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Societal Independence and Mental Health: Teacher Perspectives

by

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Abstract

Despite the accolades heaped upon our inclusive Canadian schools, we still serve our students in two categories: those who qualify for specialized services, and those who do not. Rather than focusing on diagnoses, codes, and individualized supports, this research examined an educational structure acknowledging the individuality of each student. In our classrooms, all students have needs and challenges which change regularly, regardless of labels and diagnoses. All students have strengths and skills as well. Teaching students to accept differences, recognize challenges, and support each other builds a culture referred to herein as *societal independence.*
Societal independence is an original term coined in this research. It describes the ability of individuals to perceive themselves and each other as valued member of a productive and collaborative community. This qualitative study addresses the impact of school principals on teacher perception of societal independence.

Data were collected through teacher interviews, employing professional observation, accessing government documentation, and completing a literature review to determine how principals can engender a culture of societal independence. After examining the data, it became apparent that accessing mental health services and mental health education is essential. Furthermore, four areas for development emerged: personnel, support for teachers, mental health education, and school culture. When principals can effectively manage school personnel in collaborative teams, provide adequate support for teacher wellness and ongoing teacher education, access time and resources for mental health education for students, and foster a diverse, welcoming, and pro-active school culture, teacher perception of societal independence will increase.

Keywords

societal independence, mental health, mental health literacy, stigma, schools

Table of Contents

Societal Independence and Mental Health

This month, one of my students (who we will call Danielle) was diagnosed with Type 1 Diabetes. While she was away in the hospital, our class studied diabetes, learned how Danielle would monitor her sugar levels, and learned how we could help to make sure Danielle is safe and healthy. We set up a Google Meet and chatted with Danielle in the hospital. Upon her return, there was great celebration and interest in her new equipment, her support systems, and her moment-to-moment requirements.

How would this experience have been different if Danielle was suffering from depression and had been hospitalized because she had attempted to commit suicide? The answer is obvious, but distressing. We would have been asked not to share information. We would have told students Danielle was away with her family, or had a virus, or that it was none of their business. We would have told these young, developing, inquiring, and compassionate students not to talk about it.

Purpose and Focus

With mental health disorders occurring in approximately 20% of our student population (Bartlett, 2018; Dimitropoulos et al., 2021; Fidyk, 2019, Franklin et al., 2017; Hurley et al., 2020; Katz et al., 2019; Kutcher et al., 2015; Lambie et al., 2019; Reinke et al., 2022), most teachers are struggling to instruct in climates which may include anxiety, compulsions, depression, attention deficits, hyperactivity, cognitive impairments, autism, or other issues that impact functioning. In addition to these numbers, there may be physical disabilities, or difficulties which surface among our students without mental health diagnoses, from fear to grief to boredom (Wei & Kutcher, 2014). Publications abound which guide teachers to address each issue and teach specifically to the child's needs (Fidyk, 2019; Franklin et al., 2017; Katz et al.,

2019; Lambie et al., 2019; Lewis et al., 2021; Piselli et al., 2021; Steed & Shapland, 2020). Lacking is guidance to teach our whole class how to cope with the mental distress, problems, and disorders which appear in our classrooms and hallways. Just as my students rallied around Danielle to learn about and support her through her diagnosis of diabetes, students need tools and skills to support each other through mental health challenges. I call this collective ability *societal independence.*

Societal independence is an original term, coined for this research paper, and defined as the ability of a group to accept and support each other. Currently, most Canadian schools boast a culture of *inclusion,* which refers to "fully including students with special needs in classes and in the larger school community with their age appropriate peers" (Bennett et al., 2021, p. 188). Rather than identifying some students as having special needs, societal independence acknowledges all members of society as unique individuals with needs and talents. With a culture of societal independence, students cease to see each other as *normal* or *different.* The group learns to draw on the skills and strengths of each member to support the challenges. With this independence comes an understanding of the fluid nature of these challenges. For example, one group member may have an eye infection and not be able to see the work, while another may be dysregulated because their dog is very sick, and a third may be having a difficult day with their tics, meaning they cannot safely use scissors.

A lack of societal independence may be perpetrated by stigmas which cause students to think poorly of some peers. In my classroom experience, children do not want to help classmates who are perceived to be rude, explosive, lazy, annoying, or intimidating. With the diversity in today's schools, there is very little time to administer individualized interventions to the students with diagnoses, and to others who may be hungry, who struggle with math, who had a fight with

their parents, or who lost a pet the night before. The climate of the class changes many times per day, resulting in shifting needs, and inconsistent abilities to be independent.

Student mental health has a significant impact on student willingness to work with and support peers (Krause et al., 2020; Perez-Parreno & Padilla-Petry, 2018). Literature has examined strategies successful in teaching skills to foster student independence and collaboration (Szlyk, 2018; Ware et al., 2019). However, little research has focused on how to teach students to function as a supportive and collaborative community.

Research Question

The research question guiding this study was: How can leaders of K-12 Canadian schools, school divisions, and governing bodies improve teacher perceptions of societal independence?

Three sub-questions, further directing the research, were:

- How are mental health services currently accessed in Canada?
- What is the current state of mental health education in Canadian schools?
- How does stigma impact teacher perceptions of societal independence?

Through data collection and analysis, I wished to illustrate the need for a shift in the structure of education, from *inclusion* to *societal independence.* This need was demonstrated by examining the inconsistencies and lacks in our curriculum and funding models, and comparing these to research about mental health and optimal learning environments. Furthermore, interviews with teachers expressed the significant need for change, and the potential for this change within our classrooms. As I incorporated the literature review and findings together, I present the method section prior to engaging with the literature.

Methodology

Incorporating literature with personal education and experience led to the development of this study. Interviews of three professionals in varied positions and levels of experience provided data from different contexts and personal philosophies.

Design

Because this study focused on teacher perception, the approach drew on phenomenological techniques, "well suited to studying affective, emotional, and often intense human experiences" (Merriam & Tisdell, 2016, p. 28). The interview schedule was designed with open-ended questions, encouraging respondents to share from their own perspectives and community cultures. Using prompts, both prepared and impromptu, allowed conversational guidance to reveal the passions and convictions of each respondent. With this semi-structured interview format, I was able to "respond to the situation at hand, to the emerging worldview of the respondent, and to new ideas on the topic" (Merriam & Tisdell, 2016, p. 111).

Respondent Group and Data Collection

The first participant, whom I called Monica, was a young music teach in an inner-city Alberta elementary school which served a large number of students with mental health problems and disorders. The nature of her job meant she taught every child in her school at least twice each week. When coding Monica's interview, I summarized her data under five main headings: accessing support, social interactions, student safety, stigma, and classroom culture.

The second participant, whose pseudonym was Tammy, was recommended to me by a school division supervisor. Tammy was an inclusion coach and fifth grade teacher in a moderately-sized, small-town Alberta school where she oversaw programming for all students

with special education codes. Though new to her school division, she was not new to the profession, offering a perspective strengthened by experience in other settings. Tammy came into the interview with an eagerness to share her frustrations and concerns. Her tone was often strained, which gave evidence to her passion. Because this was my second interview, the headings used in the first influenced my data analysis, as I was already amalgamating the results. However, I strived to separate the two in this initial analysis, working to have this second interview stand on its own. Therefore, I reused some headings while creating new ones as well, resulting in these four: student needs, mental health education, classroom culture, and teacher needs.

The third participant, addressed in this paper as Simon, was responsible for supporting classroom teachers to access, develop, and deliver mental health curriculum in middle school classrooms in Toronto. Simon was a mental health coach assigned to one school where he coached five teachers to support the mental health needs in their classrooms. Additionally, he provided resources and professional development to the whole staff. In previous research, I had spoken with several professionals who described the Ontario mental health curriculum, and I was excited to speak with someone who was responsible for overseeing the implementation of this programming in schools. He came to the interview with strong views that fell into the three categories of student barriers, student voice, and mental health education.

Upon hearing the purpose of the study, all three participants readily agreed. As the participants for this study were geographically dispersed across Canada, data was collected using an online platform for interviews. I interviewed each participant with a set of six open-ended questions, using prompts to uncover further information as opportunities arose (see appendix A). Prior to beginning each interview, I explained the purpose of the research and reviewed the

ethics guidelines. I gained consent for recording each interview and detailed my plans for summarizing data and sending a copy to each participant for review and approval (see summaries in appendix B).

Data Analysis Procedures

Following each interview, I created a transcript. Subsequently, I coded data to form categories. I found it beneficial to complete this coding after each interview, before the next commenced. After all interviews and coding were complete, I examined the categories for common themes to identify findings. As more and more data were categorized, I moved from inductive to deductive thinking, testing my new hypotheses using further data examined. Working through this process, I found it beneficial to include notes to myself about tone and inflection, particularly when participants expressed anger or frustration about programming restrictions.

Trustworthiness Issues and Limitations of Research

In evaluating the trustworthiness of this study, I employed three strategies purported by Merriam and Tisdell (2016); triangulation, respondent validation, and engagement in data collection. Through these processes, I explored the validity of my research, the limitations in my methodology, and the effects of my own biases.

Triangulation involved the use of multiple methods of data collection for a study (Merriam & Tisdell, 2016). Using both professional observation and interviews provided amalgamation of ideas and experiences, supported by examination of government documents. The geographical spread of the participants also brought differing perspectives to the research question.

Upon completion of the initial stage of data analysis, summaries were sent to the three participants for respondent validation. I had no reply from Simon. Monica asked for two changes to the summary to clarify her intent, and Tammy responded with acceptance of the summary with no changes.

In the time between interviews, I coded and recoded the information gathered. I also continued to read published articles. Through the lenses of my respondents and my ongoing research, I began more deeply to understand the impact of mental health on the students and staff at my school, which altered my research and enhanced the discussion in subsequent interviews.

Findings

"I'm telling!"

How often have we heard that phrase at school? Teachers respond by solving problems for students, by administering consequences to transgressors, and by teaching lessons about tattling versus reporting (Loke et al., 2011). Our chant seems to be, "Are you trying to solve a problem or get someone in trouble?" Based on the answer, we determine our level of involvement, and decide if we will support the students to talk through the problem, or just take quick action to end the situation.

In my ideal school, the instinctive response is for students to learn to prevent and cope with problems rather than tattling. In my ideal school, I can teach my students enough about mental health that they can develop compassion, strength, and communication skills to help them navigate interpersonal relationships and group dynamics. In my ideal school, societal independence is not only part of our curriculum, but is the essence of the culture.

Societal Independence and Mental Health in Schools

Though literature provides a gallimaufry of resources to help teachers instruct their

students in skills of independence (Gilson & Carter, 2016; Haimovitz & Dweck, 2017; Kelley, 2017; Krause et al., 2020; Szlyk, 2018; Ware et al., 2019), little is written about how to develop a culture of societal independence in the classroom. Societal independence requires students to develop the understanding, confidence, and skills to recognize emotions and dysregulation in themselves and others. By accepting diversity, they learn that we are not a society of *us normal kids* and *those different kids who need extra help*, but rather one group made up of unique individuals, each contributing to the fabric of the class and school communities. To work toward societal independence, we must revolutionize our approach to mental health.

In Canada, we have challenges and triumphs in mental health education. From province to province, we encounter a common understanding of the importance of mental health literacy, but discrepancy in resources, personnel, and money result in vastly different services across our country. In departments of health, education, and family and social supports, we have inconsistencies in accessing mental health services and education. These two areas are essential to provide students with tools to develop societal independence. A third adverse component, present in all levels of schools and communities, is stigma. To increase access to services and education, and to decrease stigma, we need to examine current structures.

Government Policies and Supports

Across Canada, provincial and territorial governments have shown a move toward enhancing mental health resources in schools. However, despite the fact that these intentions are evident, supports for children with disabilities are still primarily dependent on checklists, which often require diagnoses from service providers outside of the school community. If parents cannot access assessments or refuse to pursue a diagnosis, the funding is not available (Alberta Education, 2021; British Columbia, 2002; Government of Northwest Territories, 2016;

Government of Quebec, 2007; Manitoba Education and Early Childhood Learning, 2022; New Brunswick Department of Education and Early Childhood Development (2015; Newfoundland & Labrador Canada, n.d.; Nova Scotia Education, 2008; Nunavut Department of Education, n.d.; Ontario Ministry of Education, 2021; Department of Education and Lifelong Learning, 2019; Ritchie et al., 2021; Santos & Langill, 2020; Saskatchewan, n.d.; Yee, 2021).

Binfet and Passmore (2017) pointed out in their study on teacher perception of kindness that, across Canada, "policies are in place to support schools in their pursuit of fostering students' prosocial behaviour" (p. 38). However, because our health and education systems are managed provincially, we can observe differences in equity and access. In Alberta, for example, the Teacher Quality Standard stated that teachers must ensure "response to the emotional and mental health needs of students" (Alberta Education, 2018, p. 6). However, this province also requires diagnoses in order to apply numerical codes to students to give permission for additional funding (Alberta Education, 2021). Because so many mental health needs go undiagnosed, the "statistics on mental health and community diversity paint a particular picture of classrooms wherein teachers are charged with the mandate to not only serve students well pedagogically but also attend them 'compassionately' and responsibly regarding mental health" (Fidyk, 2019, p. 52).

In Ontario, a framework called School Mental Health (SMH) ASSIST has been established. With a focus on organizational conditions, systematic capacity building, sustainable school programming, supports for students, and system coordination across the ministry of education and the ministry of health, this program aims to provide schools with a broad range of resources (Fortier et al., 2017). However, as pointed out by Simon in his interview, parental permission must be obtained before students can receive this education, and the programming

and approach is not flexible from one context to the next. Following his study examining the mental health literacy outcomes in Ontario's health and physical education curriculum documents, Ryan (2020) indicated, "Clearly more of an emphasis need be cast upon mental health literacy in view of the changed world, post pandemic" (p. 1253).

The Manitoba government designated 31 community schools in the province to receive additional funding, enabling a broader range of mental health supports under the direction of the school principal (Bartlett, 2018). However, as a general policy, the Manitoba government still requires diagnoses to access funding to provide supports for mental health in mainstream public schools (Manitoba Education and Early childhood Learning, 2022).

Throughout Canada, there is inconsistent implementation of the common belief that schools need to provide more services to support mental health. Funding models vary from one province and territory to the next, and resources are lacking in most schools (Ryan, 2020). Until all provinces follow the direction lead by Yukon, Saskatchewan and New Brunswick, we are trapped in a stigmatizing structure, providing additional funding only for those who have the means to self-identify and obtain diagnoses outside of the school system.

Accessing Mental Health Services

Only 20-30% of children with diagnosed mental health disorders receive services, due to lack of resources for both identification and treatment (Dimitroupoulos et al., 2021; Fidyk, 2019; Katz et al., 2019; Lambie et al., 2019; Lee et al., 2019; Reinke et al., 2022; Syan et al., 2021). Most youth who seek support do so at school (Carr et al., 2018; Dimitroupoulos et al., 2021; Fortier et al., 2017; Halladay, 2020; Katz et al., 2019; Piselli et al., 2021). This responsibility on teachers is daunting, as 70% of them have had no instruction whatsoever in mental health, and do not know how to support students or advise parents (Carr et al., 2018).

Without the support of our current governments, teachers must conduct assessments, intensive academic upgrading, and mental health support with no additional time or resources. In her interview, Tammy pointed out that these heightened expectations are causing teacher burn-out, especially with the added strain of increased student and staff absences due to Covid. She described her observations in this way:

> I didn't think lots of people were gonna make it before Christmas because it was just like hard story after hard story, and you're trying to hold these stories for these kids and you're trying to be like the voice of reason and to hold them and they're just -- it's so hard to be that person sometimes. I go and then like you know, you're it's almost like Jekyll and Hyde like you're, you're super, like, in this situation with this kid and trying to help them through it. And like, that's tearing at your heartstrings. And then the next minute, you're like, looking over this -- and you like, “Ah! That looks great! Good job!” Like, it's just so emotionally taxing. Like, burnout’s the right word.

In addition to supporting student mental health, it is necessary to examine avenues for supporting teachers to improve their own mental health, as without this, they will be unable to help their students.

In Canada, there is a lack of coordination between service providers from different government departments (Bartlett, 2018; Halliday et al., 2020). As teachers and principals cannot speak to health professionals without written permission from parents, there is often little opportunity for the school to form connections with medical service providers on behalf of families. In my own experience, I have learned that some school divisions prohibit teachers or principals from recommending outside services to families, even in general terms, and require referrals are only made to specialists employed or contracted by the school division.

Across Canada, personnel vary from province to province, and even from school to school. Though social workers are employed by many districts, their roles can be vastly different, and very few work closely with school teams to maximize support for students in need (Berg, 2020). Based on my own experiences when trying to coordinate services for students with severe physical health needs, I have learned there is conflict and misunderstanding of roles between departments of health, education, and family supports. These can cause significant delays in services necessary for students to attend school.

Frequently, the only support for children with undiagnosed mental health disorders is the classroom teacher. As noted by Lambie et al., "Unfortunately, established school-based mental health counseling services programs in elementary schools are often teacher-led, with little facilitation from mental health counselors, and the interventions are not tailored to the students' unique needs" (2019, p. 161). For youth to access specialized resources, parents or guardians must navigate public and private sectors of mental health, with their complicated structures and fragmented services (Syan, 2021).

Even when youth access a mental health professional, coordination of services can still be lacking. "It is not uncommon for children who are accessing care at a Canadian community mental health agency to be experiencing challenges in several domains, such as the home environment, and cognitive functioning" (Krause et al., 2020, p. 279). Because of this breadth of challenges, children with mental health disorders often have compounded difficulties, making it more and more daunting for them to cope at home and at school. The lack of coordinated services, the paucity of specialists within the education system, and the absence of guidance for teachers and principals to make referrals results in the dearth of mental health services for students in need.

Accessing Mental Health Education

During our interview about societal independence, Simon explained that the absence of mental health education in schools results in students learning from their parents. With most parents unable or unwilling to access professional support, there is a wide range of beliefs stemming from the home. Frequently, Simon noted, parental response to student concerns is to tell a child to deal with the problem or to stop being dramatic, resulting in students feeling unsupported.

Currently, mental health programming in schools is lacking structure, resources, funding, and staff knowledge (Fortier et al., 2017). In our interview, Tammy explained that teachers feel overwhelmed with the expectation to support students with so many needs and without adequate resources to do so. As she noted, "When you're faced with situations like that, if a kid wanted to kill themselves it's like 'I don't have, I actually don't have a tool box for that.'"

In our interview, Monica explained since Covid, anxiety has become much more prevalent. Some teachers, she said, offer direct instruction on how to reduce anxiety, causing students to be more accepting of each other and to practice these skills. This can also be a detriment, she explained, because students may help peers to the extent that they become over-dependent, rather than independent.

Monica also expressed her views on teacher competency and safety. She described one student whose aggression had increased since grade one:

> And at that point, once the individual was in grade 4 and grade 5, it was, the students knew, knew that Student O could be violent and knew that their safety -- that we as the adults in the building and in the school would do everything we could to keep them safe, but these kids were kind of on eggshells and you know what? I understood that, cause

sometimes I felt like I was on eggshells.

Though there are few courses to educate pre-service teachers about mental health (Fortier et al., 2017; Perez-Parreno & Padilla-Petry, 2018; Piselli et al., 2021), there are several programs designed to increase personal awareness and emotional regulation. Among these are resources which have undergone academic evaluation and have been deemed effective for use with students, including Coping Cats (Mukund & Jena, 2022, Shakerimanesh et al., 2021), MindMasters 2 (Santos & Langill, 2020), In The Know (Hagen et al., 2020), Teacher Anxiety Program for Elementary Students (Piselli et al., 2021), The Wellness Quest (Syan et al., 2021), Positive Action (Lewis et al., 2021), and Youth Aware of Mental Health Intervention (Lindow et al., 2020).

Online resources offer youth the opportunity to make anonymous inquiries and receive general services without having to leave their homes or identify themselves (Connolly et al., 2021; Halsall et al., 2019; Leung et al., 2020). There is controversy over the effectiveness of the online resources, as the internet itself can be perceived as causing some of the mental health disorders present today. As noted by Kumasaka et al. (2017), “Children today are immersed in virtual worlds and have little experience in actual society, causing them to lack resistance to failure and get sad and depressed easily” (p. 459).

Additionally, some provincial departments of health have developed programs available to schools at no cost. With Alberta Health Services (AHS), a group of researchers developed a program to educate teachers and teens about mental health. This is available free to all schools, with ongoing supports from AHS throughout implementation. In the fall of 2022, a companion program for elementary schools will be piloted (MentalHealthLiteracy.org, 2022). To date, the program is not supported by Alberta Education, and no time is allocated to teachers or students

to learn this curriculum (Alberta Learning, 2002).

Ontario boasts a collaboration between departments of health and education to bring structures and supports to schools. One example is illustrated by the Thames Valley District School Board, where a Mental Health Strategic Plan was developed, including the following three goals:

1. Building staff capacity in regards to understanding mental health and well-being
2. Fostering stigma-free learning environments at classroom and school levels
3. Promoting mental health and wellness for all students. (Fortier et al., 2017, p. 72).

In our interview, Simon noted that despite the excellent curriculum and availability of educated staff in most schools, mental health programming in Ontario has two significant hurdles. First, the curriculum is standardized across the province. This results in difficulties to adapt the lessons for the needs of students in the vastly different regions. Secondly, Simon explained, parents or guardians must sign a form giving permission for their child to learn the mental health curriculum. He expressed his concern in this way:

> So you know how come we can't trust our educators to deliver the health curriculum without constraint and without worrying about our children being withdrawn. The choice of being withdrawn cuts the educator off at the knees because you're not trusting their professionalism to understand what their community needs at that particular time when they're teaching health. So, if I were to say anything about our health curriculum, the ability for our parents to make the decision from what's being taught in our classroom allows our kids to be at a deficit if they choose to withdraw them based on their own individual bias.

Monica, Tammy, and Simon all expressed frustration with the state of mental health

education in schools. Despite the availability of programs, lack of government support and direction has rendered our mental health education system so sclerotic that it is ineffective, depending on teachers to educate both themselves and their students (Dimitropoulos et al., 2021). Without consistency in curriculum, resources, personnel, legislation, and professional development for teachers, Canada is struggling to bring mental health education into schools.

Stigma

On the topic of stigma, Simon mused, "You know, in school, kids find themselves with or without their parents, right? And when we lose those abilities to connect with other kids with the same issues, right, you know, and maybe barriers to be themselves. That is extremely isolating, right?" This line of questioning highlighted all three commonly recognized types of stigma: public stigma, personal stigma, and self-stigma (Doll et al., 2021).

Public stigma refers to stereotypes held by the community and is a significant barrier to help-seeking behaviours (Bellanca and Pote, 2012; Bonanno et al., 2021; Dimitropoulos et al., 2021; Doll et al., 2021; Halfon et al., 2012; Lee et al., 2020; Perez-Parreno & Padilla-Petry, 2018; Woloshyn & Savage, 2018). As explained by Halfon et al. (2012), "In a perfect world where the physical environment is accessible to all and where social attitudes and public policies are embracing and inclusive of all individuals, regardless of impairment, the experience of disability would not exist" (p. 18).

In my experience, parent or guardian comments about classmates can severely impact societal independence as most children, when expressing concerns about the actions of a classmate, are encouraged either to tell the teacher, ignore the peer who is struggling, or fight back. Additionally, parents talk to each other about students in the class, sometimes embellishing or misinterpreting reports, and frequently perpetuating stigma. None of these actions or

responses foster a child's ability to thrive in social settings, and none support the class to work toward societal independence.

In her interview, Monica discussed how she had a different perspective of students than her colleagues. As a music teacher, she saw each class a few times per week, rather than one class all the time. She noted that students from different classes tend to have similar questions fostered by their community and their environment. Students often tend to label others, Monica explained, in a way that appears to attempt to distance themselves from the issue. She handled the matter this way:

> So, you know, you might have a little bit of that labelling, but I think the doors that that could open would be so much more meaningful, and the conversation doesn't need to be othering… we don't need to…other our students. Say that, "Oh, well, you know, these people out there with depression," and it's like, "No. A person with depression. A person with anxiety. A person with, you know, X, Y, Z," you know, might feel this way. And Oh! Well they might feel that way! So maybe this is something I can do to help!

Monica's response to her students helped to differentiate personal stigma from public stigma. By reframing labels into characteristics, Monica placed her students at a decision point: Do they continue to parrot the public stigma? Do they think about it, decide that they agree, and make it their personal stigma? Or do they listen to Monica and learn to empathize? This is a step toward societal independence.

As noted by Simon in his interview, personal stigma can be perpetrated or prevented in the home. Without mental health education, parents or guardians may share inaccurate views with each other about classmates who exhibit behaviours reported by their child. In some

instances, they warn that the classmate is dangerous, and should be avoided. In others, they say personal weakness causes the issue, and the classmate should be pitied. Some say the classmate should not be in the classroom and won't be able to get a job as an adult (Bonanno et al., 2021; Halfon et al., 2012; Lee et al., 2020). It is imperative to understand the label itself causes much less personal stigma than the symptoms. If a child hears that a classmate has autism or depression, for example, they may have a fleeting moment of pity or concern. However, personal stigma is much less likely to manifest if there are no behaviours perceived to be dangerous or off-putting. However, this child may be subject to public stigma based on diagnosis alone. Similarly, a child with no diagnosis who screams and throws desks will be much more likely to engender personal stigma and be labeled by classmates as someone to be avoided (Doll et al., 2021). As pointed out by Perez-Parreno and Padilla-Petry (2018), "It is also clear that lack of information or biased/limited information on some aspects of the topic can create labelling, pigeonholing and stereotyping rather than fostering an understanding of each person's complexities" (p. 189).

All three participants interviewed in this study felt many students struggle to make their voices heard, both among adults and peers. Simon explained it this way:

> I think you know, the reality is kids um, are resilient to a point, right? But, you know, I think that the biggest gap for them, you know, would be voice, right? Like because the reality is the majority of things that are driven by a school community, even the leaders are going to dictate *around* student voice. But there when we take that voice away because of restrictions from public health, you know, their voice goes away too. So their accountability in school, their investment in school, but also their drive to come to school kind of wavers as well, right? And, you know, if…if we talk about, you know, the ability

> to affect mental health, it's tough because students need the ability to attach on to, you know, common likes, common truths and experiences to be able to grow. And when those things are taken away, you know, they have a small community to try to find themselves and sometimes that community doesn't lend itself to them being who they are, which affects their mental health.

Several students seem unaware of the right to voice their needs. As Monica explained, younger students seem to have more confidence and compassion, while middle grade students are less tolerant and increasingly self-conscious. When describing her view of the younger students, Monica said:

> In grade 2 the peers, they kind of get a bit of a hero complex of really wanting to jump in and help, which is really cute (laughs) and kind of a pain in the butt sometimes but, um, but they do really, really well with that and so I see that particularly in the younger grades, um, is-- you know, there's not a lot of stigma around anxiety or kids being sad. Um, it's very much a level playing field and kids are all kind of trying to just help their friends and help their peers cause that's what we wanna do. And like, when a kid is crying, they're trying to console them and things like that.

She went on to explain the difference she observed with older students:

> And, um, I think a part of that that also comes out is -- the gap grows as students get older. Um. Between your neurotypical and your neurodiverse individuals, um, and so I've seen some students with, ah, some really, really big mental health challenges and I've had the pleasure of teaching them in grade 2 and 3 and 4 and 5 because I'm the music teacher and I've been at the same school for 5 years now (laughs) and so, uh, so seeing them go through those grades and those transitions whereas it was like, "Oh, Student O in grade 2

> thought they were the same as any other student," and grade 3 we started to see some, some lashing out; some physical aggressiveness to the point where they did end up going to a program at the local … hospital, um, for a few weeks at the end of grade 3 because they were throwing chairs and what have you. And I wasn't very aware of it at the time, um, but really got more aware of it as that individual was in grade 4 and grade 5.

Along with these changes, Monica noted that older students are also physically larger and potentially more dangerous to their peers in the event of an act of aggression or violence. Attempts to support students have often resulted in stigma, she said. By separating students who have aggressive outbursts, peers are learning to give berth and stay away. Children also develop an understanding that they need barriers – whether object or human – to protect them from these dangerous classmates. Teaching students to quickly report concerns to teachers, rather than trying to engage in interactions with their struggling classmates, further exacerbates stigma. Segregated students have been stripped of the opportunity to develop social skills, and are perceived by their classmates and themselves as not worthy of being in the classroom. Monica noticed this particularly in a fourth-grade class at her school from which two students were permanently removed and taught in a different room because of their behaviour challenges.

The movement toward inclusion has attempted to bring our education system to a point where all students, regardless of ability and challenges, receive the same education in the same setting, albeit in different ways. In a study on teacher perceptions of inclusive classrooms, it was noted that children understood the importance of inclusion and diversity, but they recognized this diversity as the act of integrating students with mental health disorders such as ADHD, and not as any acknowledgement by undiagnosed students of their own special needs (Perez-Parreno & Padilla-Petry, 2018). This is the root of stigma; the belief that, as Monica said, we are "othering"

our students who learn in a system and structure that has shown very little change in the past 50 years (Halfon et al., 2012). Societal independence comes from a belief that each student has strengths and each student has challenges which can change over time. All students must care for and support others, while accepting this care and support in their own areas of need.

Public and personal stigma both have a negative impact on all students, challenging teacher attempts to build societal independence. With input from the home, the community, and their peers, students often do not have specific and directed guidance to form their own views, and frequently adopt the view to which they are most often exposed. Safety is a significant concern, and, as Monica pointed out, threats to students do exist. As we work to dispel public and personal stigma, we must do so in a context that keeps our children safe.

Complex and damaging, self-stigma occurs when an individual has stereotyping views, and places him or herself within the group being stigmatized. This is one of the greatest barriers to help-seeking behaviours (Doll et al., 2021). In her interview, Tammy gave an example of this phenomenon:

> And then another girl as well…knowing something's wrong and then disclosing to our family school liaison, like our school in-house counselor, that she'd been thinking of suicide and same as the other girl as well. And what's interesting? You know, you're having these situations and like what one student in particular, you know, you're trying to reach out to them. Talk about like, you know, you have a safe place. Here's a number that you can call, you know, all these types of things. And then it gets really hard when you have students that are like, “I don't want to call. I'm too scared to call.”

This illustrates a devastating point; suicide is one of the leading causes of youth death, and self-stigma contributes to this statistic (Bartlett, 2018; Fidyk, 2019; Franklin et al., 2017; Halsall et

al., 2019; Hurley et al., 2020; Katz et al., 2019; Lee et al., 2019; Lindow et al., 2020; Ranahan & Alsaieq, 2018; Simkiss et al., 2020; Woloshyn, 2018).

Self-stigma is experienced by youth when they fear exclusion from social opportunities or experience a change of status in their peer group because of self-perceived differences (Lee et al., 2020). By extension, parents and guardians can experience self-stigma on behalf of their child, causing them to hesitate to seek help because of their fear of judgement (Bonanno et al., 2021). Because many children who have mental health challenges also exhibit behaviour problems, parents feel they will be blamed for the behaviour if they ask for help (Krause et al., 2020; Smit et al., 2020).

Currently, schools in 10 of the 13 Canadian provinces and territories have systems in place to identify and assign a code or diagnosis to students with disabilities, using this as access to funding and resources. (Alberta Education, 2021; British Columbia, 2002; Government of Northwest Territories, 2016; Government of Quebec, 2007; Manitoba Education and Early Childhood Learning, 2022; New Brunswick Department of Education and Early Childhood Development (2015; Newfoundland & Labrador Canada, n.d.; Nova Scotia Education, 2008; Nunavut Department of Education, n.d.; Ontario Ministry of Education, 2021; Department of Education and Lifelong Learning, 2019; Ritchie et al., 2021; Saskatchewan, n.d.; Yee, 2021). In the words of New York lawyer Gregory Mansfield, “There’s something seriously wrong with a system where nondisabled people have to approve a disabled person’s request for access or accommodation” (Mansfield, 2022). Only Yukon, Saskatchewan and New Brunswick avoid this instant stigma by evaluating and supporting students based on abilities and needs, rather than diagnoses. Public, personal, and self-stigma are all rooted in the belief that there is a neurotypical way of existing in society, and those who cannot function in this manner require diagnoses and

treatment to create an inclusive community.

Government documents show varied funding models across the country, and a need for diagnoses to receive funding for supports at school. Literature, teacher interviews, and professional observation all highlight difficulties in accessing both mental health services and mental health education in Canada. These factors combine to perpetrate stigma, creating a chasm between those who self-identify as *normal* and those they perceive as *different*.

Areas for Development

Upon examination of the data, four areas for development were evident. In fostering societal independence, school leaders must oversee personnel, support for teachers, mental health education for students, and school culture.

Personnel

This study focused on the perceptions and functions of teachers in building societal independence. As evidenced in the literature, however, there are many other professionals and stakeholders who contribute to mental health wellness among our students (Bartlett, 2018; Berg, 2020; Leung et al., 2020; Massy et al., 2021; Smith et al., 2020). Most common among these in Canada are educational assistants, psychologists, occupational therapists, and youth workers.

Educational assistants (EAs) take on an essential role in supporting the classroom teacher. Though funding for EAs is still often determined by a diagnostic formula (Ritchie et al, 2021)), most schools have adjusted their practice to enable their EAs to work with students of all abilities as part of an educational team (Bennett et al., 2021). In my experience, we often assign EAs to classrooms in which no diagnoses exist and remove them from classrooms containing children with special education codes. This practice continues because our students with selective mutism or autism are often less disruptive than our students with undiagnosed mental

health disorders. To support societal independence, school leaders need not only look at the number and placement of EAs, but at the level of training provided to them as part of a collaborative teaching team, thereby maximizing impact.

The role of educational psychologists was examined post-Covid in a study by Ritchie et al. (2021). Historically, educational psychologists were required to identify students with disabilities, deliver a formal diagnosis, and recommend programming. As inclusion has become more prevalent, however, the role of these professionals has shifted, and schools often prefer to have psychologists make observations and give guidance and recommendations, rather than spending their hours administering assessments. While more productive, this practice can perpetrate a difficult situation, as in most provinces, the diagnoses provide the funding to hire the educational psychologist.

Occupational therapists, physical therapists, and speech-language pathologists are contracted by most schools in Canada, and often make school visits as a team (Alberta Education, 2021; British Columbia, 2002; Government of Northwest Territories, 2016; Government of Quebec, 2007; Ianni, 2021; Manitoba Education and Early Childhood Learning, 2022; New Brunswick Department of Education and Early Childhood Development (2015; Newfoundland & Labrador Canada, n.d.; Nova Scotia Education, 2008; Nunavut Department of Education, n.d.; Ontario Ministry of Education, 2021; Department of Education and Lifelong Learning, 2019; Saskatchewan, n.d; Yee, 2021). Of the three, the occupational therapists have the training to offer strategies most supportive for students with mental health challenges (Ianni, 2021). From alternate seating to movement breaks, these specialists offer valuable insights to improve teaching pedagogies supportive of mental health wellness.

Youth workers, directly serving young people and their families, are an essential support

in the prevention of dire outcomes of untreated mental health issues, including suicide (Ranahan & Alsaieq, 2018). Across our country, these professionals have various titles and levels of training. In her interview, Tammy explained her excitement over having a youth worker assigned to teacher mental health to her class, and how disappointment followed due to lack of resources, training, and collaboration:

> The family liaison worker…She comes in and stands at the front of the room and like, that's her lesson…usually a topic to go with it. Like, "Today we're gonna talk about bullying and how that might affect your ability to perform in the classroom." That's the only one she's actually done…There's no mindfulness. There's no, like it's just no way kids to understand that there's nothing wrong with them and what they're feeling could be feeling something, right? Because like so many of these kids are coming from homes that, like they would never support them in those feelings, right?

As we move toward a focus of societal independence, it is essential for school leaders to examine the distribution and training of personnel who serve our students. Educational assistants, educational psychologists, occupational therapists, and youth workers can improve the culture of our schools. Simply allocating their hours based on diagnoses, however, does not enhance mental health wellness, dispel stigma, or support our teachers. The most effective use of their time and training occurs when they are integrated as valued members of an educational team. Principals are responsible to coordinate the services within their building, ensuring a balance of services for students and education for stakeholders.

Support for Teachers

"Teachers often report that they lack the knowledge, skills and confidence to deliver social emotional learning instruction to support students who struggle with mental health

challenges" (Fortier et al., 2017, p. 65). With the appropriate placing of educated personnel and by building collaborative learning teams, schools can begin to support teachers in this new and often overwhelming landscape of learning (Bartlett, 2018). To foster a classroom of societal independence, teachers need personal wellness and education about mental health.

The professionalism of teachers, explained by all three interview participants, should be acknowledged and valued. Teachers must be trusted not only to deliver instruction, but to model living in a way that enhances positive mental health. As pointed out by Tammy, Covid has resulted in a situation where teachers are responsible to have students catch up on work they missed over the past two years, bringing them quickly back to grade level. This approach causes stress for teachers, who impart this, albeit unwittingly and unwillingly, to their students. Modelling positive approaches to personal emotions will help students develop further coping strategies and gain more trust in their teachers (Dimitropoulos et al., 2021; Lewis et al., 2021; Woloshyn & Savage, 2018).

Caught between wanting what is best for children and needing to adhere to government regulations, teachers encounter barriers which threaten their own mental health. Self-care, mutual support, and ongoing professional development ameliorate teacher wellness (Fortier et al., 2017; Woloshyn & Savage, 2018). In her interview, Tammy explained her view of how principals can support teachers to have more positive mental health:

> Oh my God, if I was number one, that's exactly what I would do is what my old principal did… Number one, focus on making kids happy to be at school and not feeling the pressure of being behind… That's exactly what it should be, like "you first" is the teacher. Because, like, you can't be a good classroom teacher without being okay yourself. So, make sure you're taking the time to do something restorative on the

> weekends. Do something restorative with your class! You're in the middle of math and everybody is just kind of like, "blah." Like, as Brene Brown says, like, you need to stop. You need to do something restorative; you do it to get that, like, excitement and momentum back, right? But I find people just keep, like, drill, push, push, push. I have a deadline! Push! Like, I want approval to have that creativity and build out my classes and be really spontaneous.

In addition to personal mental health wellness, teachers need to have ongoing, consistent education about mental health. As noted by Piselli et al. (2021), "Teachers are often the first among school personnel to interact with these students, but they rarely receive training in evidence-based anxiety reduction strategies" (p. 1). When planning for teacher education, it is important to focus not on one program, but on deeper development of knowledge and understanding (Fortier et al., 2017; Perez-Parreno & Padilla-Petry, 2018). Beginning with a focus on pathology, education allows teachers to recognize symptoms, and thereby respond and engage with parents and students to help facilitate access to supports (Carr et al., 2018; Fortier et al., 2017; Halladay et al., 2020; Perez-Parreno & Padilla-Petry, 2018).

Teachers require a minimum of 14 hours of targeted education to influence student outcomes in self-concept, coping skills, and social support (Katz et al., 2019). To enable this, it is essential to embed this mental health literacy education in pre-service teacher programs. (Woloshyn & Savage, 2018). Supporting teachers before entering the classroom *and* in an ongoing manner while they are teaching is the most effective way to implement essential programming in mental health and societal independence. (Fortier et al., 2017).

Mental Health Education

By offering mental health education in schools, as proposed by all three interview participants in this study, students would learn the vocabulary to interact with peers who struggle to make connections. As Tammy explained, children who were told at home, “suck it up” or, “you’re being lazy” would feel heard and validated at school, resulting in stronger feelings of community and support in the classroom. Those who recognize mental health problems in themselves or their friends would be empowered to take action and seek help. Through this validation and empowerment would come a reduction of stigma, and an increase in societal independence.

All three study participants noted lack of discussion about how lack of student voice inhibits mental health. When children feel they are struggling alone, the stress and sense of isolation can be debilitating and stigmatizing. When teachers regularly bring up mental health concerns and emotional struggles, highlighting the importance of self-help and peer-help initiatives, it heightens student awareness and capacity. Integrating these non-judgmental conversations into the day-to-day life of the classroom allows children to feel heard and develop a trusting relationship with the adult in the room.

Simon expressed his views about student voice and validation in this way:

> I honestly think you know, the reality is, you know, in the Ontario system or specifically in the Toronto system, we lack student voice driving our decisions. Sometimes we drive our decisions by, you know, deadline. Sometimes we drive a decision by bias, you know, and the reality is the only way we're going to be able to drive complete decisions, including the mental health curriculum, or our health curriculum, is to do it together.

Determining materials and methods for delivery of mental health education is a complex

endeavour. When discussing programs in their interviews, both Tammy and Simon expressed their view of canned or prescribed lessons being ineffective. The key, they said, to effective programming is to have it delivered by the classroom teacher, who already has a connection with the students. To enable this, staff must be provided with the time and education to prepare lessons appropriate to the needs of their class. Relaxing curriculum requirements, suggested Tammy, would enable teachers to integrate more mental health education into their classrooms. As noted by Simon, equitable access also requires a legislation for all students to attend these lessons, without requiring parental consent.

Supporting this need for adaptability of programming, Steed and Shapland (2020) explained, “School-wide expectations and classroom rules should consider the cultural context of the children, families, and communities the school serves” (p. 137). As Tammy described in her interview, this culture of learning will not be best supported by a professional coming to give a scripted lesson, but rather by the day-to-day interactions between the classroom teacher and the students. As trust grows, the teacher will be an effective agent of mental health education (Fortier et al., 2017).

When students arrive at school, Simon said in his interview, they come with varied, and sometimes egregious views of mental health. Rather than providing a canned program, principals must facilitate an environment which dissembles preconceived beliefs and educates in a direct and compassionate manner. As suggested by Perez-Parreno and Padilla-Petry (2018), “It would be interesting to discuss with them [our students] how everybody has their own particularities and issues independently of having a mental health diagnosis. In this way, children would truly realize the diversity of all people and not only the ones that have a formal diagnosis” (p. 195).

In her interview, Tammy expanded on this view by saying,

> I think opening the conversation would be the best thing that you can do…the quote "name it to tame it." Everybody says that...you have to be able to identify that and I feel like so many adults…that are experiencing depression and they're wanting to kill themselves and, like, imagine if they had these tools… these are the tools you could use when you're feeling this way… Imagine if kids learn how to do those things in school..coming to know that, like, I'm not alone, or I'm not crazy...I was having those feelings and I actually wasn't making them up. Like I actually *felt* that way and no one validated that… If these kids could have these tools ahead of time, like I mean, my grade twos and threes that I taught, like, I explained to them what happens when your lid flips, right? Like your lid. It flips, you, you can't focus, you can't -- nothing else matters. And then I would always tell them… when your lid flips…to get this part of your brain engaged again, like, you drink some water or eat some food. Did you know, you can't do that unless you swallow, right? And they're like, "Yeah…" That means you activate that part of your brain and they're just like, they thought that was the coolest thing! So that was part of our classroom culture when something was going wrong, or something was happening.

Tammy further explained how she felt this knowledge reduced stigma:

> Kids, they come in from recess and they'd be like… "this went down on the playground and, like, I think his lid must have flipped." But he didn't, you know what I mean?... If kids know what's going on with other kids, like, how are they going to treat each other? Like, by him telling me that -- I mean I didn't see it on the playground, but, but by him coming and telling me that, I'm like… "Wow! That kid's lid flipped!" Like, you know, I bet he wasn't poking him and, like, instigating more…he identified it and was like, "This

> kid isn't being a brat. This kid isn't being this or that." Like, he was able to tell, like his lid flipped!... and when your lid flips, you can't regulate yourself and you can't do all of these things… [He said that] in his own little words, right?

The most effective mental health education will reduce stigma, and will enable students to identify symptoms of poor mental health in themselves and others, taking action to seek help (Ranahan & Alaieq, 2018; Simkiss et al., 2020; Wei & Kutcher, 2018; Wei et al., 2017; Wei et al., 2020; Woloshyn & Savage, 2018). A study by Katz et al. (2019) explained that "School-based mental health (SBMH) programming must directly target internal factors such as coping skills and self-concept, including mental health literacy, how to regulate thoughts and feelings during stressful times, and how to seek help. SBMH must also target developing social supports by removing stigma and improving the ability of peer groups to respond in non-judgmental and supportive ways" (p. 325). Programming should be ongoing and should focus primarily on the promotion of mental health, rather than on the prevention of mental illness (Fidyk, 2019; Smith et al, 2020).

The three participants in this study had different views on content of programming, indicating further research is needed. While Monica felt a very specific program would meet the needs of all, Tammy and Simon both pointed out that students have different requirements, and schools need to assess skills and knowledge before determining the most impactful content. Flexibility to adapt over time is also essential. All three agreed the content must include specific, medical language which enables students to clarify needs and access supports. This language also helps support the development of empathy rather than condemnation. Simon elaborated on this point by saying:

> You know that should be the focus when we talk about mental health because the reality

> is there's too many topics, just a blanket statement, and the classes should be specific. And that way you can drill down, you know, from your class and your classroom data to the separate little individual needs of different kids and then you can find outlets for them to be able to self-learn, self-teach and self-sooth, right? And that is the main piece. I think that we need to, you know, focus on trusting our educators' judgment to teach what the school and classroom community needs to enable, you know, a positive environment, right? And then that allows a safe, you know, classroom for students to be able to learn and show what they know. And I think that would help immensely with our students' mental health, right?

As principals work toward societal independence, it is essential to evaluate existing programs, but work with school-based learning teams to determine parameters for effective content. Providing ongoing, focused training to teachers will allow them to educate students both in formal health classes and in the day-to-day life of the classroom. Instruction in mental health should, most importantly, honour student voice. The information shared should enable students to identify strong and poor mental health in themselves and others, learning how to access help when needed. By delivering mental health education within a flexible, collaborative, and ongoing framework, schools will reduce stigma and increase societal independence.

School Culture

The culture of a school is determined not by its academic rigor, but by the presence or absence of joy, collaboration, and relationships. As discussed by all three participants in this study, students can only learn if they feel safe, happy, accepted, and valued at school. Our priority should be to create an environment where students are excited to return to school each morning.

Rather than focusing on lagging skills, Monica suggested, we need to celebrate achievements together. When everyone is happy, the differences become less noticeable. Tammy, Simon, and Monica all explained that a feeling of unity and togetherness will foster family-like relationships, making students more sensitive to the needs of their classmates. Supporting positive mental health is an ongoing process which requires a school culture of acceptance, openness, and joy in diversity. This must be led by administrators who prioritize a warm and welcoming approach to education.

Simon highlighted the importance of an accepting school culture by saying:

> Students need the ability to attach on to, you know, common likes, common truths and experiences to be able to grow. And when those things are taken away, you know, they have a small community to try to find themselves and sometimes that community doesn't lend itself to them being who they are, which affects their mental health.

This illustrated a statement by Oberle in a study about adolescent emotional well-being in the classroom. She said, “creating a climate in which positive relationships are modeled and nurtured needs to be a part of schools’ strategic planning and embedded in their day-to-day educational programming” (2018, p. 108). For school leaders, positive relationship-building must be central to all decisions. Many students experience these relationships with family members and friends outside of school. Many others do not. A significant part their young lives is spent in the classroom and on the school playground, and relationship-building is an essential part of their education (Binfet & Passmore, 2017; Dimitropoulos et al., 2021; Massey et al., 2021; Oberle, 2018).

Extending beyond the classroom, school culture should endeavour to embrace the contributions of parents (Bonanno et al., 2021; Stelmach, 2021). Parental trust was a concern

expressed by Simon during his interview. For a variety of reasons, he noted, some parents refuse to accept their child being different from the way they had planned to raise him or her, and that chasm between parent and child can cause significant mental health issues. Though teachers work hard to respond to the needs of students, these efforts can be thwarted by attitudes from the home. As Simon explained, offering direct, specific instruction about physical and mental health can support a child to identify their truth, thereby feeling validated and supported in the school environment. Schools can provide a platform for children to find their voice away from home, allowing them freedom of self-acknowledgement and self-expression. While supporting our students, we must be careful not to alienate their parents, as this will damage trust (Ranahan & Alsaieq, 2018). Though not part of this study, the question of parental education may be an important area to further explore, helping to enhance collaboration between home and school, thereby improving school culture.

Summary of Findings

Following an examination of government documents, current literature, and interview transcripts, I acknowledged that our curriculum documents and national education practices are outdated. Despite attempts at inclusion, policies prevent our students from adequately accessing mental health services and education. The stigma perpetrated by linking funding to labels and diagnoses causes environments of segregation, despite teacher attempts at inclusion. Furthermore, a chasm is growing between teachers and political systems, causing stress and burnout.

Based on the research, four main areas need to be changed in order to develop cultures of societal independence in our school: personnel, support for teachers, mental health education, and school culture. Personnel must be carefully selected and productively assigned. Teachers,

who are in a position to have the greatest effect on student wellness, must be supported by offering both education and promotion of personal wellness. Time is a significant factor for teachers, who are not currently provided with periods to learn about and plan for mental health education. Additionally, resources for this mental health education are sparse, varied, and rarely provided directly by school divisions. Because of the difficulty accessing personnel, supports, and mental health education, school cultures suffer.

Conclusions and Recommendations for School Leaders

Education requires ongoing evolution. The fact that many of our Canadian curriculum documents are over a decade old is troubling, as student needs have changed drastically. Furthermore, most provincial education funding models require diagnoses in order to provide services. While this offers the opportunity for schools to *include* students labelled as neuro-diverse, it does not support our students to flourish as confident, unique individuals.

Our schools and larger communities frequently demonstrate stigmatizing views, thereby limiting both social interactions and peer support. Education about mental health would serve to broaden understanding by school staff, parents, community members, and students. Currently, mental health education is not included in most provincial curriculum documents, and is not provided to pre-service or certified teachers.

Developing a culture of societal independence, in which all individuals are appreciated and cared for, requires an overarching shift. Leaders, at both the school and district levels, must foster societal independence to help our children grow up to be accepting, compassionate, and collaborative adults. Navigating the complexities of site management balanced with government restrictions is challenging. There are four areas within the realm of a principal's influence which directly affect their impact: personnel, support for teachers, mental health education, and school

culture.

Though principals often cannot increase the budget for workers, or even choose all of them, they can oversee the management and collaboration of learning teams. Most schools in Canada have access, albeit limited, to psychologists, occupational therapists, and youth workers. Principals must work with teachers to determine the best use of these specialists. Currently, diagnoses are a priority in most Canadian schools as they provide funding for services. Provincial and territorial structures must change these requirements, allowing principals to implement broader exploration and programming by these valuable and knowledgeable professionals. Educational assistants are also assigned to schools using a budget based on individual diagnoses. Dispelling this process, and replacing it with analysis of classroom and school profiles, would allow principals to enhance the effectiveness of learning teams. Implementing these changes would expand access to mental health services and education for all students, thereby reducing stigma and increasing societal independence.

Support for teachers has been an ongoing focus for many years, as school leaders have been asked to assign increasingly plentiful and difficult tasks to the teachers in their schools. Teacher wellness is suffering. Since the global pandemic began, demands have increased. Resources, personnel, and time, have decreased. Expecting teachers to provide mental health education while coping with unprecedented levels of stress is unreasonable. Time and education for teachers must be prioritized. Further research is warranted on how to enhance teacher knowledge about mental health, both for themselves and for their students. Additional research about teacher wellness should be studied by provincial and divisional governing bodies. Principals can continue to promote teacher wellness by encouraging relaxing and creative activities for staff and students, and by praising and respecting teachers' work and

professionalism.

A third focus for school leaders is the organization of mental health education for students, requiring reallocation of time and access to resources. Currently, there is no standard curriculum or programming, outside of Ontario. Rather than implementing a single national or provincial program, the most effective course is to educate pre-service and certified teachers in a way that allows freedom to adapt content based on cultural context and specific, ever-changing needs. Though teachers do not currently have consistent access to this instruction, principals can explore existing programs to include in site-based professional development programs.

Finally, principals need to impact the culture of their schools, making it a collaborative and welcoming environment for staff, students, and stakeholders. In many communities, children are denied the opportunity to express themselves and to explore the nature of their individuality. By encouraging relationship-building and creativity both within staff groups and in classroom settings, principals can support teachers to build safe and trustworthy environments for their students.

Concluding Remarks

This qualitative study explored how leaders in K-12 schools can improve teacher perceptions of societal independence. To address this research question, I first examined access to mental health services and education in Canada, and studied the impact of stigma. Currently, there is not consistent programming for students or training for teachers to deliver mental health education in Canada. Additionally, limitations imposed by government departments cause an over-focus on curriculum and on diagnoses to the detriment of improving classroom and school cultures.

Interviews, professional observation, and a literature review have demonstrated that there

are four main areas which need to be addressed by school leaders. First, educated personnel must be funded, thoughtfully chosen and assigned, forming collaborative teams with teachers. Second, teachers must be supported in personal wellness and by providing ongoing mental health education. Third, time and resources must be made available to allow for continuous, embedded mental health education for students, delivered by the classroom teacher in a collaborative and trusting environment. Finally, school leaders must take steps to ensure school culture reflects the values of mental health and societal independence.

Further studies require a focus on how to support and educate teachers to provide mental health instruction to students, and how to enable the community to provide mental health education to parents and guardians. Also warranted is an exploration of how governmental departments of health, education, and family and child supports can work more closely to provide efficient access to assessments, services, and resources.

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In my classroom, little Danielle is flourishing despite, or perhaps because of, her diagnosis of diabetes. Her classmates listen attentively for alerts and remind her to check sugar levels. They seem to notice, more than with other peers, when Danielle is feeling sad or lethargic. With heightened senses of awareness and empathy, they ask her how she is feeling, and why she is feeling that way. Though this stems from concerns about her physical well-being, it is extending to a stronger awareness of mental well-being. As the years continue, we teachers will use this as a stepping stone for broader mental health awareness, and as the gateway to building a culture of societal independence.

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Appendix A: Interview Schedule

Introduction to participants: My research focuses on the response of peers to students who struggle with mental health challenges and disorders. I would like to gather information about how you see students responding to behaviours in the classroom which you feel are caused by mental health issues. I also want to ask you about your ideas for improving student understanding, and their ability to support one another.

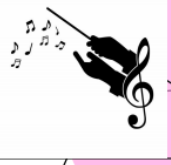
1. Experience & Behaviour Questions:
    a. Tell me about a time when you observed a student struggling at school because of a mental health issue. How did the other students respond?
    b. Please describe another situation where there was a significantly DIFFERENT response to a student than the one you described in the first question. (This question will be phrased differently depending on the participant's first response.)
2. Feeling Question: How do you feel we, as educators, can teach students to be more supportive of their peers who struggle with mental health disorders?
3. Knowledge Question: What is your experience with teaching students about mental health challenges and disorders?
4. Opinion & Values Question: (This may not be necessary, depending on the answer to questions 3 & 4). What are your thoughts about how mental health education can help students support each other, making the class more socially independent?
5. Opinion & Values Question, phrased in "Devil's Advocate" format: Some people say that when students learn more about mental health disorders, they tend to label classmates and actually become MORE intolerant. What would you say to those people?

6. Is there anything else you wish I had asked, but didn't? Is there anything else you'd like to share with me?

Appendix B: Interview Summaries

Monica

Monica is a young music teach in an inner-city Alberta elementary school which serves a large number of students with mental health problems and disorders. As two music teachers with a mutual friend, we found rapport quickly, exchanging anecdotes and shared experiences. When coding Monica's interview, I summarized her data under five main headings: accessing support, social interactions, student safety, stigma, and classroom culture.



Accessing Support

- Students have minimal skills in standing up for themselves.
- When dealing with classmates who misbehave, they often report directly to the teacher.
- Direct mental health education would teach students what to do if they or a classmate have a mental health problem.

Social Interactions

- In the early years, students are often keen to help each other.
- While this tolerance is desirable, it sometimes prevents children from developing needed skills, as they rely on their classmates.
- As time goes on, some students become tired or fearful of classmates who struggle with mental health and begin to avoid them.

Student Safety

- When students in grades 3 and 4 start to realize they are different, they can become aggressive.
- Students are sometimes taught in separate rooms to keep their classmates safe, but then they don't learn needed skills.
- Physical safety and mental safety are connected.
- The program "Kids in the Know" teaches sexual health and safety, but we have nothing to teach mental health and safety.

Stigma

- Since Covid, there is less stigma about anxiety because there is so much more anxiety.
- Because mental health is not included in the curriculum, it becomes something we're not supposed to talk about, causing stigma.
- Parents support or dispel stigma because we don't have consistent education for mental health at school.
- Direct mental health instruction might briefly cause an increase in students self-identifying and self-diagnosing, but it would settle quickly and students would learn the correct vocabulary and strategies.

Classroom Culture

- Modelling how to handle your personal emotions helps students to trust you, the teacher.
- Role playing gives students tools to work with each other and to stay safe.
- Open-table conversations help students to trust their teacher and each other.
- Teachers who do not hold space for conversations about mental health in their classrooms cannot adequately support those students with mental health problems.
- Student success – even when they still struggle, celebrate all of the improvements they've made!

Tammy

Tammy is an inclusion coach and a fifth grade teacher in a medium-sized elementary school in a small town. As we share the same job title, we had a connection based on similar experiences. Tammy came into the interview with an eagerness to share her frustrations and concerns. Her tone was often strained, which gave evidence to her passion. Because this was my second interview, the headings used in the first influenced my data analysis, as I was already amalgamating the results. However, I strived to separate the two in this initial analysis, working to have this second interview stand on its own. Therefore, I reused some headings while creating new ones as well, resulting in these four: Student needs, Mental Health Education, Classroom Culture, and Teacher Needs.

Student Needs

- They must treat each other kindly – they currently do not.
- They should understand that each of them needs different supports at different times.
- They should stay in classrooms and not be pulled out.
- Teacher should not tell students they are behind in their learning.
- Students are not to be held responsible for being behind. "That's the biggest push; all of these learning loss programs but no one's talking about mental health. Nobody" (p. 19, line 32).
- They must know that teachers love them, will listen to them, and can be trusted.
- They must not be judged, and their personal needs and preferences must be respected.

Mental Health Education

- Currently, the family liaison worker goes into classrooms to do whole-class interventions which are canned lessons; there is no rapport with students.
- It is important to figure out the root of the problem, rather than just label.
- Because of Covid, absences have made it harder to have consistency and teach these skills.
- We need to be able to relax curriculum while we recover from the past couple of years and build compassionate classroom cultures.
- We need to bring specific, standardized mental health programs into schools.
- "Lots of families say 'suck it up' or 'you're being lazy' or 'there's nothing wrong with you.' They don't support them in those feelings. If they come to school and learn about them, they feel validated" (p. 17, line 11).
- Teaching real language and concepts; name it to tame it.
- Validated student feelings and teach them tools to cope and get help.
- Teach them language to show empathy rather than condemnation.

Classroom Culture

- Kids need to leave school and be excited to come back the next day.
- When the class has that feeling of togetherness and relaxation, they become more like a family. Then they become more sensitive to each other and recognize when someone is having a bad day or a hard time.
- When everyone is just happy to be together, the differences aren't so noticeable.
- Administrators need to promote the fact that relationship comes first.
- We lose relationships when kids are pulled out, and they lose relationships with their peers.

Teacher Needs

- Student mental health needs, especially since Covid, are causing staff burnout.
- Teacher mental health is essential.
- Principals should support activities that promote both staff and student mental health.
- Teachers need training to develop a toolbox for mental health.
- Teachers, especially since Covid, need to assess students and take responsibility for supporting learning, regardless of the level.
- Teachers need to have time away from their jobs during evenings and weekends.
- Currently, evenings and weekends are prep time because expectations of the job are so high.

Simon

Simon is a mental health coach for a school division in downtown Toronto. Currently, he is assigned to one school where he coaches five teachers to support the mental health needs in their classrooms. Additionally, he provides resources and professional development to the whole staff. In a previous course, I had spoken with several professionals who described the Ontario mental health curriculum, and I was excited to speak with someone who was responsible for overseeing the implementation of this programming in schools. He came to the interview with strong views, that fell into the three categories of student barriers, student voice, and mental health education.

Student Barriers

- To access the Ontario mental health curriculum, students must have a permission form signed by parents. As a result, many students do not receive this education.
- Parents are given the authority to make these educational decisions for their children, resulting in inequitable education.
- Many parents don't trust teachers. This is spoken aloud in the home, and undermines education for students.
- Some religious schools do not allow groups to support students who identify as LBGTQ, thereby damaging their mental health.
- A standard mental health curriculum does not meet the needs of every child in Ontario, or of every child in Toronto, because of the vastly different demographics from one area to the next.
- Covid has removed a lot of freedom for students, so they struggle to cope in many ways.

Student Voice

- Teachers work hard to respond to the expressed needs of students.
- Restrictions by Ontario Health and Ontario Education limit the depth of response to student voice.
- When student voice is ignored, the response is disengagement or absenteeism.
- Away from parents, school offers a platform for students to find their voice.
- Students thrive when they have common truths and experiences.
- Offering opportunities to be heard fosters connections.

Mental Health Education

- Sexuality and mental health are linked, and a strong education system needs to provide students with equitable access to both.
- "Each curriculum needs to be population-driven and demographically focused to reflect community voice" (p. 13, line 4).
- The Ontario health curriculum is good, but the implementation is not.
- There are too many components to mental health to create one standardized curriculum for all.
- Teachers need access to better training, and society needs to trust the professionalism of teachers do deliver the education needed for the time and place.
- To determine the educational needs of students, we need to listen to their voices.