’s day to day functioning. Amongst these participant reflections, there was an identified need for an acute awareness and knowledge of major mental health concerns, related risk factors, signs and symptoms of struggle, and when and where to make connections for additional support. Educator participants discussed the need to improve and enhance their own level of mental health knowledge and literacy, the need to create links with appropriate resources both inside and outside the school system, and a desire to increase their comfort levels and skills sets with respect to supporting the mental health and related development of students.

Approximately 70% of mental disorders can be diagnosed prior to the age of 25 years, and mental disorders comprise the single largest aspect of disease burden within the second decade of the lifespan (Whiteford et al., 2013). Through epidemiological studies, researchers have revealed that 1 in 5 children in Canada, has suffered from at least one mental health problem or illness (Canadian Pediatric Society, 2009). About one half of all mental illnesses, including anxiety, depression, and severe emotional disorder, began in childhood or adolescence (Kirby & Keon, 2006). Some 70% of young adults, with a mental illness diagnosis, have identified that their disorders had onsets in childhood (Schwean & Rodger, 2013). Within this study, educator participants identified varied formal and informal labels related to mental health struggles and mental illness. With issues such as depression, anxiety, panic, grief, lack of self-

esteem, suicide, sleep deprivation, varied family support circumstances, being identified and observed on a regular basis by educators, the need for an effective level of mental health literacy amongst educators becomes amplified. In order for educators within schools to effectively address the mental health problems that arise, educators must improve their mental health literacy (Kutcher et al., 2013). Educators with increased knowledge of the scope of mental illness and factors that make mental illness more prominent in youth populations will aid in improved planning and support for the future of young people in Canada (Chartier et al., 2016).

The research participants further reported that educators and schools actively participate in varied mental health promotion activities, projects, and initiatives, which may help to guide the building of child and youth resiliency, lead to the strengthening of protective factors, and enhance self-management skill building, all of which educators seek to instill in their classroom environments. Participants discussed lists of mental health-related curricular support programs, modules, activities, and toolkits that are utilized within the schools and with specific age groups. Although many such programs and tools have been deemed effective and useful, the measurable outcomes and impact on student mental health literacy and the effects of the literacy has been less well established by school systems.

As indicated in the literature, mental health is an essential component of general health and well-being, and has been largely absent from the national education agenda (Wei & Kutcher, 2011). Meaningful changes must be made to the manner in which child and youth mental health is approached (Waddell et al., 2005). The need for schools to support children and young people's mental and emotional health increasingly has been emphasized in policy initiatives, yet there is still much work to be done. To effectively address youth mental health, it is essential that mental health literacy become a focus of mental health interventions for young people. Without a

solid mental health literacy foundation and the use of effective mental health promotion education, young people will not be well prepared to successfully travel the developmental pathway into adulthood and beyond (Kutcher et al., 2016). It is fundamental that educators, schools, and school systems not only promote positive mental health, but also enable students to differentiate between normal mental distress from mental health problems and mental disorder, reduce stigma against mental illness, and promote help-seeking behaviors of students. Mental health literacy was developed to fill this gap in the education system, and when applied through the enhancement of educator capacity to integrate evidence-based applications into existing curriculum, the resultant mental health literacy outcomes will be positive for both students and teachers alike (Kutcher et al., 2016).

Relationships and Connections

It is fair to state that in most every classroom there are students who are grappling with varied mental health issues and concerns, and that at the front of each of these classrooms there are teachers who are contending with the related stress of helping these students with their struggles. Mental health and well-being have been identified as fundamental to quality of life and mental health has been recognized as an essential component for social cohesion, productivity, peace and stability, as well as capital and economic development (Barry, 2009). Given the epidemiologic reality that mental disorders in young people contributed to the largest single component of illness burden in this age group, conceptualizing ways that educators, and schools, can further become pathways and connections to care for young people is pivotal (Kutcher & McLuckie, 2010).

In this research, educators discussed “human connection” and the relationship created between teacher and student, as a foundational building block to supporting the overall wellbeing

and success of students, as well as effective teaching. Additionally, participants shared a strong notion that the creation of a safe, sound, reliable environment within the classroom setting was a further foundation upon which to build meaningful teacher-student connections.

Participants suggested that a strong core relationship with a student would lead to more positive and longer lasting individual, personal, academic, and social implications. The development and creation of these relationships with students was discussed as the starting point or launching point for the building of a meaningful learning partnership and further student-teacher success.

Participants shared numerous observed accomplishments of students both academically and socially, when the relationship between teachers and students were strongly bonded. These bonds also were articulated to be a leading factor behind the felt success of educators in their professional work. Descriptions of strong teacher-student bonds led to the identification of students who were more willing to learn based on the trust they had in the classroom leader. In addition, this led to discussion surrounding the idea that strong student-teacher connections also may lead to more collaborative classrooms and in turn, supportive networks of both students and educators.

Issues in the classroom, including behavioral ones, were indicated by participants to be less frequent where stronger interpersonal relationships existed with students. A sense of belonging and trust within the school classroom and school community was said to lead students to feeling the connection of being a part of something larger, and building commitment. Additionally, participants identified that via strong teacher-student connections, they were experienced a stronger ability to help their students to grow and to achieve, beyond academics.

Positive teacher-student relationships in the classroom, help to set the stage for students to grow in varied areas of their lives and to build on the potential success of the future.

Participants shared about the care, concern, and “love” they felt and feel for their students, as a reality in demonstrating and making effective connections. Educator discussions emphasized the need to earn entry into a child’s developing-mind by way of his or her heart, and committing to this concept was articulated as a major key to unleashing the potential of students of all ages. Educator participants, and the literature alike, eluded to the explanation that students are not paying attention to the educational degrees, or the letters behind a teacher’s name, nor to a teacher’s knowledge about a subject, or the number of years he or she has been an educator. Students are primarily focused on whether a teacher will like them, whether a teacher can be trusted, and whether a teacher will believe them to be capable. Students depend on teachers to create an emotionally safe environment, in which they can grow and explore, thrive and flourish, succeed and even fail, in the rapidly moving world around them. Just as the nurse-patient relationship is one based on mutual trust and respect and seeks to enhance healthy outcomes and sound therapeutic growth, educators seek to build a solid teacher-student connection that will enhance growth, development and the overall educational experience of students. Educators seek to create an atmosphere where children want to do their best, they want to get along, and they do not want to disappoint. Teachers who lead with such influence see significant growth both in the students with whom they work and within themselves.

People, both young and old, are hard wired to make meaningful human connections. Through these connections people thrive and have their emotional needs met. Through relationships the building of a solid mental health foundation begins. When students feel seen, heard, validated, and respected, their desire to engage and willingness to take risks during the

learning process will flourish. The mood and climate of the classroom starts with the teacher and students will seek to evaluate whether or not they can trust the consistency of the leader.

Creating stability within the classroom environment can make all the difference. By embracing a strengths-based approach, educators will get to know more about their students including their strengths and use the tools at their disposal to connect with each student. The role of the educator, as with the nurse therapist, is to recognize the strengths of students and translate these strengths into a part of life's journey and learning process. The development of a solid mental health foundation for children and youth, with related mental health literacy components, resiliency and protective factors, begins with the mentally-healthy connections and relationships in school, in the community and at home.

Leadership, Support, and Resources

Supporting the growth and development of mentally strong children and youth does not happen in isolation, nor can the processes surrounding this work be accomplished alone.

Educators, along with members of schools, communities, and other systems, must come together to support, influence, drive, and challenge the development of positive and stable mental health of children and youth. To build a healthy school community, there needs to be a joint responsibility and clear understanding of the health of students, staff, and the school community (Morrison & Peterson, 2013). School administrators and other educational leaders have played a key role in communicating the importance of positive mental health promotion and modeling behaviors and actions in their daily routines, which were consistent and reinforcing of positive mental health policy (Morrison & Peterson, 2013).

Participants discussed varied levels of school leadership to support their work, from in the classroom, throughout the school, across the division, and into the community. Participants

discussed some of the key learning moments in their classrooms, or “those teachable moments”, where situations, examples, and life circumstance provided undeniable opportunity to expand and stretch the thinking and mindset of youth, through the instantaneous creation of an entire and unexpected lesson plan. Participants spoke of the strengths gained from supportive internal teaching teams, school and divisional peer-based support networks, active and involved leadership and administration, and divisionally supported processes and policies. Participants identified the importance of outside community supports, agencies, and aspects of the health system as important partners with respect to success in education and the adequate support of mental health amongst students and staff. Participants also admitted that when looking outside the school system for mental health support, some uncertainty and disconnect occurred at times with respect to who to go to and ways to go about making connections.

Young people, parents, health professionals, advocates, educators, government officials, social service providers, and others have expressed the opinion that mental health programming should be an integral service for children and youth while they are in school (Kutcher & McLuckie, 2010). Educators have identified that with the right information, and right training and supports, teachers may be the best positioned individuals to enhance mental health literacy and raise awareness of child and youth mental health and mental health problems (Kutcher & McLuckie, 2010). However, few schools come close to having sufficient resources to deal with a large number of students with such struggles (Adelman & Taylor, 1998). Researchers have suggested that a research agenda promoting children’s mental health services should be used to examine the operation of classroom, school, and divisional level processes and policies, in addition to ways that they facilitate or hinder the educational and social-emotional development objectives for children and youth (Atkins et al., 2010).

Still, varied barriers exist to mental health service provision for students, including a lack of adequate school staff training to deal with mental health problems and illness, an insufficient number of school-based mental health professionals, limited funding to provide school-based mental health professionals, as well as a lack of service coordination between the school system and the mental health system. Through advocacy and commitment, as well as sustained and collaborative efforts, changes can be made that will result, in the long term, in healthier students, teachers, and schools (Western University Centre for School-Based Mental Health, 2014b).

Preparation of Educators Related to Mental Health

Teachers have been recognized as frontline professionals, who daily have contact with children and youth, and who have opportunity to identify, influence, and support the mental health and related well-being of students (Loades & Mastroiannopoyulou, 2010; Reinke, Stormont, Herman, Puri, & Goel, 2011). Researchers have signalled a need to pay close attention to the assumptions, values, beliefs, and attitudes of educators in relation to children's mental health, since these aspects were integral to their confidence and skill in supporting children's social and emotional well-being (Graham et al., 2011). This shift towards an explicit recognition of the role of educators in addressing mental and emotional health relies on teachers and other school staff to be involved as deliverers, even drivers, of mental health related learning and curricular needs (Kidger et al., 2009).

Although educators have been expected to be responsive to a wide range of student mental health needs and difficult health circumstances, researchers also report that educators receive little mental health or mental illness education in their teacher preparation to adequately equip them for such realities (Graham et al., 2011). Continued exploration and evaluation are required on the views and experiences of educators regarding student mental health in relation to

their role, as well as ways to better prepare educators so they believe that they are better able to fulfill this role (Graham et al., 2011). Educating and building confident, flexible, and resilient teachers is a crucial foundation upon which they will build not only their own careers, but also those of the children they impact (Western University Centre for School-Based Mental Health, 2014b).

The specific roles of teachers and other school staff often was poorly identified in relation to the goals of the school-based mental health work and activities (Kidger et al., 2009). In a number of studies, researchers have indicated that teachers felt burdened by students' mental health needs, lacked confidence in managing mental health related problems in the classroom, had difficulty identifying pupils with problems that may require intervention, and experienced discomfort in discussing mental or emotional health with students (Kidger et al., 2009). Additionally, researchers indicated that although most educators identified having taught students with mental health problems, those same educators reported having little education in mental health and minimal opportunity for consultation with mental health professionals. Therefore, teacher knowledge about mental health issues was limited, and educators were not confident about their ability to manage such issues in the classroom (Walter, Gouze, & Lim, 2006).

Within this research, educator participants consistently spoke of their years of experience and personal matters being the guiding force for many of them in dealing with and managing mental health struggles amongst students. However, participants also articulated that they felt they entered the profession with little preparation for dealing with some of the mental health-related situations that have arisen in their years of working with youth. Participants felt strongly that a component of their role expectation was to become better versed and equipped to deal with

the challenges they faced. Participants also noted that at times they were uncertain as to where this knowledge may be gleaned. Some participants discussed internal processes that would lead to those persons within the school or system, who may have broader skill sets in dealing with presenting mental health issues. However, the links beyond the school system were less clear and teachers felt uncertain as to the best ways to support students and families in managing these resources.

Educator participants shared that they did not believe that they had received sufficient professional development in the area of student mental health. Participants struggled to articulate an effective solution in resolving the uncertainties and lack of sound preparedness that they experienced. Via the health professional lens, the researcher proposed the link between outside services and professionals to the classroom—where the student is most comfortable; is known the best; and can be supported by peers and the teacher, who has taken the time to build a relationship and connection. Teachers identified priorities for their professional development, in terms of knowledge and skill training, including such skills as, improved recognition and understanding of mental health issues in children, knowledge related to strategies for working with students who were exhibiting related behavioral problems, and information specific to managing such situations in the classroom.

Curricula is well developed to address physical health outcomes, whereas mental health considerations have not yet achieved the same level of commitment or profile. Children and youth need to be supported to learn the skills that will help them achieve and maintain positive mental health so that, in the face of future challenges, they will possess the resiliency to thrive. Although, educators are not expected to be able to formally diagnose or treat a mental illness, educators need the training and skills to understand how a student's mental health impacts their

learning, how to find supports and resources locally, how to connect with families, and how to take care of student well-being. By providing educator training related to youth mental health and mental disorders in young people, educators will be better equipped to protect and promote the mental health of our youth (Kutcher et al., 2016).

Educators need to have a generalized understanding of mental health and ways that mental health impacts each individual's life and wellbeing. Educators should have a basic level of mental health knowledge, and need to embrace the basic concepts behind mental health literacy to enable the driving factors behind it for youth populations they interact with everyday. Educators can take varied steps in their classrooms to help recognize mental health issues in students. They also can educate themselves and others on the basic symptoms of mental health issues, ensure a safe learning and growing environment, encourage good overall health and wellbeing, and help students to access mental health resources. Educators with a solid foundation of mental health literacy may hold the key to reversing some of the disturbing statistics related to youth mental health and improving health outcomes overall. Both initial teacher education and in-service professional development opportunities should include planned and targeted components that prepare teachers for the challenges and rewards of working with students with mental health problems and disorders. Furthermore, as teacher education programs integrate positive mental health education and resiliency into their curricula, existing teachers should have access to the same learning opportunities throughout their careers. Training should prepare educators to be part of an effective system of care that provides safe and caring learning schools, with an emphasis on the promotion of holistic well-being, the prevention of mental health problems, and the promotion of success for all students and those who teach them (Western University Centre for School-Based Mental Health, 2014b).

Collaboration and Partnerships Across Systems

Consideration and evaluation need to occur with respect to where education and mental health systems come into close proximity and where they already intersect. Within and across systems, the need exists to look more closely at where connection can be strengthened to create more seamless education and mental health environments for children and youth. For education and health systems to find resource only within themselves, is a dismissal of a strength-in-numbers and/or team approach. A collaborative approach has the potential to guide children and youth towards a clearer understanding of ways to identify mental health concerns, access support and service, and ultimately progress to flourishing over time in complicated and ever-expanding circumstances and settings.

Education and mental health integration will be advanced when the goal of mental health includes effective schooling and the goal of effective schools includes the healthy functioning of students (Atkins et al., 2010). Researchers acknowledge that to build a solid foundation for this reciprocal agenda, change is required within the fundamental framework in which school mental health is conceptualized (Atkins et al., 2010). This change involves acknowledging a new set of priorities, which include: the use of classroom teachers and individual school-based resources to implement and sustain effective supports for students' learning and emotional health; inclusion of integrated models to enhance learning and promote mental health; attention to improving outcomes for all students, including those with serious emotional needs; and strengthening the active involvement of parents (Atkins et al., 2010). A strong research agenda to support these new priorities is essential.

Effective and efficient service models that integrate mental health promotion, prevention and intervention are needed, and should include consideration of the mental health needs of the

entire school population. The development of mental health literacy in conjunction with education systems is a clear means to equip both pre-service and in-service educators to enter the teaching profession. Researchers have articulated that mental health education effects the kindergarten through grade twelve and post-secondary education systems, as well as society more broadly. More work must be done within faculties of education to advance this concept and adequately prepare and support educators to instill mental health in their daily teaching practices.

Mental health problems and illnesses has been projected to continue to cost the economy at least \$50 billion per year if Canada does not invest more aggressively to improve mental health outcomes and generate cost savings (Mental Health Commission of Canada, 2016). Further, exploration of fiscal barriers to integrating mental health supports in education systems should be examined and strategies for eliminating economic deterrents to the integration of services need to be identified. As compiled by the Mental Health Commission of Canada (2016), there is ample and increasing evidence that investing in the right programs can contribute to helping prevent mental illnesses, to delaying their onset, and to reducing associated ill health and disability. Strategic investments to strengthen the overall mental health system will also enhance the ability of people living with mental health problems and illnesses to recover and enable individuals to more fully participate in all aspects of social and economic life (Mental Health Commission of Canada, 2016).

Current research, promising practices, and cooperative models, will help support and give direction to when and where, education and health systems need to work together to enhance outcomes for children and youth. Through advocacy and commitment, with the use of sustained, and collaborative efforts, changes may be made that in the long term, will result in healthier

schools, with healthier students and educators (Western University Centre for School-Based Mental Health, 2014b).

Strengths and Limitations

Increasing our understanding and knowledge of lived experiences of educators related to student mental health can help to guide and direct the needs of both child and youth health and education systems. Although these two systems operate in very different and distinct ways, members of each system have the intention of shaping, supporting, and building the mental health and related aspects of children and youth. The six participants provided significant data and a depth of information, which was sufficient for data analysis and themes and subthemes emerged. A larger participant sample may have provided further insights.

The participants of the study were adults between the ages of 30 and 55, with considerable years of experience as educators, which may have increased their ability and confidence in their roles compared to those educators with less experience. All participants also noted having personal experience as parents within the school division. Both of these aspects maybe considered a strength or potential limitation of the study. It may have been useful to hear of the experiences of those educators without children in the educational system, who have not been in a parenting position, as well as from those educators, who were newer to the role. Further, all participants in the study were female. Additional data and perspective may have been gleaned from male educator participation.

Chapter 6 – Conclusions and Future Directions

The findings of this study provide insight into the experiences of classroom educators related to student mental health. The descriptions shared by the participants helped increase the understanding of that lived experience. Use of the research approach of hermeneutic phenomenology provided a means to access the participants' rich descriptions of their experiences. Through in-depth analysis of these rich descriptions, themes and subthemes based on their lived experiences emerged. The discussion of these themes unearthed their meaning within the context of the current education system and reflects on the healthcare system, along with the interface between these two systems. The findings from this study have indicated several important actions.

- Actively supporting education systems, educators, and students with the learning and application of components of mental health literacy will help encourage the growth of mentally healthy populations.
- Strengthening educator preparation programs with mental health literacy can be a stepping stone to the betterment of student mental health, access to resources, as well as connection across systems.
- Fostering and encouraging healthy relationships and connections between teachers and students has been beneficial and additional work to this end will aide in the growth of emotional resilience and protective factors of children and youth.
- Leadership, support, and resource enhancement related to student mental health within schools and across school divisions, has helped to develop and enhance the experience of educators. Expanded efforts in this direction will further assist educators, strengthen education outcomes, and improve the mental health of children and youth.

- Evaluation of current resources including mental health promotion and prevention activities being utilized in classrooms should be undertaken to determine the impact of the programs. Other resources at the school level also should be evaluated for effective outcomes related to student mental health.
- Time and effort need to be given to exploring ways that current and new preparation options of the future educator in supporting child and youth mental health translate into the classroom and across the educator lens.
- Improving access connection to systems with similar goals aimed at building and supporting the healthiest development of children and youth, will open doors and strengthen pathways between systems and resources that support children and youth.
- Partnerships across systems are invaluable to dismantling the various barriers, including fiscal ones, that are hindering the development of positive mental health foundations for children and youth.
- Collaboration and integration of education and mental health systems and services will increase the sustainability and growth of newly incorporated mental health priorities.

This study has provided insight into the lived experiences of the six participants, who shared their experiences with student mental health from an education standpoint and via an educator lens. The knowledge gained through this study has led to ideas for program development, practice and education changes, and further research questions. Dissemination of these results and discussion will be a further step in building connections between systems and improving the overall health and mental health of children and youth.

References

- Adelman, H. S., & Taylor, L. (1998). Reframing mental health in schools and expanding school reform. *Educational Psychologist, 33*, 135-152.
- Atkins, M. S., Hoagwood, K. E., Kutash, K., & Seidman, E. (2010). Toward the integration of education and mental health in schools. *Administration and Policy in Mental Health, 37*, 40-47.
- Barry, M. M. (2009). Addressing the determinants of positive mental health: Concepts, evidence and practice. *International Journal of Mental Health Promotion, 11*, 4-17.
- Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences Humanities Research Council of Canada. (2010). *Tri-council policy statement: Ethical conduct for research involving humans*. Ottawa: Authors.
- Canadian Pediatric Society (2009). *Are we doing enough? A status report on Canadian public policy and child and youth health*. Ottawa, ON: Authors. Retrieved from <http://www.cps.ca/English/Advocacy/StatusReport2009.pdf>.
- Chartier M., Brownell, M., MacWilliam, L., Valdivia, J., Nie, Y., Ekuma, O.,... Kulbaba, C. (2016). *The mental health of Manitoba's children*. Winnipeg, MB: Manitoba Centre for Health Policy. Retrieved from: http://mchp-appserv.cpe.umanitoba.ca/reference/MHKids_web_report.pdf
- Franklin, C., Kim, J., Ryan, T., Kelly, M., & Montgomery, K. (2012). Teacher involvement in school mental health interventions: A systematic review. *Children and Youth Services Review, 34*, 973-982.

Froese-Germain, B., & Riel, R. (2012). *Understanding teachers' perspectives on student mental health: Findings from a national survey*. Ottawa, ON: Canadian Teachers' Federation.

Retrieved from: <https://www.ctf-fce.ca/Research-Library/StudentMentalHealthReport.pdf>

Graham, A., Phelps, R., Maddison, C., & Fitzgerald, R. (2011). Supporting children's mental health in schools: Teacher views. *Teachers and Teaching*, 17, 479-496.

Jorm, A. F. (2011). Mental health literacy: Empowering the community to take action for a better mental health. *American Psychologist*, 67(3), 231-243.

Kidger, J., Gunnell, D., Biddle, L., Campbell, R., & Donovan, J. (2009). Part and parcel of teaching? Secondary school staff's views on supporting student emotional health and well-being. *British Educational Research Journal*, 36, 919-935.

Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., Omigbodun, O.,...Rahman, A. (2011). Child and adolescent mental health worldwide: Evidence for action. *The Lancet*, 378, 1515-1525.

Kirby, M. J., & Keon, W. J., (2006). *Out of the shadows at last: Transforming mental health, mental illness, and addiction services in Canada*. Ottawa, Ontario: The Standing Senate Committee on Social Affairs, Science and Technology.

Kutcher, S. (2013). Bringing schools to mental health and bringing mental health to schools: Challenges, confusions and opportunities. *Manitoba Association of School Superintendents (MASS) Journal*, Spring, 12-15.

Kutcher, S., & McLuckie, A. (2010). *Evergreen: A child and youth mental health framework for Canada*. Calgary, AB: Child and Youth Advisory Committee, Mental Health Commission of Canada.

- Kutcher, S., Venn, D., & Szumilas, M. (2009). Mental health: The next frontier of health education. *Education Canada*, 49(2), 44-45.
- Kutcher, S., Wei, Y., & Coniglio, C. (2016). Mental health literacy: Past, present, and future. *The Canadian Journal of Psychiatry*, 6(3), 154-158.
- Kutcher, S., Wei, Y., Costa, S., Gusmao, R., Skokauskas, N., & Sourander, A. (2016). Enhancing mental health literacy in young people. *European Child & Adolescent Psychiatry*, 25(6), 567-569.
- Kutcher, S., Wei, Y., McLuckie, A., & Bullock, L. (2013). Educator mental health literacy: A program evaluation of the teacher training education on the mental health and high school curriculum guide. *Advances in School Mental Health Promotion*, 6(2), 83-93.
- Loades, M. E., & Mastroyannopoulou, K. (2010). Teachers' recognition of children's mental health problems. *Child and Adolescent Mental Health*, 15, 150-156.
- McLuckie, A., Kutcher, S., Wei, Y., & Weaver, C. (2014). Sustained improvements in student's mental health literacy with use of a mental health curriculum in Canadian schools. *Bio Med Central Psychiatry*, 14, 379-384.
- Mental Health Commission of Canada. (2016). *Making the case for investing in mental health in Canada*. Ottawa: Author.
- Morrison, W., & Peterson, P. (2013). *Schools as a setting for promoting positive mental health: Better practices and perspectives*. (2nd ed.). Summerside, PE: Pan-Canadian Joint Consortium for School Health.
- Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: A global public-health challenge. *The Lancet*, 369(9569), 1302-1313.

- Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly*, 26, 1-13.
- Schwean, V., & Rodger, S. (2013). Children first: It's time to change! Mental health promotion, prevention, and treatment informed by public health and resiliency approaches. *Canadian Journal of School Psychology*, 28, 136-166.
- Statistics Canada (2017). Suicide rates: An overview. *Health at a glance*. Retrieved from: <https://www.statcan.gc.ca/pub/82-624-x/2012001/article/11696-eng.htm>
- Streubert, H. J., & Carpenter, D. R. (2011). *Qualitative research in nursing: Advancing the humanistic imperative* (3rd ed.). Philadelphia, PA: Wolters Kluwer Health, Lippincott Williams & Wilkins.
- van Manen, M. (2015). *Researching lived experience: Human science for an action sensitive pedagogy*. (2nd ed.) Walnut Creek, CA: Left Coast Press.
- Waddell, C., McEwan, K., Shepherd, C., Offord, D., & Hua, J. (2005). A public health strategy to improve the mental health of Canadian children. *The Canadian Journal of Psychiatry*, 50, 226-233.
- Walter, H. J., Gouze, K., & Lim, K. G. (2006). Teachers' beliefs about mental health needs in inner city elementary schools. *American Academy of Child and Adolescent Psychiatry*, 45, 61-68.
- Wei, Y., Hayden, J. A., Kutcher, S., Zygmunt, A., & McGrath, P. (2013). The effectiveness of school mental health literacy programs to address knowledge, attitudes and help seeking among youth. *Early Intervention in Psychiatry*, 7, 109-121.

- Wei, Y., & Kutcher, S. (2011). Comprehensive school mental health: An integrated "school-based pathway to care" model for Canadian secondary schools. *McGill Journal of Education, 46*, 213-229.
- Western University Centre for School-Based Mental Health (2014a). *Mental health education in Canada: An analysis of teacher education and provincial/territorial curricula*. Ottawa, ON: Physical and Health Education Canada. Retrieved from:
<http://www.phecanada.ca/sites/default/files/mentalhealtheducationincanada.pdf>
- Western University Centre for School-Based Mental Health (2014b). *Mental health education in Canada: Teacher education literature review*. Ottawa, ON: Physical Health and Education Canada. Retrieved from
<http://www.phecanada.ca/sites/default/files/teachereducationliteraturereview.pdf>.
- Whiteford, H., Degenhardt, L., Rehm, J., Baxter, A., Ferrari, A., Erskine, H., Charlson, F., Norman, R., Flaxman, A., Johns, N., Burstein, R., Murray, C., & Vos, T. (2013). Global burden of disease attributable to mental and substance use disorders: Findings from the global burden of disease study 2010. *Lancet, 382*(9904), 1575-1586.
- Whitley, J., Smith, D., & Vaillancourt, T. (2012). Promoting mental health literacy among educators: Critical in school-based prevention and intervention. *Canadian Journal of School Psychology, 28*(1), 56-70.

Appendix A - Letter of Invitation

(to be placed on Brandon University letter head)

Lived Experience of Educators Related to Student Mental Health

Month Day, 2018

Dear Potential Participant,

Schools and school environments are ever-changing and adapting to the variable and often complex needs of children and youth. Furthermore, schools and educators are being identified as integral to the physical health and mental health of students. You are being invited, as a classroom teacher, to participate in a study to learn about your experience related to student mental health. Increased understanding of these experiences may help to shape future mental health practices used within school environments and inform educational programs used to prepare those individuals, who will address student mental health needs in the future.

I am a registered psychiatric nurse and a student in the Master of Psychiatric Nursing Program in the Faculty of Health Studies at Brandon University. My supervisor is Dr. Fran Racher. The information gathered in this study will be published in my thesis. This information may be used to inform mental health services for school students. This information may also be used to write papers to be published in journals, to present at conferences or workshops, or to share with colleagues or others interested in the mental health of school students.

With your help we can learn more about student mental health within school environments. If you agree to participate, arrangements will be made for a one-on-one interview to talk about your experiences as a K-4 school educator related to student mental health. We will meet at a time and place that is convenient for you. Our conversation will take approximately one hour. The interview will be audio-recorded and then transcribed by a transcriptionist. Your participation will be kept confidential and confidentiality will be maintained through the use of a pseudonym or false name on all written material. Data from all participants will be combined so you will not be identified and your name or any other identifying information will not be used. When the study is complete, I would be happy to share the findings with you, and if you are interested, I will send you a link to my thesis.

Participation in this study is voluntary. You may refuse to answer any questions or withdraw from the study at any time. Participating or declining to participate in this study will not affect your relationship with the researcher, Brandon University, or your employer.

If you are interested in participating in this study, or have any questions about participation, please contact me directly at (204) 724-4964 and/or at youngtd56@brandonu.ca. You may also speak with my supervisor, Dr. Fran Racher at (204) 727-4747 and/or at racher@brandonu.ca. For questions regarding ethics you may contact the Brandon University Research Ethics Committee (BUREC) at (204) 727-9712 or at burec@brandonu.ca

Sincerely,

Tracy Young Ridgen, RPN, BScPN
Master of Psychiatric Nursing Student
Faculty of Health Studies
Brandon University

Appendix B - Ethics Certificate from Brandon University Research Ethics Committee**Lived Experience of Educators Related to Student Mental Health****Brandon University Research Ethics Committee (BUREC)
Ethics Certificate for Research Involving Human Participants**

The following ethics proposal has been approved by the BUREC. Ethics Certification is valid for up to five (5) years from the date approved, pending receipt of Annual Progress Reports. As per *BUREC Policies and Procedures*, section 6.0, "At a minimum, continuing ethics research review shall consist of an Annual Report for multi-year projects and a Final Report at the end of all projects... Failure to fulfill the continuing research ethics review requirements is considered an act of non-compliance and may result in the suspension of active ethics certification; refusal to review and approval any new research ethics submissions, and/or others as outlined in Section 10.0".

Any changes made to the protocol must be reported to the BUREC prior to implementation. See *BUREC Policies and Procedures* for more details.

As per *BUREC Policies and Procedures*, section 10.0, "Brandon University requires that all faculty members, staff, and students adhere to the *BUREC Policies and Procedures*. The University considers non-compliance and the inappropriate treatment of human participants to be a serious offence, subject to penalties, including, but not limited to, formal written documentation including permanently in one's personnel file, suspension of ethics certification, withdrawal of privileges to conduct research involving humans, and/or disciplinary action."

Principal Investigator:	Ms. Tracy Young Ridgen, Brandon University
Title of Project:	Lived Experience of Educators Related to Student Mental Health
Co-Investigators:	n/a
Faculty Supervisor: (if applicable)	Dr. Fran Racher, Brandon University
Research Ethics File #:	22259
Date of Approval:	April 4, 2018
Ethics Expiry Date:	April 4, 2023
Authorizing Signature:	



Mr. Christopher Hurst
Co-Chair, Brandon University Research Ethics Committee (BUREC)

Appendix C - Ethics Consent from Brandon School Division
Lived Experience of Educators Related to Student Mental Health

May 8, 2018

Message sent on behalf of Dr. Marc D. Casavant, Superintendent/CEO

TO: Tracy Young Ridgen
RE: Research request: Lived Experience of Educators Related to Student Mental Health

Good Afternoon,

The Brandon School Division Research Advisory Committee met today to review your research request. I am pleased to advise that your request was approved. Please note that Dr. Casavant and the Committee have provided the following feedback:

- Timing is a concern, in that teachers are busy wrapping up the school year, and this may result in lower participation levels than if the research were undertaken earlier in the year. Dr. Casavant cautioned that your research may be in limbo if you receive few or no BSD teacher participants.
- The Committee sees value in your research focus, and therefore your request has been approved. An email will be sent to K-8 Principals advising them of this approved research request, and asking them to forward the information to K-4 teachers. If Principals or Teachers have any questions, they will be asked to contact you directly. As with all research projects, participation is voluntary. Please note that it is your responsibility to contact the schools directly regarding your research request.
- For your reference, attached is contact information for K-8 Principals
- As per BSD Administrative Procedure 1015, you are required to submit a final report of your research to the Brandon School Division. Please send to Dr. Casavant (casavant.marc@bsd.ca) with a copy to Nancy Gatien (gatien.nancy@bsd.ca).

In conclusion, the Brandon School Division Research Committee is pleased to approve your request, and the Committee extends best wishes to you on this research project.

Sincerely,

Nancy Gatien
**Executive Assistant to the
Superintendent/Chief Executive Officer**
Brandon School Division
1031 - 6th Street
Brandon, MB R7A 4K5

Appendix D - Consent Form

(to be placed on Brandon University letterhead)

Lived Experience of Educators Related to Student Mental Health

Dear Participant,

This consent form, a copy of which will be given to you, is only part of the process of informed consent. It will provide a summary of what the research is about and what your participation involves. If you would like more details about anything mentioned in this letter, or information that is not included here, please let me know. Please take the time to read this carefully and to understand any additional information.

The following information is being provided to you to inform your decision about whether or not you wish to participate in this study. You can withdraw from the study at any point in time without affecting your relationship with Brandon University, or your employer and without any prejudice to any pre-existing entitlements you hold. Consent will be discussed throughout the research process and participation is voluntary.

Schools and school environments are ever-changing and adapting to the variable and often complex needs of children and youth. Furthermore, schools and educators are being identified as integral to the both the health and mental health of students. The purpose of this study is to learn more about the lived experiences of educators related to student mental health. The information collected will be published in my thesis. If you are interested, I will email you a link to my thesis when it is completed. This information also may be used to write papers to be published in journals, to present at conferences or workshops, or to share with colleagues or others interested in the mental health of school students.

Data collected from all participants will be combined and your name will not be associated with the research in any way. I may at times quote your words in my writing, but your name and any identifying information will not be shared at any point. Your data will be collected in a private interview at a location and time of your convenience. In my notes and in the transcription files you will be assigned a false name or pseudonym. The interview will be audio-recorded and transcribed by a transcriptionist. The transcriptionist will sign a confidentiality agreement prior to receiving any data collected from your interview. The transcriptionist takes the conversation from the audio-recording and writes it into notes. I also may take handwritten notes during our interview.

The computer files, audio-recordings, handwritten notes, and transcripts of our conversations will be kept confidential and accessed only by me, Tracy Young Ridgen, my supervisor, Dr. Fran Racher, and the transcriptionist. The computer files will be saved on a flash drive and stored with the notes in a secured private location.

While there are no specific interview questions that are thought to cause distress, you may decide to share experiences that are difficult to talk about. Should you wish to omit answering any questions presented or wish to end the interview at any time, you may do so. There will be time at the end of the interview for debriefing as well.

Please sign this consent form with the full knowledge of the nature and purpose of the study. A copy of this consent form will be given to you to keep. You will not incur any financial costs in participating in this research. There are no known risks associated with this study. The expected benefit from the study is the increased knowledge about the experiences of school educators with student mental health. The research approach will be used to gain an understanding of these experiences and perspectives, and has the potential to influence education, policy development, practice, and theory.

Your signature on this form indicates that you have understood the information about your participation in the research project and agreed to participate. This does not waive your legal rights nor release the researcher or the involved institution from their legal and professional responsibilities. Your continuing participation should be as informed as your initial consent, so feel free to ask for clarification or new information at any time.

Do not hesitate to ask any questions about the study before, during, or upon completion of your participation. If you have any questions concerning your participation you may contact me directly at (204) 724-4964 and/or at youngtd56@brandonu.ca. You may also speak with my supervisor, Dr. Fran Racher at (204) 727-4747 and/or at racher@brandonu.ca. For questions regarding ethics you may contact the Brandon University Research Ethics Committee (BUREC) at (204) 727-9712 and or at burec@brandonu.ca.

Participant Signature

Date

_____ YES, please provide me with a copy of your completed thesis at EMAIL:

Researcher Signature

Date

Appendix E - Confidentiality Agreement**Lived Experience of Educators Related to Student Mental Health**

(for transcriber, to be placed on Brandon University letter head)

I, _____, transcriptionist, agree to maintain full confidentiality in regards to any and all audiotapes received from Tracy Young Ridgen related to her research study on Lived Experiences of Educators Related to Student Mental Health. Furthermore, I agree:

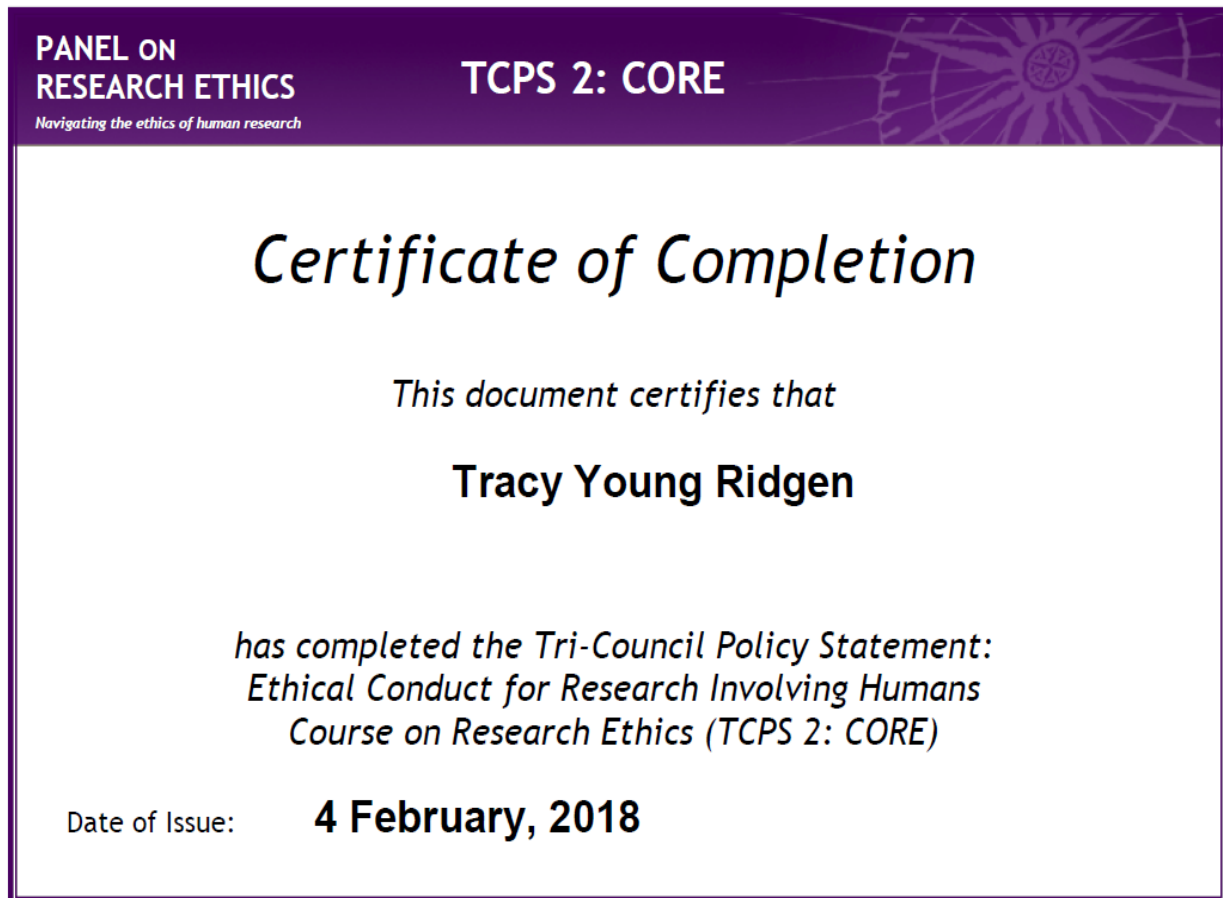
1. To hold in strictest confidence the identification of any individual that may be inadvertently revealed during the transcription of audio-taped interviews, or in any associated documents.
2. To not make copies of any audiotapes or computerized titles of the transcribed interviews texts, unless specifically requested to do so by the researcher Tracy Young Ridgen.
3. To store all study-related audiotapes and materials in a safe, secure location as long as they are in my possession.
4. To return all audiotapes and study-related materials to Tracy Young Ridgen in a complete and timely manner
5. To delete all electronic files containing study-related documents from my computer hard drive and any back-up devices.

I am aware that I can be held legally responsible for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the audiotapes and/or files to which I will have access.

Transcriber's name (printed)

Transcriber's signature

Date

Appendix F - TCPS 2: CORE Certificate**Lived Experience of Educators Related to Student Mental Health**

Appendix G - Interview Guide

Lived Experience of Educators Related to Student Mental Health

[This guide will be used as a recommended format and will be used with consistency when appropriate. Research using hermeneutic phenomenology as method involves asking broad, open-ended questions that gather rich and detailed descriptions of the participants' experiences. Data will be collected through the use of open-ended, semi-structured research questions delivered through a conversational interview. This qualitative approach relies on the adjustment and flexibility of data collection and the participant's story and personal experiences. Therefore, the suggested questions will serve as a guideline, adapted for the specific interview when appropriate.]

Demographic Information & Professional History

Before we begin with the more detailed questions, I will ask for information including: age, gender, current educational position, past educational positions, years of experience, educational background, and the like.

Interview Questions

The main focus of this interview will be to get to know more about your experience related to the mental health of students in grades K-4.

1. What is your role as a classroom teacher related to the mental health of students in grades K to 4, in the school?
2. What mental health promotion actions are taken related to student wellbeing within the school?
3. What mental health problems do you most frequently encounter in school children, who are in grades K-4?
4. What is your experience of mental health problems of students?
5. How do you meet the mental health needs of students?
6. How have you been prepared to fulfill the roles and responsibilities that you described?
7. What other actions should be considered in meeting the mental health needs of students who are in grades K-4?
8. Do you have any other comments to share? If so, what?