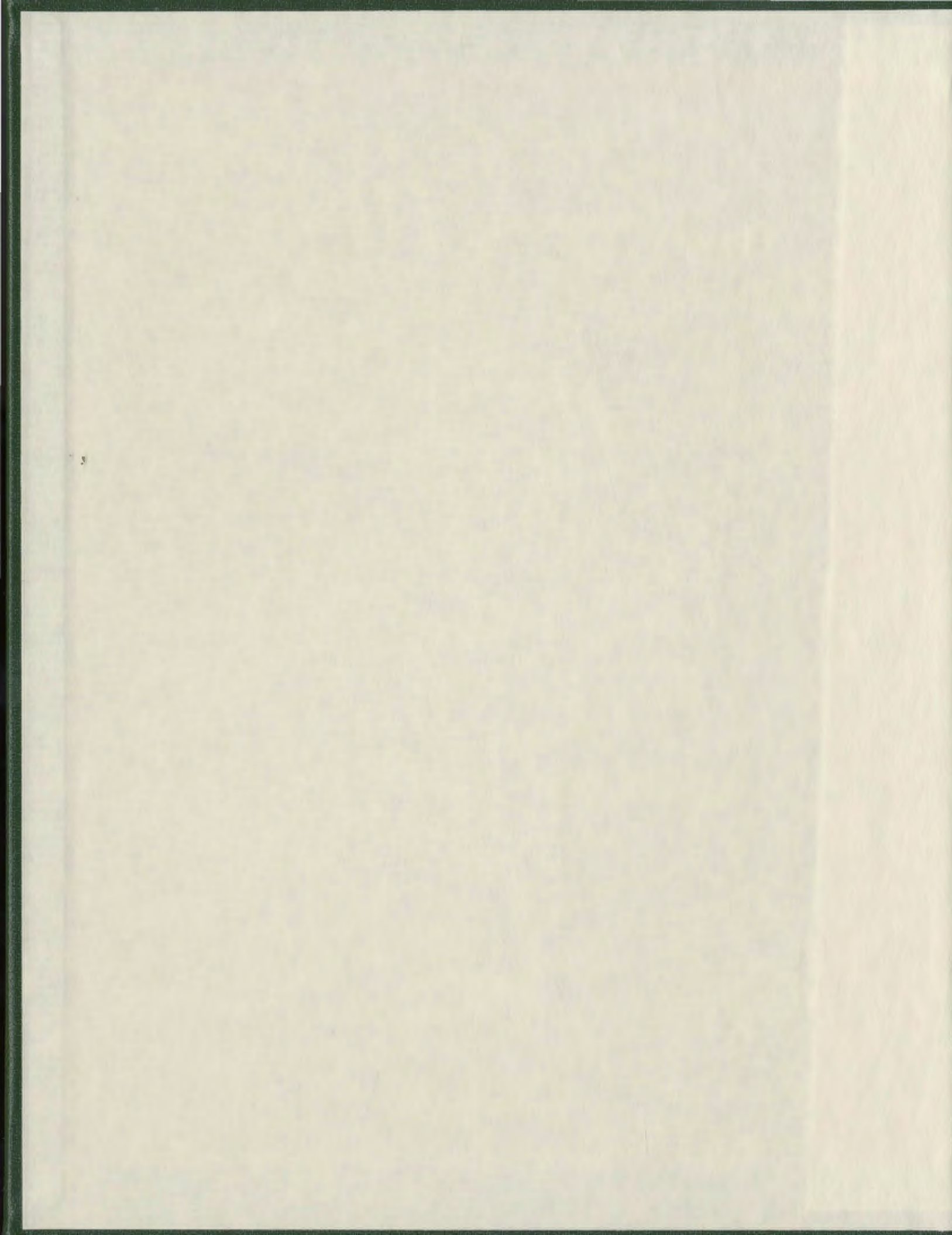


THE MINDS OF OUR YOUTH:  
A NEEDS ASSESSMENT OF MENTAL HEALTH  
EDUCATION AND PROMOTION IN SCHOOLS

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**The Minds of Our Youth:**

**A needs assessment of mental health education and promotion in schools**

by

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## **Dedication**

To my parents. For everything.

## **Abstract**

With an increasing number of youth identified with mental health conditions, schools have recognized this factor as an educational concern. Mental health is a component of student well-being and academic success. It is a building block for elements of learning and a teachable subject. Students can learn stress management, coping skills, and resiliency; components that should be a part of our educational system. Providing support for mild to moderate mental health problems in schools would allow students to receive timely support in a natural environment and allow medical professionals to focus on students with severe mental illnesses. In order for schools to offer mental health support, they must understand the needs of their population and evaluate the availability of services. In this study, using a qualitative approach, 10 educators were interviewed: five school counsellors and five administrators. The participants provided information on their experiences in addressing mental health in schools. This paper was designed to (1) discover the current role of mental health in schools, (2) identify the barriers to mental health promotion in schools, and (3) provide an opportunity for educators to voice their perspectives on mental health education. The findings of the study indicated that in order for schools to provide approaches that will positively influence mental health, they must acquire a deeper understanding of student behaviour and have ongoing professional development for school staff. Support from external organizations and governmental departments are essential in this venture, and societal expectations and perceptions will also affect the success of school mental health programming. These findings suggest that schools in Newfoundland and Labrador are not yet prepared to provide adequate mental health education. More collaboration and inter-agency dialogue between health and education are needed to provide effective mental health services to students.



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## CHAPTER I: INTRODUCTION AND OVERVIEW

Human individuality is determined through thought, feeling, and action. The United States Department of Health and Human Services (USHHS) stated that how a person thinks, feels, and acts when faced with life's situations are the very things that constitute mental health (United States Department of Health and Human Services, 2012). The World Health Organization (WHO) defines mental health as "a state of well-being in which an individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2000, p. 1). Both of these definitions show how mental health is an important part of growth and development. It is a building block for all elements of learning. Research has clearly shown that mental health directly affects students' ability to learn (Adelman & Taylor, 2010; Brener, Weist, Adelman, Taylor, & Vernon-Smiley, 2007; Holder & Coleman, 2008; Sun & Hui, 2007). This timely and urgent topic has invoked new federal and provincial initiatives, and encouraged organizations to engage in mental health research and promotion.

Currently in Newfoundland and Labrador, school mental health support is offered to a narrowly-chosen audience based on medical diagnosis, rather than through curricula immersion. The Newfoundland and Labrador Department of Education, Student Support Services stated that in order to receive supports for an exceptionality in emotional, mental, and/or behaviour disorders, "a student must be diagnosed by and under the continuing care of an appropriate medical or mental health professional" (Government of Newfoundland and Labrador, 2012, p. 22). However, waitlists, misinformation, and stigma, directly affect the use of such services. While Eastern Health has identified a goal to "decrease wait times for non-urgent primary mental health and addictions by 2014" (Eastern Health Board, 2012, p. 19), departments within the

healthcare system noted the struggles to reach such a goal. Central Intake, the centre that triages mental health and addictions referrals within Newfoundland and Labrador Eastern Health, noted that current wait times for specialized support in many areas, including attention deficit hyperactivity disorder (ADHD) are often longer than an entire school year (H. St. Croix, personal communication, April 4, 2012). Likewise, there are currently no services specifically designed to assist individuals with Autism who require individual counselling (J. Kirkland-Smith, personal communication, April 4, 2012).

Adelman and Taylor (2010) suggested that data on diagnosable mental disorders show 12 to 22% of all youngsters under age 18 need services for mental, emotional, or behavioural concerns. In the United States, out of the six to nine million youth with an identified psychiatric disorder, only one fifth of students who need mental health support receive it (Rones & Hoagwood, 2000) and an even larger population of youth and adolescents engage in high-risk behaviour (Walter, Gouze, & Lim, 2006). A 2006 review of school health policies and programs in the United States revealed that changes at the school level were necessary due to the insufficient number of mental health and social services providers employed by schools (Brener et al., 2007). The report also found that “connections between schools and related community systems such as mental health, juvenile services, and child welfare need to be strengthened” (Brener et al., 2007, p. 498).

Assisting students in the identification of appropriate and inappropriate behaviour, teaching emotional understanding and coping skills, and providing a safe and caring environment in which to learn, are tasks that are expected of North America’s schooling system and should be further supported through mental health education. With curriculum materials under review (Government of Newfoundland and Labrador, 2012), a heightened focus on meeting the needs of

students in an inclusive-based setting (Powell et al., 2012), and current research supporting the need to improve mental health services (Reschovsky & Staiti, 2005; Brener et al., 2007), the timely manner of a needs of assessment of mental health in Newfoundland and Labrador schools is evident.

### **Research questions.**

This study is driven by two foremost research questions:

1. Based on the perceptions of school counsellors and school administrators, what are some of the mental health needs of the student population within the Eastern School District?
2. Based on the perceptions of school counsellors and school administrators, what are some of the current practices and ways to improve the practice of mental health education in schools?

### **Objectives.**

The objectives of this study are:

1. To identify available student mental health supports in public schools throughout the Eastern School District in Newfoundland and Labrador
2. To collect first-hand accounts of student mental health need from school counsellors and school administrators
3. To become aware of how mental health education can be improved in schools from the perspectives of school counselors and school administrators

## **Social Relevance and Practical Importance**

Several developments throughout schools in Newfoundland and Labrador provide evidence for the timeliness of this study. With a focus on inclusion, schools are trying to meet the needs of a wide variety of students in a common setting (Government of Newfoundland and Labrador, 2012). In order to do so, curriculum content and educational material should consider the importance of providing all students with elements of learning that will ultimately assist them in their growth and development. Mental health education and promotion is one such topic. The implementation of a new special services delivery model (Powell et al., 2012) also confirms how students who require mental health support should have access to accommodations in school and be provided with specific individualized education programs (IEPs) that address their need for special services.

Currently, in both the media and healthcare research, access and wait times for mental health support have received a great deal of attention (Bienstock, 2012; Reschovsky & Staiti, 2011). For youth, wait times can exceed more than an entire school year (H. St. Croix, personal communication, April 4, 2012) and educators are faced to provide treatment and care without the aid of external organizations. The availability of community mental health supports and their connections to schools are relatively unknown in Newfoundland and Labrador. Analysis of these organizations and their links to children and youth is essential.

The anticipated release of the Diagnostic Statistical Manual, Fifth Edition (DSM-5) in 2013 will provide new information on disorders and types of mental health treatment. Schools must be well-informed of such material in order to accurately address mental health and keep up-to-date on types of treatment and care. However, mental health education can also be a proactive measure to inform students of warning signs and the importance of early intervention

(Teen Mental Health, 2012). While society is becoming more accepting to mental illness, the Mental Health Commission of Canada (MHCC) stated that social stigma is still a major barrier to mental health care (Mental Health Commission of Canada, 2012). This topic is relevant to issues noted in Newfoundland and Labrador schools as understanding mental health has sound, practical importance for our educational system.

### **Problem Purpose Statement**

The purpose of this study was to gain an understanding of mental health and its role in education. National initiatives through organizations such as, the Mental Health Commission of Canada (MHCC), have requested that schools review their mental health services (Mental Health Commission of Canada, 2012). Therefore, a needs assessment of mental health in Newfoundland and Labrador schools was deemed essential prior to the implementation of new mental health programming. Particular interest on the school's involvement of students with mental health concerns surfaced through classroom teaching and through graduate studies as an intern with the Eastern School District. During the internship, concerns expressed by a number of counsellors piqued interest in the availability of counselling services to students at the high school level. As well, review of the Newfoundland and Labrador High School Certification Handbook revealed a lack of focus for mental health education, and changes within inclusion and special services delivery models evoked curiosity on policy and procedure for students with mental health concerns (Government of Newfoundland and Labrador, 2010). In this study, mental health education was viewed not only as a treatment but as a pro-active approach. Population-based approaches were identified to ensure the wellness of all students (Doll & Cummings, 2007). Clarification on what Newfoundland and Labrador educators view as good mental health was

also needed in order to apply a wellness approach to mental health education and promotion in schools.

To investigate this topic, 10 interviews were conducted with school counsellors and school administrators. Data was analyzed individually, between participant groups, and then collectively, to understand how educators perceived interview questions and to assist in analyzing the topics that arose. School administrators and counsellors were selected for the study based on two assumptions: (1) that these groups of educators have the best, overall outlook of their schools and the needs of their students, and (2) in order to implement mental health education and promotion at the school level, both groups are needed for buy-in and service delivery.

### **Theoretical Framework**

While the medical model provides a great deal of information on treatment for varying mental health concerns, by its nature, the model focuses on problems and ailments. Defining and diagnosing mental health problems can help professionals organize therapy and isolate potential stressors; however, this approach to mental health education does not permit preventative measures. Lopez, Snyder, and Rasmussen (2003) believed that psychology has become so entangled in what is wrong with people that it perpetuates weakness, rather than celebrates strength. This study valued the importance of a proactive approach to mental health and identified the wellness model as an appropriate approach toward mental health education.

The Adlerian approach considers the notion that mental health is socially constructed. The MHCC stated that “many people living with a mental illness say the stigma they face is often worse than the illness itself” (Mental Health Commission of Canada, 2012, para 1.). Through an Adlerian approach stigma is addressed, and the rapport and the commitment to



change are reinforced through social acceptance. Armed with knowledge and positive attitudes, students begin to have more optimistic opinions on life. Adlerian goals focus on re-educating clients and encouraging them to discover positive behaviours (Corey, 2009). This approach is versatile, suitable for a school setting, and can be used on a wide variety of individuals.

Person-centered theory identifies the need for students to develop positive relationships at school. School connectedness has been proven to assist students in making positive decisions and having academic success. Johns Hopkins University reported that “students who feel connected to school do better academically and also are less likely to be involved in risky health behaviors: drug use, cigarette smoking, early sex, violence and suicidal thoughts and attempts” (Blum, 2004, p. 1). As well, person-centered theory has proven to be effective when dealing with interpersonal relationships, anxiety, and adjustment issues (Corey, 2009). It is applicable to a wide variety of concerns and research has shown that developing a positive relationship with one adult can positively affect a youth’s growth and development. Carlson, Watts, and Maniaci (2006) stated that some researchers believe 30% of client improvement is a direct result of the client-counsellor relationship.

Mental health can have an effect on all aspects of life and even mild to moderate mental health concerns affect a student’s ability to handle stress, study, and succeed. A wellness model for prevention, Adlerian approaches to address social constructs, and person-centered therapy to encourage positive relationships were considered the most effective ways to study mental health education and promotion in schools.

depression, addiction, and other disorders. (Standing Senate Committee on Social Affairs Science and Technology, 2006. p. 86)

Calling upon federal initiatives to address these concerns, the Mental Health Commission of Canada (MHCC) was established in 2009. Providing a framework with six strategic directions, “Changing Directions, Changing Lives” became Canada’s first mental health strategy (MHCC, 2012). Its purpose is to identify barriers such as stigma, and address specific populations such as, children and youth in schools.

### **National Initiatives**

In Canada, it is estimated that only one in five children who need mental health support receive it, and that 70% of adults who have a mental illness experienced symptoms prior to age 18 (MHCC, 2012, para, 6). More than three million 12 to 19 year olds are at risk for developing depression, and suicide is the leading cause of death in 15 to 24 year olds; the third highest in the industrialized world (CMHA, 2012). “Mental illness is increasingly threatening the lives of our children” (CMHA, 2012, para 5) and many stakeholders are concerned for the safety and well-being of the minds of our youth.

Following the recommendation of the senate report, the MHCC affirmed its commitment to youth through its School-Based Mental Health sub-committee and the Child and Youth Advisory Committee (MHCC, 2012). The latter has recently formed a youth council consisting of 17 to 25 year olds who have experienced mental health problems. Nationally, The Canadian Consensus Statement on School Mental Health Promotion addressed the school’s role in mental health education. In a draft of the document, the statement clarified and described necessary actions of schools and external organizations to support mental health:

Schools acting with the direction and support of government ministries, school boards and working collaboratively with other agencies and professionals as well as parents and young people, can make a substantial contribution to enhancing the mental health of youth. This may include but not be limited to the following: developing mental health awareness, knowledge, skills and beliefs among students, educators and parents; creating supportive social and physical school environments; helping to deliver programs that can assist in the identification, triage and referral of young people at risk of mental disorder; providing "on site" services to address mental health problems; providing on-going liaison with health care providers to meet the needs of youth receiving care for mental disorders; promoting staff wellness and more. (Canadian School Health, 2012, para, 4)

These reports clearly show the need for inter-agency collaboration and a commitment to student mental health on a national scale.

As evident in these reports, heightened concern for today's youth should not be taken lightly. Established in 2009, The School-Based Mental Health and Substance Abuse Project (SBMHSA) was designed to provide up-to-date research to policy makers and school boards, and to inform stakeholders on the delivery of current and future mental health services in Canadian schools. Over the past three years, SBMHSA engaged a world-wide review of literature and mental health programming. Forty researchers conducted a meta-analysis and a systematic review, scanning the best practices in Canadian schools (Manion, Short, Ferguson, & Ungerleider, 2011). In total, 94 studies were conducted, 4830 articles reviewed, and all 10 provinces and three territories took part in the research (Appendix A). More than 80% of respondents said there were unmet mental health needs in schools (Manion et al., 2011). Beyond the national survey, SBMHSA also conducted an environmental scan, using both quantitative

and qualitative research. More than a hundred programs were identified at the high school level focussing on: behaviour; mental health literacy; pro-social behaviour; and student skills. Barriers to these programs included: inadequate funding; school staff buy-in; the need for key partnerships; and proper staff education and training (Manion et al., 2011).

### **Provincial Initiatives**

In Ontario, School Mental Health ASSIST also used surveys to hear “voices from the field” (K. Short, personal communication, May 31, 2012). They began with a pilot project in 2011 and found that 85% of boards, and 65% of schools were either very concerned or concerned about student mental health and addiction (Short & Ferguson, 2011). The most common problems were centered on attention and learning, anxiety, and substance abuse (Short & Ferguson, 2011). However, it was found that school staff who assist students with mental health problems focussed on crisis intervention and outside referral, rather than proactive counselling or in-school support. Training was deemed essential in order to recognize the signs of mental health, promote social and emotional well-being, and have good communication strategies to work with families (Short & Ferguson, 2011). Supported by the Ministry of Education, SMH ASSIST is part of the Ontario comprehensive mental health and addictions strategy. Three focus areas for the program included: building organizational conditions for effective school mental health; enhancing educator capacity building in the area of student mental health; and the implementation of evidence-based mental health promotion and prevention programming in schools (Short & Ferguson, 2011).

In British Columbia, Waddell and Sheppard (2002) found that between 14% and 20% of Canadian children and youth will experience a mental health problem that is significant enough to interfere with their academic and social functioning. In Nova Scotia, the program, Executive

Adolescent Mental Health Training was designed to enhance the capacity of first-contact health providers in the identification, diagnosis, treatment, and support of adolescents (Teen Mental Health, 2012). The organization believes strongly in direct communication between health and education, and holds workshops that address a variety of disorders including anxiety. The website also has a Guide to Mental Illness designed to increase youth awareness of the early signs of identification, and how to access help. Also in this province, Sun Life Financial Chair, Stan Kutcher, in partnership with Dalhousie University and the IWK Health Centre, conducted extensive evidence-based research for the creation of the Mental Health High School Curriculum Guide. Published in May 2012, the guide is the only national, evidence-based mental health literacy program in Canada (S. Kutcher, personal communication, June 1, 2012). Designed for students in grade nine and 10, it has been implemented in more than 200 high schools throughout the country. However, at the Third National Symposium on Child and Youth Mental Health: Access, Wait Times and the Role of Schools in Mental Health, Australian mental health researcher Louise Rowling cautioned many schools against using a generic program prior to conducting their own evidence-based research (Rowling, 2012). With a vast geographical area, and a wide array of culturally-diverse individuals, school-based mental health programs must contain an element of design customized to each Canadian population.

To further understand the effect of the school environment on youth mental health, the Pan-Canadian Joint Initiative for School Health, a government-funded program, in conjunction with the University of New Brunswick, also conducted a scan of research in 2010. The 'indicator framework' showed the need for a positive school environment to decrease student high-risk behaviour. Through a comprehensive approach, the program found that professional

development, curricula, and teaching and learning environments should be evaluated prior to the implementation of a school-based approach to mental health (Kelly, 2012).

### **Barriers to Implementation**

The School Based Mental Health and Substance Abuse (SBMHSA) national scan found that class-wide instruction, social-emotional learning, and social skill building would benefit all students, and that cognitive behavioural approaches and mental health prevention and intervention are needed to reduce student externalized behaviours and internalized symptoms (SBMHSA, 2011, para,12). A reduction in externalizing behaviour, such as school refusal, and internalizing symptoms, such as poor self-esteem, are indeed goals of other programs in Newfoundland and Labrador schools. Unfortunately, while the scan represented each province and territory in Canada, the vast majority of programs were housed in Ontario, British Columbia, and Alberta. This likely reflects the fact that mental health services are not as available in this province. There was also insufficient research to provide direction for special populations, cultural groups, or targeted age groups (Rowling, 2012). Therefore, further study of school populations specific to Newfoundland and Labrador is valid and recommended.

Some government policy in Newfoundland and Labrador has addressed mental health such as the Mental Health Care and Treatment Act: Chapter M-9.1 “an act respecting mental health care and treatment” (2009, p. 22); however, neither student mental health nor the role of the school, was noted. Providing a synopsis of school counselling in Newfoundland and Labrador, Cooper (2004) stated “as in all other provinces, the most vital function for the counsellor is crisis or personal counselling” (p.1); yet, unlike other provinces, the role of the school counsellor in Newfoundland and Labrador has not yet been defined.

Other barriers to mental health in Newfoundland and Labrador schools surface around the availability of resources and rules surrounding student support. Prior to receiving accommodations for a mental health condition, the Department of Education states that a student must have medical documentation indicating the need for such services (Government of Newfoundland and Labrador, 1997, pp. 20-21). Yet, the availability of mental health medical personnel in Newfoundland and Labrador restricts the timeliness of healthcare support. Students with a mental illness may be waitlisted for psychiatric appointments for more than a year (H. St. Croix, personal communication, April 4, 2012). Likewise, supports for a mental health condition are vague. The province defines a student needing mental health support as “any child whose mental health needs prevent him/her from coping effectively and/or puts him/her at risk of self-harm” (Government of Newfoundland and Labrador, 1997, p. 22).

The definition of pervasive mental health needs may also limit some students from receiving the level of school support needed. The Department of Education indicated that a student identified with pervasive needs must meet one of four criteria: complete a functional curriculum; be diagnosed with a behavioural exceptionality; complete more than 75% of the high school curriculum on pathway four; or, be diagnosed with a pervasive developmental disorder (PDD) (Government of Newfoundland and Labrador, 2010). In Newfoundland and Labrador, level four of the pathways model (P4) states that a student with pervasive needs in mental illness can receive more than nineteen hours of service if “the student is living in open custody and is receiving intervention from a guidance counselor, a special education teacher, a behavioral counselor and a youth corrections social worker” (Government of Newfoundland and Labrador, 1997, p. 47). Statistics Canada defined open custody as facilities including community residential centres, group homes, and childcare institutions (Statistics Canada, 2009). However;

there are a great many students who suffer from mental illness who are not in group homes or under the care of a mental health practitioner. These definitions and stipulations should be reviewed.

Access and wait times to mental health services in our province are a major concern for many educators and the lack of healthcare availability may prohibit students from receiving school accommodations. In a presentation at the Third National Symposium on Child and Youth Mental Health, Stan Kutcher noted that schools should play a larger role in the care and treatment of students with mental health concerns (Kutcher, 2012). While severe disorders require attention from mental health specialists, moderate and mild disorders can be followed by a general practitioner, with preventive and facilitative work conducted through community groups, outside organizations, and school mental health personnel (Kutcher, 2012). One such school mental health support is school counsellors. While the duties and responsibilities of counsellors have not been defined, they are the link between the student, school, and mental healthcare. The Canadian Counselling and Psychotherapy Association of Canada (CCPA) School Counsellors Chapter, believe strongly that counselling services should be available to students as it affects their overall health. “As school counsellors, we believe that opportunities for attaining emotional health and mental well-being are at the heart of learning” (CCPA, 2012, para, 1).

To understand how mental health could be endorsed in schools, The International Alliance for Child and Adolescent Mental Health and Schools (INTERCAMHS) suggested this definition of school mental health promotion:

Promoting mental health through schools supports a whole school approach involving effective mental health promotion, intervention and treatment. This approach is supported by policies, skills for social emotional learning, a healthy psycho-social school



environment and access to services in the school or in the broader community. The full participation of teachers, students, families and community agencies is encouraged with informed dialogue and collaboration among people and programmes throughout all phases of the continuum. This action is supported by principles that value diversity and inclusiveness, and practice that creates conditions for empowerment and school organizational development. (Health and Human Development, 2008, para, 3)

### **Teacher Involvement**

The Canadian Teachers' Federation also conducted a study on the role of the school and school mental health support. Four thousand teachers responded to a survey and results showed that nine out of 10 teachers identified attention deficit disorder (ADD), attention deficit/hyperactivity disorder (ADHD), and learning disabilities (LD) as the most pressing concerns (Kelly, 2012). Teachers were also frustrated because many students did not receive help (Kelly, 2012). The number one barrier identified by teachers was the insufficient number of school-based, mental health educators. Teachers also noted that they were sometimes unable to identify students in need, and that the stigma attached to mental health affected the care and treatment of these students (Kelly, 2012). These educators felt that "we tolerate way too much in our schools" (K. Kelly, personal communication, June, 1, 2012) and that increased bullying avenues such as social media, were used inappropriately to target students who were mentally ill.

This research confirmed that a proactive mental health approach is needed to address education and treatment at the school level. In order to do so, schools must be prepared and equipped to provide such services. The World Health Organization: Mental Health Report (2005) stated that schools play a major role in mental health care. Educators are a wealth of knowledge on youth stresses, behaviours, and factors that affect academics:

Teachers are also concerned, in varying degrees in different parts of the world, in promoting other aspects of mental health, such as improving the self-esteem of their learners, teaching acceptable ways of relating to others and managing stress and adversity. As such, their interpretation of what constitutes good mental health is significant. (Herrman, Saxena, & Moodie, 2005, p. 64)

Classroom teachers are one of the first groups of professionals to recognize a change in behaviour or attitude with a student. In research surrounding teacher mental health awareness and readiness, teachers were in favour of mental health support in school but they were not confident that they could effectively deal with mental health in their classrooms (Walter et al., 2006). Except for attention deficit hyperactivity disorder (ADHD), teachers had no experience consulting with mental health professionals about students' mental health concerns (Walter et al., 2006). Barry, Domitrovich, and Lara (2005) stated "it is important to know the interventions that a school or teacher has implemented because the history of that experience (positive or negative) will influence how they approach subsequent programmes and their beliefs about effectiveness" (p. 32). Teacher opinion also affects the success of school mental health programming. In one study, 50% of teacher respondents identified disruptive behaviour as the largest mental health concern in their schools, and lack of training and information as the greatest barrier to student mental health concerns (Walter et al., 2006). Therefore, to meet the needs of students, the needs of educators must also be met. Walter et al. (2006) concluded that "teachers would benefit from education, training, and consultation from mental health professionals if they serve as effective gatekeepers to mental health services" (p. 61). The School Health Policies and Programs Study (SSHP) survey found that collaboration was a way to offer mental health services in addition to the regular curriculum (Brener et al., 2007). Beyond

identifying change in students, and assisting with IEP implementation for students with mental illness, today's teachers are burdened with workload strain (Klassen & Chiu, 2010). Schools must be cautious in adding additional mental health programming to an already overloaded curriculum. This may lead to more congestion in the curricula and more expectation on the classroom teacher.

Teacher training and knowledge is a major concern if mental health program implementation is expected only at the school level. Weist (2005) explained that school-based, mental health (SBMH) programs cannot provide services under the current system:

Specifically, most schools and SBMH initiatives lack resources to adequately train, supervise, and provide ongoing support to staff; to implement systematic strategies to assess and continually improve the quality of services; and to document outcomes and provide accountability data for advocacy/policy influence. (p. 737)

Beyond curricula revision at the high school and post-secondary levels or the ever need for more resources, Noddings (2006) broached the notion of school theory and practice and the great divide that lay between:

There is a larger point here for teachers. A theory held stubbornly against every objection becomes an ideology, and as an ideology it loses some of its usefulness as a guide to practice. Instead, it becomes an end to itself and demands continual and vigorous defense. (p.14)

## **What Children Should Learn**

Education walks a fine line between academia and the everyday. Based in theory, but implemented in reality, teaching requires understanding how students learn. Merriam, Caffarella, and Baumgartner (2007) defined learning as a process where cognitive and emotional experiences change an individual's knowledge, skill and worldview. Are schools today providing opportunities for emotional learning? One widely-accepted school mental health program comes from The University of California, Los Angeles (UCLA). Co-directed by Howard Adelman and Linda Taylor, The School Based Mental Health Project and The National Center for Mental Health in Schools produced an 'enabling component model' that targeted student psychosocial and educational barriers to success (DeAngelis, 2012). Using this proactive approach, Adelman and Taylor (2010) noted that mental health provision should: promote social-emotional development; prevent mental health and psychosocial problems; and enhance resiliency. These attributes are teachable and are directly related to the future success of Canadian youth.

Canadian youth will have much to face in the future. A CBC documentary aired on June 14, 2012, labelled today's societal era as 'the age of anxiety' (Bienstock, 2012). By the time an individual reaches the age of 32, 50% of the population will qualify for some type of anxiety disorder (Bienstock, 2012) and by 2020; depression will become the number one drain on Canada's healthcare (CAMH, 2012, para, 5). With such daunting statistics, the Mental Health Commission of Canada has created courses in mental health first aid (MHFA) across the nation. Workshops were designed to teach people how to recognize signs and symptoms of mental health and how to guide an individual toward help (MHFA, 2011).

Ultimately, the main goal of parents and educators is to provide an enriched childhood that encourages happiness and fulfillment in life (O'Rourke & Cooper, 2010). In one study considering what children should learn, parents identified happiness as the most desirable outcome for their children (Diener & Lucas, 2004). With involvement from 48 countries and more than 10,000 participants, this outcome prevailed through cultural and geographical differences. Understanding one's behaviour and emotion is part of good mental health. Bright Futures in Practice: Mental Health's National Center for Education in Maternal and Child Health stated that mentally healthy children use emotion in an appropriate manner, possess positive self-esteem, have respect for others, establish good relationships, and function productively in the world (Jellinek, Patel, & Froehle, 2002). Good mental health is required in order for one to be happy.

Research has been conducted on how happiness can be obtained through positive thinking and optimism (Seligman, 1995), and through internal factors such as, temperament (Holder & Coleman, 2008). Academic success also supported happiness in adolescence (Chen & Lu, 2009) and disengagement from learning was a major barrier in student educational needs (Adelman & Taylor, 2010). Noddings (2006) felt strongly that traditional educational institutions are not structured to adequately educate our youth:

I have argued that educators should take the advice of Socrates seriously: we should teach for self-knowledge. This does not imply a psychoanalytic approach, although we might learn much from psychoanalytic pedagogy. The approach I've suggested does not turn inward to examine the unconscious or the id. Rather, it suggests looking at the self in connection to other selves and to both the physical and social environments. How and why do we act on the world? How does it act on us?. (p. 289)

The UCLA Center for Mental Health in Schools (joint statement with the National Association of School Psychologists) identified some of the barriers to learning and stated that failure to address these barriers will have severe negative consequences (2008). Canadian findings agreed that youth with mental health concerns will continue to struggle in school, and teachers will continue to divert instructional time to deal with behaviour interfering with all students' learning (Government of Alberta, 2008). Adelman and Taylor (2010) explained that schools are in the business of education and therefore, mental health should be approached in such a manner. Teachers are not counsellors and classes are not counselling sessions. Rather, mental health should be viewed as a form of education and its implementation in a school should be for the purpose of improving education.

### **Program Implementation**

Supporting student mental health should not stem simply from implementing the newest program or adopting a framework because it has worked in other schools. Schools and districts should carefully review these programs to decide what programs to utilize and how they should be implemented and supported in the school. The continuation and sustainability of such programming is also a concern since funding and resources may change each year. To assist schools in this decision-making process, Adelman and Taylor (2010) proposed four phases of systemic change: creating readiness; initial implementation; institutionalization; and ongoing evolution and creative renewal. Prior to making change in Newfoundland and Labrador's education system, information on school's readiness for change, how to implement the change, and program evaluation are required.

In order to discover what resources are essential to promote and support mental health in schools, a needs assessment for students and their educators must be conducted. Walter et al.

(2006) agreed that a needs assessment is an important first step in the development of school mental health services. With education being mandatory from ages six to 16 in Canada, schools are the ideal location to address mental health in youth (Government of Newfoundland and Labrador, 2010). Brener et al. (2007) stated that “schools are in a unique position not only to identify mental health problems but also to provide links to appropriate services” (p. 487).

To understand how to treat a student with a mental illness, Substance Abuse and Mental Health Services Administration (SAMHSA) developed a working definition for mental health recovery: “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (SAMHSA, 2012, para, 3). In Newfoundland and Labrador, it is unclear what resources are available to students and teachers or the level of organizational support, teacher training, educator confidence, and success rate of currently implemented school programming. With curriculum materials under review, and a focus on meeting the needs of students in an inclusive-based setting, the timely manner of a needs assessment for school mental health is evident throughout the province.

## **Chapter III: METHODOLOGY AND DATA COLLECTION PROCEDURE**

### **Introduction**

The literature review in Chapter II discussed current mental health statistics for children and youth. Though little can be done to alleviate the strain on Canadian healthcare or on individuals experiencing mental health problems, understanding student behaviour and the environmental context of schools will give a clearer representation of the needs of high school students and school's ability to assist this population. School-based interventions can then be established to enhance aspects that already exist in the environment to promote positive mental health among youth. Schools could also carry out the function of focusing other related systems (e. g. parental education and involvement, healthcare-school communication) to facilitate youths' mental health treatment. However, a review of the literature provided minimal information in the area of study regarding school-based strategies and interventions within Newfoundland and Labrador. This study proposed to explore the current mental health supports at the school level to further understand the needs of schools in order to help encourage student attributes such as resiliency and healthy mental development. The ultimate goal of this research was to provide environmental-specific information on high schools within a Newfoundland and Labrador school district in order to be pro-active in the education and promotion of positive mental health for youth prior to the recommendation or implementation of school mental health strategies.

### **Base of Context: Rationale for Qualitative Methodology**

The purpose of this study was to explore school administrator and school counsellor perceptions of the complex behaviours and patterns of students with mental health concerns, and identify the availability of resources that support these students. Measurements and assigning



numbers would have had little meaning in this study as there were many variables (Creswell, 2008). Pope, Ziebland, & Mays (2009) believed that qualitative research has established itself in healthcare and therefore, the nature of this study fits well with this type of research design. A qualitative approach was used because it allowed further in-depth analysis on a specific population and provided an opportunity for participants to discuss issues related to their school environment. Participants were encouraged to share their thoughts, ideas, and feelings freely (Creswell, 2008).

It is essential that the foundation of educational research evolve from learning theories and other educational constructs (Sikes, Nixon, & Carr, 2003). Context must be considered before research can be implemented. Often, ideas put forth to schools cannot be adequately applied due to a number of uncontrollable factors, such as the amount of available resources or personnel. While educators might agree with the ideal, reality does not permit such an event to occur. This is true for school expectations. A teacher cannot make mental health more of a priority unless teacher ability, administrative support, and school resources exist. Additionally, the community influences the importance of mental health education, as does student and societal perception. These concerns are evident in many facets of schooling. Societal, environmental and individual influences affect how we learn and must be considered in research study. Sandelowski (2000) stated “qualitative descriptive studies offer a comprehensive summary of an event in the everyday terms of those events” (p. 336). Upon review of research designs and frameworks, this study identified and explored mental health education in schools through qualitative descriptive studies (QDS), a theory-based methodology that considers the context of the research and prepares data in an appropriate manner for a specific audience. While QDS is primarily used in healthcare research, it was fitting to use such an approach with this

study due to the nature of the topic. Based on this design, data collected was paired with evidence-based research to ensure fit and applicability in the classroom.

Contextually, this methodology is based on specific approaches to education, including: reality therapy and constructivism. Glasser's reality therapy (2000) identifies the conscious operation of thought and the instinct to grow and learn psychologically as well as physically. According to Glasser's approach, individuals have four psychological needs: belonging, power, freedom, and fun (Gladding, 2007). Along with these needs is the need for identity. One's sense of self is often determined by acceptance from others (Gladding, 2007); therefore, a student's mental health will be affected by both external and internal factors. Considering choice theory, an integral aspect of reality therapy, individuals can choose how to behave and choose how behaviour from others will affect them. Perception is an important concept of qualitative descriptive studies. Participant and societal points of view must be factored into this research design and analysis.

Constructivists view reality as an entity created through perception. Individuals learn from experiences and derive meaning from what they have learned. In order to fully understand how occurrences shape and define opinion, researchers must analyze data in the frame in which it was collected. Similarly, Vygotsky's active theory (AT) conceptualizes learning as an event involving a subject, an object, and artifacts (Merriam et al., 2007). More commonly known as situated cognition, research must incorporate all three factors in data analysis. These factors will also determine what recommendations will be made and how this information will be expressed. Other theories such as, Mezirow's transformational learning theory, the notion of self-direction, and theorists such as Dewey, Piaget, and Kant (Merriam et al., 2007) stated the importance of considering the whole learner in a natural environment. This indicates that qualitative descriptive

studies is the most efficient method of data collection and analysis and also reiterates the need to support mental health for youth in a school setting.

### **Qualitative Descriptive Studies**

Education is grounded in inquiry, the search to connect learning to the world.

Sandelowski (2000) stated that all inquiry involves description and that description is dependent on interpretation:

In the now vast qualitative methods literature, there is no comprehensive description of qualitative description as a distinctive method of equal standing with other qualitative methods, although it is one of the most frequently employed methodologic approaches in the practice disciplines. (p. 335)

The method of this study is clear: in order to understand the current situation of mental health in schools, inquiry-based, qualitative research is needed. A distinct way to acknowledge and interpret qualitative information is through a qualitative descriptive studies (QDS) format.

Sandelowski (2000) explained that “qualitative description is especially amenable to obtaining straight and largely unadorned (i. e. minimally theorized or otherwise transformed or spun) answers to questions of special relevance to practitioners and policy makers” (p. 337). As policy makers are integral to educational approaches, curricula development and program implementation, QDS fits well as a methodology in which to address this audience.

One of the ongoing debates surrounding qualitative analysis stems from data collection and subjectivity. Colaizzi (1978) explained how theoretical distance is created by scientific study and that “we cannot immediately understand the natural scientist’s efforts in further developing the scientific enterprise” (p. 49). He questioned researching solely from a quantitative perspective, indicating that human experience is integral in psychological study. “To be objective

means to eliminate and deny what is really there” (Colaizzi, 1978, p. 51). Wolcott (1994) explained that all research is in part, filtered by human perception and therefore, researchers and readers must understand that qualitative data is not only subjective but rooted within the environment. Choice and subjectivity are not necessarily negative attributes, especially when they are rich with description. Wolcott (1994) stated “the real mystique of qualitative inquiry lies in the processes of *using* the data rather than in the processes of *gathering* data” (p. 1). Acknowledging that experiences create reality through the vehicle of perception and should not be objectively discarded, QDS allowed in-depth review and detail, enriching this study’s discussion.

Furthering inquiry-based research, Sandelowski (2000) viewed naturalistic inquiry as a generic orientation to research study. “There is no pre-selection of variables to study, no manipulation of variables, and no a priori commitment to any one theoretical view of a target phenomenon” (p. 337). Analysis included the source of a factor, rather than just the factor itself. For example, school counsellors stated that they did not have enough time to address mental health in their daily interactions with students; therefore, curricula content, school resources, and the view of mental health importance in the school must be considered prior to program implementation. Likewise, a lack of services was identified as a barrier to school mental health; therefore, counsellor and administrator understanding of services should be noted along with service availability. Consideration should also be given to increasing awareness and strengthening communication and relationships with the community. QDS helped identify and describe the origin of strengths and barriers in their natural setting. By using qualitative descriptive study, perceptual and situational data regarding mental health education in schools was addressed. Major topics included: mental health need, availability of resources, and barriers

to implementing mental health services in schools. This information should be clear and concise as Sandelowski (2000) noted “qualitative descriptive study is the method of choice when straight descriptions of phenomena are desired. Such study is especially useful for researchers wanting to know the *who*, *what*, and *where* of events” (p. 339).

### **Selection of Participants and Emergent Themes**

The Eastern School District houses 15 high schools within the Avalon region of Newfoundland and Labrador. All schools were contacted, and the first 10 responses were selected for interviews. Seven female educators and three male educators responded to the interview request. All of the educators held full-time positions and had worked for more than eight years in their fields. While participants had a range of experience and education, specific details on these individuals were not included to ensure privacy and anonymity. While it was not intended, an even number of counsellors and administrators responded to the interview request. Two schools were represented by both a counsellor and an administrator which led the study into comparable data between the two sub groups.

Contact was made with all high schools in the Eastern School District by delivering information to schools and speaking with personnel. Methods of information delivery included: personal visits to individual schools, telephone calls to administrative assistants and principals, and emails. The timeline prior to the end of the school year was short and therefore, all schools were contacted prior to hearing a response. As volunteers were requested for this study, convenience sampling was used. Castillo (2009) noted that convenience sampling is often used in pilot projects because it allows the researcher to obtain basic data and trends without the complications of a randomized sample. Establishing that primary research was needed prior to mental health program implementation, this type of sampling was appropriate for this study. The

need to obtain specific information on schools in Newfoundland and Labrador was noted as essential in this study and therefore, not conducive to random sampling due to the large number of schools and students throughout the province.

Semi-structured interviews were used and questions were provided to participants prior to the scheduled interview. Patton (1990) indicated that semi-structured interviews increased the comprehensiveness of data, making data collection systematic for each respondent. This interview style provided a venue for a conversational tone where participants could express situational concerns specific to their school experience. As this study was a needs assessment, the outcomes were unknown. Semi-structured interviews provided space for developing opinions and ideas and still ensured pertinent questions were addressed.

Semi-structured interviews were analyzed individually and coded by the researcher upon the identification of 13 themes (Appendix B). Participant responses were then grouped by role: counsellor or administrator, and common themes were noted in the two groups. Then, common themes from each group were compared, and four general themes emerged. These themes were compared to current statistical information and weighed against national, evidence-based research in order to ensure accuracy in reporting. Colour coding was used to identify selections from the interviews that provided specific information in each of the themes.

Four themes (student characteristic and need, school's role, resources and service availability, and perceptions and influence) encompassed the results obtained from the interviews. The student characteristic and need theme was created by reviewing how each participant described the students at his or her school. The information included: characteristics, needs, background information, and traits of good mental health. The second theme, school's role, involved ideas and suggestions on how mental health was implemented and how it could be

further supported at the school level. Current practice and future plans to implement or improve mental health services were noted and participants also described what they felt was needed in order to improve or strengthen the school's role.

The resources and service availability theme stemmed from participants' response to the availability of internal and external resources, educator training and student support, including access to mental health support outside of school and wait times for services. The fourth theme, perceptions and influence was generated around discussion regarding perception of others, such as staff and parents. It also considered the influences of societal perception and district and government policy surrounding mental health education.

Participants noted many areas of the system that required improvement and provided some ideas that would better service the minds of our youth. The most popular needed changes covered six areas of data: (1) an increase in guidance allocation, (2) an increase in the availability of external resources and agencies, (3) increased communication between external supports, most especially healthcare personnel, (4) further analysis of student assessment responsibilities, (5) evaluating the perception of academic supports, and (6) investigating the cause and concerns of student attitude and behaviour.

## **Methods**

Surroundings depict how individuals feel and behave. To better understand the impact of the environment on student mental health, entering schools to collect data is essential. One such way to hear opinions on the school environment is through interviewing educators who interact with students. Face-to-face interviews were conducted with administrators and counsellors and the data collected was coded and compared between the two groups. Opdenakker (2006) noted

that face-to-face (FtF) interviews allow for synchronous communication during both the time and the place of data collection:

As no other interview method FtF interviews can take its advantage of social cues. Social cues, such as voice, intonation, body language etc. of the interviewee can give the interviewer a lot of extra information that can be added to the verbal answer of the interviewee on a question. (Opdenakker, 2006, n. p.)

To facilitate this study, letters of interest were sent to principals throughout the district requesting permission for counsellors and administrators to take part in a 60 minute interview at a time convenient to them (Appendix C). Confidentiality and anonymity were explained prior to the interview by reviewing a letter of consent (Appendix D) through face-to-face discussion with each participant. Participants had the option of consenting to audio recording or allowing the researcher to take notes during the interview. Eight of the 10 participants consented to audio recording.

To enrich the study, interview notes and recordings were compared with current research across Canadian schools and districts. Sandelowski (2000) stated “data collection techniques may also include observations of targeted events and the examination of documents and artifacts” (p. 338). Past and present policies and curricula were examined to determine stakeholder opinion and the value placed on mental health education in schools. Interviewees were encouraged to elaborate and clarify their responses as needed. Data collection merged with analyses in this qualitative descriptive study. Pope and Mays (2000) noted that in qualitative research “data analysis often takes place alongside data collection to allow questions to be redefined and new avenues of inquiry to develop” (p. 114). Conceptual theorizing occurred upon data collection and continued throughout the research process.



Recorded interviews and interview notes were transcribed and reread in detail to ensure a clear sense of the information relayed in each interview. The information collected was used to create overall themes of each case study and to establish any commonalities or contrasts between participant groups. While themes and information were uncovered throughout the data collection, the framework approach to deductive analysis helped ensure questions were answered. Interviews were semi-structured so that responses to specific questions could be compared between participants groups and analyzed throughout the entire sample population (Appendix E). Perspectives recorded by counsellors and administrators provided first-hand accounts of today's schools, population characteristics, pressures, and concerns. Pope et al. (2000) stated that "all the data relevant to each category are identified and examined using a process called constant comparison, in which each item is checked or compared with the rest of the data to establish analytical categories" (p. 114).

While focus groups are often used in QDS, the personal and sensitive nature of this study was not conducive to data collection in such a manner (Straus, 2010). Therefore, personal interviews were conducted in place of focus groups. Meaningful units were developed for each individual interview. To allow continuation of this study, coding was done to create uniformity and clarity in thematic grouping. Glaser (1978) stated that theoretical coding allowed researchers to incorporate fractured data into a framework and to integrate data possibilities. Upon transcribing and reviewing the data, sub-themes emerged from each recording. Colour-coding was used to ensure accuracy of theme identification. Administrators were then grouped together and out of the 13 sub-themes, five themes emerged. These themes were colour-coded again, and organized on flow charts based on the theme. The same data analysis was conducted on the five school counsellor interviews. Finally, the two groups were cross-referenced and four common

themes remained: (1) student characteristics and need, (2) school's role, (3) resources and service availability, and (4) perceptions and influence.

Analytic induction supported the need to find specific answers to questions surrounding school mental health. Pope et al. (2000) explained this process as "iterative testing and retesting of theoretical issues using the data" (p. 115). The four common themes among the two participant populations were analyzed in three areas: perception, information and environment, as part of Strauss and Corbin's (1998) axial coding. It was felt that these areas were needed to deduct overall student and school information. Sandelowski (2000) stated that "in quantitative research, there is a sharper line drawn between exploration (finding out what is there) and description (describing what has been found) than in qualitative descriptive studies" (p. 336).

One realistic consideration for this study was the personal nature of the topic. Obtaining mental health information on youth must be handled carefully. As well, the study aimed to encourage mental health through positive education: a promotion of mental health, rather than a focus on mental illness. It is essential to remember that the purpose of the study is to identify how mental health education can be positively supported in schools. Opinions on student need will vastly differ from school to school but this study aimed to identify some fundamental absolutes about mental health education in the population-specific context. Sandelowski (2000) noted "with low-inference descriptions, researchers will agree more readily on the 'facts' of the case, even if they may not feature the same facts in their descriptions" (p. 335). This study's purpose was not to determine what is right or wrong or uncover errors and fractures in the current school system. This research is information-based: where identifying issues and concerns were for the sole purpose of bettering the educational system and further meeting the needs of

students. Ultimately, the study's goal was to understand how to provide students with the best possible education in order to become healthy, happy, and active citizens.

## CHAPTER IV: RESULTS

### Overview

Four themes (1) student population, (2) school's role, (3) supports and resources, and (4) perceptions and influences emerged during this study. Overall, administrators and counsellors had similar outlooks on mental health's role in education and identified similar areas of improvement. Common thematic responses were analyzed by grouping administrator and counsellor comments. However; there were some noted differences between the two groups of educators. To clarify discrepancies between the groups, varying responses were indicated under each theme by a separate sub-heading.

### Student Population

Grouping administrator and counsellor responses led to collective concerns for the student population. According to participants, high anxiety levels were reported as the most common mental health problem among high school students, with depression and substance abuse ranking second and third. Interestingly, the majority of participants noted a drastic increase in the number of students who were dealing with anxiety-related concerns and considered the situation somewhat of an epidemic, needing immediate attention:

I think that every year we had seen it to a small degree, on some level. Especially around exam time we get a lot of anxiety that's stress-related but now it's presenting more and more here in my office and it's not necessarily related to exam stress. I'm not sure where it's really coming from but it certainly seems to be an increasing phenomenon. (P2)

Health professionals have also expressed their concerns to school staff. Upon speaking with a psychologist, one participant noted:

We chatted for a whole day in and out of the presentation and he said keep the referrals coming. It's not just here he said, all of our counsellors, our cohorts, are seeing the same thing. The anxiety, the mental health issues it's gone crazy. (P6)

Some of these concerns stemmed from the fact that participants saw mental health affecting many aspects of students' lives. A mental health issue that presented externally could result in poor academic performances, bullying or difficulties in socialization. Left untreated, mental health problems have a severe, negative impact on student attendance and performance. In agreement with administrators, counsellors felt that attendance and behavioural issues were often the result of an undiagnosed mental health concern.

The mental health of students also affected the environment of the school and posed challenges for the staff:

It just gets trickier... when you have students who are known to be bullies, known to make it difficult in the classroom, who have poor attendance and you don't see anything coming from them. It's always harder, naturally, to get teachers on board. I'm sure there are times, I know there have to be times when teachers feel that the kids are pulling the wool over my eyes because they're not privy to the information that I have and I'm not in the position to share it. So that makes it a little bit more complicated. (P1)

Participants also noted that school refusal was a growing concern that was negatively impacted by student mental illness. Beyond truancy, both groups of participants felt that mental health had a major influence on learning.

Substance abuse, noted as the second concern by administrators and third concern for counsellors, surfaced many times throughout the interviews. Both street and prescription drugs are major problems within high schools. "We confiscate marijuana on a weekly basis" (P4).

Administrators felt that the impact of substance abuse was overlooked by school staff, law enforcement personnel, parents, even members of society as a whole. Substance use greatly impacts school truancy but it affects other areas as well. Administrators noted that teachers often alert the office, asking for assistance. One participant commented that teachers have said:

‘The stink of weed in my classroom today - I can’t catch my breath. You need to come up’ or, ‘I’m going to send him out to the office, can you address?’ and I know exactly what they mean by that, what they want me to talk about. (P4)

Selling or trafficking drugs created another list of stressors for students. Physical altercations have occurred in schools over drugs and money. Two participants noted specifically that affluent families were affected by youth substance abuse. Since students have access to money, they are financially able to become involved in drug use or trafficking. As well, students from lower socio-economic households were involved in the same behaviour as a way to increase their level of income. “He looked at me and said, ‘Miss, do you know how much money I make?’” (P6). Many participants stated that while drugs have always been in schools, today’s drugs are stronger, more available, and are not seen as harmful by students:

Well drugs have always been in schools but you know what we’re seeing in the past couple of years is that it’s really taking its toll on a higher percentage of students. They’re getting involved with it at a younger age and it affects their behaviour in school. It affects their motivation. It affects their relationships with their teachers and parents and it’s causing a break down in academics. (P3)

The outlook on some substances is also changing within the student population. According to some interviewees, students do not see marijuana as a drug, rather a substance used for recreational purposes. These educators also felt that many prescription drugs were taken by

students without considering harmful side effects that may occur or future addiction. There were major concerns of how drug use: both prescription and street, are affecting student behaviour and decision-making. Participants also voiced concerns that some students were using street drugs for more than recreational purposes: "I think a lot of students are self-medicating" (P1).

Oh yeah. There's a lot of self-medicating going on. Education is helpful to a certain extent but it's not the answer for all of that. I think we need to reduce stress where we can but not at the same time reduce responsibility. We haven't figured that out yet. (P8)

While there are many external factors that impact student mental health, participants also acknowledged how student attitude creates misconceptions of personal right and skews personal responsibility. Some interviewees felt that students do not acknowledge the requirement of their own active role in the management and treatment of their mental health. "Well I feel and many other administrators feel that as society changes, we're having a harder time getting students as a whole to be accountable for their academics and for their behaviour" (P3). Responses indicated that students do not see how they are a part of alternate programs and individual education programs (IEP), or, that they had to be willing to work at solutions and adapt to their individual concerns. Some students held a sense of entitlement toward academic and school supports. Some concerns hovered around students using mental health supports simply as a way to receive additional help rather than using the supports to feel well:

I think there's too much accommodation too quickly. Everybody needs extra time to do their work, that's just good teaching really. My teachers know. I don't make a test that takes an hour - I'll make a test that takes 45 minutes so you have time to finish it in class time. Or I'll find alternate ways to assess them. We do all that on the side but when I look down this list, everybody wants to have something wrong with them. (P4)

Educators also hypothesized that today's student has a misconception of what is important. Students are skipping classes or entire subjects by prioritizing their level of importance on graduation or attending only when a class was challenging or interesting:

I had a Mom here in my office last week and we needed to talk about this very issue regarding her daughter and when I buzzed the classroom to find the daughter she wasn't in French. She didn't think she needed to go there that day. Her Mom texted her and she said, 'where are you?' and the daughter said 'I'm at Starbucks. I'll be back for period four because I have Math and Math counts'. (P4)

Some interviewees noted that they have observed an inherent disregard for wanting to do well in school, for rules, and consequences among some students. This behaviour was observed throughout much of the student body: from the honour role to the dropout. A lack of accountability and responsibility was also noted among student families:

It seems that parents have less control over their children. If they choose not to go to class, that's their choice and there shouldn't be any repercussions and you know, parents will tell us, 'I can't get Johnny out of bed in the morning.' 'I can't help it if Johnny wants to skip period three'. That's how we find it so the accountability issue is huge. There's less accountability for students. (P3)

Social aptness was also considered a deficiency in some of today's high school students. The inability to handle social situations can cause mental health strain, resulting in anxiety and depression if one is predisposed. Many of the participants felt that to some extent, mental health was taught in earlier grades but without continued practice, students lose the skill to communicate:



I'm a little bit holistic I think but I think to a certain extent students get it (mental health education). They get lots of it in primary and elementary especially but I don't know why they lose it? I keep going back to some of the kids saying 'don't you remember when you were in kindergarten or grade one or two and even preschool and talked about using your words? Why aren't you doing that anymore? Why do you want to fight somebody or why are you in tears because someone said something to you? What happened to all those things that you learned about talking things out?' It really seems to fall apart. (P2)

Most certainly, poor mental health affects many aspects of schooling. Students who suffer from mental health issues are unable to learn and unable to cope. If a student develops a mental health problem, some skill deficiencies intensify and events that would be considered 'typical' are considered astronomical in the minds of the youth. "I don't think they have any different stressors. I think for the most part, they have just normal, everyday stresses. But your stressors and their stressors - in their minds, are insurmountable. The use of a bathroom could be a huge stressor to them" (P9).

Upon discussing the possible reasons for such mental health concerns in our youth, participants believed that today's student has poor coping skills and an inability to handle stress:

I don't think they can handle it. Not the crisis that we see. Every other day there's a crisis of some sort and by crisis I mean someone's in tears and they just can't control their emotions. They need intervention and something needs to be solved. (P4)

Participants also noted that unhealthy habits are drastically affecting student health and behaviour and that schools must consider these specific needs:

That's something that I think we need to talk about more. To move them from thinking 'ok, the way I'm living is unhealthy and makes things really hard.' Staying up all hours

of the night, either talking to friends or, playing video games and having really minimal hours of sleep. Now, they hear all the time well you need to have seven hours of sleep or eight hours of sleep but it's not affecting the way they live. (P8)

It comes back to the problem solving, decision-making, effective communication piece. What can we do with that? To me, we've done that in previous sessions but I think we need to take it to the next level, the next step... What I would like to see is that commitment and a sheer ownership or programming initiatives. It's something that we can all do together. (P2)

While there were many concerns surrounding unhealthy behaviour and habits, counsellors and administrators shared a number of adjectives to describe a student with good mental health:

Confidence, self-esteem, being involved in activities either in the school or in the community. I find that's a huge, huge part. A lot of times when students stop participating in these extra curriculums, there's isolation in the home, or, they get involved in other activities that they shouldn't be involved in. (P3)

Participants noted that mentally healthy youth had energy, humour, and self-confidence. These students have an innate willingness to be challenged and ambition to succeed in school. They have a strong circle of friends and a breadth of interests and involvements. Students with positive mental health are involved. While all individuals make mistakes, counsellors and administrators felt that good mental health allowed students to make better decisions and choices:

They're pretty happy go lucky. They take everything in stride. They get stressed but they have coping mechanisms to deal with it. They don't panic. Or if they panic, it's on a small scale and it's very reasonable for the situation they're in. (P6)

When faced with adversity, these students' reactionary levels are appropriate to the severity of the situation. Resilience was also used to describe mentally healthy students.

### **Differences.**

Counsellors agreed with administrators and saw that anxiety was the number one mental health concern affecting the student population but the two groups differed when considering the second and third issues. Counsellors went on to say that anxiety was often the root cause of other school issues such as behavioural problems and school refusal. Counsellors also drew reference to the fact that depression often co-existed with anxiety, especially if left untreated. Similarly, students without treatment or improper treatment, sometimes self-medicated. Therefore, substance abuse was also linked to student anxiety.

Counsellors spoke to the overwhelming number of students in schools that required special services. From their report, 30% of the high school student population is on individual educational programs (IEP). Often, these IEPs do not address all of a student's concerns. For example, a youth with attention deficit disorder may also suffer from anxiety; however, if he or she does not have a mental health diagnosis, the program would only recognize the deficit in attention. Mental health co-morbidities were mentioned in two major student populations: (1) students with attention concerns, and (2) those with learning differences.

According to school counsellors, about 10% of today's high school population is diagnosed with mental health concerns. All five counsellors felt that this number was much lower than the number of students who suffered from mental health problems; two counsellors noted that it most likely represented half of the students affected. Specifically, counsellors mentioned two major theories why this may be the case. Students were considered 'on call' 24/7. They were constantly attached to their smartphones, computers, and video games, meaning that

they were reachable all hours of the day and night. While involved in social media, in some ways students are more isolated than previous generations. They may have 1000 'friends' on their Facebook page but only socialize with one or two friends outside of school.

The home environment was discussed in depth during many of the administrator interviews. While administrators also discussed the social component of mental health, they had concerns as to how the mental health of students affects the school. The lack of supervision or support in the home seemed to be a major concern for school leaders. Home life and the changing role of the youth in the home were viewed as negatively impacting many aspects of a student: health, scholastic achievement, responsibility, and ownership. Homes that do not emphasize the importance of school make it difficult for schools to stress the importance of attendance and completing work. Administrators of inner city schools involved in this research noted that parents who had negative experiences in school or had not completed their own schooling, drastically impacted the perception of school importance. There were also comments on the amount of homework and out of school studying that is needed in order to obtain a high school diploma and that some families were not equipped to support the student beyond the walls of the classroom. Administrators also felt that the structure of the home affected student attitude toward school. Too many freedoms allowed youth to make adult decisions without the necessary maturity.

For some students, administrators felt that a decrease in attendance resulted in increase in accommodations. These accommodations however, may not be based on need. One such accommodation that was mentioned was the 'no zeros' policy in place throughout schools in Newfoundland and Labrador. Students were availing of this service due to reasons other than the need for more time to complete work or, for more assistance in and out of the class.

Accountability was noted as lacking in many students and that some youth wanted something wrong with them in order to receive support services.

### **The School's Role**

Perceptions of a school's role in mental health education and treatment emerged as the second theme of this qualitative study. Concerns noted in both groups invoked discussion around guidance counsellor allocation, the role of the counsellor, and the availability of counselling for students in school. "Well, we have our guidance counsellors, 1.5 allocation, and they can only begin to scratch the surface particularly around the kind of in-depth counselling that these students need" (P1). The need for more counsellors stemmed from the notion that today's counsellors are not utilized for their specific skill set. "It's also about guidance allocation and also having more time to do more counselling, or do more consulting, or to be a part of program and development" (P2). Recent changes to counsellor-student ratios have not eliminated this problem, especially among high need student populations:

I think our guidance counsellor allocation is not where it should be. I still think we need more allocation of their resources to our schools. I know in the past couple of years they did adjust the ratio but it's still not quite where it should be and part of that too, the variable is your location. Some areas require a higher percentage of guidance allocation and that's something that should be looked at as well. (P3)

To address this concern, many participants felt that school counsellor allocations should be needs-based, rather than population-based:

What would help the situation is if schools were evaluated according to their need in terms of their allocation of guidance and special services teachers. Because a lot of the educational needs cause frustrations and then, of course, there's mental health issues that

affect how they're doing in school. A lot of times these things go hand in hand. We definitely need more than one guidance counsellor in a high needs school. (P7)

Out of the eight schools visited, seven had at least one full-time counsellor, with four having more than one full-time counselling position:

We have two full time guidance counsellors but again, the balance between crisis management and intervention and counselling and then the assessment list... We've even had to re-delegate what should be guidance counsellor duties, like scholarships, awards and that sort of stuff to other teachers to take it off the plate completely. So the role of the guidance counsellor has extended beyond what it used to be. (P8)

Guidance counsellor allocation was addressed in all ten interviews. Participants noted that while mental health was seen as a priority in meeting the needs of students, the allocation of counsellors in high schools was insufficient in order to provide the service. Some participants noted that there was some positive movement from the school district to alleviate the strain on school counselling; however, they felt that these decisions were not always beneficial to the school. There were concerns surrounding half time or part-time positions where participants indicated that if a counsellor was half time, he or she was not able to conduct the duties and responsibilities of a counsellor. Their time was most often absorbed by the other half of their position, whether it was in the classroom, or in special services. "Really, no counselling gets done when you're half time. Any issue that becomes in any way, a necessity where they (students) need mental health support were referred out" (P6).

The duties and responsibilities of the counsellor were also highlighted in both participant populations. Since the role of the school counsellor is not clearly defined, work-related responsibilities of a counsellor often covered a broad gamut of school-related tasks:

There are so many students who need the support but they (counsellors) have so many other responsibilities. They have our scholarship program, you have your career piece, you have the assessment piece and there's just nowhere close to the time that the guidance counsellors need. You're going to hear that from everybody you talk to, you've probably already heard that. (P1)

I think what's most frustrating for me in a lot of ways is just the inconsistency between schools because I like to know that the counsellors at another high school are doing things that are very similar to what I'm doing. I think that it comes across a lot in terms of the relationships with support services and some counsellors are much more involved in that than others and there's a lot of inconsistency in that area. I'd like to see the role more defined in the sense that we have more common ground. I don't want to be micro-managed and told that I have to do this, this and this but at the same time, I would like some consistency of roll. (P2)

Administrators and counsellors agreed that one area that needs clarification is the balance between student counselling and assessment. "The role of the counsellor has become an assessor and while they, and all schools are trying to achieve a balance between counselling and assessment report writing, when that one outweighs the other, something has to give." (P4). The need for assessment was recognized but when viewed as a priority, other areas of school counselling suffer. Counsellors felt that assessment was the majority of their jobs and they rarely had time to counsel:

I see the need for documentation. I do see the need for assessment but I just feel like it's required, the requirements are just being thrust upon a very small number of people who

are already doing other things and very busy with the other things too. It's an overburden.

It's taxing. Incredibly taxing on the guidance resource. (P5)

With counsellor demands in overload, administration felt the burden of the high assessment demand as well. When counsellors were assessing, report writing, or holding meetings regarding assessment results, administrators and office staff were left responsible to deal with counselling concerns brought to the office:

If a student comes in my office in dire straits because she thinks she might be pregnant or 'Miss I cut myself last night' these sorts of things, I know I'm not trained in that. I'm learning through experience because what do you do with them? You have to speak with them and counsel in a way. The counsellor's role has extended to so many other people around him or her because their plate is overflowing. (P4)

Both groups of participants felt that part of the school's role was to provide additional ways for students to engage in a variety of activities. They agreed that increased recreational involvement is needed to improve student mental health. "I think we need some more alternate sites for kids. We're just scratching the surface. We don't even have a good physical fitness program. I know the relationship between that but getting kids engaged can be a battle" (P9). "I know in other schools, they used meditation between classes and at various points in times and taught that to students, allowing them to reduce anxieties so some of those ideas would be great I think" (P5).

While the need for counselling accessibility was determined to be great between participants, counselling students 'in house' was not necessarily viewed as the responsibility of a school and its staff. If a mental health issue was suspected, counsellors began the paperwork for an outside referral prior to creating an education plan or establishing accommodations. If the



student was deemed severe enough to be seen by a mental health professional within the school year, counsellors admitted they were rarely provided with specific information on the treatment received. The lack of communication between the school and health professionals was viewed as a barrier to accessing care for the student. Participants felt that when students were referred out for a mental health issue, they were not privy to information from the medical field or, kept up to date with its progress:

We don't have much communication in that realm. A student might say to me well I'm seeing so and so but I don't know, not that I want to know, or, need to know everything but sometimes I think there's more room for us to collaborate or work together. For that person to give me some input on what we might be able to do at school to help them more. (P2)

Both groups of participants concluded that a child's mental health is the most important consideration before academic goals could be met:

While still wanting to make sure we have high expectations around academics, we really do, we still really want students to reach their potential but how many conversations have I had with parents this year and I will say there is nothing as important as your child's mental health. There is no mark as important as your child's mental health. So no, I don't want them to write their exams right now because they're not well enough to do it. Let's get them better first and then move on with school. (P1)

It was noted that when mental health was a concern, every aspect of life was affected, including the ability to focus and succeed in school.

**Differences.**

While participant groups were very aligned with the needs and characteristics of the student population, there were fewer commonalities surrounding the role a school plays in the education and treatment of student mental health. Most notably were the different views on the role of mental health education. Administrators saw mental health embedded into the curriculum and taught in specific courses such as human dynamics and healthy living. Counsellors felt that mental health education should be more overt and should occur as a mindset, an over-arching umbrella identified through healthy modeling.

The main administrative concern regarding the school's role in mental health was that they were unable to provide appropriate supervision and structure for the high number of students who have such needs. One specific population noted was students who came to school but did not attend class. While on school property, students are the responsibility of the school but administrators had difficulty managing the number of students who were in hallways and corridors, and felt that their behaviour and attitude were at times, unacceptable. The parental involvement of these students varied, and administrators noted that they had spoken with frustrated parents receiving both pleas for help and demands for disengagement. Some parents told administrators that during school hours, their youth was the sole responsibility of the school and they preferred not to be contacted due to behavioural concerns.

Counsellor responses focused more on the areas of counselling that are currently not being conducted in schools. Participants acknowledged the importance of having counselling services for students; however, many responses indicated that counselling itself is rarely conducted:

Counselling tends to be brief counselling where it's an incident that happened that day, 'Can you help me?' that kind of stuff. In terms of what I do for long term counselling and regularly scheduled sessions, it's limited. I do have a few students every year...but it tends to be more brief things, isolated incidences. (P7)

Other responses suggested that the school environment is not conducive to individual or group counselling:

We can't do proper counselling with the students here. I mean, you're interrupted all the time with the phone, students knocking, and I don't like the idea of trying to get into heavy counselling with a student that's got to go right back out and go to class or something, it doesn't feel appropriate. So we do kind of a band-aid situation in the counselling during the day but then we try to do a referral. (P8)

Many of the counsellors interviewed recognized the need for different aspects of school counselling, all having an effect on positive mental health. Specifically, counsellors mentioned the need for more time and resources for career counselling. This aspect of counselling, especially for high school students, was considered a priority. Counsellors indicated that they tried to make time for career counselling, some schools being more successful than others:

Being a part of the bigger process with students, doing the career stuff. That was something that was never done for me in high school so I make it a priority with the Grade 12s. We set up sessions in the fall every year to do plans and back-up plans. Where are you going? What do you want to do? Ok, if that doesn't work, where are you going? That affects mental health too. It's all connected. (P6)

In some schools, counsellors felt optimistic that the counselling role was becoming more defined. Noting that the role of an assessor had been the top priority for counsellors for many

years, schools and the district were beginning to reconsider the needs of the student population and what counselling services should be provided at the school level. They felt that schools had a responsibility to educate students on mental health and programs and initiatives needed to be cognizant of this role:

I think we're still coming back to counselling as being more of what we do. I've seen such a shift even from when I started. Our focus really for a number of years has been on assessment. I'm seeing the pendulum swing back more. There's room for the counselling strategies and just collaboration with each other. (P2)

Some discussion during interviews centered around privacy and confidentiality regulations and their effect on the level and quality of care that could be offered at a school. Some administrators noted that privacy and confidentiality regulations were challenging when involving external organizations in the school. Others mentioned that the school is first, and foremost a learning institution and that schools should be careful as to not invite too many outside resources into the building:

You know, there's a lot of great community programs out there but we always have to be careful. We can't always share information with outside groups without getting tangled up in confidentiality. I just can't go out and find a suitable program for a student because that would breach right to privacy. (P10)

Counsellors were more concerned with respecting the privacy of a student among school staff, not external supports. "I would like it if we could maybe work as the teachers being seen more as part of a team. But then they would have to be very careful with confidentiality themselves and see once it gets further and further out it's harder to keep confidentiality" (P8).

Concerns surrounding assessment were mentioned by both groups of participants; however, reasoning behind assessment requirements differed. Some counsellors felt that there was a lack of proper assessment at the junior high level. Counsellors also felt that accommodations provided for students with mental health issues varied from school to school. Some counsellors mentioned that a student with a severe mental health illness had difficulty receiving supports. They noted that the requirements for accommodations under mental health stated that a student must have suicidal ideation or may harm others. They felt that there were students who had mental health problems but were not in danger to themselves or others. Some administrators felt that in today's school, there were too many accommodations put in place too quickly. Administrators also felt that there should be more consistency in what type of documentation was required for proper diagnosis. With such long wait times for psychological assessment, both groups felt that many students with mental illnesses completed their high school education without ever seeing the appropriate therapist.

### **Supports and Resources**

Guidance allocation surfaced in the school's role in mental health education and again in discussion surrounding school resources. Both counsellors and administrations felt that the guidance allocation was insufficient. Both groups recognized the need for assessment but that there was currently a higher need for counselling. Guidance counsellor allocation was also the most mentioned resource in all five interviews with school counsellors. They felt that in order to offer the service of school counselling, the school had to be able to provide what students need.

Participants noted that while the school did have a role in supporting student mental health, success in this endeavour was directly affected by connections and communication with health-related organizations. Counsellors and administrators saw a breakdown in this relationship

for a variety of reasons. Firstly, the wait times and access to psychology and psychiatry were insufficient to support the needs of students with mental health issues. “Psychiatry is an issue. I just had one student get in to do a full check. She probably waited, if she waited 6 months that’s it but it’s also because her mother has a lot of contacts” (P6). “You finally get the paperwork completed for psychiatry in order to help a student get through his or her final exams and you’re told it’ll be around 18 months for an appointment (P7). “If the wait list for psychological services is a year, two years, then it’s not really a service” (P9).

Due to wait lists and limited access to mental health professionals, participants noted that they saw more and more medical notes from family doctors. Interviewees felt that some general practitioners diagnosed a student from one meeting and by only speaking to the student. Contact with the school for background information and changes in behaviour is rarely made. If a youth is able to see a mental health professional, recommendations were often broad, generalized, and almost impossible to implement:

I have a note here from a psychologist excusing this kid from his life. Everything. He’s filled with anxiety and mild depression so he can’t handle A, B, C, and D. Well, as an example, this letter states, ‘He’s being followed for depression, mood and anxiety, and stress. Can he please have extensions on finishing his work’ but he hasn’t submitted a thing all year. So we are following department of education guidelines and providing him with help prior to exams even starting but he wants more than that. Organizationally, we can’t run a separate report card file in mid-July because this student and this psychologist think he needs it. (P4)

The lack of communication from medical personnel prevented school staff from ensuring that the student was doing well and receiving the proper care and accommodations at school:

It can be good if you have someone you work well with...whom you've worked with over the years and you know things but if you don't have that person then you know nothing really unless the family tells you... I think it's important to know. We can be very judicious on how much information goes out. We can be very discrete about it. (P5)

One school did mention a strong relationship with Eastern Health and that the open lines of communication and access to supports for students allowed the counsellor to spend time with specific counselling-related issues with the student:

A lot of kids are coming out of the closet earlier so there are those types of issues coming up. I had a kid last year, he wasn't comfortable talking to me. He said 'I need to talk to somebody. I think I'd like to go somewhere'. So I said 'Ok, would you be comfortable going to (name) at public health?' (Name) is talked about enough that kids know who he is. I said, 'do you want me to put in a referral? You're old enough you can do it yourself'. After a couple months he came back and said 'Miss, it's going really well. He enabled me to tell my parents...So you see that's good. Even though I wasn't on the front lines for that one, at least I know what they're getting from (name) is where they need to go too.

(P6)

Smaller, neighbourhood schools that participated in this study appeared to be more successful at maintaining a balance between counselling students and completing other counselling-related duties and had stronger relationships with outside organizations that helped support the school in different ways.

Home support was seen as a critical component in ensuring students with mental health concerns received adequate support. Some interviewees felt that mental health could only be successful in a school if it had family support. "I think it can be taught as long as we have the

parents, or guardians or family or caregivers at home working with us” (P1). Participants agreed that parental involvement was crucial:

I see it making a big difference. A lot of times these students can be very resistant. They want help but they’re not sure about counselling. It’s the parent who really pushes, no, encourages and is on the phone making the phone calls and asking what the status is, those are the ones that I see the most success with. (P2)

A decrease in involvement in some family structures was noted as affecting the attitudes and behaviour of students, and ultimately affecting their overall mental health.

Participants agreed that a team approach between health, school and the home was needed to assist the positive mental health of students. While the school is a big component, it cannot do it all:

It’s small steps but I think there has been more dialogue on trying to find the connections over the last couple of years. Even through Eastern Health with Central Intake, I don’t hesitate to pick up the phone, and say this is what I got and that this person might be coming through to you. If I had something to add, I’ll send my own referral along with the parents. If a kid keeps coming back, I’ll touch base with them and say I know this person has been referred but things are not improving and I’m really concerned. I’ve had students get moved up a little further because it seems to be more repressing kinds of concerns so I see that as a positive. (P2)

Beyond guidance allocation and access to mental health professionals, every participant noted that their school and student population would benefit from a full-time social worker. Both counsellors and administrators mentioned that a full-time social worker could be a liaison



between the school and external resources, assist with some counselling, and identify the availability of programs for students outside of the school:

I need a social worker in my building. I've often said I would like more guidance but I need a social worker. If I had a social worker or at least access to one, for crisis management and for drug addiction and counselling and awareness and a presence that there's someone in the building who is on this. We're all on it, but we all have other roles that we have to achieve throughout the day. So social worker right there, all the time.

(P4)

Some participants noted that social workers could help distinguish between mild, moderate and severe mental health problems and felt that sometimes, students were seeing the wrong professional:

You have times when kids are seeing the wrong person because of access and wait times. I'm not sure there's enough psychologists floating around, registered psychologists that are at the level you need. There's some kids I've seen, huge differences when they see a psychologist but not all of them. If you have everyday problems, a social worker or, a good addictions counsellor is a fabulous person to see. (P9)

Public health professionals were also discussed in many of the interviews. The majority of participants felt that the public health nurse could have more of a role in the school. While attending to physical health, school nurses are resources for good mental health. Administrators also noted that the amount of time the public health nurse dedicated to a school varied greatly. The relationship with the school nurse drastically differed from school to school. It was individual-based and very dependent on the professional attitude of the medical employee. Comments varied from "the school nurse is a joke" (P3) to:

I think the public health support is great. I've heard our guidance singing her praises this year. They're always there at the beginning of the year and they come in and do the allergy/anaphylactic presentation and that's where you find out who they are and make the initial contact. (P4)

Outside the realm of health, law enforcement support was mentioned in many interviews. Administrators felt that a police presence would help with some of the policing required by administrators. Royal Newfoundland Constabulary (RNC) cruisers patrolling school grounds, and plain clothes officers entering the building, were noted as ways to assist with the drug-related concerns on school property. Administrators also mentioned that while they do call on RNC now to help with drug possession and confiscation, the response from the precinct was dependent on the officer who took the call. One officer may respond quickly and explain the seriousness of the issue to the student while others would tell both the administrator and the student that there is not enough evidence present for any type of criminal charge:

I know there out to get the big guys. I know they're out to get the big suppliers and the million dollar busts but little Johnny in Grade 10 who just started weed for the first time and the police sit next to him, giving the impression that that's not really a big deal, that the school will handle it. I know they're not going to arrest him for it but at least have a serious conversation surrounding what it is he's doing which, at the end of the day, is still illegal. (P4)

### **Differences.**

The need for resources and supports were emphasised in all ten interviews; however, the perceptions of participant groups varied in their view of mental health concerns. Administrators saw mental health as more of a societal issue, while counsellors considered it more of an

educational concern. This led to varying responses surrounding what resources were needed at the school level. Administrators felt that RNC involvement was necessary while counsellors saw more of a demand for in-school supports. Counsellors identified another resource to assist with mental health support for students. They noted that ongoing professional development was needed to ensure students were getting adequate treatment in school. They also felt that staff education on mental health would address some of the varying attitudes within school personnel.

Counsellors were somewhat concerned about staying abreast with new research and information. Many of them stated they would like to see more ongoing professional development from experts in specific areas. Counsellors saw the need for more mental health education and awareness for their own professional development. “Just keeping up to date with the new research in mental health or even about medications and how that affects students. What services are actually out there? What are some strategies that other people are finding really effective?” (P2). Pharmacology and evidence-based research were the top two areas of interest. They also felt that teacher education could help their staff better understand the signs and symptoms of mental illness for the purpose of early identification and student support during a mental health issue.

Varying a little from administration, counsellors noted internal resources that had been used in the past that would help their school by unburdening their counselling role. Within the school, counsellors felt that there were many in-school supports that had worked in the past. One resource to assist counsellors with career counselling was a career resource teacher:

I need some help with career counselling. One year we were government funded for a career resource facilitator and that was somebody who kind of maintained the career resources out here who followed-up on all the contacts being made from places outside of

the school to offer activities and resources to students and come in for guest speakers and things like that or, lunch times displays you know. Career cafes where you would have a visitor come in you know all these things you do with career that the guidance counsellor doesn't get time to do. If I had another career resource facilitator who had good skills, I could definitely keep them busy. (P5)

A student success teacher was mentioned in three interviews and a career resource facilitator was mentioned in two. Counsellors felt that these positions would help students who may fall through the cracks. It would also help alleviate some of the duties of the counsellor so he or she would have more time to work with students.

Internally at the school level, administrators felt strongly about supports to assist with alternate programs for suspension:

Right now at our disposal for discipline we have suspensions. Suspension really, should be reserved for serious concerns. Drug possession, swearing at a teacher, violent behaviour. You know, the big things and we've suspended for all those reasons. If you are continuously missing school, or, missing your classes but you're in the building, me suspending you is not effective on you because you don't feel consequences by suspension at all. (P4)

We've thought about in school suspensions versus out of school suspensions but that requires manpower. To house an in school suspension system you need teachers to run it and supervise it diligently. You need quantity of relevant work for them to work on. In fact, they should be working on what their peers are doing in the other class but it's hard to avoid it becoming a workload issue for teachers. Sitting Johnny in the corner and

asking him to read a book for 5 hours when he won't sit in his class even with breaks, he will leave. Then what? (P10)

The YMCA was running an alternative suspension program or they were at least looking at piloting one. The philosophy behind it was that they're trying to get the at risk kids that we're describing involved or actively engaged, positively and I think they recognized that these suspensions in school are not working because it means a free day home or a free week home generally without any adult supervision. (P7)

Participant groups also varied on their perceptions of necessary supports for students.

Administrators noted academic problems that schools were struggling to support:

There's always been a struggle there for English language arts and for math. How we approach helping the students have changed whether it's through the pathways model of the latest approach. The department of education has always initiated different approaches but then again fundamentally, it's the same issues. (P3)

Counsellors referred more to the need for social and emotional education in schools, rather than traditional academic supports:

It helps sometimes when students bring a friend with them. They become a support network for them too, to even try and give some ownership back to them, if they have a connection in class so that they don't have to be reliant all the time on the teacher or Mom or Dad. (P2)

### **Perceptions and Influence**

Participants recognized the impact of mental health awareness in society and how identification and acceptance of mental illness will affect its prominence in school:

It will become more of a priority just because it's happening outside of the province so it will filter down here but hopefully, there won't be the demand or the enforced, 'ok, counsellors have to do this with the still, few resources that we have'. Just another way of stretching or taxing an already burdened resource. It's at a breaking point I feel. In terms of the guidance allocation. It's at a breaking point with the needs of the school populations. (P5)

When asked if societal influence on mental health is already affecting accommodations and concerns in schools, administrators and counsellors agreed that the importance of good mental health is rising:

Yes, anxiety is a major issue and I guess it's just in the general population but it's certainly coming out in the open now more and more. People are aware of the word anxiety and attributing some of the things that they don't like to do or have difficulty doing and actually putting a name on it. They are aware that it's anxiety. (P7)

Participants felt that as mental health awareness increased, education and promotion would become more of a priority and have a larger role in schools. This population also felt that healthcare was becoming better at diagnosing mental health problems and that today, there was more social acceptance for mental illness. They also felt that good mental health was essential: a requirement for success in school. In the country, mental health is becoming a priority so that schools will have to change to adapt. However, counsellors and administrators agreed that mental health was still viewed as separate from physical health. They also felt that there was a disconnect between health and education and a need for more communication and inter-agency dialogue.

Counsellors and administrators alike alluded to the fact that healthcare was sometimes used inappropriately to excuse students from schoolwork and school-related responsibilities. Both counsellors and administrators noted that if a doctor's note was presented to the school, the staff could not contest or, request additional information:

I mean, it can't be just for tests, it has to be medically documented a note that the doctor is recommending a separate setting because the student is dealing with and is under treatment for more generalized anxiety than for just test anxiety but of course, that can get foggy depending on the doctor. (P1)

Parental involvement was noted under the theme of resources and surfaced again under influence. More parents have mental health needs and therefore, more students are predisposed. The home view is also changing. There is a lack of acceptance of mental health problems in children. The stigma of a mental health problem may result in parental denial that their child may need medical attention. Participants indicated that mental health awareness was needed for students but there was also a need for parents:

I don't think we need awareness with the kids as much as with the parents. Because it's not the kids having issues that we know, it's the parents. They seem to think that my child is broken and I don't want anybody to know. You know, it's easier for them if the problem is ADD or LD, not mental health. (P6)

Some participants felt that negative and critical home environments where caregivers were not handling stress were modeling poor behaviours for today's youth:

Sometimes, family members can be very critical of each other. Some households are very critical households and then others are too permissive and there's no criticism whatsoever

– the do what you want type of household...highly critical or highly permissive but both unhealthy. (P5)

When discussing notions as to why more students are suffering from poor mental health, participants did not agree that it occurred solely from outside influences or societal perception:

I don't buy the low self-esteem. I feel that's there's a small, small percentage of students who suffer from that however a lot of the students that we've been dealing with here for the past number of years, lack of support at home meaning that parents aren't as tuned in to what their kids are doing. The kids are ruling the roost. (P3)

Sound family structure and a good home environment were considered crucial in interviews with administrators and counsellors. Parents needed to be involved in order for students to be successful. Many of the participants were also careful to distinguish the difference of being involved in a child's life and doing everything for a child. They felt that student resiliency was not achieved if students did not learn to cope with stress. By constantly removing stressors from a child's life, or, by solving their problems for them, parents were not helping their children grow and development in a mentally health manner.

Some administrators and counsellors felt parents had used family doctor letters unnecessarily. Notes from physicians were never questioned by school staff and were sometimes used to permit extensions on schoolwork, or, for classroom accommodations. These notes were often generic and provided without family physicians contacting the school to obtain information about the student. Administrators noted that this was often over-burdening classroom teachers:

It affects academics obviously. It'll affect the student but I think overall too, it has an impact for a course and a teacher and a teacher workload. If students are missing a lot of



time, teachers are submitting homework and assignments to the office to get sent home or, they're trying to work with this student on alternate evaluations. (P 7)

Counsellors agreed that when a student has a medical request from a general practitioner, a teacher is faced with organizing supports, extending deadlines, and compiling alternative work for individual students. Some participants felt that these notes were sometimes used inappropriately and that family practitioners were not conducting an in-depth analysis to ensure a student was suffering from mental health problems, did need additional support to function in school and was receiving adequate treatment: medication and counselling for the issue.

### **Differences.**

The main difference noted under the theme perceptions and influences stemmed the view of mental health and where its responsibility lay. Overall, administrators looked at mental health more from a societal issue and not an educational concern while counsellors saw more of a role for mental health in education. Between the two groups, the consensus was that anxiety in schools is out of control and that no organization or resources is handling the issue.

Administrators felt that many parents had less control over their children. Students felt an inherent right to having things done for them immediately. There is a sort of entitlement from some students that they expected accommodations and resources to be provided for them but they themselves were not always willing to work at helping themselves learn. Students today are less accountable for their behaviour. In this economic upturn for many families, administrators noted that this caused more problems and that it is very easy to get drugs as kids have access to money.

Both groups recognized the influence of the home on youth mental health but counsellors added that children have fewer opportunities to learn how to cope. For example, counsellors

noted that today's children engage in fewer independent activities including less socialization with peers. Counsellors also mentioned that families have less time for each other and this may cause a decrease in attachment. Administrators felt that mental health was becoming more of an issue for students due to its increased concern in the home.

## CHAPTER V: DISCUSSION

### Framework for Recommendations

Two main aspects have been identified within this educational approach: (1) the need to recognize mental health support at the school level, and (2) schools' need to acquire skills and tools to provide mental health services. Supporting evidence for this methodology expressed that reality is constructed by individuals (Strauss & Corbin, 1998; Sim & Wright, 2000; Charmaz, 2000). Therefore, in order to know and understand how to assist students in healthy mental development, this study must understand the constructed reality of society, the school, and the student. This research considered the current assumptions of mental health and their impact on its promotion and implementation within the educational system. Burdens and barriers were identified, their origins understood.

Barriers can come in many forms. Learning differences, emotional concerns, physical ailments all affect state of mind and focus. As simple as Maslow's hierarchy, some conditions take precedent over others; some needs must be met in order for learning to take place. In a study of emotional health, violence, substance use and sexuality, Resnick et al. (1997) found that strong connections to family and school protected youth from at-risk behaviour. With North Americans' busy lifestyles, emphasis on creating a communal atmosphere in school is more important than ever. This information can be used to assist health, social, and educational providers to decrease risk factors and enhance protective factors (Resnick et al., 1997).

Mindset, opinion, personal belief, and attitude all contribute to the perception of mental health. This information must be uncovered to better understand how to improve the current system and provide better services. Research pertaining to such information is not meant to become a cookie-cutter manual for all schools; rather, it is intended to show each school and

district what information is deemed necessary before implementing mental health programs or providing services. Unlike quantitative research, which restricts the complexity of meaning that participants provide (Sandelowski & Barroso, 2003), qualitative methods can provide depth and meaning to results and findings specifically designed for Newfoundland and Labrador schools.

### **Results from Discussion and Findings**

The results of this study were consistent with the review of literature. Comments from administrators and counsellors were also consistent among the educators interviewed. The level of immense concern for youth could be felt and was sometimes mentioned during interviews as these educators cared for the well-being of youth. As well, the stress felt by school counsellors and administrators when attempting to ensure this population was accommodated and provided for was extremely evident. Participants felt the urgent need to address student mental health as schools do not adequately provide mental health services under the current structure and supports.

Upon analysis of the first theme, student characteristic and need, participants agreed that students need further direction in learning how they learn and understanding why they act and react. Resiliency, the ability to recover or adjust easily to change (Currie & Wadlington, 2000), is a basic skill affected by temperament, self-esteem, the home, and social environments. Participants suggested that many of today's students were not resilient and this lack of skill negatively affected their ability to cope. Participants also felt that students do not have the basic skills to problem-solve or to adapt. Behavioural, emotional, and cognitive needs must be addressed in schools to fully support student growth and development. Likewise, physical inactivity and poor sleeping habits were common health concerns for many of these educators' students. While these identifiers were not new, participants felt that they were directly affecting

student mental health and the connection between such habits and mental health should be noted and furthered researched. High risk behaviour was also a major concern expressed by counsellors and administrators.

Substance abuse was noted by both groups of participants and these educators felt that drug use in schools was neither adequately addressed by law enforcement, nor properly dealt with through school and district policy. Both prescription and street drugs are affecting student behaviour and decision-making. An increase in recreational drug use results in a decrease in mental health, and ultimately, a decrease in academic performance. Specific external resources in promoting a drug-free school environment were deemed essential most especially by administrators. The need for more police involvement and school surveillance was noted and that regular police patrols would be helpful to discourage students from drug-related involvement on school property. Administrators also felt that RNC involvement could be more pro-active throughout schools, showing support and encouragement for students who make healthy, drug-free choices. However, varying research on the effectiveness of police presence in school warrants further study on the applicability of this resource (Brown, 2006).

The participants also provided great detail on student skill and their ability to become active participants in their own mental health. Interviewees felt that students needed assistance with problem solving, decision-making, effective communication, and stress management. Although many felt that these skills were not blatantly taught in schools, they are a part of learning to become independent and getting along with others. Counsellors and administrators questioned why students were not utilizing these skills and some theorized that the changing family environment may not permit such skill development. For example, engaged parents often try to assist their children by removing stressors from their lives. In doing so, children are not

exposed to as many opportunities to learn from mistakes. This may negatively affect a child's ability to problem solve and adapt. More research is needed to discover whether other parenting styles improve a child's ability to problem-solve or cope. With fewer than 10% of students who qualify for special education receiving support (Walter et al., 2006), the vast majority of students in schools are not provided with mental health training. Only one fifth of students identified with a psychiatric disorder receive support and an even larger population of youth and adolescents engage in high-risk behaviour (Walter, et al., 2006). With an estimated 12 to 22% of North American youth under the age of 18 needing services for mental, emotional, or behavioral problems (Adelman & Taylor, 2010), schools are excluding pertinent mental health information and assistance to a large student population.

The second theme, the school's role, showed that educator responsibilities differed from school to school and within a school among staff. While counsellors stated that they felt too busy to offer individual counselling services, their duties and responsibilities varied according to their student population and the needs of the school. One commonality surrounded concerns for student assessment. Counsellors and administrators felt that assessment was becoming the role of the counsellor. This duty directly impacted counsellors' time and availability to counsel. Some counsellors felt that the lack of assessment completed in junior high cause a gridlock in high school. Exam accommodations and ensuring Level Three students were supported post-graduation placed time constraints on these counsellors. Paperwork and documentation were huge tasks that also interfered with other types of counseling duties.

Counsellors mentioned they felt hesitation within the Eastern School District to diagnose some types of learning disorders such as, non-verbal and math disorders. The same hesitation was noted in referring a student for mental health assessment at the junior high level or prior to

age eighteen. Interestingly, few counsellors interviewed mentioned conducting assessment specifically designed for mental health analysis. The participants indicated if a mental health disorder was suspected, they referred to outside agencies and did not assess internally.

Both counsellors and administrators did provide suggestions on how the school can become a better environment for mental health education. The link between mental and physical health was quite evident throughout the interviews. Participants felt that increased recreational involvement improved student mental health and schools should provide additional ways for students to engage in a variety of activities, such as yoga or breathing exercises. Beyond physical health, interviewees noted that schools lack the space required to handle mental and spiritual needs of students. Space encompassed not only physical room but also the availability of student services, as well as flexibility in the curriculum to allow students to explore ways of becoming mentally healthy.

Education became a topic of discussion during many interviews. Participants felt that more information was needed for school staff to properly identify early signs of mental distress and special services teachers needed more information on how a mental illness manifests. This was especially noted in specific populations. For example, students with learning differences are more susceptible to mental health problems. Perry, Ziebland, & Mays (2010) stated “some studies suggest that 20 to 30 per cent of people with LD have some form of psychiatric disability” (p. 48). Therefore, teacher-training programs should delve into how mental health issues manifest in students with academic concerns. Better pre-service teacher training programs should include mental health education taught within adolescent psychology courses.

The need for student education was also addressed. Students should understand how mental health affects many aspects of life. By doing so, participants hoped that students would

further understand the importance of taking care of their mental health and learn not to abuse a diagnosis or shirk their responsibilities in their mental health care. Mental health education was also broached throughout discussion surrounding classroom teachers. Participants did not feel that teachers knew how to work with mentally ill students, nor were teachers aware of the impact of mental health on academics.

Counsellors and administrators also noted that teachers were often left out of discussion and communication due to privacy and confidentiality regulations restricting the access and sharing of information. As evident throughout the literature review, teachers are an important aspect of school mental health and further study on how teacher training can prepare teachers was noted.

In discussing the availability of mental health resources in schools, counsellors and administrators felt that mental health should be developed in other areas of the high school curriculum. The career development course (Government of Newfoundland and Labrador, 2010) could explain the relationship between career and mental health. Counsellors also saw the need for more career counselling as this would further prepare students for post-secondary training and for entering the workforce. One's career readiness and happiness in a chosen field improves mental health and counsellors felt that students have more stress if they are unprepared to make career-related decisions. Administrators noted that the relationship between physical and mental health should be further established and students could benefit from understanding how a healthy lifestyle supports a healthy state of mind. This could be incorporated into physical education, healthy living, and nutrition courses (Government of Newfoundland and Labrador, 2010).

All schools noted that they would benefit from an increase in guidance counsellor allocation, and that a student success teacher and a career resource facilitator could further



address issues surrounding good mental health. There was also an increased need for school counsellors' availability to counsel. Professional development and refresher courses would better equip counsellors and increased communication and networking opportunities are needed.

Paperwork and documentation were overwhelming and affected the school counsellor role. Both school counsellors and administrators felt that counselling services were not readily available to students. While the need for proper assessment was acknowledged, participants felt that the focus on documentation and assessment was diminishing student counselling services available at the school level. According to Kutcher (2012), schools need to become more involved in the treatment and care of mild to moderate mental health issues for two reasons: (1) to alleviate the strain of youth mental health on medical services, and (2) to provide mental health treatment in the best student environment, the school.

Varying ideas on how mental health should be approached in school concluded that mental health education needs to be both overt and covert. Administrators saw it imbedded in the curriculum, while counsellors felt it should be a mindset and an over-arching umbrella. Both agreed that mental health should be approached from a pro-active, positive pathway, rather than the sick model. This would also address concerns regarding specific disorders, such as eating disorders. Research has shown that students suffering from eating disorders often take information on how to reduce calorie-intake and other such information and apply it to their illness, rather than implement the healthy approaches discussed (P. Nash, personal communication, February 8, 2012). If the wellness model, instead of the medical model, was used in school mental health, the focus would be pro-active.

The third theme, resource and service availability concerns, was evident throughout all 10 interviews. While the source of the service differed, counsellors and administrators reiterated that

schools needed external support and more internal resources in order to effectively address mental health at the school level. The most common concern was the lack of mental health services from qualified professionals. Counsellors and administrators found that students were often waitlisted for such services for more than an entire school year. This posed problems for in-school support as well, since students are required to have medical documentation in order to receive accommodations.

Wait times and access to psychiatric services led to discussion around students who required accommodations but were not eligible for supports due to the lengthy wait list in the medical mental health field. Administrators also noted that due to the wait times for specialist appointments, some students and families were requesting medical documentation from family doctors. While this group should be part of student mental health support, administrators often felt that letters from general practitioners were presented to schools without proper analysis of the student's health or the school situation. With psychology and psychiatry professionals unavailable, counsellors noted that students and their families sought assistance from family doctors out of desperation and urgency. While general practitioners are noted as part of the mental healthcare team, participants felt that medical documentation provided by these doctors was not thorough, nor did it address ways to assist the student in treatment. Counsellors noted that this route was easily abused by families who were tired of waiting for service or those who felt that their child needed more accommodation than was being provided. More communication between the school and healthcare is essential. General practitioners, therapists, central intake, and other health departments should work with the school, share information as needed, and keep communication open. Participants noted that contact is rarely made between the physician and the school and administrators felt that this system was easily abused because of the poor

communication, taxed-time for general practitioners, and an overall lack of understanding from the student's family.

The uneven level of supports from other agencies was also noted in the interviews. Police and social work involvement was often personnel-specific, rather than formulaic. Counsellors and administrators were unsure how a situation would be treated simply because they did not know who was going to respond to a call. Overwhelmingly, all 10 interviewees noted how helpful a full-time social worker would be in each school. Counsellors indicated that sometimes a social worker assigned to a particular student would enter the building, use their office, and leave without ever making contact with a counsellor or an administrator. These participants felt that this type of relationship was not beneficial to students and when school staff is not privy to important events that affect the mental health and well-being of a child, they are not properly assisting that child in learning and development.

Utilizing current resources in the school was also addressed as a way to improve the current system. With access to health personnel, counsellors and administrators felt that school nurses could become more active in the care and treatment of students with mental health concerns. They could also be a resource to school staff in understanding how mental health affects a student and ways to assist the student without enablement. They also felt that school suspensions should be reserved for severe infractions and that alternate ideas should be reviewed for incomplete school work.

Perceptions and influence, the fourth theme, led to a great deal of discussion surrounding families and student home life. Family support is critical for positive student mental health and participants noted that external health resources could offer support to parents. Some parents know very little about mental health, and due to the increasing numbers in the general

population, many parents suffered from mental health concerns themselves. Parent awareness information and group parenting programs were suggested in the interviews. Creating a check list for parents will help individuals be more aware of the signs and symptoms of mental illness. Parent education is also needed to ensure that all stakeholders are prepared to work with students and promote good mental health. Participants felt that stigma and ignorance affected parental opinion. The home environment is also responsible for providing mental health learning opportunities. Good mental health requires practice. Students should have opportunities in many environments to use these skills at home and at school.

As society often depicts what is deemed important, mental health will become increasingly acknowledged in media and general discussion. Comments noted in the discussion reaffirmed that mental health education requires commitment and ownership in health, education, justice and social service governmental departments. Program initiatives and student support services should not be conducted in isolation and both school counsellors and administrators feel strongly that schools cannot provide effective mental health services alone.

Often the first line of defence for children, schools are being asked to respond to mental health needs through intervention prior to diagnosis (Adelman & Taylor, 2010). As stated in the Child and Youth Mental Health Symposium, schools will soon be responsible for accommodating youth with mild to moderate mental health conditions, in house, rather than referring to outside agencies (Kutcher, 2012). Discussion surrounding the school's role proved that Newfoundland and Labrador schools are not equipped or ready to handle this expectation.

## CHAPTER VI: IMPLICATIONS AND LIMITATIONS

This study attempted to provide research on mental health in schools within the Eastern School District. While several schools within the Eastern School District were involved, the data had no other comparable information with other school boards or districts. It was observed that the interest in this study was high but that some schools were concerned about the timeline, as interviews were conducted in June, nearing final examinations and summer closure.

Likewise, reports from other school districts in Newfoundland and Labrador would have many other factors and considerations. Rural communities have fewer external resources and specialized school personnel. Supports provided from outside agencies are important for mental health in schools but considering the community and the environment is essential in measuring service availability.

Counsellors and administrators were chosen as participants as it was felt that they were leaders in both the promotion and implementation of school mental health. However, teacher populations could also enlighten researchers on current concerns surrounding the implementation of mental health resources in the current school setting. The review of research reinforced the need to have teachers involved in school mental health support. As well, teacher understanding and mental health awareness was a key component of collaboration among school staff. Therefore, professional development may be required.

Student data on mental health would also be needed prior to the implementation of a mental health program in Newfoundland and Labrador. Students may provide more insight into stresses and concerns they face in school and at home. Their level of awareness of mental health would be necessary prior to the creation of programming. While this study focussed on high school mental health, many participants indicated that mental health education should begin at

the elementary level and continue throughout schooling. Therefore, considering the age, level of development, and curricula fit would all be important for successful school mental health promotion.

Promotion is another important concept to consider in using this research or for further study. Participants agreed that schools must view mental health from a positive, pro-active view. Rather than using a medical model, schools should consider a wellness approach, emphasizing how to keep or obtain good mental health. With regards to embedding mental health into the curriculum, participants indicated that high schools could consider courses in human dynamics, and healthy living. Considering the close relationship between physical and mental health, schools could also review physical education curricula to ensure that mental health is noted. This is also another way to address stigma and ensure that mental health is not separate from physical well-being.

Counsellors and administrators also mentioned the lack of focus on student mental health within pre-service, teacher training programs. Educational institutions may need to consider providing additional coursework or including mental health education within special education teacher degrees. Counsellors felt that while teachers today had a better understanding of learning differences and attention deficits, the impact of mental health on learning was not clearly understood. Outside of the education realm, the results from participant discussion noted that consultation with departmental ministers, most especially health and education, is necessary. Understanding the availability of resources must precede school mental health programming. Government buy-in and support is required to identify civil servant access to schools such as, social workers and public health nurses.

While mental health access and wait times were noted concerns in the literature review, it is important to note that comments brought forth from this study were accounts provided by school personnel. Further study of service availability would be required to obtain a clearer representation of the medical supports.

## CHAPTER VII: SUMMARY

Good mental health is required for healthy growth and development. Basic skills in many facets of mental well-being are needed for healthy, well-adjusted children. In her book entitled, "Critical Lessons: What Schools Might Teach", Noddings (2006) stated "possibly no goal of education is more important-or more neglected-than self-understanding" (p.10). While external organizations play a major role in this process, students themselves should have accountability and take ownership over their mental health needs. Resnick et al. (1997) believed that individual choice affects the mental health of youth: "The main threats to adolescents' health are the risk behaviors they choose" (p. 823). Gladding (2007) suggested that education operates in the same manner and stated that "human learning is a life-long process based on choice" (p. 221). Uniting these concepts allows for the conclusion that in order to make good choices, students must be mentally prepared and able to learn how to make good choices.

The theory of choice also relates to how we choose to make sense of our environment and our experiences (Merriam et al., 2007). Driver et al. (1994) defined scientific knowledge as "socially constructed and by a perspective on the learning of science as knowledge construction involving both individual and social processes" (p. 1). Understanding the stresses and strains of today's youth is essential in providing appropriate care and quality education. Resnick et al. (1997) stated "individual characteristics reflect both genetic predispositions (e.g., the timing and tempo of puberty) and social and cognitive development variables (e.g., self-image, future perspective)" (pp. 824-825). To provide opportunity for students to learn about themselves, schools need to address some of the concerns discussed by participants throughout this study.

The need for inter-agency collaboration and dialogue is evident in order for a school to provide appropriate mental health services. Brener et al. (2007) stated that "at the district level,



the most common arrangement with providers not located on school property were with a local health department, a community health clinic, or a local hospital” (p. 491). Weist (2005) felt that the relationship between the school and the community needs improvement and that linkages to community mental health programs and resources pose as a barrier to providing mental health services in school settings. This supports the need for strong relationships with the health profession and community organizations. In Newfoundland and Labrador, these results could be used to show that as the medical field becomes strained, the availability of resources for school mental health will diminish. Many smaller communities throughout the province have minimal access to mental health professionals; therefore, community support must be utilized. Brener et al. (2007) agreed that since schools cannot meet the mental health and social services needs of all students, connections with the community need to improve. Adelman and Taylor (2010) identified a need for “comprehensive, multifaceted, and cohesive continuum of school-community interventions to address barriers to learning and promote healthy development” (p.12).

Assisting students in the identification of appropriate and inappropriate behaviour, teaching emotional understanding and coping skills, and providing a safe and caring environment in which to learn these skills, are tasks that are expected of North America’s schooling system. The safe and caring schools initiative in Newfoundland and Labrador (Government of Newfoundland and Labrador, 2012) recognized the Canadian Association for School Health (CASH) and its consensus statement that “health promotion in schools can improve children’s health and well-being” (2007, p. 1). Supporting school mental health promotion is a recognized goal of the initiative (CASH, 2007). The partnerships required to foster mental health promotion

in schools encompass a number of departments and agencies. The 2006 Senate report recommended:

That school boards mandate the establishment of school-based teams made up of social workers, child/youth workers and teachers to help family caregivers navigate and access the mental health services their children and youth require, and that these teams make use of a variety of treatment techniques and work across disciplines. (Standing Senate Committee on Social Affairs Science and Technology, p. 16)

Other countries are also reframing school systems and re-evaluating what constitutes learning. Hong Kong has recognized how positive school environments support student mental health needs (Sun & Hui, 2007). Sun and Hui noted that schools should implement counselling and guidance programs to “strengthen the social support of adolescents and adolescent resiliency” (p. 299). Framing their research around the human ecological perspective, Sun and Hui (2007) concluded that a safe and caring learning environment was essential for students but how to establish such an environment was relatively unknown by teachers. Addressing mental health in developing countries, Johns Hopkins Centre for Mental Health Initiatives has collaborated with international humanitarian agencies to target mental health issues. The project identified the need to connect resources around the world since “lowering the disabilities associated with mental disorder is logical for developing countries because these disorders have early onset and are often chronic, with the potential for long-term drain on social resources” (Johns Hopkins School of Public Health, 2012, n. p.).

While mental health research and established programs are evident in many countries, Pattison and Harris (2006) found that although student need was identified in schools, program

support and testing were not conducted at the school level. Rowling (2012) noted that the education field must become a major contributor to health promotion in order to appropriately implement such programs at the school level. Professional development for educators is essential as Hackett et al. (2010) stated that the poor understanding of terminology such as social concerns, behavioural difficulties, and mental illness interferes with identifying mental health concerns. Adelman and Taylor (2010) noted that current special education services and diagnostics create a 'blame the victim' mentality when they focus on the student's inability rather than considering the environmental deficiency that is not supporting the child's needs. One of the factors that affect mental health education in schools is the support available for students with mental health diagnoses. School response to intervention (RtI) must be revised to consider mental health education as a proactive tool suitable for all children.

Hobbs (1975) showed that what constitutes student assistance is often decided by society, rather than need as "society defines what is exceptional or deviant, and appropriate treatments are designed quite as much to protect society as they are to help the child" (as cited in Adelman & Taylor, 2010, p. 44). While today's society defines inclusion as a child's right to education, and that inclusive settings are the most efficient and beneficial way to educate children, the differences between fair treatment and equal treatment have not fully been defined (Winzer, 2008). Inclusion has merged students with varying concerns without providing the appropriate support. Cooper (2008) stated that mainstream education is a high-risk way of marginalizing an even larger heterogeneous group.

The importance of mental health has not gone unnoticed by many organizations in society dedicated to ensuring that student needs are met. Every six years, the Center for Disease Control and Prevention conducts a School Health Policies and Programs Study (SHPPS) (Brenner

et al., 2007). In a 2006 study, the Center noted that almost 80% of schools in the United States had at least a part-time counsellor; however, mental health providers outside of the school were more common (Brener et al., 2007). The report concluded that community relationships were essential in providing mental health care and that “efforts must be made to build systematic state agendas for school-based mental health, emphasizing a shared responsibility among families, schools, and other community systems” (p. 486). While efforts are being made by schools and being supported by many organizations, there seems to be a disconnect between the availability of resources and implementing the recommendations at the school level. Brener et al. (2007) stated “planning, implementation, and evaluation are highly fragmented, and the work is marginalized in school policy and practice” (p. 487).

In this study, while both groups of participants saw the need for mental health education, the majority of administrators considered embedding the topic into the curriculum. They spoke of courses where mental health could be addressed and they saw success from specific material, such as “Seven Habits of Highly Effective Teens”. Counsellors viewed mental health education in a different light noting that it was more of a mindset, an over-arching umbrella modeled by staff and the school environment. They believed that a lack of positive role-modeling and media messaging created unrealistic expectations in students and caused stress and strain on their mental health. Overall, counsellors saw their counselling as reactionary, used to resolve a crisis rather than being pro-active or planned. Administrators viewed mental health in school as a short-term solution as a result of societal issues rather than educational concerns. School Based Mental Health and Substance Abuse (SBMHSA) stated that the high prevalence of mental illness in society and consequently among youth, required schools to manage mental health education

(SBMHSA, 2011). The current organization of education in Newfoundland and Labrador does not meet the needs of students nor schools.

The framework of this research was to consider a positive approach to mental health. The Centre for Addiction and Mental Health (CAMH) stated that the goals of mental health promotion are to: increase resiliency and protective factors; decrease risk factors; and reduce inequities (2012). Increasing youth's understanding of mental health can help increase awareness and decrease stigma. Mindcheck, a web resource developed in British Columbia dedicated to educating youth on mental health stated:

Research tells us that intervening early can prevent problems from worsening to the point where professional help is needed. Mental health disorders seldom appear in full bloom. They are usually preceded by signs of emotional distress and difficulties in day-to-day activities. (Mindcheck, n.d., para 2)

In Alberta, the prevalence of mental health problems in schools was also noted and the top five problems identified by teachers were: anxiety, depression, disruptive behaviour, recognizing concerns, and attention deficit/hyperactivity disorder (ADHD) (Government of Alberta, 2008).

The results of this study also suggested that among the schools discussed by participants, anxiety is out of control and current practices and services are not handling the issue. The overwhelming evidence of the need for mental health in schools is valid and persuasive; however, researchers cautioned that need often drives innovation and implementing a program too quickly without appropriate study would not be beneficial (SBMHSA, 2011). While schools play a role in mental health care, they cannot fulfill this role alone. Healthcare involvement and community assistance are vital in creating a sound school-based proactive approach. Schools cannot meet student needs without assistance from communities (Brenner et al., 2007); and while

demands should be placed on external organizations, sometimes schools are the only places children and youth can access help. The need for better communication, better access to care, and more involvement at the school level were evident throughout this study and throughout the review of literature. Finally, looking at evidence-based Canadian research and approaches in an educational context will help determine how mental health education can be promoted and implemented at the school level in Newfoundland and Labrador.

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## APPENDIX A: SBMHSA mental health programming questionnaire

### School-Based Mental Health and Substance Use (SBMHSA)

#### Interview Questionnaire

1. What does your program primarily support?
2. Are you the lead administrator or coordinator responsible for implementing this program (or model/initiative) in your community?
3. Who else in your organization / community has responsibility for implementing your program?
4. In what location or locations is your program or resource being implemented?
5. What issue gave rise to the need for this initiative/project? (In other words, why was this program developed?)
6. Once you decided to address **student mental health** how did you decide on the course of action that you followed?
7. What is it that you are trying to change?
8. Which specific social-emotional / mental health concerns or issues does this program address?
9. For what length of time has the program been operating?
10. Who is the main audience for this program?
11. Approximately how many individuals are served directly by the program each year?
12. How does your audience access this program?
13. Are families involved in your program?
14. What major approach is used in your SBMHSA program?
15. How much does the initiative/project cost to operate on an annual basis? *Or* Describe resources used (e.g. FTE equivalent, program materials, software)
16. From what source or sources does the project derive its support? (e.g. Pilot, ongoing pilot).
17. To your knowledge, has this program been used/adapted in other locations?
18. Have you established any partnerships or linkages through your program?
19. Please describe how youth in the target audience have been involved in the design of the program.
20. Please describe how parents of youth in the target audience have been involved in the process of program design, implementation or evaluation of these program.
21. Please describe the steps that have been taken to ensure the continuation of the program?
22. Was the program tried and tested elsewhere before it was employed in the current setting?
23. What were the most important obstacles/barriers you faced in implementing this program?
24. What were the most important factors that enabled you to implement this program?
25. If you were to implement the program again, what would you do differently?
26. What factors are essential to ensuring the continuation of the program?
27. Is there something else happening in your setting that you are proud of and might want to share, or even something that you are just trying out but looks like it might be promising?
28. Describe the program/model briefly?

29. Please describe any evidence that you gather to guide the program's development?
30. What was the goal of the evaluation?
31. When did your evaluation take place and did the program achieve all of the expected outcomes?
32. Is there an evaluation report that has been produced that can be shared?
33. What are some of the challenges associated with evaluating your program?

## APPENDIX B

### Participant Themes:

#### Areas:

1. Perception
2. Information
3. Environment

#### Categories

- 1 Perception of Population and Need - BLUE
- 2 Personal Beliefs Surrounding Need – LIGHT BLUE
- 3 Internal resources – GREEN
- 4 Role of Mental Health in School - PURPLE
- 5 Societal Perception -
- 6 Government and District Policy Analysis – ORANGE
- 8 Student Access and Wait Times – PINK
- 9 External Resources and Agencies – RED
- 10 School/Staff Perception of Mental Health – DARK GREEN
- 11 Parental Role/Perception – DARK RED
- 12 Counsellor/Administrator Training – LIGHT GREEN
- 13 Recommendations – GREY

#### General Themes:

1. Population (Need, Characteristics) – BLUE
2. Resources (Internal, External, Training, Access/Wait Times) – GREEN
3. Influences (Policy, Society, Parents, Staff Perception) – RED
4. School Role (What's done, What isn't working) – PURPLE
5. Changes Needed – PINK

## APPENDIX C



Faculty of Education/Counselling Psychology  
St. John's, NL Canada A1B 2C3  
www.mun.ca

**Research Study:** *The Minds of Our Youth: A needs assessment of mental health education and support in schools*

Krystal Pardy, Principal Investigator  
Graduate Student, Masters of Education: Counselling Psychology,  
Memorial University of Newfoundland

### **Dear Principal:**

Your school has been selected to participate in a study investigating the need for student mental health support at the high school level. The study attempts to gain an understanding of current supports and identify whether further services are needed.

The study will require that school counsellors and administrators complete a 60 minute face-to-face interview with the principal researcher. An additional interview of 20 minutes may be required if permission is granted by you and the participants. The purpose of these interviews is to obtain first-hand information regarding some of the mental health concerns at your school, and hear the opinions and ideas from your staff on how student mental health could be further supported.

Your participation in this study is completely voluntary. Should you choose to have your school participate, individual school staff participation will also be completely voluntary. Consent forms will be provided to each participant and will address the privacy of the interviews, and the confidentiality of the information gathered. Participants should understand that their anonymity will be held in the strictness of confidence.

Your permission will also be requested to hold interviews at your school. Every effort will be made to ensure that these meeting times are agreeable for you and your staff and do not interfere with the daily events at your school.

If you are interested in this research, or, you would like additional information, please contact me at your convenience at [kdpardy@mun.ca](mailto:kdpardy@mun.ca), or by telephone at (709) 689-5540. I look forward to hearing from you and working with your staff.

**The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research, you may contact the Chairperson of ICEHR at [icehr@mun.ca](mailto:icehr@mun.ca) or, by telephone at (709) 864-2861.**

Sincerely,

Krystal Pardy  
(709) 689-5540      [kdpardy@mun.ca](mailto:kdpardy@mun.ca)



## APPENDIX D



Faculty of Education  
 School of Psychology  
 Memorial University of Newfoundland  
 St. John's, NL, A1B3X9  
 Tel: (709) 364-8553 Fax: (709) 864-4379 [www.mun.ca](http://www.mun.ca)  
 June 6, 2012

### CONSENT FORM

Title: The Minds of Our Youth: A needs assessment of mental health education in schools  
 Researcher: Krystal Pardy, graduate student, faculty of education, counselling psychology programme  
 Supervisor: Dr. Sharon Penney, associate professor, faculty of education

Dear Participant:

You are invited to take part in a research project entitled "*The Minds of Our Youth: A needs assessment of mental health education in schools*". Mental health affects all areas of life: how we handle stress; face adversity; achieve. Recent studies from the Canadian Psychotherapy Association (CPA, 2011) suggested that mental health services are not readily available to Canadians. Dr. Piotrowski, chair of the Practice Directorate of CPA, felt that the results of the 2011 study indicated that "action is needed to bring down the barriers that Canadians face every day to psychological care and services".

Similar findings are evident for Canadian youth. The Mental Health Commission of Canada (MHCC, 2011) noted that 70% of adults dealing with mental health concerns said symptoms of onset began in childhood, or, early adolescence. Therefore, schools must become proactive in their mental health education, treatment, and care. Upon release of the 2006 Canadian Senate report: *Out of the Shadows at Last*, astounding data uncovered the urgent need to address the student population. The report noted that "there are a great many children and youth who are living with mental illness. It is conservatively estimated that as many as 15% are affected at any given time, a total of some 1.2 million young Canadians who live with anxiety, attention deficit, depression, addiction, and other disorders" (p. 86).

This study aims to conduct a needs assessment of mental health education and support throughout high schools within the Eastern School District. This form is part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more information, or further clarification, please feel free to ask questions at any time. Please take time to read this carefully and review additional information given to you by the researcher. It is entirely up to you whether or not to take part in this research. If you choose not to take part, or, if you decide to withdraw from the research once it has started, there will be no negative consequences for you now, or, in the future.

**Introduction:**

My name is Krystal Pardy. I am a graduate student at Memorial University. I have worked in the field of public relations and marketing in the not-for-profit sector. I am a licensed teacher and I have taught in northern Canada, Alberta and Asia. Currently, I am engaging in research for my graduate thesis.

When I began looking at research ideas for my thesis, I was interested in programs and interventions that were being implemented in schools. These programs were often in addition to the prescribed curriculum and were supported through government-based initiatives. I was interested in learning about social skills training and bullying prevention and how these programs addressed student mental health. However, upon studying mental health statistics, I realized that prior to creating programs to support positive mental health I would first need to identify what mental health concerns are prevalent in schools, and how school staff view these concerns. I would like to interview school counsellors and administrators to hear their perceptions of student mental health in schools in the Eastern School District.

**Purpose of Study:**

In designing mental health education for youth, Adelman and Taylor (2010) noted that mental health provision should: promote social-emotional development; prevent mental health and psychosocial problems; and enhance resiliency. These attributes are teachable and are directly related to the future success of Canadian youth. Therefore, the purpose of this study is to obtain information from school counsellors and administrators on student mental health within the Eastern School District. The objectives of this study are as follows:

1. To identify available student mental health supports in public schools throughout the Eastern School District
2. To collect first-hand accounts of student mental health need from school counsellors and school administrators
3. To become aware of how mental health education can be improved in schools from the perceptions of school counsellors and school administrators

**What you will do in this study:**

- Complete a 60 minute semi-structured interview on your thoughts and opinions on student mental health in school
- Complete a 20 minute follow-up interview if needed

**Withdraw from the study:**

Participation in this study is completely voluntary. You may withdraw your information including the interview responses at any point. A conversation will occur prior to the initial interview so that you fully understand your rights as a participant. This information will be relayed to you again during a secondary interview, if one is required.

Your interview will be given a number code known only to you and the principal researcher. This will be the only identifiable data recorded on your responses. This code will be provided to you at the time of data collection. Should you choose to withdraw from this study, all data will be removed.

If, at any time, you would like to withdraw from this study, you may do so via telephone, email, or in writing to the principal researcher. You will not need to provide a reason for the request, nor, will you be enticed, or, encouraged to continue after your request has been made.

In order to ensure complete accuracy of the interviews, audio recording devices will be used. If you would prefer that your interview is not recorded, you may decline as indicated in the "Consent to Taping" section noted below.

**Possible benefits:**

Information obtained as a result of this study may affect district and government practice with respect to planning, training and providing resources to school counsellors, staff and schools in the Eastern School District. As well, the results of this study may help to inform the Faculty of Education with respect to training and education of pre-service teachers.

This is an opportunity for you to have a voice regarding the needs of your students and your school. Upon completion of the study, you will have the opportunity to review the findings. It is also an opportunity to obtain current statistics and facts surrounding mental health and how mental health affects student populations. A summarized report of the study will be provided to your school outlining the conclusions based on the data collected.

**Possible risks:**

Because this study requires the researcher to be present at the time data is collected, the participants will be known. Therefore, complete anonymity is not possible. However, in keeping with the ethical principles that govern the researcher, every effort will be made to protect the identity of the individuals and their schools.

Participants should be aware that the Eastern School District in Newfoundland and Labrador has a small educational community. While every effort will be made to protect the identity of individual participants, it is possible that certain types of responses may be recognized by your employer or your fellow educators. Please be assured that all qualifying data will be removed from specific quotations in drafts and final reports of the study.

**Confidentiality and Anonymity:**

Confidentiality of participants will be ensured. Neither the schools nor the participants will be identified in any publication or information disseminated from the results of this study. The principal researcher and the researcher's supervisor will have access to the information provided by the participants. Data will be kept for five years post-study, and will be stored in a secured location at Memorial University. Every effort will be made to ensure that the individual participants cannot be associated with specific information.

**Recording of Data:**

Data will be collected through face-to-face interviews. The interviews will be semi-structured in nature and will be audibly recorded to ensure accuracy in reporting. Interview notes may also be created prior to, and post meeting. No other mode of data collection will be utilized.

**Storage of Data:**

Transcripts and interview notes will be stored at Memorial University in a locked cabinet for five years and then destroyed. Only the researcher and the research supervisor will have access to the data. Consent forms and interviews will be separated in storage. The interview transcripts and notes will be coded with numeric information as a way to identify each file. This code will be provided to the participant should he or she choose to withdraw from the study. After five years, data will be destroyed through confidential shredding services.

**Reporting of Results:**

The study will be compiled and presented to Memorial University's counselling psychology department in order to meet the requirements of the graduate programme. After the thesis has been approved, the overall findings of this study will be provided to each participating school in paper format. As well, an attempt will be made to publish the results of the study through the NLTA News Bulletin. Publication of the study will be pursued in peer-reviewed journals and in professional educational journals to encourage more professionals to consider this area of research.

**Questions:**

You are encouraged and supported to ask questions at any time during your participation in this research. If you would like more information about this study, please contact Krystal Pardy at (709) 689-5540 or via email at [kdpardy@mun.ca](mailto:kdpardy@mun.ca)

**ICEHR Statement:**

The proposal for this research had been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research, you may contact the Chairperson of ICEHR at [icehr@mun.ca](mailto:icehr@mun.ca) or, via telephone at (709) 864-2861.

**Consent:**

By reading this form and agreeing to be part of this study, you have indicated that:

1. You have read the information about the research design
2. You have opportunity to ask questions about the study
3. You understand the purpose of the study
4. You know your importance as a participant
5. You are free to withdraw from the study at any time

If you sign this form, you do not give up legal rights, nor does this form release the researchers involved from their professional responsibilities.

**Your Signature:**

I have read and understood the description provided; I have had an opportunity to ask questions and my questions have been answered. I consent to participate in the research project, understanding that I may withdraw my consent at any time. A copy of this Consent Form has been given to me for my records.

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Signature of Participant

Date

**Consent to Taping:**

I give consent to the recording  
of my interviews for this study \_\_\_\_\_

I do not consent to the recording  
of my interviews for this study

Initials

Participant Initials

Participant

**Researcher's Signature:**

I have explained this study to the best of my ability. I invited questions and provided answers. I believe that the participant fully understands what is involved in being in the study, any potential risks of the study and that he or she has freely chosen to be in the study.

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Signature of Investigator

Date

Telephone: (709) 689-5540

E-mail: [kdparady@mun.ca](mailto:kdparady@mun.ca)

This consent form is a part of the process of informed consent. A signed copy of this form will be provided to you. Thank you for your participation.

Sincerely,

Krystal Parady

## APPENDIX E

### Semi-structure Interview:

#### Graduate Thesis: *The Minds of Our Youth*

##### Interview Questions:

1. Tell me a little about your background. How long have you been in the field of school counselling/school administration?
2. What are some of the things that you enjoy about your position?
3. Describe your student population at your school?
4. Can you break down the percentage of time you spend on a work task? For example, how much time is spent on programming, assessing, counselling/paperwork, meetings, discipline?
5. When you think of mental health, what comes to mind?
6. What role does mental health play in school?
7. From your experience, do you think students are provided with mental health support?
8. What are some of the mental health needs of your students?
9. Does the school have a relationship with community or health organizations that assist individuals with mental health education? What are these organizations?
10. How do you think mental health is perceived in your school? Your community?
11. Can good mental health be taught?
12. Does poor mental health affect learning? In what ways?
13. What does your school need in order to provide more mental health support?
14. What possible changes do you see happening in the current educational system that would further support mental health?
15. What other changes would you like to see to encourage positive mental health education?







